	Document Type	Document Code:
PHILIPPINE HEART CENTER INCIDENT COMMAND POST	GUIDELINES	GL-OED-ICP-006
		Effective Date:
		August 2022
	Document Title	Revision Number:
	RISK ASSESSMENT FOR POTENTIAL EXPOSURE WITH LABORATORY-CONFIRMED COVID-19	5
		Page:
		1 of 3

REVISION HISTORY				
Review		Review Date	Description of Change	Date of Next Review
July 17		July 17, 2020	Quarantine from 14 days to 10 days	July 2023
August 2		August 24, 2020	Added anosmia and loss of taste Added CDC timeline item number 2 Change medium to moderate	August 2023
April 5		April 5, 2021	For High-Risk Close Contact: To complete 14 days instead of 10 days quarantine.	April 2023
		December 29, 2021	Adopted the 2021 CDC Guidelines. Changed ER COVID to ER Special Triage	December 2024
August 2		August 29, 2022	Removal of High-risk Exposure	August 2025

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Reviewed by:	GERARDO S. MANZO, MD Incident Commander	Approved by:	JOEL M. ABANILLA, MD Executive Director
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		Page:
		2 of 3

I. OBJECTIVE

This shall serve as a guide in determining the level of exposure and its corresponding recommendation for healthcare workers who are potentially exposed to laboratory confirmed Covid-19 patients.

II. SCOPE

This guideline applies to all PHC Healthcare Workers.

III. GUIDELINES

- 1. The level of exposure risk shall be categorized as low, moderate and high risk.
- Prolonged close-contact shall be described as being with the Covid-19 patient with a distance of 1 meter or less for more than 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the patient is isolated.
- 3. Contact tracing shall be conducted for close contacts of laboratory confirmed COVID-19 patient only.

Risk Level	Exposures Identified through Contact Investigations	Management
High	Providing care for laboratory-confirmed COVID- 19 PHC patient	FULLY VACCINATED and ASYMPTOMATIC
	- OR – History of prolonged close-contact* with laboratory-confirmed COVID-19 patient	 Strict adherence to COVID-19 safety precautions No work restrictions. Self-monitoring**.
	- OR –	Immediate ER Special triage notification once signs and symptoms
	Direct contact with laboratory-confirmed COVID- 19 patient	developed.
	- OR –	
	Living in the same household with laboratory- confirmed COVID-19 patient	SYMPTOMATIC
	<u>not wearing</u> the recommended Personal Protective Equipment (PPE).	 Relieve from duty. Immediate isolation and medical evaluation in the ER Special triage. For RT-PCR Infirmary for clearance prior to resumption of duty.

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		Page:
		3 of 3

Moderate	Providing care for laboratory-confirmed COVID- 19 PHC patient - OR – History of prolonged close-contact* with laboratory-confirmed COVID-19 patient - OR – Direct contact with laboratory-confirmed COVID- 19 patient - OR – Living in the same household with laboratory- confirmed COVID-19 patient <u>wearing the recommended Personal</u> Protective Equipment (PPE).	 ASYMPTOMATIC No work restrictions. Self-monitoring**. ER Special Triage consultation once signs and symptoms developed. SYMPTOMATIC Restrict from duty. Medical evaluation in the ER Special Triage. Infirmary for clearance prior to resumption of duty.
Low	Brief interaction with laboratory-confirmed COVID-19 person such as walking by the person or being briefly in the same room	 ASYMPTOMATIC No work restrictions. Self-monitoring**. ER Special Triage consultation once signs and symptoms developed. SYMPTOMATIC Medical evaluation in the ER Special Triage. Infirmary for clearance prior to resumption of duty.

*Prolonged close contact is described as being with the COVID-19 patient with a distance of 1 meter or less for more than

15minutes. **Self-monitoring includes checking of temperature twice daily and remain alert for development of any signs and symptoms such as cough, colds, sore throat, diarrhea, flu-like illness, anosmia, loss of taste and fever.