


Understanding contact, exposure and infection


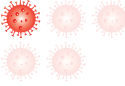
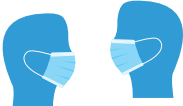
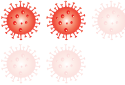

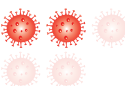

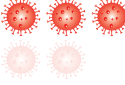

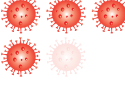

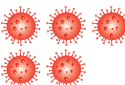


Given the incomplete knowledge of the risk and specific contribution of different modes of transmission of the SARS-CoV-2 virus, there is some incongruity and confusion among the terms used to describe the behaviors that are assessed to determine an individual patient’s risk of having an asymptomatic or presymptomatic viral infection. There are varied and changing definitions of terms as they relate to “contact.”

AAOMS is providing definitions and examples of specific terms to aid in communication and consistent execution of the interim guidance and patient/staff screening procedures. Contact and close contact with a person under investigation or a COVID-19-positive individual are generally considered risk factors for individuals who are not part of the healthcare team and therefore not expected to be wearing PPE or in an environment with risk mitigation strategies provided by AAOMS, the CDC and OSHA. When screening the OMS patient prior to an appointment, the purpose is to prevent undiagnosed patients who may be spreading the virus from entering the facility while avoiding the unnecessary delay or refusal of necessary surgical services.

To meet that goal, the OMS should critically evaluate and/or interview patients who affirmatively answer screening questions. For example, if a patient is a healthcare worker who is actively treating COVID-19-positive patients – and has not had any break in appropriate PPE use – then the patient is not likely to have been exposed to or infected by the virus. Though the patient may be considered positive for screening purposes, it may not be appropriate to delay or defer care. This example is intended to further define and categorize patient behaviors based on the subsequent risk for infection and spread. This situation is different than an individual who reports being near a person under investigation or a COVID-19-positive individual without respiratory protection.

Although the SARS-CoV-2 virus, its characteristics and its ability to transfer via aerosolization are better understood as the COVID-19 pandemic has progressed, it is important to understand the various levels of potential exchange as each pathway offers varying levels of risk and recommended actions.

Definition ¹		Examples	Risk to have contracted COVID-19	Recommended action related to COVID-19 ²
Contact	Any contact without proper respiratory protection (e.g., N95 or higher filtrating respirator) with an infected individual (probable or confirmed COVID-19 case) while that individual was infectious – starting two days before illness onset (or, for asymptomatic clients, two days prior to positive specimen collection) until the time the patient is isolated.	<ul style="list-style-type: none">Walking past someone or being briefly in the same room.Running past an infected individual during a morning jog. 	 Lower risk	Continue everyday activities and preventative actions.
Close contact	Being within 6 feet of an infected individual with proper respiratory protection (e.g., N95 or higher filtrating respirator) for a cumulative total of 15 minutes or more over a 24-hour period, starting two days before illness onset (or, for asymptomatic patients, two days prior to test specimen collection) until 10 days after diagnosis.	<ul style="list-style-type: none">Treating a COVID-19 patient for multiple brief periods.Working in the same room or shared air space (based on HVAC system and ventilation) with individual who is COVID-19 positive and asymptomatic but encountering periodically multiple times throughout the day. 	 Medium risk	Monitor symptoms.
Person under investigation	Any individual who responds positively to screening questions without a clear non-COVID-19 explanation or has any symptoms consistent with COVID-19 infection until the individual no longer responds positively, has completed isolation or has had adequate negative COVID-19 testing.	<ul style="list-style-type: none">Having risk factors for or symptoms of COVID-19 but not yet laboratory confirmed. 	 Medium risk	Isolate and monitor symptoms or get tested.
Exposure	Being within 6 feet of an infected individual without proper respiratory protection (e.g., N95 or higher filtrating respirator) for a cumulative total of 15 minutes or more over a 24-hour period, starting two days before illness onset (or, for asymptomatic patients, two days prior to test specimen collection) until 10 days after diagnosis.	<ul style="list-style-type: none">A COVID-19 positive patient sneezes on a treating provider.Walking into an aerosol mist generated by a coughing COVID-19-positive individual.Sitting across from a COVID-19-positive individual for an extended period of time. 	 High risk	Isolate and get tested.
Probable COVID-19 case	Report of individual meeting clinical AND epidemiologic evidence of COVID-19 but without confirmatory laboratory evidence.	<ul style="list-style-type: none">Having symptoms of COVID-19 but not yet completing a test to confirm. 	 Very high risk	Get tested and quarantine until results are obtained.
Confirmed COVID-19 case	Report of individual with COVID-19 and meeting confirmatory laboratory evidence.	<ul style="list-style-type: none">Receiving positive test confirming COVID-19 infection; individual may be asymptomatic or symptomatic. 	 Spread has already occurred	Quarantine for 14 days.

View the [Interim Reopening Protocol for the OMS Office](#) and [AAOMS.org/COVID](#) for additional resources.

¹ <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html>
² <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>