Given the incomplete knowledge of the risk and specific contribution of different modes of transmission of the SARS-CoV-2 virus, there is some discordance and confusion among the terms used to describe the transmission event that is 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 consistencies 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.

### Understanding contact, exposure and infection

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 usage – 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 exposure at each pathway offering varying levels of risk and recommended actions.

#### Definition

- **Contact**
  - Any contact with proper respiratory protection (e.g., N95 or higher filtering respirator) with an infected individual.
  - Any contact with improper respiratory protection (e.g., folded surgical mask).

- **Close contact**
  - Being within 6 feet of an infected individual 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.

- **Person under investigation**
  - Any individual who responds positively to screening questions.

- **Exposure**
  - Being within 6 feet of an infected individual without proper respiratory protection (e.g., N95 or higher filtering 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.

#### Examples

<table>
<thead>
<tr>
<th>Contact</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Having risk factors for symptoms of COVID-19 but not yet laboratory confirmed.</td>
<td>Medium risk</td>
</tr>
<tr>
<td>• Having symptoms of COVID-19 and ventilation (based on HVAC system and ventilation) with an individual who is COVID-19 positive and asymptomatic but encountering periodically multiple times throughout the day.</td>
<td>High risk</td>
</tr>
<tr>
<td>• Being within 6 feet of an infected individual whose symptoms occurred more than 24 hours ago.</td>
<td>Medium risk</td>
</tr>
<tr>
<td>• A COVID-19-positive patient sneezes on a treating provider.</td>
<td>High risk</td>
</tr>
<tr>
<td>• Having symptoms of COVID-19 but not yet completing a test to confirm.</td>
<td>Very high risk</td>
</tr>
<tr>
<td>• Receiving positive test confirming COVID-19 infection; individual may be asymptomatic or symptomatic.</td>
<td>Very high risk</td>
</tr>
</tbody>
</table>

#### Risk to have contracted COVID-19

- **Lower risk**
  - Continue everyday activities and preventative actions.

- **Medium risk**
  - Monitor symptoms.

- **High risk**
  - Isolate and get tested.

#### Recommended action related to COVID-19

- **Isolate and monitor for testing.**
  - Getting negative COVID-19 testing.

<table>
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### View the Interim Reopening Protocol for the OMS Office and AAOMS.org/COVID for additional resources.


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