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Hospital Funding Included in Congressional Spending Package to Combat Novel Coronavirus (COVID-19)

CDC Updates Interim Guidance for Risk Assessment, Public Health Management of Healthcare Personnel with Potential Exposure to COVID-19 Patients

COVID-19 SPENDING PACKAGE INCLUDES FUNDING FOR HOSPITALS AND HEALTH SYSTEMS

The Senate today passed an \$8.3 billion [spending package](#), to combat the novel coronavirus (COVID-19). The House overwhelmingly passed the package yesterday.

Among [other items](#), the package includes \$300 million for hospital and health systems' efforts to prepare for and respond to COVID-19. The funding will be allocated through the Department of Health and Human Services' Assistant Secretary for Preparedness and Response. According to a House committee summary of the bill, the spending package continues support for health care preparedness, including the National Ebola Training and Education Center (NETEC), regional, state and local special pathogens treatment centers, and hospital preparedness cooperative agreements. More details about the funding will be shared soon.

CDC ISSUES UPDATED GUIDANCE

The Centers for Disease Control and Prevention (CDC) yesterday updated its [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 \(COVID-19\)](#).

Community transmission of COVID-19 in the U.S. has been reported in multiple areas. CDC says this development means previously recommended actions like contact tracing and risk assessment of all potentially exposed health care personnel are impractical for implementation by health care facilities. In the setting of community transmission, CDC says facilities should shift emphasis to more routine practices, which include asking health care personnel to "report recognized exposures, regularly monitor themselves for fever and symptoms of respiratory infection and not report to work when ill." In addition, facilities should develop plans for how they will screen for symptoms and evaluate ill health care personnel. CDC says this could include having health care personnel report absence of fever and symptoms prior to starting work each day.

In addition, CDC says facilities could consider allowing asymptomatic health care personnel who have had exposure to a COVID-19 patient to continue to work after consultation with their occupational health program. CDC says facilities could have exposed health care personnel wear facemasks while at work for 14 days after the exposure event, if there is a sufficient supply of facemasks. If the health care worker develops even mild symptoms consistent with COVID-19, CDC says the person must “cease patient care activities, don a facemask (if not already wearing), and notify their supervisor or occupational health services prior to leaving work.”

In the updated guidance, CDC also simplifies risk exposure categories based on the most common scenarios with focus on presence/absence of source control measures, use of personal protective equipment by health care personnel and degree of contact with the patient.

While this guidance applies to health care personnel with potential exposure to patients with confirmed COVID-19, health care personnel exposures also could involve a person under investigation (PUI). CDC says implementation of monitoring and work restrictions described in this guidance could be applied to health care personnel exposed to a PUI if test results for the PUI are not expected to return within 48 to 72 hours. CDC says a record of health care personnel exposed to a PUI should be maintained and health care personnel should be encouraged to perform self-monitoring while awaiting test results. If the results will be delayed more than 72 hours or the patient is positive for COVID-19, CDC says the monitoring and work restrictions described in this guidance should be followed.

For the latest COVID-19 information and resources, visit [AHA's coronavirus webpage](#) and [CDC's webpage](#).