

Occupational Medicine Exposure Prevention & Management Protocol

Human SARS-Coronavirus SARS-CoV-2

All personnel are offered an enrollment visit (virtual or in-person) with the Occupational Medicine Department if working in an environment with Human SARS-Coronavirus SARS-CoV-2. Subsequently they must attend annual visits and in the event of a suspected exposure they are expected to comply with the exposure protocol.

Employees are encouraged to contact the Occupational Medicine Department promptly if there is a suspected exposure; if they believe they have developed symptoms consistent with a SARS-CoV-2 infection that may have resulted from an exposure while working in the laboratory; or if they believe that they have any medical issues that may impact their ability to safely work in a BSL3 laboratory or with any of the agents.

The Occupational Medicine Department may consult with a participant's supervisor, EH&S and laboratory safety personnel, as well as Infectious Disease specialists and other healthcare professionals to assess the circumstances of an exposure and to guide recommendations on appropriate measures and interventions.

Occupational Medicine Protocol

I. Baseline SARS-CoV-2 testing

- Participants must obtain laboratory testing for SARS-CoV-2. Testing shall be in the form of a test for active disease and/or an antibody test (based upon availability of a suitable and reliable antibody test).

II. Enrollment Consultation

The enrollment consultation will include the following:

- Participants will be assessed for active signs or symptoms or recent potential exposure to any individuals considered to be contagious for SARS-CoV-2. If there is evidence that the individual may be contagious, they will not be permitted to enter the laboratory until they are no longer deemed to be contagious to others.
- A discussion on transmission, prevention, risks based upon an individual's medical history and health status, symptoms, disease management and general concerns of researchers and employees.
- A BSL3 Medical Alert card will be issued and employees are advised to carry it with them to share with health care providers if they require medical intervention for an exposure.
- An annual flu vaccination will be offered during in-person visits
- A respirator questionnaire is administered to determine if there are any medical contraindications to the use of a respirator or powered air purifying respirator (PAPR).
- Printed educational information from the CDC and other credible health information sources will be distributed participants.
- A monitoring log will be distributed so participants can log and track signs and symptoms potentially associated with an exposure and infection.

II. Periodic Consultation

- Participants will be offered periodic consultations – annually and by request at any time.
- A discussion will be conducted on transmission, prevention, risks based upon an individual’s medical history and health status, symptoms, disease management and general concerns
- Published educational information from the CDC and other credible sources of health information will be distributed
- A monitoring log will be distributed so participants can log and track signs and symptoms associated with an exposure or infection.

III. Post-Exposure Consultation

- An individualized assessment and consultation will be offered and performed.
- Appropriate prescription or supportive therapy will be recommended as medically indicated.
- Further intervention and follow up will be determined and recommended as medically indicated.
- Occupational medicine clinicians may consult with an infectious disease specialist and other subject matter experts, as warranted.

III. Researcher Post-Exposure Recommendations

In the event of a spill or other airborne exposure outside of primary biocontainment (i.e. the biosafety cabinet), involving SARS-CoV-2, while **not** wearing appropriate respiratory protection, the recommendations are as follows:

- Initiate first aid at the work site and seek immediate medical attention as needed until you are medically stable, and all urgent medical needs have been met.
- Contact your personal healthcare provider(s) for treatment and recommendations as warranted.
- Notify your supervisor of the occurrence.
- Contact the Occupational Medicine Department by telephone as soon as possible after the incident and indicate that an exposure has occurred.
- Notify the Occupational Medicine staff that you require a post-exposure consultation.
- It is recommended that you comply with healthcare recommendations on immediate and follow up interventions.

If you have a suspected exposure you should self-quarantine unless urgent healthcare or other needs arise and may take precedence. Contact your healthcare provider(s) for treatment and clinical recommendations. (See Attachment I “Precautions to Avoid Transmission to Others”).

In the event of a spill or other airborne exposure outside of primary biocontainment (i.e. the biosafety cabinet), involving SARS-CoV-2, while wearing appropriate respiratory protection, the recommendations are as follows:

- Initiate first aid at the work site and seek immediate medical attention as needed until you are medically stable, and all urgent medical needs have been met.
- Contact your personal healthcare provider(s) for treatment and recommendations as warranted.
- Notify your supervisor of the occurrence.
- Contact the Occupational Medicine Department by telephone as soon as possible after the incident and indicate that an exposure may have occurred while you were wearing all the appropriate PPE.

- Notify the Occupational Medicine staff that you may require a post-exposure consultation.
- It is recommended that you comply with immediate and follow up healthcare recommendations.
- The following is recommended once you return to work:
 - b. Monitor and record your temperature and possible symptoms on the daily monitoring log, twice daily for 14 days.
 - a. Discusses the entries with an Occupational Medical clinician as directed.
 - c. If you develop a fever or other symptoms, immediately don a surgical mask and exercise self-quarantine measures and contact the Occupational Medicine Department by phone.

IV. Symptom Evaluation

If you develop a fever of 100.4°F or higher or symptoms of concern (See Attachment I. Suspected Infection with SARS-CoV-2) within 14 days of entering a laboratory containing SARS-CoV-2 (even in the absence of an identifiable exposure incident) the following is recommended:

- Contact your personal healthcare provider(s) for treatment and recommendations as warranted.
- Contact the Occupational Medicine Department by telephone as soon as possible.
- Notify the Occupational Medicine staff that you require a consultation.
- It is recommended that you comply with healthcare recommendations on immediate and follow up interventions.

V. References

National Institutes of Health. (2012, November). Medical Services for SARS Coronavirus Researchers. Bethesda, Maryland.

Centers for Disease Control and Prevention (2020, March) Coronavirus Disease 2019 (COVID-19): Information for healthcare professionals, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>

Centers for Disease Control and Prevention (2020, March) Coronavirus Disease 2019 (COVID-19): Symptoms <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

Coronavirus Disease 2019 (COVID-19), Mayo Clinic (2020, March), <https://www.mayoclinic.org/diseases-conditions/coronavirus/symptoms-causes/syc-20479963>

Attachment I.

Symptoms Suggestive of Infection with SARS-CoV-2

Within 14 days of working with SARS-CoV-2, you must immediately report all illnesses involving a fever of 100.4° F or higher to your supervisor and the Occupational Medical Department.

Common signs and symptoms suggestive of COVID-19 may appear 2 to 14 days after exposure and may include:

1. Fever (temperature >100.4° F)
2. Cough
3. Shortness of breath

Other symptoms may include:

4. Anosmia (loss of sense of smell or taste)
5. Headache
6. Sore throat
7. Runny nose
8. Body aches and pains
9. Diarrhea
10. Conjunctivitis

Precautions to Avoid Transmission to Others

If you develop symptoms suggestive of an occupationally acquired infection with SARS-CoV-2 there are steps that you can take to minimize the risk of transmitting the virus to others. If you develop a fever > 100.4° F:

1. Contact your healthcare provider(s) for treatment recommendations and clinical advice.
2. Notify your supervisor.
3. Notify the Occupational Medicine Department by telephone.
4. Remain in your home unless directed by your healthcare provider or you have urgent or emergency needs or responsibilities.
5. Avoid contact with others and avoid coming within 6 feet of others.
6. Use a surgical mask to avoid potentially infecting others.
7. Wash hands frequently with soap, thoroughly, front and back, for at least 20 seconds.
8. Use hand sanitizer with an alcohol content of at least 60%. Rub it on thoroughly and allow it to fully dry.
9. Dispose of used tissues and other contaminated items.
10. Record your temperature and symptoms on the Daily Monitoring Log each morning and night.
11. Follow up with the Occupational Medicine Department as directed.
12. If symptoms worsen or new symptoms develop contact your healthcare provider(s) and the Occupational Medicine Department as soon as possible.

DAILY MONITORING LOG

Have the following symptoms in the last 24 hours? Indicate “Y” for Yes and “N” for No

Date									
Medication taken If yes, list:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Morning Temperature	_____ °F	_____ °F	_____ °F	_____ °F	_____ °F	_____ °F	_____ °F	_____ °F	_____ °F
Evening Temperature	_____ °F	_____ °F	_____ °F	_____ °F	_____ °F	_____ °F	_____ °F	_____ °F	_____ °F
Cough	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Shortness of Breath	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Difficulty Breathing	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Runny Nose	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Headache	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Muscle Aches	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Diarrhea	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Other Symptoms/ Comments	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Attachment III: Post-exposure care - Local provider overview

	Cornell Health ^R	CMC Emergency Department ^{R,T}	CMA OM	Cayuga Center for Infectious Diseases ^{R, T}	CMC Urgent Care at Ithaca ^{R, T}	WellNow Urgent Care Clinic ^T	Guthrie Occupational Medicine ^{R, T}	All other Personal Care Providers ^P
Undergrad and Graduate Students	X	X	X	X	X	X	X	X
Faculty/Staff/Postdoctoral		X	X	X	X	X	X	X
Medical Services	Urgent and routine physical or mental health concerns	Urgent and emergency medical care	Work-related injuries and exposures (other than infectious materials)	Exposure to infectious materials	Urgent care <i>Note: Do not have lab test capabilities in-house</i>	<i>Urgent care walk-in clinic</i>	Work-related injuries and exposures including exposures to infectious materials	<i>Based on individual practices</i>
Hours of Operation* <i>*(hours may change, check websites to confirm hours)</i>	24/7	24/7	8-5 pm, M-F	8-5 pm, M-F	Open every day, 7:00 am – 10:00 pm	Open every day, 8:00 am – 8:00 pm	M - Th: 7 a.m. to 7 p.m. Fri: 7 a.m. to 6 p.m. Sat: 8 a.m. to 2 p.m. Sun: Closed 24/7 emergency call line	<i>Based on individual practices</i>
Phone Number	607-255-5155	607-274-4411	607-339-0680	607-241-1118	607-274-4150	607-319-4563	607-257-5858	<i>Based on individual practices</i>
Address	Cornell Health building on campus	101 Dates Drive, Ithaca – on Rt. 96 on the west side of Cayuga Lake	16 Brentwood Dr. Suite A Ithaca, NY	1301 Trumansburg Road, Suite R Ithaca, NY	10 Arrowwood Drive, Ithaca – off Warren Road, 2 miles north of Cornell	740 South Meadow Street, Ithaca on Rt. 13, south of Wegmans	1780 Hanshaw Road, Ithaca, NY	<i>Based on individual practices</i>
Website		https://www.cayugamed.org/visiting-us/our-locations/	https://www.cayugamedicalassociates.org/occupational-medicine/	https://www.cayugamedicalassociates.org/infectious-disease/	https://www.cayugamed.org/services-2/urgent-care/	https://wellnow.com/locations/ithaca	https://www.guthrie.org/services/occupational-and-environmental-medicine	<i>Based on individual practices</i>
Comments			Refers infectious disease cases to CCID					
^R = Offers Post-Exposure Rabies vaccination ^T = Offers Post-Exposure Tetanus booster ^P = Individuals may always choose to see their own personal healthcare provider (PHP) – contact information and specific medical services are up to the individual to seek out								