

CDC/ATD/NNU Comparison Chart

March 19, 2020

Protection/Precautionary Element	Former CDC Guidance ¹	New CDC Guidance - Updated 3/10/20	Cal/OSHA Aerosol Transmissible Diseases Standard and Cal/OSHA Guidance	National Nurses United Recommendations
Transmission route of virus	<ul style="list-style-type: none"> ▶ Person-to-person. ▶ “Thought to be” mainly close contact. ▶ Respiratory droplets.² 	<ul style="list-style-type: none"> ▶ Person-to-person. ▶ Close contact. ▶ Respiratory droplets primarily. ▶ Small respirable particles uncertain. ▶ Airborne is unlikely. 	<ul style="list-style-type: none"> ▶ Person-to-person. ▶ Novel diseases or pathogens require airborne precautions. 	<ul style="list-style-type: none"> ▶ Person-to-person. ▶ Novel virus, so follow precautionary principle and implement highest level of protection.
Increased patient injuries and reduced patient safety	<ul style="list-style-type: none"> ▶ Source control procedures for patients with symptoms of respiratory illness (e.g., signage on cough etiquette, respiratory and hand hygiene, provision of tissues, facemasks). ▶ Triage procedures to detect and isolate PUIs before or immediately upon arrival to health care facility. ▶ Contingent on changing CDC definition of PUI. 	<ul style="list-style-type: none"> ▶ Increased emphasis on early identification and implementation of source control. ▶ Source control procedures for patients with symptoms of respiratory illness (e.g., signage on cough etiquette, respiratory and hand hygiene, provision of tissues, facemasks). ▶ Triage procedures to detect and isolate PUIs before or immediately upon arrival to health care facility. ▶ Consider limiting points of entry into the facility. ▶ Install physical barriers at reception areas; establish triage stations outside facility to screen patients. ▶ Contingent on changing CDC definition of PUI. 	<ul style="list-style-type: none"> ▶ Source control measures entering the facility (including signage, providing tissues and hand hygiene materials). ▶ Screen persons for AirID; initial assessment of persons who are potentially AirID to determine if All room is needed. ▶ Ensure patients are masked or placed in a manner that eliminates or minimizes contact with employees who are not wearing respiratory protection until the patient is moved to All room in a timely manner. 	<ul style="list-style-type: none"> ▶ Implement screening protocols to promptly identify and isolate patients with possible COVID-19 infections at the first point of contact/entry in the health care facility or before arrival at the health care facility. ▶ Protocols should be proactive and preventive, based on the precautionary principle, rather than reactive to COVID-19.

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Isolation protocols	<ul style="list-style-type: none"> ▶ Ensure that patients with symptoms wait in separate waiting area and are separated by six feet from other patients. ▶ Place patient with known or suspected COVID-19 in an AIIR. 	<ul style="list-style-type: none"> ▶ Ensure that patients with symptoms wait in separate waiting area and are separated by six feet from other patients. ▶ Isolate patient in exam room with door closed. ▶ Place any patient with unexplained fever or respiratory symptoms on appropriate Transmission-Based Precautions and evaluate. ▶ Passively screen visitors for symptoms. 	<ul style="list-style-type: none"> ▶ Employers must have procedures to identify, temporarily isolate, and refer or transfer AirID cases or suspect cases to AIIRs, areas or facilities. 	<ul style="list-style-type: none"> ▶ Immediately place patients with known or suspected COVID-19 in AIIR isolation until COVID-19 has been ruled out or has patient recovered and been discharged. ▶ Prepare separate waiting areas for potential COVID-19 cases or patients and visitors and respiratory symptoms to prevent exposures.
Negative pressure rooms	<ul style="list-style-type: none"> ▶ AIIR should be at negative pressure with minimum of 6 air changes per hour, 12 air changes per hour recommended for new construction or renovation. ▶ Air from AIIR should be exhausted directly outside or through HEPA filter before recirculation. ▶ Room doors should be kept closed except when entering or leaving the room. ▶ Should monitor proper negative-pressure function of these rooms. 	<ul style="list-style-type: none"> ▶ AIIR should be at negative pressure with minimum of 6 air changes per hour, 12 air changes per hour recommended for new construction or renovation. ▶ Air from AIIR should be exhausted directly outside or through HEPA filter before recirculation. ▶ Room doors should be kept closed except when entering or leaving the room. ▶ Should monitor proper negative-pressure function of these rooms. 	<ul style="list-style-type: none"> ▶ AIIR should be at negative pressure with ventilation rate of 12 or more air changes/hr. <ul style="list-style-type: none"> » May be achieved in part by using in-room HEPA filtration or other air cleaning technologies, but in no case shall the outdoor air supply ventilation rate be less than 6 ACH. ▶ Air should be exhausted directly outside, (if cannot be, then must use HEPA filter before discharge or recirculation). ▶ Doors and windows should be kept closed. ▶ At least daily, visual check of negative pressure. 	<ul style="list-style-type: none"> ▶ AIIR rooms must be maintained at negative pressure and checked regularly.

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If negative pressure room is not available	<ul style="list-style-type: none"> ▶ Patients who require hospitalization should be transferred as soon as is feasible to a facility where AIIR is available. ▶ Patients who do not require hospitalization should be discharged home in consultation with state or local public health authorities if medically and socially appropriate. 	<ul style="list-style-type: none"> ▶ Guidance recommends that patients with known or suspected COVID-19 should be cared for in single-person room. AIIR should be reserved for aerosol-generating procedures. 	<ul style="list-style-type: none"> ▶ If no All room available within 5 hrs of identification, patient should be transferred to another suitable facility. ▶ Transfers to other facilities should occur within 5 hrs of identification, unless employer documents at end of 5 hr period, and at least every 24 hrs thereafter several steps. ▶ Allows an exception for novel or unknown pathogens, where if it is not feasible to provide AIIRs, then employer shall provide other effective control measures to reduce risk of transmission to employees, including use of respiratory protection. 	<ul style="list-style-type: none"> ▶ Patients who require hospitalization should be transferred as soon as possible to facility where AIIR available. ▶ If no AIIR available, patients should be placed in private room with surgical mask on, closed door and HEPA filter with required PPE for HCW, until AIIR room becomes available.
Engineering controls in addition to negative pressure rooms	<ul style="list-style-type: none"> ▶ Recommends considering designing and installing engineering controls to reduce or eliminate exposures by shielding health care workers and other patients from infected individuals. 	<ul style="list-style-type: none"> ▶ Recommends designing and installing engineering controls to reduce or eliminate exposures. Examples include: <ul style="list-style-type: none"> » Physical barriers or partitions to guide patients through triage. » Curtains between patients in shared areas. » Air-handling systems (with appropriate directionality, filtration, exchange rate, etc). 	<ul style="list-style-type: none"> ▶ Engineering controls include All rooms, exhaust ventilation, air filtration, and air disinfection. ▶ Employers should implement additional engineering controls to minimize the spread of airborne particles and droplets from individual who has or has symptoms of airborne infectious disease (as defined). 	<ul style="list-style-type: none"> ▶ Implement additional engineering controls to prevent exposure to workers or other patients. ▶ Consider separate screening areas such as surge tents, fever screening clinics, as well as plans to deal with significant numbers of patients such as overflow areas and ensure staff are aware of surge plans before implementation.

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Transport of patients throughout facility	<ul style="list-style-type: none"> ▶ Only for medically essential purposes. ▶ Patients should wear face mask during transport. 	<ul style="list-style-type: none"> ▶ Only for medically essential purposes. ▶ Patients should wear facemask during transport. 	<ul style="list-style-type: none"> ▶ Requires that employees transporting an AirID case or suspected case within the facility wear a respirator. ▶ Source control procedures when patient is being transported within the facility. 	<ul style="list-style-type: none"> ▶ Must implement protocols to protect patients and staff from exposure if patient must leave room. ▶ There should be a dedicated transport route and routes of entry involving source control for patient, PPE for workers, and environmental cleaning.
Contact precautions	<p>Recommended every time health care worker enters room of patient with known or suspected COVID-19</p> <ul style="list-style-type: none"> » Gloves. » Isolation gowns. » Eye protection - goggles or disposable face shield that covers front and sides of the face. 	<ul style="list-style-type: none"> ▶ Contact precautions not specifically named. ▶ Recommended every entry to patient room or care area: <ul style="list-style-type: none"> » Use a respirator or facemask. » Isolation gown. » Gloves. » Eye protection - goggles or disposable face shield that covers the front and sides of the face. 	<ul style="list-style-type: none"> ▶ Contact precautions must be implemented to prevent or minimize employee exposures to contact transmission of aerosol transmissible pathogens. 	<ul style="list-style-type: none"> ▶ Every time HCW enters room of patient with known or suspected COVID-19.

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Airborne precautions	<p>Recommended every time health care worker enters room of patient with known or suspected COVID-19.</p> <ul style="list-style-type: none"> ▶ Respiratory protection that is at least as protective as a fit-tested NIOSH-certified disposable N95 filtering facepiece respirator. ▶ Respirator use must be in the context of a complete respiratory protection program as required by OSHA Respiratory Protection Standard. <ul style="list-style-type: none"> » Annual medical evaluation and fit-testing. » Training on proper use, safe removal and disposal, and medical contraindications to respirator use. 	<ul style="list-style-type: none"> ▶ Airborne precautions not specifically named. ▶ Patients with known/suspected COVID-19 should be cared for in single-person room with door closed. ▶ AllRs reserved for aerosol-generating procedures. ▶ Respiratory or facemask. ▶ N95 or higher for aerosol-generating procedures. ▶ When supply chain is restored, return to use of respirators for facilities with respiratory protection. 	<ul style="list-style-type: none"> ▶ Airborne precautions must be implemented to prevent or minimize employee exposure to airborne (and droplet) transmission of aerosol transmissible pathogens. 	<ul style="list-style-type: none"> ▶ Every time HCW cares for suspected COVID-19 patient, probable, or confirmed case. ▶ Highest level of respiratory protection should be provided- PAPR (or CAPR). ▶ While employers are taking action to get PAPRs, if they are not available, minimum respiratory protection must be N95.
Respirators	<ul style="list-style-type: none"> ▶ N95 at minimum. 	<ul style="list-style-type: none"> ▶ Respirator or facemask okay. 	<ul style="list-style-type: none"> ▶ N95 at minimum, unless the employer's evaluation of respiratory hazards determines that a more protective respirator is necessary. ▶ PAPR required for aerosol-generating procedures. ▶ Respirators must be in accordance with Cal/OSHA 8 CCR §5144 which includes appropriate respirator selection, provision of medical eval, fit testing, training. 	<ul style="list-style-type: none"> ▶ Highest level of respiratory protection should be provided- PAPR (or CAPR). ▶ While employers are taking action to get PAPRs, if they are not available, minimum respiratory protection must be N95.

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Aerosol- generating procedures	<ul style="list-style-type: none"> ▶ Perform cautiously, avoid if possible. ▶ Procedures should take place in AIIR and personnel should use respiratory protection as above (N95). ▶ Limit number of health care workers present during procedure, only those necessary for patient care/procedural support. 	<ul style="list-style-type: none"> ▶ Perform cautiously, avoid if possible. ▶ Should ideally take place in AIIR and personnel should use respiratory protection N95 or higher, eye protection, gloves, and gown. ▶ Limit number of health care workers present during procedure, only those necessary for patient care/procedural support. <p>*Note that this guidance has downgraded diagnostic respiratory specimen collection and no longer considers it an aerosol-generating procedure. Recommends specimen collection be performed in normal exam room with door closed (not AIIR), health care providers wear N95 or higher respirator, eye protection, gloves, and gown.</p>	<ul style="list-style-type: none"> ▶ Must be conducted in AIIRs or areas (such as ventilation booth or tent). ▶ PAPR with HEPA, or a respirator providing equivalent or greater protection, is required for high hazard procedures on suspected/AirID cases. ▶ Person not performing the procedures should be excluded from area, unless they use the required. 	<ul style="list-style-type: none"> ▶ Procedures should take place in AIIR and, ▶ Health care workers should wear PAPR/CAPR. ▶ Limit number potentially exposed HCW present during procedure.

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Training on PPE	<ul style="list-style-type: none"> ▶ Health care workers must receive training on and demonstrate an understanding of when to use PPE, how to use it safely, and other content. 	<ul style="list-style-type: none"> ▶ Health care workers must receive training on and demonstrate an understanding of when to use PPE, how to use it safely, and other content. 	<ul style="list-style-type: none"> ▶ Initial and at least annual refresher training required. ▶ Training required whenever new hazard or new control measures. ▶ Required elements include explanation for basis of selection of PPE, proper use, removal, cleaning, etc. of PPE, and other elements. ▶ Interactive Q&A required; if training not provided in person, must have mechanism to answer questions within 24 hours. 	<ul style="list-style-type: none"> ▶ In-person, hands-on training and education for all nurses and other health care workers regarding PPE and safe donning and doffing practice, maintenance, disinfection and at minimum, annual fit-testing for HCW. ▶ In-person, hands on training on all protocols and plans implemented by employer for COVID-19.
Duration of precautions for PUIs and confirmed COVID-19 patients	<ul style="list-style-type: none"> ▶ Discontinuation of isolation precautions should be determined on a case-by-case basis in conjunction with local, state, and federal health authorities ▶ Factors to consider: presence of symptoms related to COVID-19, date symptoms resolved, other conditions that would require specific precautions, other lab info reflecting clinical status, alternatives to patient isolation, such as possibility of safe recover at home. ▶ Link to further detailed guidance. 	<ul style="list-style-type: none"> ▶ Reference to more detailed guidance: https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html 	<ul style="list-style-type: none"> ▶ Should be part of the required procedures to identify AirID cases or suspected cases and to implement necessary protection measures. 	<ul style="list-style-type: none"> ▶ All precautions should be maintained for patients with suspected COVID-19 infections until COVID-19 is confidently ruled out or patient is discharged. ▶ A negative test should not be, by itself, grounds for removing precautions if the patient has signs and symptoms matching COVID-19.

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Covering of health care workers' clothing/skin/bodies	<ul style="list-style-type: none"> ▶ Isolation gowns. 	<ul style="list-style-type: none"> ▶ Isolation gowns. ▶ If shortages of gowns, they should be prioritized for aerosol-generating procedures. 	<ul style="list-style-type: none"> ▶ Contact precautions must be implemented to prevent or minimize employee exposures to contact transmission of aerosol transmissible pathogens. 	<ul style="list-style-type: none"> ▶ Highest protection should be provided based on precautionary principle - coveralls that meet ASTM standards for viral impenetrability. ▶ Employers should provide temporary scrubs to nurses caring for patients with suspected or confirmed COVID-19 (esp. if coveralls are not provided and isolation gowns are being used).
Hand hygiene	<ul style="list-style-type: none"> ▶ Recommended before and after all patient contact, before putting on and upon removal of PPE, including gloves. ▶ Recommends using alcohol-based hand sanitizer for hand hygiene. Soap and water offered as a back-up alternative. 	<ul style="list-style-type: none"> ▶ Recommended before and after all patient contact, before putting on and upon removal of PPE, including gloves. ▶ Recommends using alcohol-based hand sanitizer for hand hygiene or using soap and water. 	<ul style="list-style-type: none"> ▶ Requirements under Cal/OSHA Bloodborne Pathogens Standard. 	<ul style="list-style-type: none"> ▶ Hand hygiene with soap and water after removal of gloves or other PPE, after contact with potentially infectious materials, before and after any patient contact. ▶ Inappropriate to recommend hand sanitizer as primary hand hygiene method.³
Occupational exposure surveillance	<ul style="list-style-type: none"> ▶ Facilities should keep a log of all persons who care for <u>or</u> enter the rooms or care area of patients. ▶ Recommends health care workers should perform self-monitoring with delegated supervision. 	<ul style="list-style-type: none"> ▶ No longer specifically addressed; section only on "monitor and manage ill and exposed health care personnel". <p>(Separate guidance on evaluating health care workers who are ill or exposed still stands, see column to left).</p>	<ul style="list-style-type: none"> ▶ Employer must assess potential for occupational exposure to aerosol transmissible diseases for every worker. Requirements of the standard include requiring a list of all job titles with possible occupational exposure to aerosol transmissible diseases in written exposure control plan. 	<ul style="list-style-type: none"> ▶ Employers shall clearly communicate with all RNs/health care workers, including notifying nurses when there is a possible or confirmed COVID-19 case. ▶ Employers shall conduct a thorough investigation after a COVID patient is identified to ensure all staff and individuals who were exposed are identified and notified.

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<p>Quarantine and testing for exposed health care workers</p>	<p>From separate guidance on evaluating health care workers who are ill or exposed (more detail at link): ⁴</p> <ul style="list-style-type: none"> ▶ High-risk exposures: health care workers with prolonged close contact with patients with COVID-19 not wearing a facemask while health care worker nose and mouth were exposed. ▶ Medium-risk exposures: health care workers who had prolonged close contact with patients with COVID-19 who were wearing a face mask while health care worker nose and mouth were exposed. ▶ Low-risk exposures: brief interactions with patients with COVID-19 or prolonged close contact with patients who were wearing a facemask for source control while health care worker was wearing facemask or respirator. <p>*Note that in this guidance, CDC considers covering of a health care worker’s nose/mouth by either a respirator or facemask sufficient to downgrade exposure to low risk category.</p>	<p>From separate guidance on evaluating health care workers who are ill or exposed (more detail at link): ⁵</p> <ul style="list-style-type: none"> ▶ High-risk exposures: health care workers with prolonged close contact with patients with COVID-19 not wearing a facemask while health care worker nose and mouth were exposed. ▶ Medium-risk exposures: health care workers who had prolonged close contact with patients with COVID-19 who were wearing a face mask while health care worker nose and mouth were exposed. ▶ Low-risk exposures: brief interactions with patients with COVID-19 or prolonged close contact with patients who were wearing a facemask for source control while health care worker was wearing facemask or respirator. <p>*Note that in this guidance, CDC considers covering of a health care worker’s nose/mouth by either a respirator or facemask sufficient to downgrade exposure to low risk category.</p>	<ul style="list-style-type: none"> ▶ When employer determines exposure has occurred to reportable aerosol transmissible pathogen they must, among other requirements: <ul style="list-style-type: none"> » Inform employee of the exposure in timely fashion, no later than 96 hours. » Provide medical evaluation and follow-up as soon as is feasible to employees where exposure could have resulted in disease transmission. » Obtain recommendation from licensed health care provider for precautionary leave (local health officer may also recommend precautionary removal). » Maintain all pay and benefits during precautionary leave. 	<ul style="list-style-type: none"> ▶ Any nurse/health care worker who is exposed to COVID-19 should be placed on precautionary leave for at least 14 days and should maintain pay and other benefits during the full length of that leave.

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Quarantine and testing for exposed health care workers (continued)		<p>From separate guidance on returning health care providers with confirmed or suspected COVID-19 infections to work:</p> <ul style="list-style-type: none"> ▶ Recommends that health care providers with confirmed or suspected COVID-19 should be excluded from work until their fever has resolved without medication and their respiratory symptoms have improved and either two consecutive tests come back negative OR at least seven days have passed since symptoms first appeared. ▶ See guidance for more details.⁶ 		
Staffing	<ul style="list-style-type: none"> ▶ Only essential personnel should enter the room. ▶ Implement staffing policies to minimize number of health care workers who enter the room. ▶ Facilities should consider caring for these patients with dedicated health care workers to minimize risk of transmission and exposure to other patients and other health care workers. 	<ul style="list-style-type: none"> ▶ Determine how staffing needs will be met as the number of patients with known/suspected COVID-19 increases and HCW become ill and are excluded from work. 	<ul style="list-style-type: none"> ▶ Not specifically addressed, but work practice controls must be implemented to prevent or minimize employee exposure to airborne, droplet, and contact transmission of aerosol transmissible pathogens. Staffing is a work practice control. 	<ul style="list-style-type: none"> ▶ Minimum 1:1 RN to patient assignment to prevent possible exposure to other patients via contaminated objects or surfaces. ▶ Additional staffing must be placed to ensure safety, including a buddy or observer system to ensure safe donning and doffing of PPE. ▶ Additional staffing must be placed to ensure that nurse assigned to patient has rest breaks and relief as needed.

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<p>Training</p>	<ul style="list-style-type: none"> ▶ Provide health care workers with job- or task-specific education and training on preventing transmission of infectious agents. ▶ Fit testing, training for N95s or other respiratory protection. 	<ul style="list-style-type: none"> ▶ Provide health care workers with job- or task-specific education and training on preventing transmission of infectious agents. ▶ Ensure that health care providers are educated, trained, and have practiced appropriate use of PPE prior to caring for a patient. 	<ul style="list-style-type: none"> ▶ Initial and at least annual refresher training required. ▶ Training required whenever new hazard or new control measures. ▶ Required elements include explanation of employer’s exposure control plan, explanation for basis of selection of PPE, proper use, removal, cleaning, etc. of PPE, information on the employer’s surge plan, and other elements. ▶ Interactive Q&A required; if training not provided in person, must have mechanism to answer questions within 24 hours. 	<ul style="list-style-type: none"> ▶ In-person, hands-on training and education for all nurses and other health care workers regarding PPE and safe donning and doffing practices including, at minimum, annual fit-testing for HCW. ▶ Communicate clearly with nurses and other staff regarding COVID-19 preparation, protocols, and any confirmed or suspected cases in the facility. ▶ Ensure that nurses and other health care workers receive effective training and education regarding facility plans, protocols, preparations, and response to COVID-19. ▶ Training and education should be implemented proactively, in preparation for a possible COVID-19 case, rather than “just in time,” after a COVID-19 case has arrived

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Communication	<ul style="list-style-type: none"> ▶ Recommends to implement mechanisms and policies that promptly alert key facility staff including frontline staff and other positions. ▶ Recommends to communicate and collaborate with public health authorities. 	<ul style="list-style-type: none"> ▶ Recommends to implement mechanisms and policies that promptly alert key facility staff including frontline staff and other positions. ▶ Recommends to communicate and collaborate with public health authorities. 	<ul style="list-style-type: none"> ▶ Requires procedures for how employer will communicate with employees and other employers about suspected or confirmed disease status of persons with whom employees may have exposure to in the course of their work. 	<ul style="list-style-type: none"> ▶ Communicate clearly with nurses and other staff regarding COVID-19 preparation, protocols, and any confirmed or suspected cases in the facility.
Visitor policies	<ul style="list-style-type: none"> ▶ Recommends establishing procedures for monitoring, managing, and training visitors. ▶ Restrict visitors from entering room of known or suspected COVID-19 patient. ▶ Linked to more specific recommendations. 	<ul style="list-style-type: none"> ▶ Recommends establishing procedures for monitoring, managing, and training visitors. ▶ Visitors to most vulnerable patients (e.g., oncology and transplant wards) should be limited. ▶ Limit visitors to patients with known or suspected COVID-19. Encourage use of alternate mechanisms of interaction with patient. Facilities should evaluate health risk of visitor. ▶ Additional considerations during community transmission include actively assessing all visitors for fever and respiratory symptoms upon entry to facility, policies around restricting entry, others. 	<ul style="list-style-type: none"> ▶ Not specifically addressed. 	<ul style="list-style-type: none"> ▶ Employers should implement protocols and plans based on the precautionary principle to limit exposure and transmission of COVID-19. This should include policies to limit and screen visitors.

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Surge preparation	<ul style="list-style-type: none"> ▶ Not specifically addressed. 	<ul style="list-style-type: none"> ▶ Not explicitly addressed, but several recommendations included throughout: <ul style="list-style-type: none"> » Determine how staffing needs will be met as number of patients with known or suspected COVID-19 increases and health care workers become ill and are excluded from work. » Consider establishing triage stations outside the facility to screen patients before they enter. 	<ul style="list-style-type: none"> ▶ Surge plan/procedures should include work practices, decon facilities, and appropriate PPE and respirators. ▶ Employer must ensure adequate supply of PPE and other equipment necessary to minimize employee exposure to ATD, in normal operations and in foreseeable emergencies. ▶ Should include how PPE and respiratory equipment will be stockpiled, accessed or procured, and how facility or operation will interact with the local and regional emergency plan. 	<ul style="list-style-type: none"> ▶ Employers should plan for surge of patients with possible or confirmed COVID-19, including plans to isolate, cohort, and to provide safe staffing. ▶ All protections must be implemented in a proactive, preventive manner.

References

- 1 CDC Guidance updated February 21, 2020, “Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings”.
<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>.
- 2 From CDC, (page last reviewed March 4, 2020), “How COVID-19 Spreads”.
<https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html>
- 3 See point #2 in NNU’s letter to the CDC on February 19, 2020, available at:
https://act.nationalnursesunited.org/page/-/files/graphics/CDC_Letter_NNU.pdf.
- 4 CDC, (March 7, 2020), “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 (COVID-19)”.
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>.
- 5 CDC, (March 7, 2020), “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 (COVID-19)”.
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>.
- 6 CDC, (March 16, 2020), “Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance)”.
<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>.

Abbreviations

- AirID** = language from Cal/OSHA Standard, airborne infectious disease
- PUI** = patient under investigation
- AIIR** = airborne infection isolation room, also called a negative pressure room
- Aerosol-generating procedures** include sputum induction, administration of nebulized medication/treatments, suctioning of airways, bronchoscopy, intubation, etc.
- HCW** = health care worker