

Risk Level	Travel Risk	Contact Risk	Management of Asymptomatic	Management if Symptomatic
High	Travel from NMDOH Category 1 locations https://cv.nmhealth.org/travel-recommendations/	Living in the same household as, being an intimate partner of, or providing care in a non-healthcare setting (such as a home) for a person with symptomatic laboratory-confirmed COVID-19 infection <i>without using recommended precautions</i> for <u>home care</u> and <u>home isolation</u>	<ul style="list-style-type: none"> • Quarantine (voluntary or under public health orders) in a location to be determined by public health authorities. • Daily active monitoring 	<ul style="list-style-type: none"> • Immediate isolation with consideration of public health orders • Public health assessment to determine the need for medical evaluation • If medical evaluation is needed, it should ideally occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended infection control precautions in place. • Controlled travel: Air travel only via air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.
Med	Travel from areas out of state, not Category 1 locations Travel inside New Mexico	<ul style="list-style-type: none"> • Close contact with a person with symptomatic laboratory-confirmed COVID-19 (see definition of close contact)* • On an aircraft, being seated within 6 feet of a traveler with symptomatic laboratory-confirmed COVID-19 infection; this distance correlates approximately with 2 seats in each direction • Living in the same household as, an intimate partner of, or caring for a person in a non-healthcare setting to a person with symptomatic laboratory-confirmed COVID-19 infection while consistently using recommended precautions for home care and home isolation (see link)** 	<ul style="list-style-type: none"> • Recommendation to remain at home or in a comparable setting (see note on critical personnel) *** • Daily active monitoring 	<ul style="list-style-type: none"> • Self-isolation • Public health assessment to determine the need for medical evaluation • If medical evaluation is needed, it should ideally occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended infection control precautions in place. • Controlled travel: Air travel only via air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.

Low		Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic laboratory-confirmed COVID-19 for a prolonged period of time but not meeting the definition of close contact	<ul style="list-style-type: none"> • No restriction on movement • Self-observation 	<ul style="list-style-type: none"> • Self-isolation, social distancing • Person should seek health advice to determine if medical evaluation is needed. • Travel on commercial conveyances should be postponed until no longer symptomatic.
No Identifiable	N/A	Interactions with a person with symptomatic laboratory-confirmed COVID-19 infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.	No specific guidance necessary	<ul style="list-style-type: none"> • Self-isolation, social distancing • Person should seek health advice to determine if medical evaluation is needed. • Travel on commercial conveyances should be postponed until no longer symptomatic.

* Close contact is defined as

1. Someone who has been face to face for at least 15 minutes, or been in the same closed space for at least 2 hours, as someone who has tested positive for the COVID-19 when that person was infectious.
2. Having direct contact with infectious secretions of a COVID-19 case (eg being coughed on)

** <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>

*** Some personnel (e.g., emergency first responders) fill essential (critical) infrastructure roles within communities. Based on the needs of individual jurisdictions, and at the discretion of state or local health authorities, these personnel may be permitted to continue work following potential exposure to SARS-CoV-2 (either travel-associated or close contact to a confirmed case), provided they remain asymptomatic. Personnel who are permitted to work following an exposure should self-monitor under the supervision of their employer's occupational health program including taking their temperature before each work shift to ensure they remain afebrile. On days these individuals are scheduled to work, the employer's occupational health program could consider measuring temperature and assessing symptoms prior to their starting work. Exposed healthcare personnel who are considered part of critical infrastructure should follow existing CDC guidance.