

Federal & MeCDC HCW Non-Work-Related Exposures (i.e., exposure while not at work)

Person would be a close contact if they are within 6 feet for 15 minutes cumulative in 24 hours with a COVID-19 positive person, regardless of what type of PPE (e.g., face coverings) was worn. Work restriction & quarantine guidance:

- ✓ **If not-fully vaccinated** work restrict for 14 days following their last exposure to the infected individual and quarantine for 10 days outside of work (home).
- ✓ **If fully vaccinated** (i.e., >2weeks post second dose if it is a 2-dose series) they should be tested 5-7 days following the known exposure and wear a mask in public indoor settings for 14 days or until they have received a negative test.
 - If they live in a household with someone who is immunosuppressed, at increased risk of severe disease, or unvaccinated children (including children <12 years of age) could also consider masking at home for 14 days following a known exposure or until they receive a negative test.
 - Most fully vaccinated people with no COVID-like symptoms do not need to quarantine or be restricted from work following an exposure to someone with suspected or confirmed COVID-19, if they follow the testing and masking recommendation above.
- ✓ **For adults previously diagnosed with symptomatic laboratory-confirmed COVID-19** (by a positive NAAT (a nucleic acid amplification test, such as PCR) or a positive COVID-19 antigen test [e.g., BinaxNOW]) who remain asymptomatic after recovery, retesting or quarantine is not recommended if another exposure occurs or might have occurred within 90 days after the date of symptom onset or date of positive test if asymptomatic. They should wear a mask in public indoor settings for 14 days after exposure.
 - **Note:** for adults who develop new symptoms consistent with COVID-19 during the 90 days after the date of initial symptom onset, if an alternative etiology cannot be readily identified by a healthcare provider, then the adult likely warrants retesting. Consultation with infectious disease or infection control experts is recommended, especially in the event that symptoms develop within 14 days after close contact with a person infected with SARS-CoV-2. Adults being evaluated for reinfection with SARS-CoV-2 or any potentially transmissible respiratory infection should be isolated under recommended precautions before and during evaluation. If reinfection is confirmed or remains suspected, they should remain under the recommended SARS-CoV-2 isolation period until they meet the criteria for discontinuation of precautions – for most adults, this would be 10 days after symptom onset and after resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms.
- ✓ **If HCW develop SARS-CoV-2 infection following their exposure**, they should be excluded from work until they meet the return to work criteria for HCW with SARS-CoV-2 infection.

Note: See *Exposure Investigation Guidance in the LTC Excel Quick Reference*: <https://www.maine.gov/dhhs/mecdc/infectious-disease/hai/resources.shtm> | for when a facility may still choose to institute a work restrictions.

References: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html> ; https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html#anchor_1617376555813 ; <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html> <https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html> & <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Infection-Control>



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If HCWs are living with someone who has been diagnosed with SARS-CoV-2 infection, should they be excluded from work? If so, for how long?

- **If they are able to avoid contact with the infected individual living with them:**
 - If they **are not fully vaccinated**, they should be excluded from work for 14 days following their **last exposure** to the infected individual and tested as described in the [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#).
 - If they **are fully vaccinated**, they should still be tested as described in the [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) but might not require work exclusion unless they develop symptoms, test positive for SARS-CoV-2 infection, are moderately to severely immunocompromised, or are otherwise advised to be excluded from work by their occupational health program or public health authorities.
- **If they are not able to avoid ongoing close contact with infected individual throughout duration of the individual's illness:**
 - If they are **not fully vaccinated**, they should be excluded from work until 14 days after the last day that the infected individual was potentially infectious. If the infected individual had mild to moderate illness and was **not** moderately to severely immunocompromised, this would typically be **10 days after their onset of symptoms** (*more information on duration of isolation is available [here](#)*).
 - So, if the infected individual developed symptoms on October 1, they would be considered potentially infectious until October 11. Work exclusion for the HCW would then be recommended from the date of their initial close contact with the infected individual though October 25 (*14 days after their last exposure when the infected individual was potentially infectious*). They should also be tested immediately (*but not earlier than 2 days after the initial exposure*) and if negative, at minimum 5 to 7 days after their last exposure. Consideration should be given to regular testing during quarantine (*e.g., every 3-5 days*).
 - If they **are fully vaccinated**, they might not require work exclusion unless they develop symptoms, test positive for SARS-CoV-2 infection, are moderately to severely immunocompromised, or are otherwise advised to be excluded from work by their occupational health program or public health authorities. If these HCP continue to work, they should be tested immediately (*but not earlier than 2 days after the initial exposure*) and, if negative, again every 3 to 5 days with the final test occurring 5 to 7 days after their last exposure.
- **If HCW develop SARS-CoV-2 infection following their exposure**, they should be excluded from work until they meet the [return to work](#) criteria for HCW with SARS-CoV-2 infection.
- **For HCW previously diagnosed with symptomatic laboratory-confirmed COVID-19** (*by a positive NAAT (a nucleic acid amplification test, such as PCR) or a positive COVID-19 antigen test [e.g., BinaxNOW]*) who **remain asymptomatic** after recovery, retesting or quarantine is not recommended if another exposure occurs or might have occurred **within 90 days after** the date of symptom onset or date of positive test if asymptomatic.
 - **Note:** for adults who develop new symptoms consistent with COVID-19 during the 90 days after the date of initial symptom onset, if an alternative etiology cannot be readily identified by a healthcare provider, then the adult likely warrants retesting. Consultation with infectious disease or infection control experts is recommended, especially in the event that symptoms develop within 14 days after close contact with a person infected with SARS-CoV-2. Adults being evaluated for reinfection with SARS-CoV-2 or any potentially transmissible respiratory infection should be isolated under recommended precautions before and during evaluation. If reinfection is confirmed or remains suspected, they should remain under the recommended SARS-CoV-2 isolation period until they meet the criteria for discontinuation of precautions – for most adults, this would be 10 days after symptom onset and after resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms.