Federal CDC SARS-CoV-2 Healthcare Worker Exposure Guidance

Healthcare Worker Identified as Positive Without Know Work Related—Exposure **Healthcare Worker with Higher Risk Exposure** (See HCW PPE Risk stratification table) **Symptomatic Test Pending** Have not received all COVID-19 vaccine AND booster doses **Asymptomatic Exclude from work:** Work Restrict / Isolate at home until cause of illness identified. **Option 1**: Can return to work can return to work after day 7 following the exposure (day 0) if a viral test is negative for SARS-CoV-2 and HCW do not develop symptoms. HCW with even mild symptoms of COVID-19 should be prioritized for viral testing with nucleic acid or antigen detection assays; ensure that SARS-CoV-2 testing is performed with a test that is capable of detecting SARS-CoV-2 even with currently circulating variants in the United States. Testing is not recommended for asymptomatic HCW who have recovered from SARS-CoV-2 infection in the prior 90 days; this is because some people may be non-infectious but have detectable virus from their prior infection during this Have received ALL COVID-19 vaccine The specimen should be collected and tested within 48 hours before the time of AND booster doses planned return to work (e.g., in anticipation of testing delays). **Option 2**: can return to work after day 10 following the exposure (day 0) if they do not develop symptoms. Although the residual risk of infection is low, healthcare AND Not mod-severe immunocompromised facilities could consider testing for SARS-CoV-2 within 48 hours before the time of period. planned return. See Note HCW who were initially suspected of having COVID-19 but following evalua-**For both options**—-Follow all recommended infection prevention and control practices, including wearing well-fitting source control, monitoring themselves for fever or symptoms consistent with COVID-19, and not reporting to work when ill or if testing positive for SARS-CoV-2 infection. tion another diagnosis is suspected or confirmed, return to work decisions In general, no work restrictions. Test immediately (but generally not earlier than 24 hours after the exposure) and, if negative, again 5-7 days after the exposure. **HCW Who Tests Positive for SARS-CoV-2** Work Restrict / Isolate at Home Follow all recommended infection prevention and control practices, including wearing well-fitting source control, monitoring themselves for fever or symptoms consistent with COVID-19, and not reporting to work when ill or if testing positive for SARS-COV-2 **Isolation Discontinuation** infection. Any HCW who develops fever or symptoms consistent with COVID-19 should immediately self-isolate and contact their established Moderately to severely immunocompromised Severe to Critical illness and not mod-severely May produce replication-competent virus beyond 20 days point of contact (e.g., occupational health program) to arrange for medical evaluation and testing. immunocompromised after symptom onset or, for those who were asymptomatic throughout their infection, the date of • In general, when 20 days have passed since symptoms first appeared, and their first positive viral test. At least 24 hours have passed since last fever without the use of feverreducing medications, and Mild—Mod Illness and not mod-severely • Symptoms (e.g., cough, shortness of breath) have improved.

immunocompromised

- At least 7 days if a negative antigen or NAAT is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7) have passed since symptoms first appeared, and
- At least 24 hours have passed since last fever without the use of fever-reducing medications, and
- Symptoms (e.g., cough, shortness of breath) have improved.

Asymptomatic and not modseverely immunocompromised

At least 7 days if a negative antigen or to returning to work (or 10 days if testing is not performed or a positive date of their first positive viral test.

NAAT is obtained within 48 hours prior test at day 5-7) have passed since the

Notes:

- ♦ There may be circumstances when work restriction might be recommended. For this and more guidance, see the "Exposure Investigation Checklist" at https://www.maine.gov/dhhs/mecdc/infectious-disease/hai/resources.shtml
- ♦ For strategies to mitigate staffing shortages see: https://www.cdc.gov/ coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html

Use of a **test-based strategy** and consultation with an infectious disease specialist or other expert and an occupational health specialist is recommended to determine when these HCW may return to work.

Test-Based Strategy:

Symptomatic HCW

• The test-based strategy as described for moderately to severely immuno-

compromised HCW below can be used to inform the duration of isolation.

- Resolution of fever without the use of fever-reducing medications, and
- Improvement in symptoms (e.g., cough, shortness of breath), and
- Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an antigen test or NAAT.

Asymptomatic HCW: results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an antigen test or NAAT.

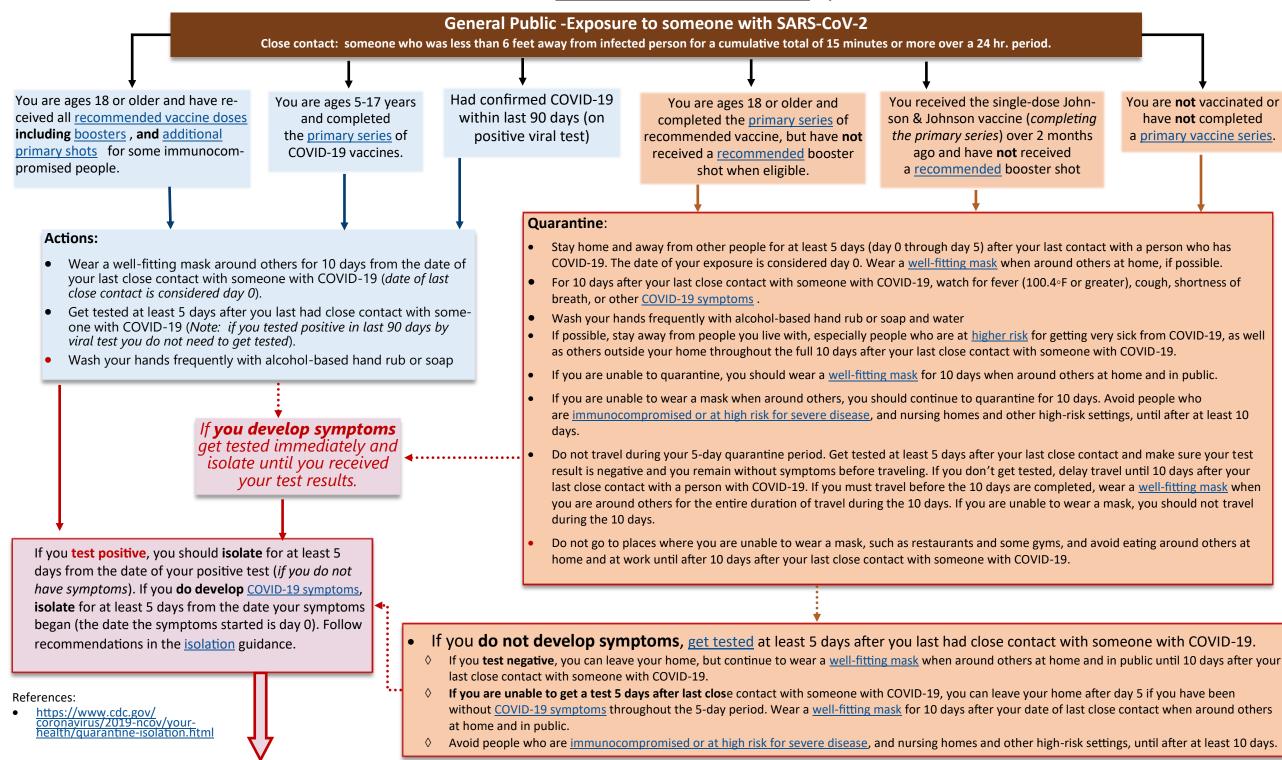
Federal CDC SARS-CoV-2 Healthcare Patient / Resident Exposure Guidance

Patient / Resident Scenario	Healthcare Patient / Resident Post-Exposure Prevention Guidance
Fully-vaccinated (completed primary series)	Fully vaccinated patients / residents who are a close contact to someone with a SARS-CoV-2 infection and asymptomatic do not need to be quarantined, restricted to their room, or cared for by HCW using the full PPE recommended for the care of a resident with SARS-CoV-2 infection unless they develop symptoms of COVID-19, are diagnosed with SARS-CoV-2 infection, or the facility is directed to do so by the jurisdiction's public health authority. They should wear source control & physically distance for 14 days after their exposure. -If they are unable to comply with masking or physical distancing then quarantine may be warranted.
Had COVID-19 in past 90 days	Patients / Residents with SARS-CoV-2 infection in the last 90 days do not need to be quarantined, restricted to their room, or cared for by HCW using the full PPE recommended for the care of a resident with SARS-CoV-2 infection unless they develop symptoms of COVID-19, are diagnosed with SARS-CoV-2 infection, or the facility is directed to do so by the jurisdiction's public health authority. They should wear source control & physically distance for 14 days after their exposure. -If they are unable to comply with masking or physical distancing then quarantine may be warranted.
Not-fully vaccinated and have not had COVID-19 in last 90 days	Not-fully vaccinated patients / residents who have had close contact with someone with SARS-CoV-2 infection should be placed in quarantine for 14 days after their exposure, even if viral testing is negative. -HCW caring for them should use full PPE (gowns, gloves, eye protection, and N95 or higher-level respirator).
IVIONERATELY TO SEVERELY	Patients/ Residents who have had close contact with someone with SARS-CoV-2 infection should be placed in quarantine for 14 days after their exposure, even if viral testing is negative. -HCW caring for them should use full PPE (gowns, gloves, eye protection, and N95 or higher-level respirator).
Other considerations where quarantine may be warranted	•If the initial diagnosis of SARS-CoV-2 infection might have been based on a false positive test result. •In the event of ongoing transmission within a facility that is not controlled with initial interventions, strong consideration should be given to use of quarantine for fully vaccinated patients on affected units and work restriction of fully vaccinated HCW with higher-risk exposures. •Note: there might be other circumstances for which the jurisdiction's public health authority recommends these and additional precautions.

References:

 $\frac{https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html}{https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-home-long-term-care.html}$

Federal CDC SARS-CoV-2 General Public (Non-Healthcare) Exposure Guidance



Federal CDC SARS-CoV-2 General Public (Non-Healthcare) Exposure Guidance

General Public Isolation Guidance

You had symptoms

- Isolate for at least 5 full days. Day 0 is your fist day of symptoms. Day 1 is the first full day after your symptoms developed.
- Do not travel during your 5-day isolation period. After you end isolation, avoid travel until a full 10 days after your first day of symptoms. If you must travel on days 6-10, wear a well-fitting mask when you are around others for the entire duration of travel. If you are unable to wear a mask, you should not travel during the 10 days.
- Do not go to places where you are unable to wear a mask, such as restaurants and some gyms, and avoid eating around others at home and at work until a full 10 days after your first day of symptoms.
- You can end isolation after 5 full days if you are fever-free for 24 hours without the use of fever-reducing medication and your other symptoms have improved (Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation).
 - You should continue to wear a well-fitting mask around others at home and in public for 5 additional days (day 6 through day 10) after the end of your 5 -day isolation period. If you are unable to wear a mask when around others, you should continue to isolate for a full 10 days. Avoid people who are immunocompromised or at high risk for severe disease, and nursing homes and other high-risk settings, until after at least 10 days.
- If you continue to have fever or your other symptoms have not improved after 5 days of isolation, you should wait to end your isolation until you are fever-free for 24 hours without the use of fever-reducing medication and your other symptoms have improved. Continue to wear a well-fitting mask. Contact your healthcare provider if you have questions.

If you have access to a test and wants to test, the best approach is to use an <u>antigen</u> test¹ towards the end of the 5-day isolation period. Collect the test sample only if you are fever-free for 24 hours without the use of fever-reducing medication and your other symptoms have improved (loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation). If your test result is positive, you should continue to isolate until day 10. If your test result is negative, you can end isolation, but continue to wear a <u>well-fitting mask</u> around others at home and in public until day 10. Follow additional recommendations for masking and restricting travel as described above.

Note: ¹As noted in the <u>labeling for authorized over-the counter antigen tests</u>: Negative results should be treated as presumptive. Negative results do not rule out SARS-CoV-2 infection and should not be used as the sole basis for treatment or patient management decisions, including infection control decisions. To improve results, antigen tests should be used twice over a three-day period with at least 24 hours and no more than 48 hours between tests.

You had no symptoms

- Isolate for at least 5 full days. Day 0 is the day of your positive viral test (based on the date you were tested) and day 1 is the first full day after the specimen was collected for your positive test. You can leave isolation after 5 full days.
- Do not travel during your 5-day isolation period. After you end isolation, avoid travel until 10 days after the day of your positive test. If you must travel on days 6-10, wear a well-fitting mask when you are around others for the entire duration of travel. If you are unable to wear a mask, you should not travel during the 10 days after your positive test.
- Do not go to places where you are unable to wear a mask, such as restaurants and some gyms, and avoid eating around others at home and at work until 10 days after the day of your positive test.

You were severely ill or have weakened immune system (immunocompromised)

- If you continue to have no symptoms, you can end isolation after at least 5 days.
 - You should continue to wear a <u>well-fitting mask</u> around others at home and in public until day 10 (day 6 through day 10).
- If you are unable to wear a mask when around others, you should continue to isolate for 10 days. Avoid people
 who are <u>immunocompromised or at high risk for severe disease</u>, and nursing homes and other high-risk settings,
 until after at least 10 days.
- If you develop <u>symptoms</u> after testing positive, your 5-day isolation period should start over. Day 0 is your first day of symptoms. Follow the recommendations above for <u>ending isolation for people who had COVID-19 and had</u> symptoms.

If you have access to a test and wants to test, the best approach is to use an <u>antigen test</u>¹ towards the end of the 5-day isolation period. If your test result is **positive**, you should continue to isolate until day 10. If your test result is negative, you can end isolation, but continue to wear a <u>well-fitting mask</u> around others at home and in public until day 10. Follow additional recommendations for masking and restricting travel described above.

People who are severely ill with COVID-19 (including those who were hospitalized or required intensive care or ventilation support) and people with compromised immune systems might need to isolate at home longer. They may also require testing with a <u>viral test</u> to determine when they can be around others. **CDC recommends an isolation period of at least 10 and up to 20 days for people who were severely ill with COVID-19 and for <u>people with weakened immune systems.</u> Consult with your healthcare provider about when you can resume being around other people.**

People who are immunocompromised should talk to their healthcare provider about the potential for reduced immune responses to COVID-19 vaccines and the need to continue to follow <u>current prevention measures</u> (including wearing a <u>well-fitting mask</u>, <u>staying 6</u> <u>feet apart from others</u> they don't live with, and avoiding crowds and poorly ventilated indoor spaces) to protect themselves against COVID-19 until advised otherwise by their healthcare provider. Close contacts of immunocompromised people – including household members – should also be encouraged to receive all <u>recommended COVID-19 vaccine doses</u> to help protect these people.

References:

https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

https://www.maine.gov/dhhs/mecdc/infectious-disease/hai/resources.shtml

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

https://www.cdc.gov/media/releases/2021/s1227-isolation-quarantine-guidance.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Infection-Control

https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/scientific-brief-options-to-reduce-quarantine.html?CDC AA refVal=https%3A%2F%2Fwww.cdc.gov% 2Fcoronavirus%2F2019-ncov%2Fmore%2Fscientific-brief-options-to-reduce-quarantine.html

https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html