

# Hospitals & Group A Congregate Care Facilities – Exposure Investigation Checklist

## ☐ Identify Close Contacts and Determine Actions

The **Infectious Period** of a positive person starts 2 days prior to symptom onset and continues until isolation is initiated. If the positive person is asymptomatic, use the date 2 days prior to test specimen collection.

Remember to include:

- Patients/residents/clients & workers who may have worked during infectious period but are not currently working or on campus (e.g. agency staff, vendors, visiting specialists, contracted)
- Workers from other units/departments/service lines
- Discharged or transferred patients/clients/residents

## ☐ Healthcare Workers (HCW) are close contacts if they meet the 6-15 rule<sup>A</sup>. Determine risk level using table below ↓

*Note: Higher-risk exposures generally involve exposure of HCW's eyes, nose, or mouth to material potentially containing SARS-CoV-2, particularly if these HCW were present in the room for an aerosol-generating procedures. Other exposures classified as lower-risk, including having body contact with the patient (e.g., rolling the patient) without gown or gloves, may impart some risk for transmission, particularly if hand hygiene is not performed and HCWs then touch their eyes, noses, or mouths. The specific factors associated with these exposures should be evaluated on a case-by-case basis; interventions, including restriction from work, can be applied if the risk for transmission is deemed substantial.*

<sup>A</sup>6-15 Rule: Individual(s) that were within 6 ft of the positive person for more than 15 cumulative minutes in a 24-hour period.

PPE Worn By HCW	Assessing Risk To HCWs Based on Interaction with COVID-19 Positive Patient/Resident/Client or Co-Worker				
	Patient/Resident/Client Wearing Face Covering	Co-Worker wearing a face mask	Patient/Resident/Client Not wearing Face Covering	Co-Worker not wearing a face mask	Aerosol Generating Procedure Performed
HCW wearing N95, Eye protection, Gown, Gloves	Lowest Risk - No Required Restrictions	Lowest Risk - No Required Restrictions	Lowest Risk - No Required Restrictions	Lowest Risk - No Required Restrictions	Lowest Risk - No Required Restrictions
HCW Wearing N95 & Eye protection	Lowest Risk - No Required Restrictions	Lowest Risk - No Required Restrictions	Lowest Risk - No Required Restrictions	Lowest Risk - No Required Restrictions	Higher Risk <sup>2a,2b,2c</sup>
HCW Wearing Face Mask & Eye protection	Lower Risk - asses specific interaction, <sup>1,2a,2b,2c</sup>	Lower Risk - asses specific interaction, <sup>1,2a,2b,2c</sup>	Lower Risk - asses specific interaction, <sup>1,2a,2b,2c</sup>	Lower Risk - asses specific interaction, <sup>1,2a,2b,2c</sup>	Higher Risk <sup>2a,2b,2c</sup>
HCW wearing face mask	Lower Risk - asses specific interaction, <sup>1,2a,2b,2c</sup>	Lower Risk - asses specific interaction, <sup>1,2a,2b,2c</sup>	Higher Risk <sup>2a,2b,2c</sup>	Higher Risk <sup>2a,2b,2c</sup>	Higher Risk <sup>2a,2b,2c</sup>
HCW wearing no PPE	Higher Risk <sup>2a,2b,2c</sup>	Higher Risk <sup>2a,2b,2c</sup>	Higher Risk <sup>2a,2b,2c</sup>	Higher Risk <sup>2a,2b,2c</sup>	Higher Risk <sup>2a,2b,2c</sup>

### <sup>1</sup>Risks to consider that may warrant work restriction include but are not limited to:

- Patient/Resident/Client actively coughing
- Face to face interaction with patient/client/resident
- Face coverings/masks not worn appropriately by HCW or patient/resident/client
- Ventilation and area of space where interaction occurred (e.g. room with no HVAC or air exchanges)
- Was HCW in breakroom/common area/office with co-worker with masks removed?
- Was physical distancing with co-worker maintained?

<sup>2a</sup>HCW who are **not fully vaccinated** work restrict for 14 days and quarantine at home

<sup>2b</sup>HCW who are **fully vaccinated and asymptomatic** do not necessarily need to be work restricted for 14 days following their exposure. **HCW should wear source control & physically distance for 14 days after their exposure.** Work restriction/isolation would be warranted if they develop symptoms or test positive. A 14 day work restriction, should be considered for fully vaccinated HCW who:

- Are moderately to severely immunocompromised and might be at increased risk for reinfection
- When directed by public health
- In the event of ongoing transmission within a facility that is not controlled with initial interventions, strong consideration should be given to use of work restriction of fully vaccinated HCP with higher-risk exposures. In addition, there might be other circumstances for which the jurisdiction's public health authority recommends these and additional precautions.

<sup>2c</sup>HCW who is within 90 days of testing positive for COVID-19 and has recovered, could continue to work if **asymptomatic** and they monitor for development of symptoms. **HCW should wear source control & physically distance for 14 days after their exposure.** A facility may still choose to institute work restriction for HCW following a high-risk exposure, particularly if there is uncertainty about prior infection or the durability of a person's immune response. Examples could include:

- HCW with underlying immunocompromising conditions or who become immunocompromised in the 3 months following SARS-Cov-2 infection who might be at increased risk for reinfection.
- Not-fully vaccinated HCW who there is concern that their initial diagnosis of infection might have been based on a false positive test result (e.g. individual was asymptomatic, antigen test positive, and a confirmatory NAAT test was not performed).

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# Hospitals & Group A Congregate Care Facilities – Exposure Investigation Checklist

Patients/Residents/Clients are close contacts if they meet the 6-15 rule<sup>A</sup> for their interaction with the positive person, they are considered “exposed” and should quarantine.

*Note: see applicable exceptions below chart in 2d*

Resident/Patient Scenario	2 <sup>d</sup> Post-Exposure Prevention Guidance
<b>Fully-vaccinated</b>	Fully vaccinated residents/patients 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. <i>-If they are unable to comply with masking or physical distancing then quarantine may be warranted.</i>
<b>Had COVID-19 in past 90 days</b>	Residents/patients 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/patients 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. <i>-If they are unable to comply with masking or physical distancing then quarantine may be warranted.</i>
<b>Not-fully vaccinated and have not had COVID-19 in last 90 days</b>	Not-fully vaccinated residents/patients 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. <i>-HCW caring for them should use full PPE (gowns, gloves, eye protection, and N95 or higher-level respirator).</i>
<b>Moderately to severely immunocompromised</b>	Residents/patients 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. <i>-HCW caring for them should use full PPE (gowns, gloves, eye protection, and N95 or higher-level respirator).</i>
<b>Other considerations where quarantine may be warranted</b>	<ul style="list-style-type: none"> <li>•If the initial diagnosis of SARS-CoV-2 infection might have been based on a false positive test result.</li> <li>•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.</li> <li>•Note: there might be other circumstances for which the jurisdiction’s public health authority recommends these and additional precautions.</li> </ul>

## Testing Higher Risk HCW Exposures:

**Fully vaccinated asymptomatic HCW with higher-risk exposure:** should have a series of two viral tests for SARS-CoV-2 infection. In these situations, testing is recommended immediately (but not earlier than 2 days after the exposure) and, if negative, again 5–7 days after the exposure. 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 period (additional information is available).

**Not-Fully vaccinated asymptomatic HCW with higher-risk exposure:** Perform SARS-CoV-2 testing immediately (but not earlier than 2 days after the exposure) and, if negative, again 5-7 days after the exposure.

**Note: for Group A Congregate Care facilities, please see the “Federal CDC LTC New Identification of SARS-CoV-2 Case Guidelines Summary” on this website: <https://www.maine.gov/dhhs/mecdc/infectious-disease/hai/resources.shtml> for when expanded testing may be applicable for HCWs.**

## References:

- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
- [https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor\\_1631031193599](https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031193599)
- <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>