

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, etc.

Healthcare Workers (HCW) are close contacts if they meet the 6-15 rule^A. 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.

A6-15 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 The Exposed HCW	Assessing Risk To The HCW 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 ^{2c}	Lowest Risk - No Required Restrictions ^{2c}	Lowest Risk - No Required Restrictions ^{2c}	Lowest Risk - No Required Restrictions ^{2c}	Lowest Risk - No Required Restrictions ^{2c}
HCW Wearing N95 & Eye protection	Lowest Risk - No Required Restrictions ^{2c}	Lowest Risk - No Required Restrictions ^{2c}	Lowest Risk - No Required Restrictions ^{2c}	Lowest Risk - No Required Restrictions ^{2c}	Higher Risk ^{2a,2b,2c}
HCW Wearing Face Mask & Eye protection	Lower Risk - asses specific interaction, ^{1,2a,2b,2c}	Lower Risk - asses specific interaction, ^{1,2a,2b,2c}	Higher Risk ^{2a,2b,2c}	Higher Risk ^{2a,2b,2c}	Higher Risk ^{2a,2b,2c}
HCW wearing face mask	Lower Risk - asses specific interaction, ^{1,2a,2b,2c}	Lower Risk - asses specific interaction, ^{1,2a,2b,2c}	Higher Risk ^{2a,2b,2c}	Higher Risk ^{2a,2b,2c}	Higher Risk ^{2a,2b,2c}
HCW wearing no PPE	Higher Risk ^{2a,2b,2c}	Higher Risk ^{2a,2b,2c}	Higher Risk ^{2a,2b,2c}	Higher Risk ^{2a,2b,2c}	Higher Risk ^{2a,2b,2c}

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?

^{2a}HCW with higher risk exposure who are **NOT** up-to-date on vaccine doses:

Option 1: Exclude from 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. The specimen should be collected and tested within 48 hours before the time of planned return to work (e.g., in anticipation of testing delays).

Option 2: Exclude from work. HCW 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 facilities could consider testing for SARS-CoV-2 within 48 hours before the time of planned return.

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.

-Any HCW who develop fever or symptoms consistent with COVID-19 should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

^{2b}HCW with higher risk exposure who are up-to-date on vaccine doses or who have recovered from SARS-CoV-2 infection in the prior 90 days as recommended by Federal CDC:

•In general, no work restrictions

•For those who have not recovered from SARS-CoV-2 infection in last 90 days, perform SARS-CoV-2 testing immediately (but generally not earlier than 24 hours after the exposure) and, if negative, again 5-7 days after the exposure.

•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.

•Any HCW who develop fever or symptoms consistent with COVID-19 should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

•Note: Circumstances when work restriction might be recommended:

-HCP are moderately to severely immunocompromised.

- When directed by public health authorities (e.g., during an outbreak where SARS-CoV-2 infections are identified among HCP who have received all COVID-19 vaccine doses, including booster dose, as recommended by CDC)

- 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 HCP with higher-risk exposures who have received all COVID-19 vaccine doses, including booster dose, as recommended by CDC. In addition, there might be other circumstances for which the jurisdiction's public health authority recommends these and additional precautions.

^{2d}HCW with lower risk exposure:

•No work restrictions or testing.

•Follow all recommended infection prevention and control practices, including monitoring themselves for fever or symptoms consistent with COVID-19 and not reporting to work when ill. Any HCW who develop fever or symptoms consistent with COVID-19 should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

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Note: HCW with travel or community exposures should consult their occupational health program for guidance on need for work restrictions. In general, HCW who have had prolonged close contact with someone with SARS-CoV-2 in the community (e.g., household contacts) should be managed as described for higher-risk occupational exposures above.

Testing HCW: Either an antigen test or NAAT can be used. Some people may be beyond the period of expected infectiousness but remain NAAT positive for an extended period. Antigen tests typically have a more rapid turnaround time but are often less sensitive than NAAT. In general, testing is not necessary for asymptomatic HCW who have recovered from SARS-CoV-2 infection in the last 90 days; however, if testing is performed on these HCW, an antigen test instead of a NAAT is recommended. Additional information about antigen tests and NAAT is available in [Testing | CDC](#). **Note: must use a test that adequately detects Omicron (see this website for list of tests that may not detect Omicron: https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/sars-cov-2-viral-mutations-impact-covid-19-tests?utm_medium=email&utm_source=govdelivery)**

Federal CDC Staffing Shortage Strategies:

- Maintaining appropriate staffing in healthcare facilities is essential to providing a safe work/care environment. Federal CDC's mitigation strategies offer a continuum of options for addressing staffing shortages. **Contingency**, followed by **Crisis** capacity strategies, augment **Conventional** strategies and are meant to be considered and implemented sequentially (*i.e., implementing contingency strategies before crisis strategies*). For example, if, despite efforts to mitigate, HCW staffing shortages occur, it may be determined that certain HCW with suspected or confirmed SARS-CoV-2 infection should return to work before the full conventional Return to Work Criteria have been met. **Note: Allowing HCW with SARS-CoV-2 infection or higher-risk exposures to return to work before meeting the conventional criteria could result in healthcare-associated SARS-CoV-2 transmission.**
- Follow any state specific guidelines and see the following websites: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html> & <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>

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Actions for Patients/Residents: Patients/Residents are close contacts if they meet the 6-15 rule^A for their interaction with the positive person, they are considered “exposed” and should quarantine. *Note: see applicable exceptions below chart:*

Exposure of Patients / Residents		
Patients / Residents Identified as a Close Contact Exposure to Someone with SARS-CoV-2		
Actions	Are Up-to-date on all COVID-19 vaccine doses as recommended by CDC	Had SARS-CoV-2 in past 90 days
Quarantine <small>(Transmission-Based Precautions)</small> & Other Prevention Measures	<ul style="list-style-type: none"> Residents/Patients who are up to date with all recommended COVID-19 vaccine doses and those who have recovered from SARS-CoV-2 infection in the prior 90 days who have had close contact with someone with SARS-CoV-2 infection should wear source control and be tested. They <u>do not need</u> 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. Quarantine might also be considered if the resident/patient is moderately to severely immunocompromised. They should wear source control & physically distance (when physical distancing is feasible) for 10 days after their exposure. <i>-If they are unable to comply with masking or physical distancing then quarantine may be warranted.</i> 	<ul style="list-style-type: none"> Residents/Patients who are not up to date with all recommended COVID-19 vaccine doses and who have had close contact with someone with SARS-CoV-2 infection should be placed in quarantine after their exposure, even if viral testing is negative. They should generally be restricted to their rooms (even if testing is negative) and should not participate in group activities. HCW caring for them should use full PPE (gowns, gloves, eye protection, and N95 or higher-level respirator). <p style="text-align: center;">Quarantine (Transmission-Based Precautions) Discontinuation</p> <p><u>Option 1:</u> can be removed from Transmission-Based Precautions after day 10 following the exposure (day 0) if they do not develop symptoms. Although the residual risk of infection is low, healthcare providers could consider testing for SARS-CoV-2 within 48 hours before the time of planned discontinuation of Transmission-Based Precautions.</p> <p><u>Option 2:</u> can be removed from Transmission-Based Precautions after day 7 following the exposure (day 0) if a viral test is negative for SARS-CoV-2 and they do not develop symptoms. The specimen should be collected and tested within 48 hours before the time of planned discontinuation of Transmission-Based Precautions. Patients/Residents should wear source control & physical distance (when physical distancing is feasible) for 10 days after their exposure even when released from quarantine at day 7.</p>
Other Considerations	<ul style="list-style-type: none"> There may be circumstances when Transmission-Based Precautions (quarantine) for these patients/residents might be recommended (e.g., moderately to severely immunocompromised). 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 patients on affected units and work restriction of HCW with higher-risk exposures, even if they are up to date with all recommended COVID-19 vaccine doses. In addition, there might be other circumstances for which the jurisdiction’s public health authority recommends these and additional precautions. 	
Testing	<ul style="list-style-type: none"> Asymptomatic patients/residents with close contact with someone with SARS-CoV-2 infection, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection. In these situations, testing is recommended immediately (but generally not earlier than 24 hours after the exposure) and, if negative, again 5–7 days after the exposure. In general, testing is not necessary for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 90 days; however, if testing is performed on these individuals an antigen test instead of a nucleic acid amplification test (NAAT) is recommended. This is because some people may remain NAAT positive but not be infectious during this period. <p style="text-align: center;"><i>Note: for nursing homes, see specific guidance for when a SARS-CoV-2 case is identified for contact tracing/testing on the HAI Website, document "Federal CDC LTC New Identification of SARS-CoV-2 Case Guidelines Summary"</i></p> <p style="text-align: right;">https://www.maine.gov/dhhs/mecdc/infectious-disease/hai/resources.shtml</p>	

Up-to-date means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.

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/vaccines/fully-vaccinated-guidance.html>
https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fvaccines%2Ffully-vaccinated.html