

## Patient / Resident – Exposure Investigation Guide

### Patient / Resident Exposures:

#### ☐ Step 1: Identify Close Contacts:

- **Infectious Period:**
  - Person with symptoms starts 2 days prior to symptom onset and through the time period when patient/resident meets criteria to discontinue isolation.
  - Asymptomatic person, if date of exposure cannot be determined, although infectious period could be longer, it is reasonable to use a starting point of 2 days prior to positive test collection date the time period when patient/resident meets criteria to discontinue isolation.
- **<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
  - Patients/Residents are close contacts if they meet the 6-15 rule<sup>A</sup> for their interaction with the positive person, they are considered “exposed”.

#### ☐ Step 2: Actions for Patients/Residents:

### Patients / Residents Identified as a Close Contact During Exposure to Someone with SARS-CoV-2

In general, asymptomatic patients do not require empiric use of Transmission-Based Precautions (TBP) while being evaluated for SARS-CoV-2 following close contact with someone with SARS-CoV-2 infection. Actions listed below:

- Patients/residents should wear source control minimally for 10 days following their exposure; **AND**
- Those who have not recovered from SARS-CoV-2 infection in the prior 30 days should be tested as described in the testing section of U.S. CDC website:  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
- **AND**

→ There are times when empiric TBP should be considered (see below):

TBP may be considered

when:

- Patient/resident is unable to be tested or wear source control as recommended for the 10 days following their exposure
- Patient/resident is moderately to severely immunocompromised
- Patient/resident is residing on a unit with others who are moderately to severely immunocompromised
- Patient/resident is residing on a unit experiencing ongoing SARS-CoV-2 transmission that is not controlled with initial interventions

*Note: Patients/residents on Empiric TBP should NOT be cohorted with patients/residents with confirmed SARS-CoV-2 unless they have also been confirmed positive with testing.*

→ If placed on Empiric TBP should be maintained for the following time periods:

- Can be removed from Transmission-Based Precautions after day 7 following the exposure (count the day of exposure as day 0) if they do not develop symptoms and all viral testing as described for asymptomatic individuals following close contact is negative.
- If viral testing is not performed, can be removed from Transmission-Based Precautions after day 10 following the exposure (count the day of exposure as day 0) if they do not develop symptoms.

**Nursing Homes** - In the event of *ongoing transmission within a facility that is not controlled with initial interventions, strong consideration should be given to use of Empiric use of Transmission-Based Precautions for residents with a close contact*. In addition, there might be other circumstances for which the jurisdiction’s public authority recommends these and additional precautions. See the Nursing Home tool for when a positive case is identified on HAI website: <https://www.maine.gov/dhhs/mecdc/infectious-disease/hai/resources.shtml>

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### Patient / Resident being evaluated for SARS-CoV-2 Infection

☐ **Actions for symptomatic patients/residents** (even before results of testing):

#### Symptomatic Patients / Residents Being Evaluated for SARS-CoV-2 Infection

Place symptomatic patients/residents on empiric transmission-based precautions (TBP).

•The decision to discontinue empiric TBP by excluding the diagnosis of current SARS-CoV-2 infection for a patient/resident with symptoms of COVID-19 can be made based upon having negative results from at least one viral test- See below:

- If using NAAT (molecular), a single negative test is sufficient in most circumstances. If a higher level of clinical suspicion for SARS-CoV-2 infection exists, consider maintaining TBP and confirming with a second negative NAAT.
- If using an antigen test, a negative result should be confirmed by either a negative NAAT (molecular) or second negative antigen test taken 48 hours after the first negative test.
- If a patient/resident suspected of having SARS-CoV-2 infection is never tested, the decision to discontinue TBP can be made based on time from symptom onset as described the "duration of TBP precautions for SARS-CoV-2 infection" on U.S. CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>  
Ultimately, clinical judgement and suspicion of SARS-CoV-2 infection determine whether to continue or discontinue empiric TBP.

*Note: Patients/residents on Empiric TBP should NOT be cohorted with patients/residents with confirmed SARS-CoV-2 unless they have also been confirmed positive with testing.*

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