

Healthcare Worker – Exposure Investigation Guide

Healthcare Workers Exposures:

Step 1 Identify Close Contacts:

- **Infectious Period:**
 - Person with symptoms starts 2 days prior to symptom onset and through the time period when HCW 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 HCW meets criteria to discontinue isolation.
- **^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**
 - Remember to include: HCW 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, etc.
 - HCW are close contacts if they meet the 6-15 rule^A.

Step 2 assess HCW risk level ↓

- For the purposes of this guidance, higher-risk exposures are classified as HCW who had prolonged close contact with a patient, visitor, or HCW with confirmed SARS-CoV-2 infection and the considerations listed higher-risk below.

PPE Worn By The Exposed HCW	Assessing Risk To The HCW Based on Interaction with COVID-19 Positive Patient/Resident or Co-Worker		
	Positive person wearing a face mask	Positive person NOT wearing face mask	Aerosol Generating Procedure Performed
Full PPE (gowns, gloves, eye protection, and N95 or higher level respirator)	Lowest Risk	Lowest Risk	Lowest Risk
N95 or higher level respirator and Eye protection	Lowest Risk	Lowest Risk	Higher Risk
N95 or higher level respirator only	Lower Risk	Higher Risk	Higher Risk
Mask and eye protection only	Lower Risk	Higher Risk	Higher Risk
Mask only	Lower Risk	Higher Risk	Higher Risk
HCW wearing no PPE	Higher Risk	Higher Risk	Higher Risk

Additional considerations when assessing risk:

- Other exposures not classified as higher-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 HCW then touch their eyes, nose, or mouth. These factors might raise or lower the level of risk; interventions, including restriction from work, can be adjusted based on the estimated risk for transmission.
 - **Specific factors associated with these exposures should be evaluated on a case-by-case basis, examples include but are not limited to:** patient/resident actively coughing; face to face interaction with patient/resident; face coverings/masks not worn appropriately by HCW or patient/resident; ventilation quality 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, etc.

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□ Step 3 - actions following a HCW Higher-risk exposure:

- **Have a series of three viral tests for SARS-CoV-2 infection.**
 - Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5.
 - Due to challenges in interpreting the result, testing is generally not recommended for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 30 days.
 - Testing should be considered for those who have recovered in the prior 31-90 days; however, an antigen test instead of NAAT is recommended. This is because some people may remain NAAT positive but not be infectious during this period.
- **Follow all recommended infection prevention and control practices, including:**
 - Wearing well-fitting source control minimally for 10 days following their exposure
 - Monitoring themselves for fever or symptoms consistent with COVID-19,
 - Not reporting to work when ill or if testing positive for SARS-CoV-2 infection.
- **Work restriction is not necessary for most asymptomatic HCW following a higher-risk exposure, regardless of vaccination status. However, there are times when work restrictions maybe warranted.**
 - **Examples of when work restriction may be considered include:**
 - HCW is unable to be tested or wear source control as recommended for the 10 days following their exposure;
 - HCW is moderately to severely immunocompromised;
 - HCW cares for or works on a unit with patients/residents who are moderately to severely immunocompromised;
 - HCW works on a unit experiencing ongoing SARS-CoV-2 transmission that is not controlled with initial interventions;
 - ➔ **If work restriction is recommended, HCW could return to work after either of the following time periods:**
 - **Option 1:** HCW can return to work after day 7 following the exposure (day 0) if they do not develop symptoms and all viral testing as described for asymptomatic HCW following a higher-risk exposure is negative.
 - **Option 2:** If viral testing is not performed, HCW can return to work after day 10 following the exposure (day 0) if they do not develop symptoms.
- **Any HCW who develops 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: 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.

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>