Coronavirus Disease 2019 (COVID-19)
VDH Guidance for Assessing and Managing Exposed, Asymptomatic Healthcare Personnel

Background: Updated guidance recommends that contact tracing and work restrictions resume in healthcare settings in communities where capacity exists to perform these activities without compromising critical infection prevention and control functions. Communities and individual facilities must consider the degree of community transmission of SARS-CoV-2 and the resources available for contact tracing. More setting-specific guidance exists for certain facilities, such as nursing homes, in which routine testing of staff is recommended based on the extent of the virus in the community. This guidance applies to healthcare personnel (HCP) exposed in healthcare settings other than nursing homes. Continued screening for symptoms of COVID-19 and universal source control for HCP and for others entering healthcare facilities is recommended in CDC’s Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease (COVID-19) Pandemic.

Purpose: This tool is intended to assist with exposure assessment and work restriction decisions for HCP with potential exposure to COVID-19 in healthcare settings. It is based on CDC’s Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (last updated on September 10, 2021), CDC’s Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19 (September 11, 2020), and Updated Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic (September 10, 2021) and is subject to change.

Special Circumstances: Exposures of concern not explicitly outlined in this guidance should be considered on a case-by-case basis. Specific information on testing of HCP who work in a facility experiencing an outbreak can be found here. This guidance may also be used to evaluate exposures to HCP from a person with suspected COVID-19. If test results for a suspected case are not expected to return within 48 to 72 hours, work restrictions in this guidance may be applied until results are available. If results will be unavailable for more than 72 hours, then the work restrictions described in this document should be applied.

For situations where HCP are exposed to multiple risk factors for transmission (i.e. if the patient is unvaccinated, unable to use source control, and the area is poorly ventilated), facilities could consider use of NIOSH-approved N95 or equivalent or higher-level respirators. Further guidance on this can be found in CDC’s Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the COVID-19 Pandemic.

This guidance applies specifically to HCP with potential exposures in a healthcare setting to patients, visitors or other HCP with confirmed COVID-19. However, HCP could be exposed in the community, during travel, or at home. For exposures occurring in the community or during travel, refer to the CDC’s Public Health Recommendations for Community-Related Exposure and VDH’s guidance for travelers. For HCPs with ongoing or significant exposures occurring at home, healthcare facilities might consider implementing screening and testing.

It is also possible for infected HCP to potentially expose their patients or other HCP in healthcare settings. In this situation, the local health department will conduct a risk assessment to identify the HCP’s close contacts (including any patients) who were within 6 feet for a total of 15 minutes or more during a 24-hour period or had direct exposure to the HCP’s respiratory secretions, starting 2 days before onset (or specimen collection date, if asymptomatic) until the HCP was isolated. The form on subsequent pages of this document does not apply to this situation or risk assessment, as PPE worn by the infected HCP is not taken into consideration when determining who is a close contact of the infected HCP because the PPE is designed to protect the wearer, not the potentially exposed.

HCP: For the purposes of this document HCP include, but are not limited to, paid or unpaid persons serving as emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility,
Coronavirus Disease 2019 (COVID-19)
VDH Guidance for Assessing and Managing Exposed, Asymptomatic Healthcare Personnel

and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, volunteer personnel). For this document, HCP does not include clinical laboratory personnel.

Performing Risk Assessment and Monitoring: Report all confirmed and suspected cases of COVID-19 to the local health department (LHD). If available, the occupational health or infection control programs at healthcare facilities should work in collaboration with their LHD to perform a risk assessment of potentially exposed staff.

Those staff who meet exposure criteria, as outlined in the table on Page 7, will need to be monitored for signs or symptoms of COVID-19 for 14 days after the exposure. The LHD can assist with monitoring by enrolling the staff in an automated daily monitoring and symptom tracker program, the VA Sara Alert System, or the occupational health program can opt to perform independent staff monitoring and report outcomes to the LHD. If conducting their own daily monitoring, the occupational health program would need to provide updates to the LHD at specified times (at a minimum: beginning of monitoring, if symptoms occur, and end of monitoring).

Revisions:

On October 7, 2021, revisions were made to update quarantine and testing guidance for vaccinated HCPs, discuss screening and testing for HCPs with household exposures, and update linked resources.

On May 5, 2021, revisions were made to the testing recommendations for fully vaccinated HCP with higher-risk exposures. Asymptomatic HCP with a higher-risk exposure should be tested for SARS-CoV-2, regardless of their vaccination status. Also, the timing of testing close contacts was revised to be consistent with CDC recommendations. Guidance was changed to immediately test upon identification as a close contact and again five to seven days after exposure if the first test is negative and the close contact does not have symptoms.

On April 9, 2021, revisions were made to update quarantine recommendations for individuals who are fully vaccinated and/or who have recovered from COVID-19 within the past three months. Individuals who meet all criteria are not required to quarantine. Fully vaccinated HCP with higher-risk exposures who are asymptomatic do not need to be restricted from work, except in special circumstances.

On December 18, 2020, revisions were made to update language on the recommended routine testing of nursing home staff and revision dates of CDC guidance documents. Also, updated the recommended timeframe for testing exposed, asymptomatic HCP (changed from approximately 1 week after exposure to 5 days or more after exposure), and added the resource VDH’s Interim Recommendations for Duration of Quarantine for Healthcare Personnel.

On November 5, 2020, revisions were made to update revision dates for CDC guidance documents, the duration of prolonged close contact (changed from 15 minutes to a total of 15 minutes), and the recommended timeframe for testing exposed, asymptomatic HCP (changed from 5-7 days after exposure to approximately 1 week after exposure)
I. Interview Information

Date of Assessment: MM / DD / YYYY

Facility conducting the assessment?    □ Facility of potential exposure    □ Local Health Department

Facility Address: ________________________________

Name of Person Conducting the Assessment: ________________________________

Phone number: ________________________________

Email address: ________________________________

Who is providing information about the healthcare worker?

□ Self (the healthcare worker)

□ Other, specify person and reason: ________________________________

II. Healthcare Personnel (HCP) Contact Information

*Note: The Healthcare Personnel who had contact with a COVID-19 case will be hereafter referred to as HCP.*

Last Name: ____________________________    First Name: ____________________________

DOB: ________________    Age: ______    Sex: □ Male    □ Female

Race: □ White    □ Black or African American    □ American Indian or Alaskan Native    □ Asian    □ Native Hawaiian or Other PI

Ethnicity: □ Not Hispanic or Latino    □ Hispanic or Latino

Home Street Address: ________________________________

Apt. # ____________    City: ____________________________    County: ____________

State: ____________

Phone number: ________________________________

Email address: ________________________________

Emergency Contact:

Last Name: ____________________________    First Name: ____________________________

Phone Number: ________________________________
### III. COVID-19 Case-Patient Information

*If the HCP was exposed to multiple COVID-19 patients, complete a separate form for each exposure.

At the time of this assessment, is the COVID-19 patient:  □ Confirmed  □ Probable  □ Unknown

Was your exposure to the COVID-19 patient in a U.S. Facility?  □ Yes  □ No

- If Yes, what is the COVID-19 ID: ____________________ *(health department to provide)*
- If No, in what country was the exposure?

Facility Name: ____________________________

Facility Type: ____________________________

Street Address: ____________________________

City: ____________________________ County: ____________________________

State: ____________________________

Occupational Health or Primary Contact: ____________________________

Phone number: ____________________________

Is/was the COVID-19 patient:

- □ Inpatient  □ Outpatient  □ Employee  □ Family member visiting a patient

- □ Non-family visitor to a patient  □ Unknown  □ Other: ____________________________

Date of illness onset of COVID-19 case: MM / DD / YYYY

Notes:
### IV. Exposures to a COVID-19 Infected Patient

1. Does the HCP meet **both** of the following criteria?
   - a. [Fully vaccinated](#) against COVID-19
   - b. Has remained asymptomatic since the COVID-19 exposure
   - □ Yes □ No □ Unsure

2. Does the HCP meet **all three** of the following criteria?
   - a. Recovered from SARS-CoV-2 infection
   - b. Within 3 months of initial infection with SARS-CoV-2
   - c. Has remained asymptomatic since the COVID-19 exposure
   - □ Yes □ No □ Unsure

3. Date of visit or admission date of the COVID-19 confirmed patient:
   - Discharge date, if applicable:
   - Date of death, if applicable:
   - MM / DD / YYYY

4. At any time during the patient’s stay, while you were not wearing a respirator or facemask¹, did you have any prolonged close contact²,³ with the case?
   - □ Yes □ No □ Unsure

5. At any time during the patient’s stay, while the patient was not wearing a facemask or cloth face covering and while you were not wearing eye protection (face shield or goggles), did you have any prolonged close contact with the case?
   - □ Yes □ No □ Unsure

6. At any time during the patient’s stay while you were not wearing all recommended PPE⁴ (i.e., gown, gloves, eye protection, respirator) did you perform an aerosol-generating procedure (AGP)⁵ (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, sputum induction)?
   - □ Yes □ No □ Unsure

7. At any time during the patient’s stay did you have unprotected direct contact⁶ with infectious secretions or excretions?
   - □ Yes □ No □ Unsure

8. List date(s) (or date range) when you had contact with the patient or their secretions/excretions. *(Use additional paper to capture all dates, if needed)*
   - MM / DD / YYYY

---

¹ While respirators confer a higher level of protection than facemasks, and are recommended when caring for patients with COVID-19, facemasks still confer some level of protection to HCP, which was factored into our assessment of risk. Cloth face coverings are not considered PPE because their capability to protect HCP is unknown.

² For HCP potentially exposed in healthcare settings, data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Until more is known about transmission risks, it is reasonable to consider an exposure of 15 minutes or more as prolonged. This could refer to a single 15-minute exposure to one infected individual or several briefer exposures to one or more infected individuals adding up to at least 15 minutes during a 24-hour period. However, the presence of extenuating factors (e.g.,
exposure in a confined space, performance of aerosol-generating procedure) could warrant more aggressive actions even if the cumulative duration is less than 15 minutes. For example, any duration should be considered prolonged if the exposure occurred during performance of an aerosol generating procedure.

3 For HCP potentially exposed in healthcare settings, data are limited for the definition of close contact. For this guidance CDC defines it as: a) being within 6 feet of a person with confirmed SARS-CoV-2 infection or b) having unprotected direct contact with infectious secretions or excretions of the person with confirmed SARS-CoV-2 infection. Distances of more than 6 feet might also be of concern, particularly when exposures occur over long periods of time in indoor areas with poor ventilation.

4 PPE=personal protective equipment. PPE for performing an AGP on a confirmed or suspected COVID-19 case includes: N95 respirator or equivalent (preferred), facemask, eye protection (goggles or face shield), gown, and gloves.

5 There is neither expert consensus, nor sufficient supporting data, to create a definitive and comprehensive list of AGPs for healthcare settings. Commonly performed medical procedures that are often considered AGPs include: Open suctioning of airways, sputum induction, cardiopulmonary resuscitation, endotracheal intubation and extubation, non-invasive ventilation (e.g. BiPap, CPAP), bronchoscopy and manual ventilation. It is uncertain whether aerosols generated from some procedures may be infectious, such as nebulizer administration and high flow O2 delivery. For additional information on aerosol-generating procedures, please see: Tran K, Cimon K, Severn M, Pessoa-Silva CL, Conly J (2012) Aerosol Generating Procedures and Risk of Transmission of Acute Respiratory Infections to Healthcare Workers: A Systematic Review. PLoS ONE 7(4); https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3338532/#!po=72.2222

6 This refers to unprotected direct contact with infectious secretions or excretions or the mucous membranes.
### Work Restriction and Testing Recommendations for Asymptomatic Healthcare Personnel Following Exposure to Patients, Visitors or other HCP with Confirmed COVID-19

<table>
<thead>
<tr>
<th>Recovered from COVID-19 &amp; Meets Criteria¹</th>
<th>HCP Fully Vaccinated &amp; Meets Criteria²</th>
<th>Type of Exposure in Healthcare Facility</th>
<th>PPE Used by HCP</th>
<th>Facemask or Face Covering Used by Patient</th>
<th>Work Restrictions</th>
<th>Testing Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Any</td>
<td>Any</td>
<td>Yes or No</td>
<td>- No work restrictions necessary ³,⁴</td>
<td>- Testing is not necessary unless symptoms of COVID-19 develop</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
<td>Any, except for high risk exposure¹ (see next row)</td>
<td>Any</td>
<td>Yes or No</td>
<td>- No work restrictions necessary³</td>
<td>- Testing is not necessary unless symptoms of COVID-19 develop</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
<td>High risk exposure to a person with confirmed COVID-19⁵,⁶</td>
<td>HCP not wearing a respirator or facemask, or - HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure (AGP) and/or surgical procedures that might pose higher risk for transmission if the patient has COVID-19 (i.e. surgical procedures involving anatomic regions with high viral loads such as the oropharynx or nose), or - HCP not wearing eye protection while the person with COVID-19 was not wearing a mask</td>
<td>Yes or No</td>
<td>- No work restrictions necessary³,⁷ - Universal use of source control while in the healthcare facility recommended for 14 days after last exposure - Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19 for 14 days after last exposure - Any HCP who develops fever or symptoms consistent with COVID-19 should immediately contact their point of contact (e.g., occupational health program) to arrange for medical evaluation and testing</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>Any duration of exposure during performance of an AGP</td>
<td>HCP not wearing a respirator or facemask</td>
<td>Yes or No</td>
<td>- Exclude from work for 14 days after last exposure³ - Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19 - Any HCP who develops 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</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>Prolonged close contact with a person with confirmed COVID-19⁸</td>
<td>HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing AGP</td>
<td>Yes or No</td>
<td>- Testing is recommended immediately (but not earlier than 2 days after the exposure) and, if negative, again 5–7 days after the exposure</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>Prolonged close contact with a person with confirmed COVID-19⁸</td>
<td>HCP not wearing eye protection</td>
<td>No</td>
<td>- If the tests are negative, the HCP should continue to quarantine for the remainder of the 14-days</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>Prolonged close contact with a person with confirmed COVID-19⁸</td>
<td>HCP not wearing eye protection</td>
<td>Yes</td>
<td>- No work restrictions. - Follow all recommended infection prevention and control practices, including wearing a facemask while at work,</td>
<td></td>
</tr>
</tbody>
</table>

¹Vaccination with recommended doses of COVID-19 vaccine, 14 days or more after the last dose and meets criteria for recovery from COVID-19; ²Recommends vaccination, wears PPE, and meets criteria for recovery from COVID-19; ³Indicates that the healthcare worker should be kept out of work for 14 days following exposure, even if asymptomatic; ⁴Facemask is not sufficient PPE when performing aerosol-generating procedures; ⁵High risk exposure is defined as exposure to an infected person with confirmed COVID-19, including close contact; ⁶Close contact is defined as contact within 6 feet for 15 minutes or more; ⁷Universal use of source control while in the healthcare facility recommended for 14 days after last exposure; ⁸Prolonged exposure is defined as 15 minutes or more of contact with an infected person with confirmed COVID-19, including close contact and healthcare facility contact; ⁹Confirmed COVID-19 is defined as a positive test result for SARS-CoV-2 or a positive test result for COVID-19 with symptoms consistent with COVID-19; ¹⁰AGP is defined as procedures that may generate aerosols, such as intubation, bronchoscopy, suctioning, or dental procedures.
### VDH Guidance for Assessing and Managing Exposed, Asymptomatic Healthcare Personnel

<table>
<thead>
<tr>
<th>Other exposure risk (e.g., brief conversation at triage desk, briefly entering a patient room but not having direct or close contact)</th>
<th>N/A</th>
<th>Yes or No</th>
<th>monitoring for fever or symptoms consistent with COVID-19, and undergoing screening at the beginning of their shift. - Any HCP 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.</th>
</tr>
</thead>
</table>

#### Note:

- HCP with travel or community exposures should inform their occupational health program for guidance on the need for work restrictions.
- Recovered from COVID-19 and **Meets CDC Criteria** means the HCP meets all three of the following criteria: a) Recovered from COVID-19, b) Within 3 months of initial infection with SARS-CoV-2, c) Has remained asymptomatic since exposure.
- Fully Vaccinated and **Meets CDC Criteria** means the HCP meets both of the following criteria: a) Fully vaccinated against COVID-19 (i.e., ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine), b) Has remained asymptomatic since the COVID-19 exposure.
- HCP who are **moderately to severely immunocompromised** (e.g., organ transplantation, cancer treatment) should still consider work restriction for 14 days after exposure, as well as appropriate testing.
- Unvaccinated HCP for whom there is concern that their initial diagnosis of SARS-CoV-2 infection might have been based on a false positive test result (e.g., individual was asymptomatic, antigen test positive, and a confirmatory NAAT was not performed) should still consider work restriction for 14 days after exposure.
- High risk exposure generally involves exposure of the HCP’s eyes, nose, or mouth to material that could contain SARS-CoV-2. Examples include prolonged close contact with a patient, visitor, or other HCP with confirmed COVID-19 while the HCP’s eyes, nose, or mouth are not covered or any duration of exposure during an AGP while the HCP’s eyes, nose, or mouth are not covered.
- Determining the time period when the patient, visitor, or HCP with confirmed COVID-19 would have been infectious:
  a) For symptomatic cases: 2 days prior to symptom onset through the time period when the individual meets the criteria for discontinuation of Transmission-Based Precautions.
  b) For asymptomatic cases: either 2 days after their exposure, if known, until they meet criteria for discontinuing Transmission-Based Precautions or 2 days prior to positive specimen collection through the time period when the individual meets criteria for discontinuation of Transmission-Based Precautions.
- Work restrictions should be implemented when directed by public health authorities (e.g., during an outbreak where SARS-CoV-2 infections are identified among fully vaccinated HCP.) 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.
- If staffing shortages occur, it might not be possible to exclude exposed HCP from work. For additional information and considerations, refer to [CDC's Strategies to Mitigate HCP Staffing Shortages](https://www.cdc.gov/coronavirus/2019-ncov/hcp/strategies-to-mitigate-staffing-shortages.html).