

Coronavirus Disease 2019 (COVID-19)

VDH Guidance for Assessing and Managing Exposed, Asymptomatic Healthcare Personnel

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 23, 2022) and [Updated Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) (September 23, 2022) and is subject to change as more guidance becomes available. Work restriction for HCP with higher-risk exposure depends on the presence of symptoms and may take into account other factors such as HCP immunocompromised status.

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 [in CDC's healthcare infection prevention and control recommendations](#).

This guidance applies specifically to HCP with potential exposures in a healthcare setting to patients/residents, visitors or other HCP with confirmed COVID-19. However, HCP could be exposed in the community, during travel, or at home. HCP with travel or community exposure should consult their occupational health program for guidance on the need for work restrictions. In general, HCPs with prolonged close contact with someone with COVID-19 infection at home or in the community should be managed as described for higher-risk exposure.

It is also possible for infected HCP to potentially expose their patients or other HCP in healthcare settings. In this situation, the healthcare facility should 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, 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, should self-monitor for signs or [symptoms](#) of COVID-19 for 10 days after the exposure.

Revisions:

On October 25, 2022, revisions were made to align with updated [CDC IPC guidance for healthcare facilities](#). Work restrictions are no longer dependent on vaccination status. Updated considerations for when work restrictions may be considered following higher-risk exposures. Testing recommendations for higher-risk exposures updated to include a series of three viral tests. Made the document applicable to all healthcare settings. Removed background section and abbreviated special circumstances section.

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

On February 9, 2022, revisions were made to reflect updated document dates. Clarified when antigen testing is preferred for HCP who have recovered from SARS-CoV-2 infection in the prior 90 days.

On January 25, 2022, revisions were made to update quarantine guidance for HCPs, and update linked resources. In general, asymptomatic HCP with a higher-risk exposure who are not [up to date](#) on COVID-19 vaccination, are permitted to return to work 7-10 days after exposure, as long as they remain asymptomatic and do not test positive for SARS-CoV-2. Defined differences in work restrictions for up to date vs not up to date HCP. Definition of higher-risk exposure was updated to include use of a facemask (instead of a respirator) by HCP if the infected patient is not also wearing a facemask or cloth mask. Updated recommended testing cadence for asymptomatic, [up to date](#) HCP with a higher-risk exposure.

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).

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

Coronavirus Disease 2019 (COVID-19)
VDH Guidance for Assessing and Managing Exposed, Asymptomatic Healthcare Personnel
III. COVID-19 Case-Patient Information

**If the HCP was exposed to multiple patients/residents with COVID-19, 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 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-patient: MM / DD / YYYY

Notes:

Coronavirus Disease 2019 (COVID-19)

VDH Guidance for Assessing and Managing Exposed, Asymptomatic Healthcare Personnel

IV. Exposures to a COVID-19 Infected Patient/Resident	
1. Has the HCP remained asymptomatic since the COVID-19 exposure?	<ul style="list-style-type: none"> • Yes • No • Unsure
2. Has the HCP recovered from SARS-CoV-2 infection in the last 30 days and remained asymptomatic since the COVID-19 exposure?	<ul style="list-style-type: none"> • Yes • No • Unsure
3. Does the HCP meet any of the following criteria? <ul style="list-style-type: none"> • Unable to be tested or wear source control as recommended for the 10 days following their exposure • Is moderately to severely immunocompromised • Cares for or works on a unit with patients/residents who are moderately to severely immunocompromised • Works on a unit experiencing SARS-CoV-2 transmission that is not controlled with initial interventions 	<ul style="list-style-type: none"> • Yes • No • Unsure
4. Date of visit or admission date of the COVID-19 confirmed patient/resident: Discharge date, if applicable: Date of death, if applicable:	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY
5. At any time during the patient/resident's stay, while you <u>were not</u> wearing a <i>respirator or facemask</i> ¹ , did you have any prolonged close contact ^{2,3} with the case?	<ul style="list-style-type: none"> • Yes • No • Unsure
6. At any time during the patient/resident's stay, while the patient/resident <u>was not</u> wearing a facemask or cloth face covering and while you <u>were not</u> wearing a respirator, did you have any prolonged close contact ^{2,3} with the case?	<ul style="list-style-type: none"> • Yes • No • Unsure
7. At any time during the patient/resident's stay, while the patient/resident <u>was not</u> wearing a <i>facemask or cloth face covering</i> and while you <u>were not</u> wearing <i>eye protection (face shield or goggles)</i> , did you have any prolonged close contact ^{2,3} with the case?	<ul style="list-style-type: none"> • Yes • No • Unsure
8. At any time during the patient/resident's stay while you <u>were not</u> wearing all recommended PPE ⁴ (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)?	<ul style="list-style-type: none"> • Yes • No • Unsure
9. At any time during the patient/resident's stay did you have unprotected direct contact ⁶ with infectious secretions or excretions?	<ul style="list-style-type: none"> • Yes • No • Unsure

Coronavirus Disease 2019 (COVID-19)

VDH Guidance for Assessing and Managing Exposed, Asymptomatic Healthcare Personnel

<p>10. List date(s) (or date range) when you had contact with the patient/resident or their secretions/excretions. <i>(Use additional paper to capture all dates, if needed)</i></p>	<p>MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY</p>
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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 if the patient/resident was also wearing a cloth mask or facemask. 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 person with confirmed or suspected COVID-19 includes: N95 respirator or equivalent, 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 oxygen 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.

Coronavirus Disease 2019 (COVID-19)

VDH Guidance for Assessing and Managing Exposed, Asymptomatic Healthcare Personnel

Work Restriction and Testing Recommendations for Asymptomatic Healthcare Personnel Following Exposure to Patients/Residents, Visitors, or Other HCP with Confirmed COVID-19

Recovered from COVID-19 & Meets Criteria ¹	Type of Exposure in Healthcare Facility	PPE Used by HCP	Facemask or Face Covering Used by Patient/Resident	Work Restrictions	Testing Recommendations
Yes	Any	Any	Yes or No	<ul style="list-style-type: none"> No work restrictions are generally necessary² 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 HCP 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. 	Testing is not recommended unless symptoms develop
No	Higher-risk exposure to a person with confirmed COVID-19 ^{3,4}	HCP not wearing a respirator nor facemask	Yes or No		
No	Higher-risk exposure to a person with confirmed COVID-19 ^{3,4}	HCP wearing a facemask	No	<ul style="list-style-type: none"> No work restrictions are generally necessary² 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 HCP 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. 	<ul style="list-style-type: none"> Series of three viral tests recommended⁵: immediately (but not earlier than 24 hours after the exposure), 48 hours after the first negative test, and again 48 hours after the second negative test (i.e., day 1, day 3, day 5 where day 0 of exposure is day 0)
No	Higher-risk exposure to a person with confirmed COVID-19 ^{3,4}	HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, N95 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)	Yes or No	<ul style="list-style-type: none"> No work restrictions are generally necessary² 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 HCP 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. 	<ul style="list-style-type: none"> Series of three viral tests recommended⁵: immediately (but not earlier than 24 hours after the exposure), 48 hours after the first negative test, and again 48 hours after the second negative test (i.e., day 1, day 3, day 5 where day 0 of exposure is day 0)

Coronavirus Disease 2019 (COVID-19)

VDH Guidance for Assessing and Managing Exposed, Asymptomatic Healthcare Personnel

Recovered from COVID-19 & Meets Criteria ¹	Type of Exposure in Healthcare Facility	PPE Used by HCP	Facemask or Face Covering Used by Patient/Resident	Work Restrictions	Testing Recommendations
No	Higher-risk exposure to a person with confirmed COVID-19 ^{3,4}	HCP not wearing eye protection	No		
No	Lower-risk ⁸ : Exposure risk other than those described above (e.g., brief conversation at triage desk, briefly entering a patient/resident room but not having direct or close contact, having brief body contact with the patient/resident)	Any	Yes or No	<ul style="list-style-type: none"> No work restrictions necessary 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 HCP 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. 	Testing is not recommended unless symptoms develop

Note: HCP with travel or community exposures should inform their occupational health program for guidance on the need for work restrictions.

¹ “Recovered from COVID-19 and Meets Criteria” means the HCP meets all of the following criteria: a) recovered from COVID-19; b) within 30 days of initial infection with SARS-CoV-2; c) has remained asymptomatic since the COVID-19 exposure

² Work restrictions might be recommended for HCP who meet any of the following criteria:

- Are unable to be tested or wear source control as recommended for the 10 days following their exposure
- Are moderately to severely immunocompromised
- Care for or work on a unit with patients who are moderately to severely immunocompromised
- Work on a unit experiencing SARS-CoV-2 transmission that is not controlled with initial interventions

³ Higher-risk exposure is considered **prolonged close contact** with a patient/resident, visitor, or HCP with confirmed SARS-CoV-2 infection. These exposures generally involve exposure of the HCP’s eyes, nose, or mouth to material potentially containing SARS-CoV-2, particularly if the HCP was present in the room for an aerosol-generating procedure. 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. Close contact is defined 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 Determining the time period when the patient/resident, visitor, or HCP with confirmed COVID-19 would have been infectious:

- 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.
- 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.

⁵ Either an antigen test or nucleic acid amplification test (i.e., PCR) can be used. Antigen testing is preferred for asymptomatic HCP who have recovered from SARS-CoV-2 infection in the prior 31-90 days. When counting days to determine when to take a test, day 0 is the date of last exposure.

⁶ Other exposures classified as lower-risk, including having body contact with the patient/resident (e.g., rolling the patient/resident) without gown or gloves, may impart some risk for transmission, particularly if hand hygiene is not performed and HCP then touch their eyes, nose, or mouth. Factors associated with these exposures should be evaluated on a case-by-case basis.