Background: Updated guidance recommends that contact tracing and work restrictions resume in healthcare settings in communities where COVID-19 spread has decreased and when 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 Patients with Suspected or Confirmed COVID-19 in Healthcare Settings.

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 U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19 (last updated on March 11, 2021), CDC’s Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19 (December 3, 2020), and Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination (April 27, 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.

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 or during travel. 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.

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, 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, end of monitoring).

Revisions:

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 (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

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

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

4. At any time during the patient’s stay, while you were not wearing a respirator or facemask\(^1\), did you have any prolonged close contact\(^2,3\) with the case?

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?

6. At any time during the patient’s stay while you were not 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)?

7. At any time during the patient’s stay did you have unprotected direct contact\(^6\) with infectious secretions or excretions?

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)*

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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. Cloth face coverings are not considered PPE because their capability to protect HCP is unknown.
For HCP potentially exposed in healthcare settings, CDC recommends considering a total of 15 minutes or more during a 24-hour period as prolonged exposure; any duration, however, should be considered prolonged if the exposure occurred during performance of an aerosol-generating procedure.

For HCP potentially exposed in healthcare settings, CDC defines close contact as within 6 feet of a person with confirmed COVID-19 or having unprotected direct contact with infectious secretions or excretions of the person with confirmed COVID-19.

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.

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/#lpo=72.2222

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>Any</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>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Any, except for high risk exposure⁴ (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>
<td></td>
</tr>
<tr>
<td>No</td>
<td>High risk exposure to a person with confirmed COVID-19⁵</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), 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</td>
<td>- Testing should be conducted immediately after being identified as a close contact and again 5 to 7 days after exposure if the first test is negative and the HCP does not have symptoms</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Prolonged close contact with a person with confirmed COVID-19⁶</td>
<td>HCP not wearing a respirator or facemask</td>
<td>Yes or No</td>
<td>- Exclude from work for 14 days after last exposure⁶</td>
<td>- Testing should be conducted immediately after being identified as a close contact and again 5 to 7 days after exposure if the first test is negative and the HCP does not have symptoms</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Any duration of exposure during performance of an AGP</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>- No work restrictions necessary³</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>Prolonged close contact with a person with confirmed COVID-19⁷</td>
<td>HCP not wearing eye protection</td>
<td>No</td>
<td>- No work restrictions. - Follow all recommended infection prevention and control practices, including wearing a facemask while at work, 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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Prolonged close contact with a person with confirmed COVID-19⁷</td>
<td>HCP not wearing eye protection</td>
<td>Yes</td>
<td>- Testing is not recommended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Other exposure risk (e.g., brief conversation at triage desk, briefly entering a patient room but not having direct or close contact)</td>
<td>N/A</td>
<td>Yes or No</td>
<td>- No work restrictions. - Follow all recommended infection prevention and control practices, including wearing a facemask while at work, 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</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹ Recovered from COVID-19 and meets criteria: Fever or symptoms persisting for less than 10 days after illness onset.

² HCP fully vaccinated and meets criteria: HCP vaccinated with COVID-19 vaccine(s) and meets criteria.

³ Work restrictions: No work restrictions.

⁴ High risk exposure: Close contact with a patient with confirmed COVID-19.

⁵ Other exposure risk: Brief conversation at triage desk, briefly entering a patient room but not having direct or close contact.

⁶ Exclusion from work: Exclusion from work is not required.

⁷ Prolonged close contact: Prolonged close contact is defined as close contact of 15 minutes or longer.

⁸ Work restrictions: Work restrictions are not required.

⁹ Follow all recommended infection prevention and control practices, including wearing a facemask while at work, monitoring for fever or symptoms consistent with COVID-19, and undergoing screening at the beginning of their shift.

¹⁰ Testing recommendations: Testing is not recommended.
Note: HCP with travel or community exposures should inform their occupational health program for guidance on the need for work restrictions.

2 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

2 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

3 HCP who have underlying immunocompromising conditions (e.g., organ transplantation, cancer treatment) and a higher risk exposure should still consider work restriction for 14 days after exposure.

4 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.

5 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.

6 If staffing shortages occur, it might not be possible to exclude exposed HCP from work. For additional information and considerations, refer to VDH’s Quarantine Recommendations for Exposed Individuals in Healthcare Settings and CDC’s Strategies to Mitigate HCP Staffing Shortages.