

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 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. In Virginia, the goal is for facilities to resume contact tracing when their community enters Phase III of “Forward Virginia”, if not before. More setting-specific guidance exists for certain facilities, [such as nursing homes](#), in which weekly testing of all staff is recommended and baseline testing of all residents is also recommended. **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 May 29, 2020), [CDC’s Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19](#) (April 20, 2020), 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. This guidance can also be used to evaluate exposures to HCP from a person under investigation (PUI). If test results for a PUI 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 [CDC’s Public Health Recommendations after Travel-Associated COVID-19 Exposure](#), respectively.

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 5, 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).

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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 referred to as HCP from this point forward.*

Last Name: _____ First Name: _____

DOB: _____ Age: _____ Sex: Male FemaleRace: White Black or African American American Indian or Alaskan Native Asian Native Hawaiian or Other PIEthnicity: 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: _____

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III. COVID-19 Case-Patient Information

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

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IV. Exposures to a COVID-19 Infected Patient	
1. Date of visit or admission date of the COVID-19 confirmed patient: Discharge date, if applicable: Date of death, if applicable:	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY
2. At any time during the patient's stay, while you <u>were not</u> wearing a respirator or facemask ¹ , did you have any prolonged close contact ^{2,3} with the case?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
3. At any time during the patient's stay, while the patient <u>was not</u> wearing a facemask or cloth face covering and while you <u>were not</u> wearing eye protection (face shield or goggles), did you have any prolonged close contact with the case?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
4. At any time during the patient'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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
5. At any time during the patient's stay did you have unprotected direct contact ⁶ with infectious secretions or excretions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
6. List date(s) (or date range) when you had contact with the patient or their secretions/excretions. <i>(Use additional paper to capture all dates, if needed)</i>	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY 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, CDC recommends considering 15 minutes or more as prolonged exposure.

³ 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.

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.

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

Type of Exposure to HCP	PPE Used by HCP	Source Control (facemask or face covering) used by Patient	Work Restrictions	Testing Recommendations
Prolonged close contact with a patient, visitor, or HCP with confirmed COVID-19 ¹	HCP not wearing a respirator or facemask	Yes or No	<ul style="list-style-type: none"> Exclude from work for 14 days after last exposure² Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19 Any HCP who develop 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. 	<ul style="list-style-type: none"> CDC recommends testing of asymptomatic contacts as resources permit, especially if the individual is higher risk for severe illness from COVID-19. VDH recommends testing 5-7 days after the known exposure. If the test is negative, the HCP should continue to quarantine for the remainder of the 14 day period.
Any duration of exposure during performance of an aerosol-generating procedure	HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure	Yes or No		
Prolonged close contact with a patient, visitor, or HCP with confirmed COVID-19 ¹	HCP not wearing eye protection	No		
Prolonged close contact with a patient, visitor, or HCP with confirmed COVID-19 ¹	HCP not wearing eye protection	Yes	<ul style="list-style-type: none"> No work restrictions Follow all recommended infection prevention and control practices, including wearing a facemask for source control while at work, monitoring themselves for fever or symptoms consistent with COVID-19 and not reporting to work when ill, and undergoing active screening for fever or symptoms consistent with COVID-19 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. 	<ul style="list-style-type: none"> Testing is not recommended
Other exposure risk than described above (e.g., brief conversation at triage desk, briefly entering a patient room but not having direct or close contact)	N/A	Yes or No		

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

¹Determining the time period when the patient, 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.

²If 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](#).