Algorithm for Determining Presence of COVID Exposure, Need for Testing and Return To Work Restrictions for Healthcare Workers (not critical infrastructure) v9

Was There an Exposure?

- **Yes**
- **No**

Definition of Exposure

1. Source Patient is Positive or Test Pending AND
2. There was a PPE Breach[(page 2)] AND
3. Close Contact (<6') w/in 48 hrs of test/sx AND
4. Either:
   a) Prolonged (>15 min) OR
   b) Aerosolized procedure in the same room in last 3 hours

NOTES:
A contact of a contact is NOT an exposure
Symptomatic = Fever OR loss of taste/smell

Yes → Quarantine/Test based on Current Contingency Staffing Phase*

Phase 0 < 5%
Phase 1 > 6%
Phase 2 > 12%

- **Phase 0:** Quarantine x 14 days; No testing w/o symptoms → **Return to Work**
- **Phase 1:** Quarantine x 5 days; Test on day 5 → **Return to Work**
- **Phase 2:** No quarantine; Test on day 5 → See Testing Workflow

No → Symptomatic?

- **Yes** → **Return to Work**
- **No** → **Return to Work**

* Continue working for no more than 48 hours
* Assumes Enhanced Universal Source Control

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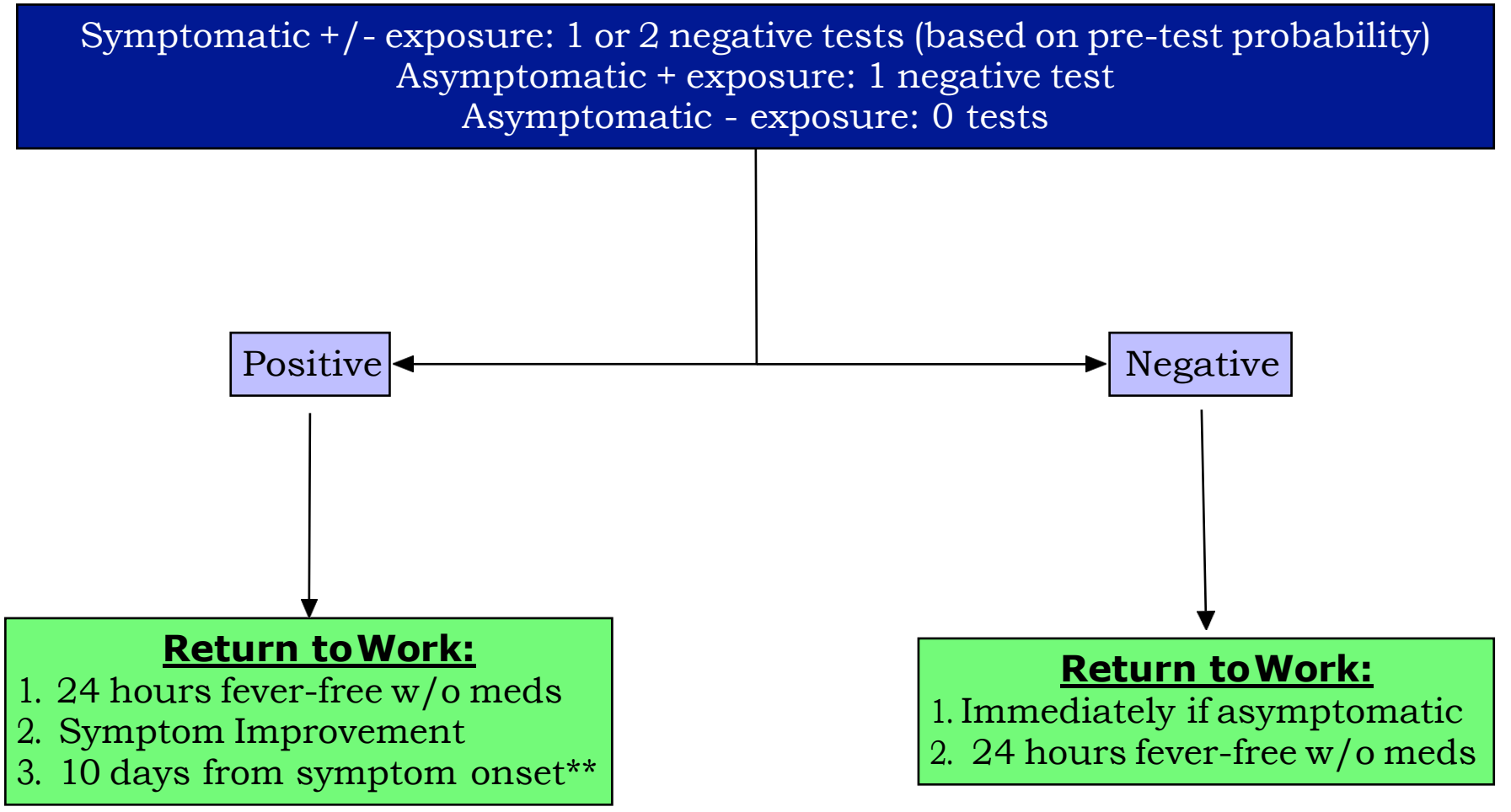
Exposure	Personal Protective Equipment Used	Work Restrictions
HCP who had prolonged[1] close contact[2] with a patient, visitor, or HCP with confirmed COVID-19[3]	• HCP not wearing a respirator or facemask[4] • HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask • HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure[1]	• Exclude from work for 14 days after last exposure[5] • Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19[6] • Any HCP who develop fever or symptoms consistent with COVID-19[6] should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.
HCP other than those with exposure risk described above	• N/A	• 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[6] and not reporting to work when ill, and undergoing active screening for fever or symptoms consistent with COVID-19[6] at the beginning of their shift. • Any HCP who develop fever or symptoms consistent with COVID-19[6] should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.
HCP with travel or community exposures should inform their occupational health program for guidance on need for work restrictions.		

1. 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. However, **any duration** should be considered prolonged if the exposure occurred during performance of an aerosol generating procedure.
2. Data are limited for the definition of close contact. For this guidance it is defined as: a) being within 6 feet of a person with confirmed COVID-19 or b) having unprotected direct contact with infectious secretions or excretions of the person with confirmed COVID-19.
3. Determining the time period when the patient, visitor, or HCP with confirmed COVID-19 could have been infectious:
    1. For individuals with confirmed COVID-19 who developed symptoms, consider the exposure window to be 2 days before symptom onset through the time period when the individual meets criteria for discontinuation of Transmission-Based Precautions
    2. For individuals with confirmed COVID-19 who never developed symptoms, determining the infectious period can be challenging. In these situations, collecting information about when the asymptomatic individual with COVID-19 may have been exposed could help inform the period when they were infectious.
        1. In general, individuals with COVID-19 should be considered potentially infectious beginning 2 days after their exposure until they meet criteria for discontinuing Transmission-Based Precautions.
        2. If the date of exposure cannot be determined, although the infectious period could be longer, it is reasonable to use a starting point of 2 days prior to the positive test through the time period when the individual meets criteria for discontinuation of Transmission-Based Precautions for contact tracing.
4. 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 this risk assessment. Cloth face coverings are not considered PPE because their capability to protect HCP is unknown.
5. If staffing shortages occur, it might not be possible to exclude exposed HCP from work. For additional information and considerations refer to Strategies to Mitigating HCP Staffing Shortages.
6. *For the purpose of this guidance, fever is defined as subjective fever (feeling feverish) or a measured temperature of 100.0ºF (37.8ºC) or higher. Note that fever may be intermittent or may not be present in some people, such as those who are elderly, immunocompromised, or taking certain fever-reducing medications (e.g., nonsteroidal anti-inflammatory drugs [NSAIDS]).

Testing Workflow* (v9)



*If there were never any symptoms, return to work 10 days after first positive test

*Assumes Enhanced Universal Source Control

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