

Healthcare Personnel COVID Exposure Protocol

Updated 1/11/2022

For calculating day of test:

- For those with infection consider day of symptom onset (or first positive test if asymptomatic) as day zero
- For those with exposure, consider day of exposure as day zero

Symptomatic Testing HCP

HCP with signs or symptoms of COVID-19 should be prioritized for SARS-CoV-2 testing. Clinicians should use their judgment to determine if HCP has signs or symptoms compatible with COVID-19 and whether HCP should be tested. Verifiable FDA-approved Antigen testing is preferred for HCP.

- If rapid Antigen testing is positive, no further testing is necessary. See protocol for COVID Positive HCP.
- If rapid antigen testing is negative and COVID is highly suspected, consider confirmation via PCR molecular test. Employees should presumably follow protocol for positive HCP until negative PCR results are received.

Asymptomatic Testing HCP with known or suspected exposure to SARS-CoV-2

Exposure Type	PPE Worn	Work Restriction for HCP who have received all COVID-19 vaccine and booster doses as recommended by CDC	Work Restriction for HCP who have <u>not</u> received all COVID-19 vaccine and booster doses as recommended by CDC
HCP who had prolonged* close contact with a patient, visitor, or other individual with <i>confirmed</i> SARS-CoV-2 infection	NO (all HCP are required to wear PPE while working, so work-relate d exposure is not likely)	 No work restrictions Follow guidelines for infection control Test 24 hours after exposure. If positive, see other protocol for Positive HCP. If negative, test again at day 5-7 days. Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19 Any HCP who develop fever or symptoms consistent with COVID-19 seek guidance from occupational contact 	 Option 1: Exclude from work. HCP can return to work after day 7 following the exposure with a negative test** and if HCP does not develop symptoms. OR- Option 2: Exclude from work. HCP can return to work after day 10 following the exposure if they do not develop symptoms. Although the residual risk of infection is low, healthcare facilities could consider testing within 48 hours before the time of planned return.
HCP who had prolonged* close contact with a patient, visitor, or other with <i>confirmed</i> SARS-CoV-2 infection	YES	 No work restrictions Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19 Any HCP who develop fever or symptoms consistent with COVID-19 seek guidance from occupational contact 	 No work restrictions Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19 Any HCP who develop fever or symptoms consistent with COVID-19 seek guidance from occupational contact

*Prolonged Exposure for HCP Definition

Close contact of cumulative exposure exceeding 15 minutes during a 24-hour period of close contact without PPE.