

**Guidance for Healthcare Providers with Symptomatic or Asymptomatic Employees After Known or Suspected Exposure to COVID-19**

The Centers for Disease Control and Prevention (CDC)’s website includes guidance to assist healthcare providers with determining a course of action when healthcare providers (HCP) have potential or confirmed COVID-19 exposure (full text linked [here](#)). Below is a summary of the guidance:

- **STEP 1** – determine if HCP is asymptomatic. If asymptomatic, proceed to Step 2 to determine risk level. If symptoms are present, exclude from work for at least 14 days and proceed to Step 3 for “active monitoring.” Note that for symptomatic HCP, facilities must follow CDC guidelines before allowing those HCP to return to work.
- **STEP 2** – determine if the HCP is high-risk, medium-risk, low-risk, or no identifiable risk and recommended CDC action. This is highly fact dependent, so will require a case-by-case analysis of the duration and nature of the HCP’s contact. Below (see chart) is the CDC’s decision-tree, which informs monitoring and work restrictions.
  - **Close contact:** Note that “close contact” is defined by the CDC as being within 6 feet of a person with COVID-19 for a prolonged period **OR** having unprotected direct contact with infectious secretions or excretions (coughed on or touching used tissues with a bare hand).
  - **Prolonged v. brief contact:** Note that the CDC does not define “prolonged” but says it is reasonable to assume an exposure for greater than a few minutes as prolonged and is different from “brief” contact. *Brief interactions should not be considered prolonged.* Brief interactions could be (per the CDC’s examples): a conversation with the patient at a triage desk, walking by the patient, briefly entering the patient’s room, or entering the patient’s room after the patient was discharged.

Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)	Work Restrictions for Asymptomatic HCP
<b><i>Prolonged close contact with a COVID-19 patient who was wearing a facemask (i.e., source control)</i></b>			
HCP PPE: None	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection	Low	Self with delegated supervision	None
HCP PPE: Not wearing gown or gloves	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Low	Self with delegated supervision	None
<b><i>Prolonged close contact with a COVID-19 patient who was not wearing a facemask (i.e., no source control)</i></b>			
HCP PPE: None	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing gown or gloves	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Low	Self with delegated supervision	None

- **STEP 3** – ensure monitoring is performed and if applicable, follow work restrictions.
  - If **active monitoring** is required: “the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed people to assess for the presence of fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat). For HCP with high- or medium-risk exposures, CDC recommends this communication occurs at least once each day. The mode of communication can be determined by the state or local public health authority and may include telephone calls or any electronic or internet-based means of communication.”
  - If **self-monitoring with delegated supervision** is required: “HCP perform self-monitoring with oversight by their healthcare facility’s occupational health or infection control program in coordination with the health department of jurisdiction, if both the health department and the facility are in agreement.” If the HCP is working, the facility should follow CDC guidelines for monitoring each employee at the beginning of shifts and employee self-monitoring.
    - Organizations should establish points of contact between the organization, the HCP, and the state or local health departments of authority. This communication should result in agreement on a plan for evaluation of HCP who develop a fever or respiratory symptoms.

Note that the CDC states “[p]roper adherence to currently recommended infection control practices, including all recommended PPE, should protect HCP having prolonged close contact with patients infected with COVID-19. However, to account for any inconsistencies in use or adherence that could result in unrecognized exposures, HCP should still perform self-monitoring with delegated supervision.” During self-monitoring, the HCP should take their temperature twice a day and remain alert for respiratory symptoms. The HCP should develop a contact plan if symptoms develop.

*Current as of 3/23/2020*