

# Healthcare Facility COVID-19 Exposure Investigation Response Checklist



**Purpose:** The purpose of this document is to provide guidance for performing an exposure investigation to identify close contacts and any necessary restrictions.

## Identify close contacts and determine restrictions

The **Infectious Period** of a positive person starts 2 days prior to symptom onset and continues until isolation is initiated. If the positive person is *asymptomatic*, use the date 2 days prior to test specimen collection.

- **Patients/Residents/Clients** are close contacts if they meet the 6-15 rule<sup>A</sup> for their interaction with the positive person, they are considered “exposed” and should quarantine.
- **Healthcare Workers (HCW)** are close contacts if they meet the 6-15 rule<sup>A</sup>. Work restriction determination is as follows:

PPE Worn	Restrictions for HCWs Based on Interaction with COVID-19 Positive Patient/Resident/Client or Co-Worker				
	Patient/Resident/Client Wearing Face Covering	Co-Worker wearing a face mask	Patient/Resident/Client Not wearing Face Covering	Co-Worker not wearing a face mask	Aerosol Generating Procedure Performed
HCW wearing N95, Eye protection, Gown, Gloves	No work restriction	No work restriction	No work restriction	No work restriction	No work restriction
HCW Wearing N95 & Eye protection	No work restriction	No work restriction	No work restriction	No work restriction	Work Restriction <sup>2a,2b,2c</sup>
HCW Wearing Face Mask & Eye protection	Review interaction with patient for risk <sup>2a,2b,2c</sup>	Review interaction with co-worker for risk <sup>2a,2b,2c</sup>	Review interaction with patient for risk <sup>2a,2b,2c</sup>	Review interaction with co-worker for risk <sup>2a,2b,2c</sup>	Work Restriction <sup>2a,2b,2c</sup>
HCW wearing face mask	Review interaction with patient for risk <sup>2a,2b,2c</sup>	Review interaction with co-worker for risk <sup>2a,2b,2c</sup>	Work Restriction <sup>2a,2b,2c</sup>	Work Restriction <sup>2a,2b,2c</sup>	Work Restriction <sup>2a,2b,2c</sup>
HCW wearing no PPE	Work Restriction <sup>2a,2b,2c</sup>	Work Restriction <sup>2a,2b,2c</sup>	Work Restriction <sup>2a,2b,2c</sup>	Work Restriction <sup>2a,2b,2c</sup>	Work Restriction <sup>2a,2b,2c</sup>

<sup>2a</sup>HCW who are not fully vaccinated work restrict for 14 days and quarantine at home

<sup>2b</sup>HCW who are fully vaccinated and asymptomatic do not need to be work restricted for 14 days following their exposure. A 14 day work restriction, should be considered for fully vaccinated HCW who have underlying immunocompromising conditions, which might impact the level of protection provided by the vaccine.

<sup>2c</sup>HCW who is within 90 days of testing positive for COVID-19 and has recovered, could continue to work if asymptomatic and they monitor for development of symptoms. A facility may still choose to institute work restriction for HCW following a high-risk exposure, particularly if there is uncertainty about prior infection or the durability of a person’s immune response. Examples could include:

- HCW with underlying immunocompromising conditions or who become immunocompromised in the 3 months following SARS-Cov-2 infection who might be at increased risk for reinfection.
- HCW who there is concern that their initial diagnosis of infection might have been based on a false positive test result (e.g. individual was asymptomatic, antigen test positive, and a confirmatory NAAT test was not performed).
- HCW for whom there is evidence that they were exposed to a novel SARS-CoV-2 variant for which the risk of reinfection might be higher (e.g. exposed to a person known to be infected with a novel variant).

<sup>1</sup> Risks to consider include but are not limited to:	Actions:
Patient/Resident/Client actively coughing	<b>Work Restriction may be warranted</b>
Face to face interaction with patient/client/resident	
Face coverings/masks not worn appropriately by HCW or patient/resident/client	
Ventilation of space where interaction occurred (e.g. room with no HVAC or air exchanges)	
Was HCW in breakroom/common area/office with co-worker with masks removed?	
Was physical distancing with co-worker maintained?	

Risk Level Key			
1 (lowest)	2	3	4 (highest)

- Remember to include:
  - Patients/residents/clients & workers who may have worked during infectious period but are not currently working or on campus (e.g. agency staff, vendors, visiting specialists, contracted)
  - Workers from other units/departments/service lines
  - Discharged or transferred patients/clients/residents

**A6-15 Rule:** Individual(s) that were within 6 ft of the positive person for more than 15 cumulative minutes in a 24-hour period.



- Notify patients/residents/clients who are close contacts of need to quarantine.
- Notify healthcare workers who need to work restrict or quarantine.
- Inform persons who need to quarantine they should be tested for COVID-19 as soon as possible after last exposure in effort to identify if they have become positive (note: a negative test does not remove quarantine).

Any staffing shortages identified due to volume of person(s) requiring quarantine:

- Ask the question - do work restricted/quarantined person(s) need to work (*i.e. can't maintain operations*)? **If yes:**
  - a. Select person(s) with lowest risk exposure to return to work and work up.
    - i. There is more risk associated with allowing the higher risk exposed person(s)
- Notes:
  - a. Full PPE is not necessary for “work restricted/quarantined” staff who are brought back to work during 14-day work restriction/quarantine
  - b. Source control (face covering) is required. Eye protection when indicated based on moderate to substantial community transmission and/or outbreak status.
    - i. If face covering removed (e.g. to eat a meal/drink), must be in a private room/space, away from others. Consider increasing symptom checks to two or more times during shift vs. only at the start of shift. If person develops symptoms while working, they should notify their supervisor immediately, and be instructed to return to quarantine location (e.g. home).
  - c. Inform staff who are “working while under quarantine” that they must continue to quarantine outside of the workplace. “Essential worker” status does not excuse the need to quarantine when not at work.
- **Crisis staffing:** before considering or bringing back a COVID-19 positive person(s) to work there must be a consultation with Maine CDC and Division of Licensing and Certification. Contact the outbreak investigator or call Maine CDC at 1-800-821-5821.

**Notes:**

- **PPE Usage:**
  - The appropriate use of PPE lowers the risk of transmission but does not eliminate it.
  - N95 Respirators:
    - Are designed to protect the wearer from an infectious patient/resident/client. The function of inhaling air through the filter material will also aid in maintaining a good seal between the mask and the face.
    - Are not designed to protect others from the wearer, should the wearer have a respiratory type infectious disease. The seal may experience failure as the infectious wearer exhales. Should a positive person have worn an N95 during their infectious period, it will reduce the risk of transmission but not eliminate it.
- **Universal Testing** (to identify ongoing transmission):
  - Maine CDC will contact the facility to discuss details
    - Nursing homes and Assisted Housing – universal testing begins at 1 case
    - Hospitals – universal testing begins at 3 cases
  - Testing continues around every 3 – 7 days until 2 rounds of negatives obtained (*i.e.* all person tested in that round are negative) and until there have been 14 days with no new positives.
  - If you have not heard from Maine CDC in a timely manner, please call 1-800-821-5821.