This document has been updated to align with current public health guidance.

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Healthcare Personnel (HCP) who have prolonged close contact with confirmed COVID-19 patient, visitor, or other HCP (e.g., 15 cumulative minutes of exposure at a distance of less than 6 feet to an infected person during a 24-hr period)

- Was HCP wearing respirator?
  - Yes
  - No
  - Was HCP wearing eye protection?
    - Yes
    - No
    - Was COVID-19 case wearing well-fitting source control?
      - Yes
      - No
      - Was HCP wearing respirator or face mask?
        - Yes
        - No
        - NO WORK RESTRICTIONS
  - No
  - Was HCP wearing respirator or face mask?
    - Yes
    - No
    - NO WORK RESTRICTIONS

HCP who was present in the room for any period of time with an aerosol-generating procedure

- No
- Is the HCP up to date with COVID-19 vaccination OR had a positive SARS-CoV-2 viral diagnostic in the past 90 days?
  - No
  - Yes
  - TEST AND MONITOR

HCP who had ANY other exposure other than those listed above

- No
- Is the HCP up to date with COVID-19 vaccination OR had a positive SARS-CoV-2 viral diagnostic in the past 90 days?
  - No
  - Yes
  - EXCLUDE FROM WORK

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February 17, 2022

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| **EXCLUDE FROM WORK** | • Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19.  
TEST-BASED (OPTION 1):  
• HCP can return to work after day 7 following the exposure (day 0) if a viral test collected within 48 hours before planned return to work is negative for SARS-CoV-2 and HCP do not develop symptoms.  
SYMPTOM-BASED (OPTION 2):  
• HCP can return to work after day 10 following the exposure (day 0) if they do not develop symptoms with consideration for viral testing for SARS-CoV-2 collected within 48 hours before planned return to work. |
| **TEST AND MONITOR** | • Perform SARS-CoV-2 testing immediately but no earlier than 24 hours after the exposure and, if negative again 5-7 days after the exposure.  
• Follow the recommendations provided below. |
| **NO WORK RESTRICTIONS** | • Follow all recommended infection prevention and control practices, including use of well-fitting source control, monitoring themselves for fever or symptoms consistent with COVID-19, not reporting to work when ill, and undergoing 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 cease patient care activities keep their facemask on, immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing. |

**NOTE:** Factors associated with these exposures should be evaluated on a case-by-case basis; interventions, including restriction from work, can be applied if the risk for transmission is deemed substantial.

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For this guidance, CDC defines HCP as all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. For this document, HCP does not include clinical laboratory personnel.

Procedures likely to generate aerosols or that might create uncontrolled respiratory secretions include but are not limited to cardiopulmonary resuscitation; endotracheal intubation and extubation; bronchoscopy; sputum induction; manual ventilation; open suctioning of airways; and non-invasive ventilation (e.g., BiPAP, CPAP). Refer to CDC Clinical Questions about COVID-19: Questions and Answers at [https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Infection-Control](https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Infection-Control).

*In general, asymptomatic HCP who have had a higher risk exposure do not require work restriction if they are up to date with all currently recommended COVID-19 vaccine doses or have recovered from SARS-CoV-2 in the past 90 days. Exceptions include, but are not limited to, if an HCP develops symptoms consistent with COVID-19, tests positive for current SARS-CoV-2 infection, is moderately to severely immunocompromised, or is otherwise directed to do so by the jurisdiction’s public health authority. CDC defines up to date as a person receiving all recommended COVID-19 vaccines including any booster dose(s) when eligible based on CDC Stay Up To Date with Your Vaccines ([https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html)).

**Healthcare facilities should determine close contact(s) within the facility for all laboratory confirmed COVID-19 cases. Identification should begin at 48 hours prior to symptom onset, or specimen collection for asymptomatic cases. NJDOH considers prolonged close contact to be 15 cumulative minutes of exposure at a distance of less than 6 feet to an infected person during a 24-hour period.