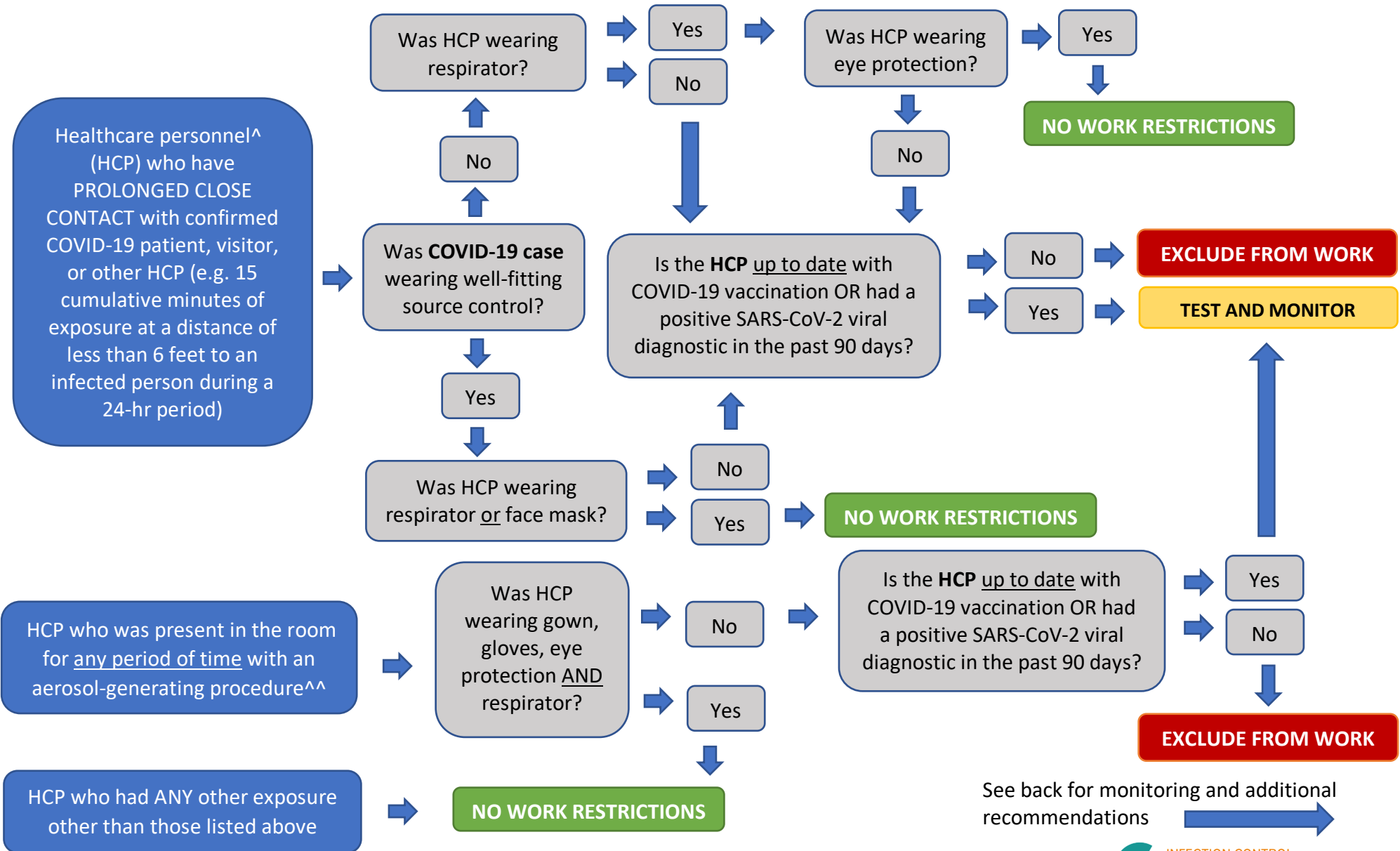


# NJDOH Healthcare Personnel Exposure to a Confirmed COVID-19 Case CONVENTIONAL Risk Algorithm



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



See back for monitoring and additional recommendations

Work Restrictions*	Additional Recommendations**
EXCLUDE FROM WORK	<ul style="list-style-type: none"> <li>Advise HCP to monitor themselves for fever or <u>symptoms consistent with COVID-19</u>.</li> </ul> <p>TEST-BASED (OPTION 1):</p> <ul style="list-style-type: none"> <li>HCP can return to work <i>after day 7</i> following the exposure (day 0) if a viral test collected within 48 hours before planned return to work is negative for SARS-CoV-2 <u>and</u> HCP do not develop symptoms.</li> </ul> <p>SYMPTOM-BASED (OPTION 2):</p> <ul style="list-style-type: none"> <li>HCP can return to work <i>after day 10</i> following the exposure (day 0) if they do not develop symptoms with <i>consideration</i> for viral testing for SARS-CoV-2 collected within 48 hours before planned return to work.</li> </ul>
TEST AND MONITOR	<ul style="list-style-type: none"> <li>Perform SARS-CoV-2 testing immediately but no earlier than 24 hours after the exposure and, if negative again 5-7 days <u>after the exposure</u>.</li> <li>Follow the recommendations provided below.</li> </ul>
NO WORK RESTRICTIONS	<ul style="list-style-type: none"> <li>Follow all <u>recommended infection prevention and control practices</u>, 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.</li> <li>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.</li> </ul> <p>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.</p>
<p><b>NOTE: Antigen testing is preferred for symptomatic HCP and for asymptomatic HCP who have recovered from SARS-CoV-2 in the prior 90 days (if indicated).</b></p>	

^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>.

\*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>).

\*\*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.

**NOTE: This document is meant to be a supplement to the CDC *Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2*** (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>). For additional guidance refer to NJDOH *Guidance for COVID-19 Diagnosed and/or Exposed Healthcare Personnel* at [https://www.nj.gov/health/cd/topics/covid2019\\_healthcare.shtml](https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml). Guidance may be subject to change as new information becomes available. For additional information, please visit the New Jersey Department of Health COVID-19 website (<https://www.nj.gov/health/cd/topics/ncov.shtml>) and CDC *Healthcare Workers: Information on COVID-19* (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>).