

Management of Asymptomatic Healthcare Personnel with Potential Exposure to COVID-19 Patients in the Healthcare Setting

Situation Summary

With the rapid rise in local Coronavirus Disease-2019 (COVID-19) cases, we are seeing a similar increase in exposures of staff to patients with known or suspected infection. As more information about transmission of this virus has become available, we are updating previous guidance for furlough of exposed staff.

Effective immediately, BILH policy now includes the ability for asymptomatic hospital staff with exposures to continue to work while wearing a surgical mask and monitoring symptoms. The expectation is that asymptomatic exposed staff are able to work their normal shifts with a limited number of exceptions (see Tables 1 and 2 below). For example, asymptomatic staff who perform high risk procedures without the key components of personal protective equipment (PPE), such as performing intubations without face/eye protection, will still require work exclusion. Additionally, asymptomatic staff working with patients at high risk of acquiring COVID-19 and its complications (e.g., bone marrow transplants) may also be excluded in situations where only partial PPE was worn.

Table 1. Asymptomatic Healthcare Personnel (HCP) Exposures¹ that Require Exclusion from Work

Patient Facemask Worn	HCP PPE Worn ²	Required Monitoring for COVID-19 (until 14 days after last potential exposure)	Work Restrictions for Asymptomatic HCP	
			Exposure during aerosol-generating procedures OR regularly cares for high-risk patient population ³	Exposure During Routine Care
No	None	<ul style="list-style-type: none"> Self-administered twice daily symptom screen Daily check-in by Employee Health 	Exclude from work for 14 days after last exposure	Exclude from work for 14 days after last exposure
No	No facemask or respirator (all other PPE appropriate)	<ul style="list-style-type: none"> Self-administered twice daily symptom screen Daily check-in by Employee Health 	Exclude from work for 14 days after last exposure	Exclude from work for 14 days after last exposure
Yes	None	<ul style="list-style-type: none"> Self-administered twice daily symptom screen Daily check-in by Employee Health 	Exclude from work for 14 days after last exposure	<i>Not excluded. See Table 2</i>
Yes	Not wearing a facemask or respirator (all other PPE appropriate)	<ul style="list-style-type: none"> Self-administered twice daily symptom screen Daily check-in by Employee Health 	Exclude from work for 14 days after last exposure	<i>Not excluded. See Table 2</i>

1. Definition of exposure: close contact (within 6 feet) for 10 minutes or more with a symptomatic patient with suspect or confirmed COVID-19

2. [See ILI/COVID-19 PPE Grid by Location for appropriate PPE](#)

3. Examples of high risk patient locations: Bone Marrow Transplant Unit, Oncology general floor, Oncology ICU, Neonatal ICU, Solid Organ Transplant Unit, Geriatric Unit

Table 2. Asymptomatic Healthcare Provider (HCP) Exposures¹ that Require Monitoring and Masking but NOT Work Exclusion

Patient Facemask Worn	HCP PPE Worn ²	Required Monitoring for COVID-19 (until 14 days after last potential exposure)	Work Restrictions for Asymptomatic HCP	
			Exposure during aerosol-generating procedure OR HCP regularly cares for high-risk patient population ³	Exposure During Routine Care
No	Not wearing gown or gloves but all other PPE appropriate	<ul style="list-style-type: none"> Self-administered twice daily symptom screen Notify Employee Health if symptoms develop⁴ 	Work with surgical mask ⁴	Work with surgical mask
Yes	Not wearing eye protection, but all other PPE appropriate.	<ul style="list-style-type: none"> Self-administered twice daily symptom screen Notify Employee Health if symptoms develop⁴ 	Work with surgical mask	None
Yes	Not wearing gown or gloves but all other PPE appropriate	<ul style="list-style-type: none"> Self-administered twice daily symptom screen Notify Employee Health if symptoms develop⁴ 	None ⁴	None
Yes	No facemask or respirator, but all other PPE appropriate.	<ul style="list-style-type: none"> Self-administered twice daily symptom screen Daily check-in by Employee Health 	<i>Excluded. See Table 1.</i>	Work with surgical mask
Yes	None	<ul style="list-style-type: none"> Self-administered twice daily symptom screen Daily check-in by Employee Health 	<i>Excluded. See Table 1.</i>	Work with surgical mask

1. Definition of exposure: close contact (within 6 feet) for 10 minutes or more with a symptomatic patient with suspect or confirmed COVID-19

2. [See ILI/COVID-19 PPE Grid by Location for appropriate PPE](#)

3. Examples of high risk patient locations: Bone Marrow Transplant Unit, Oncology general floor, Oncology ICU, NICU, Solid Organ Transplant Unit, Geriatric Unit

4. Extensive body contact with patients (e.g., rolling a patient) or aerosol generating procedures, then daily check-in with Employee Health required

FAQs for Employees with Potential Exposure to COVID-19 Patients in the Healthcare Setting

1. Who should be evaluated for Coronavirus Disease-2019 (COVID-19)?

HCP exposed to persons with suspect or confirmed COVID-19 should be evaluated by Employee Health. As COVID-19 spreads in the community, it will become increasingly difficult to separate COVID-19 from influenza-like illness (ILI). Please continue to report any ILI symptoms to Employee Health.

2. What is considered close contact?

Close contact is defined as:

- a) being within approximately 6 feet of a suspect or confirmed COVID-19 patient for a prolonged period of time, generally considered 10 minutes or longer; OR
- b) having unprotected direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

3. What body fluids are considered infectious?

Respiratory secretions are implicated in the transmission of SARS-CoV-2, the virus causing COVID-19. According to the CDC, it is currently unknown if unprotected contact with other body fluids, such as blood, vomit, stool, and urine, put healthcare personnel (HCP) at risk for COVID-19.

4. What personal protective equipment (PPE) should be worn by healthcare personnel (HCP) while providing care to persons being evaluated for COVID-19?

HCP should wear the following PPE when working with a patient suspected of having COVID-19: Mask plus eye protection (mask with either face shield, goggles, or visor), gown, and gloves. Additionally, for aerosol-generating procedures, a respirator (N95 or PAPR) must be worn. [Please refer to BILH "PPE Equipment Grid by Location" document on PPE use requirements.](#)

5. What PPE should be worn by HCP providing care to asymptomatic patients with a history of exposure to COVID-19 who are being evaluated for a non-infectious complaint (e.g., hypertension or hyperglycemia)?

Asymptomatic patients with a history of exposure to COVID-19 should be masked during the visit. If the patient's mask is removed during exam, provider should wear a surgical mask. Refer to patient care algorithms for specific details.

6. How do I manage personal protective equipment (PPE) requirements when I've been told to limit the use of masks?

BILH works to ensure staff have the appropriate PPE necessary for patient care. Re-use protocols are available on local portal and may be in use at some institutions. [Please refer to BILH "PPE Equipment Grid by Location" document on PPE use requirements.](#)

7. Who will contact me to let me know that I have been exposed? Do I need to report it to someone?

Confirmation of an exposure and subsequent follow-up will follow the standard process for any type of work-related infectious disease exposure.

- Infection Control will determine, once it is confirmed that a patient has COVID-19 (or is highly suspicious), whether or not there was a true exposure to HCPs who cared for the given patient.
- If it is confirmed that there was a true exposure, Infection Control will contact local department leadership to identify all HCPs who were involved in the treatment of the patient.
- Local management will then give the list of potentially exposed staff to Employee Health.
- Employee Health will reach out to each individual to assess specific exposure risk and to advise as to what work restrictions or follow-up will be required (see above for likely scenarios and work restrictions).

8. If I am furloughed from work due to a work-related exposure, will I need to use my own time to pay for it?

No, your institution will cover this time.

9. If I am furloughed from work, will I need Employee Health clearance before coming back?

Yes.

10. What should I do if I develop any symptoms after working with a COVID-19 patient?

If fever ($T \geq 100.0^{\circ}\text{F}$) or other symptoms consistent with COVID-19 develop, self-isolate and notify Employee Health.

11. What if I am exposed to another employee or staff member with suspect or confirmed COVID-19, or had an exposure in the community-setting?

A similar assessment will be performed as if the HCP were exposed to a patient with COVID-19. Infection Control and Employee Health will provide guidance on potential need for furlough, which would be covered by your institution