



Guidance for Responding to Healthcare Personnel with Exposure to COVID-19 in Community Settings and Healthcare Facility Settings

Purpose:

Healthcare personnel (HCP) are at risk for exposure to COVID-19 in healthcare facility settings and community settings. The purpose of this document is to provide guidance on responding to HCP who are exposed to COVID-19 in both types of settings. To minimize the risk for transmission of COVID-19 in healthcare facilities and communities, MDH recommends adherence to this guidance.

Definitions:

Prolonged closed contact: Within 6 feet for at least 15 minutes (Any duration should be considered prolonged during an aerosol generating procedure)

Healthcare personnel (HCP): HCP include all healthcare facility staff, including contractual staff not employed by the healthcare facility, and persons not directly involved in patient care but who could be exposed to infectious agents that can be transmitted in a healthcare setting.

Infectious period: The time period during which a person can transmit a virus. The infectious period for COVID-19 is considered to be 48 hours before symptom onset (if symptomatic) or before specimen collection date (if asymptomatic) until the infected individual completes their isolation period. Determining the infectious period for an asymptomatic case is challenging due to the absence of an illness onset. The period beginning 48 hours prior to specimen collection should be considered an estimate instead of a precise timeframe.

Quarantine: The separation of an individual who has been exposed to an infectious disease from other people to prevent the spread of disease before the individual knows that they are ill. The length of quarantine for an individual exposed to COVID-19 is 14 days from the date of their last exposure to account for the maximum incubation period of SARS-CoV-2, the virus that causes COVID-19. Note that quarantine is different from *isolation*, which is the separation of a person infected with a disease who has already become ill.

Guidance for Contact Tracing in a Healthcare Facility

Public health officials will conduct contact tracing for COVID-19 exposures that occur in community settings (outside of the healthcare facility).

Ideally, the healthcare facility should conduct contact tracing to identify COVID-19 exposures that occur inside of the healthcare facility. Based on the close contact that clinical staff have with patients, contact tracing in a healthcare facility should first be prioritized among the most vulnerable populations. When the capacity for routine contact tracing is not available, contact tracing should, at a minimum, always take place during an outbreak of COVID-19 at the healthcare facility.

Guidance Regarding HCP Exposed to COVID-19

A HCP is Exposed to COVID-19 in a Community Setting:

Quarantine and Work Exclusion

- Public health officials use the [CDC Public Health Guidance for Community-Related Exposure](#) to determine quarantine recommendations for individuals with exposure to COVID-19 in a community setting. **This guidance applies to all individuals, including HCP, in a community setting (e.g. a healthcare provider who lives in a house with someone who tests positive for COVID-19).**
- Public health officials will require an individual exposed to COVID-19 in a community setting to quarantine at home for 14 days after the last exposure if the individual has close (<6 feet) contact for 15 or more minutes with a person with COVID-19 during the infectious period. Such individuals should be excluded from work.
- Public health officials generally do not take into consideration the use of personal protective equipment (PPE), including facemasks or cloth face coverings, when determining quarantine recommendations for community exposures.

Testing

- Public health officials will recommend COVID-19 testing for individuals who have had prolonged close contact with a person with COVID-19. If the result is negative, public health officials will recommend the individual continue their quarantine through Day 14 post-exposure. If the result is positive, the individual should be appropriately isolated for the duration recommended by the [CDC guidance for persons on home isolation for COVID-19](#).

Exemptions

- **For HCP exposed in the community and instructed to quarantine by public health, an exemption by the local health department is required before being allowed to work during their quarantine.** To request an exemption, a healthcare facility should contact the local health department in the jurisdiction where the facility is located to request an exemption for HCP needed to mitigate staffing shortages. This is considered a crisis capacity standard of care, and should not be not a first choice to mitigate staffing shortages.
- Such an exemption should only be requested in instances where the quarantine of HCP might cause critical staffing shortages at a healthcare facility, including when HCP quarantine could make a facility unable to safely staff a particular unit, or when a quarantined HCP holds a critical position unable to be filled by another individual.
- If an exemption is granted by a local health department, and the HCP is allowed to work during the quarantine period, the HCP must use all appropriate infection prevention and control precautions recommended for HCP. When the individual is not at work, they should be instructed to follow quarantine guidelines and should separate themselves from others in their home for the duration of their 14-day quarantine.

A HCP is Exposed to COVID-19 in a Healthcare Facility:

Quarantine and Work Exclusion

- If a person (patient, visitor, or other HCP) with COVID-19 is identified at a healthcare facility, the healthcare facility should use the [CDC Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](#) to determine recommendations for HCP exposed to this person.
- **The healthcare facility should exclude HCP from work, and advise them to quarantine at home for 14 days after the last exposure, when the HCP had a higher risk exposure in the facility, defined as:**
 - HCP had prolonged close contact with a patient, visitor, or HCP with confirmed COVID-19, AND
 - HCP was EITHER
 - Not wearing a respirator or facemask OR
 - Not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask, OR
 - Not wearing all recommended PPE while performing an aerosol-generating procedure.

Testing

- Healthcare facilities should refer HCP with these higher risk exposures (as defined above) for COVID-19 testing. If the result is negative, the HCP should continue their work exclusion and quarantine through Day 14 post-exposure. If the result is positive, they should be appropriately isolated for the duration recommended by the [CDC guidance for persons on home isolation for COVID-19](#).

Exemptions

- The quarantine of HCP might cause critical staffing shortages at a healthcare facility, including when HCP quarantine could make a facility unable to safely staff a particular unit, or when a HCP holds a critical position unable to be filled by another individual.
- When such a situation is imminent, it might be appropriate for the healthcare facility to allow the individual to work while they are under quarantine, using all the appropriate infection prevention and control precautions recommended for HCP. This is considered a crisis capacity standard of care, and should not be a first choice to mitigate staffing shortages.
- When the HCP's COVID-19 exposure occurred in the healthcare facility, a request for exemption from the local health department to allow the HCP to work during the quarantine period is NOT required (as it is for community exposures).
- When the individual is not at work, they should be instructed to follow quarantine guidelines and should separate themselves from others in their home for the duration of their 14-day quarantine.