



Isolation and Quarantine Guidance for COVID-19 Healthcare Personnel

	Healthcare Personnel (HCP)
Definition	Healthcare personnel (HCP) Please visit the CDC's website at https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-healthcare-personnel.html and at https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html
Case Status	HCPs
COVID-19 Case WITH Symptoms	<p><u>Symptom-based Strategy</u> (CDC preferred) Isolation can end after the following criteria are met:</p> <ol style="list-style-type: none"> 1) at least 10 days from onset of symptoms <u>and</u> 2) at least 1 day (24 hours) after <i>recovery</i>. <p style="padding-left: 40px;">“Recovery” is defined as resolution of fever without the use of fever-reducing medications with progressive improvement or resolution of other symptoms.</p> <p style="padding-left: 40px;">“Improvement” means that shortness of breath and cough have improved and noted as “mild” or “none”.</p> <p><u>Test-Based Strategy</u> (Not recommended. Use for certain high-risk exposures only) If testing is readily available and the test-based strategy is chosen, isolation can end after all of the following criteria are met:</p> <ol style="list-style-type: none"> 1) Resolution of fever without the use of fever-reducing medications, 2) Improvement in respiratory symptoms (e.g., cough, shortness of breath), <u>and</u> 3) Two (2) consecutive negative respiratory specimens tested using an FDA Emergency Use Authorized COVID-19 molecular assay collected ≥ 24 hours apart. <p>Note that this strategy is not recommended by CDC and should only be used for certain high-risk exposures. For example: HCPs working with immune compromised patients or who are immunocompromised themselves.</p>



Isolation and Quarantine Guidance for COVID-19 Healthcare Personnel

<p>Laboratory-Confirmed COVID-19 Case WITHOUT Symptoms</p>	<p><u>Time-based Strategy</u> [CDC preferred] Isolation can discontinue 10 days after first positive test date if person has remained asymptomatic. Face covering must be worn for at least 3 days after isolation is discontinued and a distance of 6 feet or more must be maintained from other persons.</p> <p><u>Test-based Strategy</u> [Not recommended. Use for certain high-risk exposures only.] Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens).</p> <p>Note: Because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture. Consideration of the availability of testing resources should be used to determine the frequency of retesting to achieve two consecutive negative results. https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html</p>
<p>HCP with symptoms who had prolonged¹ close contact² with COVID-19 case³</p>	<p>Follow the same guidance as <u>Laboratory-Confirmed Cases with Symptoms</u> (See above).</p>
<p>HCP without symptoms who had prolonged¹ close contact² to a COVID-19 case³ without wearing the <u>appropriate PPE</u></p>	<p>Unless there is a staffing shortage at the healthcare facility, close contacts to a known COVID-19 case should stay home (quarantine) for 14 days. Even if the HCP tests negative for COVID-19 or feels healthy, they should still quarantine since symptoms may appear 2 to 14 days after exposure to the virus. The quarantine period for a close contact <u>with ongoing exposure</u> requires adding the 14 days to the “last date of exposure”. The last date of exposure is the last date of isolation for the COVID-19 case. This will vary based on the isolation timeframe required for the COVID-19 case. For example, if case is required to be isolated for 10 days, it is 10 days + 14 days. If case is severely immunocompromised, it is 20 days + 14 days.</p> <p>Please refer to the <i>appropriate PPE</i> hyperlink to the left to assess the PPE use at the time of exposure.</p>



Isolation and Quarantine Guidance for COVID-19 Healthcare Personnel

Strategies to Mitigate Healthcare Personnel Shortages

If a facility is operating in a contingency or crisis capacity and has an asymptomatic HCPs who has been exposed and is needed for staffing, please refer to CDC's guidance for mitigation of healthcare personnel staffing shortages. This provides a way for facilities to develop plans that allow asymptomatic HCP who have had an unprotected exposure to COVID-19, but are not known to be infected, to continue to work with certain restrictions. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>.

HCP=healthcare personnel

1. Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Until more is known about transmission risks, it is reasonable to consider an exposure of 15 minutes or more as prolonged. However, **any duration** should be considered prolonged if the exposure occurred during performance of an [aerosol generating procedure](#).
2. Data are limited for the definition of close contact. For this guidance it is defined as: a) being within 6 feet of a person with confirmed COVID-19 or b) having unprotected direct contact with infectious secretions or excretions of the person with confirmed COVID-19.
3. Determining the time period when the patient, visitor, HCP or other person with confirmed COVID-19 could have been infectious:
 1. For individuals with confirmed COVID-19 who developed symptoms, consider the exposure window to be 2 days before symptom onset through the time period when the individual meets [criteria for discontinuation of Transmission-Based Precautions](#)
 2. For individuals with confirmed COVID-19 who never developed symptoms, determining the infectious period can be challenging. In these situations, collecting information about when the asymptomatic individual with COVID-19 may have been exposed could help inform the period when they were infectious.
 1. In general, individuals with COVID-19 should be considered potentially infectious beginning 2 days after their exposure until they meet [criteria for discontinuing Transmission-Based Precautions](#).
 2. If the date of exposure cannot be determined, although the infectious period could be longer, it is reasonable to use a starting point of **2 days** prior to the positive test through the time period when the individual meets criteria for discontinuation of Transmission-Based Precautions for contact tracing.
4. While respirators confer a higher level of protection than facemasks and are recommended when caring for patients with COVID-19, facemasks still confer some level of protection to HCP, which was factored into this risk assessment. Cloth face coverings are not considered PPE because their capability to protect HCP is unknown.
5. If staffing shortages occur, it might not be possible to exclude exposed HCP from work. For additional information and considerations refer to [Strategies to Mitigating HCP Staffing Shortages](#).
6. *For the purpose of this guidance, fever is defined as subjective fever (feeling feverish) or a measured temperature of 100.0°F (37.8°C) or higher. Note that fever may be intermittent or may not be present in some people, such as those who are elderly, immunocompromised, or taking certain fever-reducing medications (e.g., nonsteroidal anti-inflammatory drugs [NSAIDs]).