

Management of Asymptomatic Healthcare Personnel with Confirmed Exposure to COVID-19

Table 1. Criteria for management of asymptomatic healthcare personnel with exposure to a person with confirmed COVID-19, regardless of COVID-19 vaccination status.

Exposure Scenario ¹	Work status
Higher risk work exposure ²	<ul style="list-style-type: none"> • Clear to remain at work onsite during testing process • Mask required in all settings through Day 10. • Perform a series of three antigen tests⁴ for SARS-CoV-2 infection, each collected 48 hours apart, as follows <ul style="list-style-type: none"> • Test with either a molecular test or home antigen test⁴ immediately (but not earlier than 24 hours) after the exposure. If negative, clear to remain at work onsite. • Test again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of last exposure is day 0), day 3, and day 5. • If access to molecular (PCR) testing is available, may perform a PCR test or antigen test at Day 1 and a molecular test Day 5. If molecular test option performed, testing at day 3 is not necessary. <p><i>Example: Test with home antigen test on Day 1, Day 3, and Day 5. If any test is positive, isolate immediately. No need to complete subsequent tests if any test result is positive.</i></p> <ul style="list-style-type: none"> • Immediate removal from work if symptoms develop or any test result is positive. • Additional testing may be indicated for more prolonged or multiple exposures.
Household exposure ³	<ul style="list-style-type: none"> • Exclude from work onsite until the first viral test performed returns negative (outlined below) • Mask required in all settings through Day 10. • Have a series of three home antigen tests⁴ for SARS-CoV-2 infection, each collected 48 hours apart, as follows <ul style="list-style-type: none"> • Test with either a molecular test or home antigen test⁴ immediately (but not earlier than 24 hours) after the exposure. If negative, clear to return to work onsite. • Test again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of last exposure is day 0), day 3, and day 5. • If access to molecular (PCR) testing is available, may perform a PCR test or antigen test at Day 1 and a molecular (PCR) test Day 5. If molecular test option performed, testing at day 3 is not necessary. <p><i>Example: Test with home antigen test on Day 1, Day 3, and Day 5. If any test is positive, isolate immediately. No need to complete subsequent tests if any test result is positive.</i></p> <ul style="list-style-type: none"> • Immediate removal from work if symptoms develop or any test result is positive. • Additional testing may be indicated for more prolonged or multiple household exposures.
All other exposures	<ul style="list-style-type: none"> • Clear to remain at work onsite during testing process • Testing required: either <ul style="list-style-type: none"> Molecular testing option: Test with either a molecular test or home antigen test⁴ immediately (but not earlier than 24 hours) after the exposure. If negative, then test with one (1) molecular test (PCR or other NAAT) performed 3-5 days after last exposure, OR Home antigen testing option: series of three home antigen test⁴, each collected 48 hours apart. If any test is positive, isolate immediately. No need to complete subsequent tests if any test result is positive. • Clear to work with mask while awaiting test result. If negative, clear to continue working. • Immediate removal from work if symptomatic.

1. Infection Control definition of exposure: a) being in close contact (within 6 feet for at least 15 minutes over a 24-hour period) of a person with confirmed COVID-19 without recommended personal protective equipment (PPE) within the 48 hours before diagnosis (symptom onset or positive test, if asymptomatic); or b) having direct contact of any duration with infectious secretions of a COVID-19 case while not wearing recommended PPE, such as a direct cough in the face without a mask or eye protection, or performing high risk procedures without [all essential PPE components](#).
2. Higher risk exposures, **work**: performing high risk procedure on a person with COVID-19 without the use of both a respirator and eye protection; or having direct contact of any duration with infectious secretions of a COVID-19 case while not wearing eye protection plus a mask or respirator.
3. Higher risk exposure, **household**: Exposure is considered ongoing if HCP cannot isolate from positive household member. In these cases, the last day of exposure is considered the last day of isolation for the positive household member.
4. BILH-approved antigen tests include:
 - Abbott BinaxNOW COVID-19 Antigen Self Test
 - ACON/Flowflex COVID-19 Antigen Home Test
 - Quidel QuickVue At-Home OTC COVID-19 Test
 - BD Veritor At-Home COVID-19 Test
 - Intrivo Diagnostics On/Go 10-minute COVID-19 Antigen Self-Test
 - iHealth COVID-19 Antigen Rapid Test
 - Ellume COVID 19 Home Test Kit
 - Orasure IntelliSwab COVID-19 Rapid Test Rx
 - Access Bio CareStart COVID-19 Antigen Home Test

After returning to work:

After returning to work, **ALL** asymptomatic HCP with exposure to a person with confirmed COVID-19 (regardless of vaccination status) should:

- Wear a well-fitting surgical mask at all times while in the facility for a full 10 days after the last exposure event, unless eating or replaced by a respirator. When eating, be sure to sit **at least 6 feet** from other staff and consider staggering breaks as much as possible to avoid exposure. ***This masking requirement applies to areas in which other HCP may not be required to mask.***
- Self-monitor for symptoms daily and continue to complete the required daily symptom reporting.
- If symptoms develop, HCP must cease work immediately and contact Employee Health to arrange for prompt testing for COVID-19.

Testing following recent COVID-19 illness:

Testing should be performed with a home antigen test for those who recently recovered from SARS-CoV-2 infection and develop new symptoms of COVID-19 as rebound illness has been well-documented, especially following treatment for COVID-19 with antiviral medications, such as Paxlovid and Molnupiravir.

Testing is generally not recommended for *asymptomatic* people who have recovered from SARS-CoV-2 infection in the prior 30 days. Testing should be considered for those who have recovered in the prior 31-90 days and have a higher risk exposure to a person with confirmed COVID-19. If testing is performed, a home antigen test instead of a molecular test (PCR or other NAAT) is recommended. This is because some people may remain positive by molecular test but not be infectious during this period.

Submitting a Home Antigen Test result:

- Submit all home antigen test results [here](#).
- When submitting a home antigen test result, you must provide the following information:
 - Date the test was performed
 - Reason for the test and the number of the test in the series (example: exposure test 2)
 - Picture of the result (this should be sent to your local Employee Health)
- No confirmatory COVID-19 PCR is needed for a positive home antigen test if the above criteria are met. A molecular test may be required at any time per Employee Health clinician discretion.

***HCP:** Includes all BILH employees, employed and affiliated physicians, students, volunteers, and anyone entering to work/observe in the hospital/business unit