

Exposure Management: Colleagues with Close Contact or High-Risk Exposure

10.24.2022

	Symptomatic	No Symptoms	Testing	Action
Not Immunocompromised	X		<ul style="list-style-type: none"> PCR 	<ul style="list-style-type: none"> Restrict from work
		X	<ul style="list-style-type: none"> Test on day 1, 3 and 5* 	<ul style="list-style-type: none"> Colleague can work Must always wear a well-fitting mask. Restrict from work if symptoms develop OR if there is a positive test.
Immunocompromised**	X		<ul style="list-style-type: none"> PCR 	<ul style="list-style-type: none"> Restrict from work
		X	<ul style="list-style-type: none"> Test on day 1, 3 and 5* 	<ul style="list-style-type: none"> Restrict from work If all tests are negative, RTW on Day 7.

Day of Exposure is Day 0

- HIGH-RISK EXPOSURE** defined as:
 - prolonged close contact with person with acute COVID-19 without wearing PPE (e.g., outside of work) for 15 minutes or more cumulative over a 24-hour period,
 - HCP did not wear a respirator (or if wearing a facemask, the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask) or HCP was not wearing eye protection and person with SARS-CoV-2 infection was not wearing a cloth mask or facemask or HCP not wearing all required PPE during an AGP
- If this is an **UNPROTECTED WORK-RELATED EXPOSURE**: Submit a work-related incident through the Trinity Health Employee Incident Reporting (THEIR) application
- For colleagues with ongoing close contact exposure, e.g., household member has COVID-19, consider use of a series of tests to assess if transmission has occurred from household exposure
- Vaccination status is no longer considered when determining return to work status and/or associated actions.

* For non-nursing homes/PACE testing on day 1, 3 (can be a home test or PCR at AMH) and 5 PCR Test.

* Nursing homes and PACE continue to test on site for non-symptomatic (SPHP Only)

** For definition of moderate to severely immunocompromised refer to Description of Moderate and Severe Immunocompromising Conditions and Treatment in [Clinical Guidance for COVID-19 Vaccination | CDC](#)

*** It is highly recommended that severely immunocompromised colleagues wear an N95 at all times.

	Managing Colleagues Who Test Positive or Meet Clinical Criteria for COVID-19 (CONTINGENCY STAFFING)			
	Symptoms	No Symptoms	Disease Severity	Actions
Not Immunocompromised	X		Mild / Moderate	Permitted to work after: <ul style="list-style-type: none"> At least 5 days have passed since symptoms first appeared (day 0), and At least 24 hours have passed since last fever without the use of fever-reducing medications, and Symptoms (e.g., cough, shortness of breath) have improved. Consider assigning only to PUI or in isolation for SARS-CoV-2 infection. Avoid, assign to moderate/severe immunocompromised.
		X	Mild / Moderate	Permitted to work after: <ul style="list-style-type: none"> At least 5 days have passed since first positive viral test (day 0). Consider assigning only to PUI or in isolation for SARS-CoV-2 infection. Avoid, assign to moderate/severe immunocompromised.
	X		Severe / Critical (Hospitalized)	Return to Work after: <ul style="list-style-type: none"> Beginning day 10 after onset of symptoms (may be longer because of underlying immunocompromised condition) AND <ul style="list-style-type: none"> Resolution of fever without the use of fever-reducing medications, AND Improvement in symptoms (e.g., cough, shortness of breath), AND Results are NEGATIVE from at least two (2) consecutive respiratory specimens collected 48 hours apart (total of two negative specimens) tested using an antigen test. (Testing can be done starting on day 8).
Immunocompromised	X	X	Any	<ul style="list-style-type: none"> Use of a test-based strategy (see row above) and consultation with an infectious disease specialist or other expert and an Employee / occupational health specialist is recommended to determine when these HCP may return to work. At a minimum return to work will need to be 10 days after initial positive test AND: <ul style="list-style-type: none"> after results are negative from at least two consecutive respiratory specimens collected 48 hours apart (total of two negative specimens) tested using an antigen test.

Definitions for severe Immunocompromised

- Active treatment for solid tumor and hematologic malignancies
- Hematologic malignancies associated with poor responses to COVID-19 vaccines regardless of current treatment status (e.g., chronic lymphocytic leukemia, non-Hodgkin lymphoma, multiple myeloma, acute leukemia)
- Receipt of solid-organ transplant or an islet transplant and taking immunosuppressive therapy
- Receipt of chimeric antigen receptor (CAR)-T-cell therapy or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppressive therapy)
- Moderate or severe primary immunodeficiency (e.g., common variable immunodeficiency disease, severe combined immunodeficiency, DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection (people with HIV and CD4 cell counts less than 200/mm³, history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV)
- Active treatment with high-dose corticosteroids (i.e., 20 or more mg of prednisone or equivalent per day when administered for 2 or more weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory