1. Was the exposed person within six feet of the infected person for a total of 15 minutes or more in a 24-hour period OR did they have unprotected contact with secretions or excretions of the infected person, such as being coughed on, or providing personal care without personal protective equipment (PPE)? **If yes, the exposed person is a close contact.**


3. Did close contact occur in a healthcare setting within six feet for 15 minutes or more? **If yes, please see below to assess quarantine needs unless the healthcare worker (HCW) is up to date on their vaccines.**
### SCENARIO A: EXPOSED HCW NOT UP TO DATE WITH COVID-19 VACCINES - CONVENTIONAL

<table>
<thead>
<tr>
<th>INFECTIOUS PATIENT</th>
<th>No PPE worn by HCW during exposure</th>
<th>Face mask or N-95 respirator worn by HCW during exposure (but no eye protection)</th>
<th>Face mask or N-95 respirator and eye protection worn by HCW during exposure</th>
<th>N-95 respirator, eye protection, gloves, and gown worn by HCW during exposure during aerosol-generating procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infected patient was not wearing a face mask during exposure</td>
<td>Quarantine 10 days or 7 days with a negative test</td>
<td>Quarantine 10 days or 7 days with a negative test</td>
<td>No work restrictions or quarantine*</td>
<td>-NA-</td>
</tr>
<tr>
<td>Infected patient was wearing a face mask or N-95 respirator during exposure</td>
<td>Quarantine 10 days or 7 days with a negative test</td>
<td>No restrictions, in general, if both parties were wearing at least a medical face mask properly. Consider quarantine depending on room ventilation, duration and type of care provided during close contact, and sustained mask wearing during exposure.</td>
<td>No work restrictions or quarantine*</td>
<td>-NA-</td>
</tr>
<tr>
<td>Aerosol-generating procedure</td>
<td>Quarantine 10 days or 7 days with a negative test</td>
<td>Quarantine 10 days or 7 days with a negative test</td>
<td>Quarantine 10 days or 7 days with a negative test</td>
<td>No work restrictions or quarantine*</td>
</tr>
</tbody>
</table>

1. This excludes HCW who are immunocompromised or had severe COVID-19 infection.

* HCW should follow all [recommended infection prevention and control practices](#), including wearing a face mask for source control while at work, monitoring themselves for [symptoms consistent with COVID-19](#) and not reporting to work when ill, and undergoing active screening for fever or [symptoms consistent with COVID-19](#) at the beginning of their shift. Any HCW who develop [symptoms consistent with COVID-19](#) should immediately self-isolate and contact their established point of contact, such as their occupational health program, to arrange for medical evaluation and testing.
**SCENARIO A: EXPOSED HCW NOT UP TO DATE WITH COVID-19 VACCINES – CONTINGENCY STANDARDS**

<table>
<thead>
<tr>
<th>INFECTIOUS PATIENT</th>
<th>No PPE worn by HCW during exposure</th>
<th>Face mask or N-95 respirator worn by HCW during exposure (but no eye protection)</th>
<th>Face mask or N-95 respiration and eye protection worn by HCW during exposure</th>
<th>N-95 respirator, eye protection, gloves, and gown worn by HCW during exposure during aerosol-generating procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infected patient was not wearing a face mask during exposure</td>
<td>No work restrictions or quarantine*</td>
<td>No work restrictions or quarantine*</td>
<td>No work restrictions or quarantine*</td>
<td>No work restrictions or quarantine*</td>
</tr>
<tr>
<td>Infected patient was wearing a face mask or N-95 respirator during exposure</td>
<td>No work restrictions or quarantine*</td>
<td>No work restrictions or quarantine*</td>
<td>No work restrictions or quarantine*</td>
<td>No work restrictions or quarantine*</td>
</tr>
<tr>
<td>Aerosol-generating procedure</td>
<td>No work restrictions or quarantine*</td>
<td>No work restrictions or quarantine*</td>
<td>No work restrictions or quarantine*</td>
<td>No work restrictions or quarantine*</td>
</tr>
</tbody>
</table>

1. This excludes HCW who are immunocompromised or had severe COVID-19 infection.
2. Testing should be performed on day 1, 2, 3 and 5, 6, 7.

* HCW should follow all **recommended infection prevention and control practices**, including wearing a face mask for source control while at work, monitoring themselves for **symptoms consistent with COVID-19** and not reporting to work when ill, and undergoing active screening for fever or **symptoms consistent with COVID-19** at the beginning of their shift. Any HCW who develop **symptoms consistent with COVID-19** should immediately self-isolate and contact their established point of contact, such as their occupational health program, to arrange for medical evaluation and testing.
## SCENARIO B: EXPOSED PATIENT

<table>
<thead>
<tr>
<th>Exposed patient was <strong>not wearing</strong> a face mask during exposure</th>
<th>Assess PPE worn by patient during exposure, such as face mask, N-95, face shield, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infected HCW was <strong>not wearing</strong> a face mask during exposure</td>
<td>Quarantine</td>
</tr>
</tbody>
</table>

**Determining PPE/Source Control Worn by Infected HCW:**

- **Face mask**
- **N-95 respirator**
- **Eye protection**
- **Face shield**

- Perform risk assessment to determine need for patient to quarantine. Anyone who had prolonged close contact (within 6 feet for at least 15 minutes) should be considered potentially exposed. The use of a face mask for source control and adherence to other recommended infection prevention and control measures, such as hand hygiene, by the HCW help to reduce the risk of transmission or severe illness.

- **Type of interaction** that occurred between the patient and infected provider
  
  An interaction involving manipulation or prolonged close contact with the patient’s eyes, nose, or mouth, such as dental cleaning, likely poses higher risk of transmission to the patient compared to other interactions, such as checking blood pressure.

- **Ventilation** of the space where interaction occurred
  
  A small room without negative pressure or frequent air exchanges per hour likely poses higher risk of transmission to the patient compared to a negative pressure room or room with frequent air exchanges per hour.

- **Face mask** worn by patient
  
  Patients not wearing a face mask would likely be at higher risk for infection compared to those that were wearing a face mask.

- **PPE worn by infected HCW**
  
  An HCW wearing a face mask or respirator and a face shield that extends below the chin might have had better source control than wearing only a face mask. Note that respirators with exhalation valves do not provide source control.

- **Symptoms of infected HCW** during the patient interaction
  
  The presence of symptoms such as cough may pose greater risk for transmission.

- **Current health status of patient**
  
  Is the patient currently admitted to a hospital or long-term care facility? These individuals, if infected, can be at higher risk for severe illness and have the potential to expose large numbers of individuals at risk for severe disease.
Rhode Island Department of Health (RIDOH) case investigators use this tool and the COVID-19 Isolation and Quarantine Calculator to assess who is a close contact of a person with COVID-19 in patient care settings.

In cases where outreach to a practice is not possible or is delayed, RIDOH encourages practices to use these two tools to identify those who have been in close contact with the person testing positive and should quarantine, or in cases of low risk, watch for symptoms.

RIDOH encourages practices to use these tools to identify and inform staff and patients who should quarantine and who should self-monitor for symptoms for 14 days from exposure.

RIDOH also encourages practices to download and use this spreadsheet to list potentially exposed staff and patients in the infectious period with their phone numbers and dates of birth, perform a risk assessment, and determine an action for each as noted below. Return completed spreadsheets to RIDOH.COVID19LineLists@health.ri.gov.

- High risk: quarantine
- Low to medium risk: inform or send letter to those who were near the infected person but do not meet the criteria to quarantine to self-monitor for symptoms for 14 days
  - Medical letter template: English | Spanish
  - Dental letter template: English | Spanish
- No risk: no action

A close contact must quarantine if the contact with a COVID-19-infected person occurred during the infected person’s infectious period.

- If the infected person had COVID-19 symptoms, the infectious period is two days before symptoms first appeared until they meet criteria to discontinue home isolation.
- If the infected person did not have COVID-19 symptoms, the infectious period is two days before the specimen collection date until they meet criteria to discontinue home isolation.

RIDOH Resources

- About COVID-19 Disease
- When do I need to isolation or quarantine for COVID-19?
- COVID-19 Quarantine and Isolation Guidance by Population
- COVID-19 Isolation and Quarantine Calculator
**REFERENCE**
CDC guidance – updated January 21, 2022


<table>
<thead>
<tr>
<th>Exposure</th>
<th>Personal Protective Equipment (PPE) used</th>
<th>Work Restriction for healthcare providers (HCP) who are up to date with all recommended COVID-19 vaccine doses or who have recovered from SARS-CoV-2 infection in the prior 90 days</th>
<th>Work Restriction for HCP who are not up to date with all recommended COVID-19 vaccine doses</th>
</tr>
</thead>
</table>
| **Higher-risk:** HCP who had prolonged\(^1\) close contact\(^2\) with a patient, visitor, or HCP with confirmed SARS-CoV-2 infection.\(^3\) | • HCP not wearing a respirator (or if wearing a facemask, the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask).\(^4\)  
• HCP not wearing eye protection if the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask.  
• HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure.\(^1\) | • In general, no work restrictions.\(^5\)  
• For those who have not recovered from SARS-CoV-2 infection in the prior 90 days, perform SARS-CoV-2 testing 24 hours after exposure and, if negative, again 5 to 7 days after the exposure.\(^6\)  
• Follow all recommended infection prevention and control practices, including wearing well-fitting source control, monitoring themselves for fever or symptoms consistent with COVID-19, and not reporting to work when ill or if testing positive for SARS-CoV-2 infection.  
• Any HCP who develop fever or symptoms consistent with COVID-19 should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing. | **Option 1:**  
• Exclude from work. HCP can return to work after day 7 following the exposure (day 0) if a viral test\(^6\) is negative for SARS-CoV-2 and HCP do not develop symptoms. The specimen should be collected and tested within 48 hours before the time of planned return to work (e.g., in anticipation of testing delays).  
**Option 2:**  
• Exclude from work. HCP can return to work after day 10 following the exposure (day 0) if they do not develop symptoms. Although the residual risk of infection is low, healthcare facilities could consider testing\(^6\) for SARS-CoV-2 within 48 hours before the time of planned return.  
**In addition to the above options:**  
• Follow all recommended infection prevention and control practices, including wearing well-fitting source control, monitoring themselves for fever or symptoms consistent with COVID-19, and not reporting to work when ill or if testing positive for SARS-CoV-2 infection.  
• Any HCP who develop fever or symptoms consistent with COVID-19 should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing. |
### Lower-risk: HCP with exposure risk other than those described as higher-risk above.

- N/A

- No work restrictions or testing.
- Follow all [recommended infection prevention and control practices](#), including monitoring themselves for fever or [symptoms consistent with COVID-19](#) and not reporting to work when ill.
- Any HCP who develop fever or [symptoms consistent with COVID-19](#) should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

- No work restrictions or testing.
- Follow all [recommended infection prevention and control practices](#), including monitoring themselves for fever or [symptoms consistent with COVID-19](#) and not reporting to work when ill.
- Any HCP who develop fever or [symptoms consistent with COVID-19](#) should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

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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. This could refer to a single 15-minute exposure to one infected individual or several briefer exposures to one or more infected individuals adding up to at least 15 minutes during a 24-hour period. However, the presence of extenuating factors (e.g., exposure in a confined space, performance of aerosol-generating procedure) could warrant more aggressive actions even if the cumulative duration is less than 15 minutes. For example, 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 SARS-CoV-2 infection or b) having unprotected direct contact with infectious secretions or excretions of the person with confirmed SARS-CoV-2 infection. Distances of more than 6 feet might also be of concern, particularly when exposures occur over long periods of time in indoor areas with poor ventilation.

3. Determining the time period when the patient, visitor, or HCP with confirmed SARS-CoV-2 infection could have been infectious:

   a. 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](#).
   b. For individuals with confirmed SARS-CoV-2 infection who never developed symptoms, determining the infectious period can be challenging. In these situations, collecting information about when the asymptomatic individual with SARS-CoV-2 infection may have been exposed could help inform the period when they were infectious.
      i. 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 SARS-CoV-2 infection, facemasks still confer some level of protection to HCP, which was factored into this risk assessment if the patient was also wearing a cloth mask or facemask.

May 9, 2022
5. Circumstances when work restriction might be recommended:

a. HCP are moderately to severely immunocompromised.
b. When directed by public health authorities (e.g., during an outbreak where SARS-CoV-2 infections are identified among HCP who have are up to date with all recommended COVID-19 vaccine doses)
   i. In the event of ongoing transmission within a facility that is not controlled with initial interventions, strong consideration should be given to use of work restriction of HCP with higher-risk exposures who are up to date with all recommended COVID-19 vaccine doses, including booster dose, as recommended by the Centers for Disease Control and Prevention (CDC). In addition, there might be other circumstances for which the jurisdiction’s public health authority recommends these and additional precautions.

6. Either an antigen test or NAAT can be used. Some people may be beyond the period of expected infectiousness but remain NAAT positive for an extended period. Antigen tests typically have a more rapid turnaround time but are often less sensitive than NAAT. In general, testing is not necessary for asymptomatic HCP who have recovered from SARS-CoV-2 infection in the last 90 days; however, if testing is performed on these HCP, an antigen test instead of a NAAT is recommended. Additional information about antigen tests and NAAT is available on CDC’s web page Testing | CDC.

Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic

(Updated: February 2, 2022)


Implement Universal Use of Personal Protective Equipment for HCP

If SARS-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history), HCP working in facilities located in counties with substantial or high transmission should also use PPE as described below:

- NIOSH-approved N95 or equivalent or higher-level respirators should be used for:
  - All aerosol-generating procedures (refer to Which procedures are considered aerosol generating procedures in healthcare settings?)
  - All surgical procedures that might pose higher risk for transmission if the patient has COVID-19 (e.g., that generate potentially infectious aerosols or involving anatomic regions where viral loads might be higher, such as the nose and throat, oropharynx, respiratory tract)
- Facilities could consider use of NIOSH-approved N95 or equivalent or higher-level respirators for HCP working in other situations where multiple risk factors for transmission are present. One example might be if the patient is unvaccinated, unable to use source control, and the area is poorly ventilated.
- Eye protection (i.e., goggles or a face shield that covers the front and sides of the face) should be worn during all patient care encounters.