**Exposure in the Healthcare Facility**

Individuals including health workers who have had an exposure to a COVID-19 patient should undergo monitoring and testing, based on their levels of exposure.

**I: Monitoring could be by:**

* ***Self-monitoring:*** healthcare worker monitors themselves for fever by taking their temperature twice a day and remain alert for respiratory symptoms (e.g., cough, shortness of breath, sore throat). Anyone on self-monitoring should be provided a plan for whom to contact if they develop fever or respiratory symptoms during the self-monitoring period to determine whether medical evaluation is needed.
* ***Active monitoring:*** the health facility assumes responsibility for monitoring exposed Healthcare workers to assess for the presence of fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat). This must be done at least once a day for *high-* or *medium-risk* exposures**.**
* **Close contact** for healthcare exposures is defined as follows:
	+ a) being within approximately 6 feet (2 meters), of a person with COVID-19 for a prolonged period of time (such as caring for or visiting the patient; or sitting within 6 feet of the patient in a healthcare waiting area or room); or
	+ b) having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).

**II. Defining Exposure Risk Category**

While body fluids other than respiratory secretions have not been clearly implicated in transmission of COVID-19, unprotected contact with other body fluids, including blood, stool, vomit, and urine, might put healthcare worker at risk of COVID-19.

***High-risk*** exposures refer to:

1. A HCW whose eyes, nose, or mouth were not protected and performed or were present in the room for procedures that generate aerosols or during which respiratory secretions are likely to be poorly controlled (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction) on patients with COVID-19.
2. A prolonged close contact with a COVID-19 patient who was not wearing a facemask and either;
* The HCW is not wearing any PPE
* The HCW is not wearing a medical mask or respiratory

***Medium-risk*** exposures generally include HCW who had prolonged close contact with patients with COVID-19 where HCW mucous membranes were exposed to material potentially infectious with the virus causing COVID-19. This could either be:

1. A healthcare worker who has prolonged close contact with a COVID-19 patient who was **WEARING** a facemask and;
* While the HCW was not wearing any PPE or;
* While the HCW was not wearing a medical mask or respirator
1. A HCW who has prolonged close contact with a COVID-19 patient who was **NOT WEARING** a facemask and the healthcare worker was not wearing eye protection.

These scenarios involve interactions with symptomatic patients who were not wearing a facemask for source control. Because these exposures do not involve procedures that generate aerosols, they pose less risk than that described under *high-risk*.

***Low-risk*** exposures generally refer to:

1. The HCW with brief interactions with patients with COVID-19
2. Prolonged close contact with patients who were **wearing** a facemask while:
* The HCW was wearing a medical mask or respirator.
* The HCW was not wearing eye protection
* The HCW was wearing all recommended PPE except that they were wearing a facemask instead of a respirator.
1. Prolonged close contact with a COVID-19 patient who was **not wearing** a facemask while:
* The HCW was not wearing gown or gloves
* The HCW was wearing all recommended PPE except that they were wearing a facemask instead of a respirator.

Use of eye protection, in addition to a facemask or respirator would further lower the risk of exposure.

**III. Recommendations for Monitoring Based on COVID-19 Exposure Risk**

1. ***High- and Medium-risk* Exposure Category**

**Healthcare worker in the *high- or medium-risk* category** should undergo quarantine with active monitoring and testing, including restriction from work in any healthcare setting until 14 days after their last exposure.

If they develop any fever (temperature >38.00c) OR respiratory symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat), they should immediately undergo further evaluation for treatment.

1. ***Low-risk* Exposure Category**

**Healthcare worker in the *low-risk* category** should perform self-monitoring under supervision until 14 days after the last potential exposure.

Asymptomatic healthcare worker in this category are not restricted from work. They should check their temperature twice daily and remain alert for respiratory symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat). They should ensure they are afebrile and asymptomatic before leaving home and reporting for work. If they do not have fever or respiratory symptoms they may report to work. If they develop fever (measured temperature > 38.0°C or subjective fever) OR respiratory symptoms they should immediately self-isolate (separate themselves from others) and notify their healthcare facility promptly so that they can undergo further evaluation.

If at any time, healthcare worker develops even mild symptoms consistent with COVID-19, they must cease patient care activities, don a facemask (if not already wearing one), and notify their supervisor or health facility.