



# Guidance Regarding Close Contacts Identified During a Contact Investigation

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This guidance is intended to assist with assessment of risk and application of work restrictions for asymptomatic staff who are identified as having close contact exposure to inmates or other staff with confirmed COVID-19.

Because of extensive and close contact with vulnerable individuals, the CDC recommends a conservative approach for monitoring staff working in congregate settings and applying work restrictions to prevent transmission from potentially contagious staff to inmates, other staff, and the community.

The DOC definition of **Close Contact** is an individual who, while NOT wearing PPE:

- ▶ Has been within approximately 6 feet of a COVID-19 case for ≥ 10 cumulative minutes **OR**
- ▶ Has had direct contact for any duration with infectious secretions of an individual with COVID-19 (e.g. coughed on, sneezed on, spit on, yelled at, or been present during an aerosolizing procedure)

## Guidance for Asymptomatic Staff Who Were Exposed to Individuals with Confirmed COVID-19

Exposure	Personal Protective Equipment Use	Work Restrictions
HARD CONTACT- Staff who had prolonged <sup>1</sup> <u>close contact</u> with an inmate, staff member, or visitor with confirmed COVID-19 <sup>2</sup>	<ul style="list-style-type: none"> <li>• Staff <b>not</b> wearing a medical mask<sup>3</sup> [OR]</li> <li>• Staff <b>not</b> wearing eye protection when the person with COVID-19 was not wearing a cloth face mask or medical mask [OR]</li> <li>• Staff not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing a nebulizer treatment, dental procedure, or other aerosolizing procedure.</li> </ul>	<ul style="list-style-type: none"> <li>• Exclude from work for 14 days after last exposure<sup>4</sup></li> <li>• Advise staff member to monitor themselves for fever or symptoms consistent with COVID-19<sup>5</sup></li> <li>• Any staff who develop symptoms consistent with COVID-19<sup>5</sup> should immediately arrange for testing</li> <li>• For staff who remain asymptomatic, recommend testing around day 7 after last exposure.</li> </ul>
SOFT CONTACT- Staff who had less than prolonged <sup>1</sup> <u>close contact</u> with an inmate, staff member, or visitor with confirmed COVID-19 <sup>2</sup>	<ul style="list-style-type: none"> <li>• Staff <b>not</b> wearing a medical mask<sup>3</sup> [OR]</li> <li>• Staff <b>not</b> wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or medical mask</li> </ul>	<ul style="list-style-type: none"> <li>• Staff may present for work</li> <li>• Follow infection prevention and control practices, including wearing a mask for source control while at work, monitoring themselves for fever or symptoms consistent with COVID-19<sup>5</sup> and not reporting to work when ill, and undergoing active screening for fever or symptoms consistent with COVID-19<sup>5</sup> at the beginning of their shift.</li> <li>• Any staff who develop symptoms consistent with COVID-19<sup>5</sup> should immediately arrange for testing.</li> </ul>
Staff other than those with exposure risk described above	N/A	<ul style="list-style-type: none"> <li>• No work restrictions</li> <li>• Any staff who develops fever or symptoms consistent with COVID-19<sup>5</sup> should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.</li> </ul>

Staff with travel or community exposures should inform their supervisor for guidance on need for work restrictions.

NOTE: This table is adapted from CDC Interim guidance for Healthcare workers: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html> and is subject to change as further information becomes available.

## **(continued: Guidance Regarding Close Contacts Identified During a Contact Investigation)**

### Footnotes:

1. Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Until more is known about transmission risks, in the correctional setting it is reasonable to consider an exposure of less than six feet for 10 minutes or more as prolonged. However, any duration should be considered prolonged if the infected person coughed, yelled, sang, spit; or if the exposure occurred during performance of an aerosol generating procedure such as a dental procedure or nebulizer treatment.
2. For individuals with confirmed COVID-19, consider the exposure window to begin 2 days before symptom onset or, if asymptomatic, 2 days prior to testing.
3. Medical masks include surgical-type masks or N95 respirators. Cloth face coverings used for source control and other non-medical dust masks are not considered PPE because their capability to protect staff is unknown.
4. If staffing shortages occur, it might not be possible to exclude all exposed staff from work. Asymptomatic staff may be authorized to work under specific conditions. For additional information and considerations refer to section II.q.iii.4 of the Response Plan for details
5. According to the CDC, 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]).