

## HEALTHCARE PERSONNEL (HCP) EXPOSURE TO COVID-19 CHECKLIST

SCREENING	Yes	No	Comments
<ul style="list-style-type: none"> <li>Does the center have a screening process in place for all employees, visitors, vendors, and volunteers?</li> </ul>			
EXPOSURE	Yes	No	Comments
<ul style="list-style-type: none"> <li>In the event of HCP <u>who had prolonged exposure*</u>, did the center complete the following if the HCP was not wearing a respirator or facemask, was not wearing eye protection, if the person with COVID-19 infection was not wearing a cloth mask or facemask, or HCP was not wearing all recommended PPE while performing an aerosol-generating procedure?               <ul style="list-style-type: none"> <li><input type="checkbox"/> Exclude HCP from work for 14 days after last exposure</li> <li><input type="checkbox"/> Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19</li> <li><input type="checkbox"/> Ensure the HCP immediately contacted their established point of contact (e.g., infection preventionist) to arrange for medical evaluation and testing if HCP developed fever or symptoms consistent with COVID-19</li> </ul> </li> </ul> <p><i>*Prolonged exposure defined as "prolonged close contact with a resident, visitor, or HCP with confirmed SARS-CoV-2 infection. "Prolonged" refers to a cumulative time period of 15 or more minutes during a 24-hour period. Any duration should be considered prolonged if the exposure occurred during an aerosol-generating procedure.</i></p> <ul style="list-style-type: none"> <li>In the event of HCP exposure, other than those with exposure risk described above, did the center complete the following?               <ul style="list-style-type: none"> <li><input type="checkbox"/> No work restrictions</li> <li><input type="checkbox"/> Follow all recommended infection prevention and control practices (including wearing a facemask for source control while at work) and monitor themselves for fever or symptoms consistent with COVID-19 at the beginning of their shift</li> <li><input type="checkbox"/> Ensure the HCP immediately self-isolated and contacted their established point of contact (i.e., infection prevention) to arrange for medical evaluation and testing if HCP developed fever or symptoms consistent with COVID-19</li> </ul> </li> </ul>			

## HEALTHCARE PERSONNEL (HCP) EXPOSURE TO COVID-19 CHECKLIST

<ul style="list-style-type: none"> <li>• Did the center complete the following? <ul style="list-style-type: none"> <li><input type="checkbox"/> Maintain a record of HCP exposed to individuals with suspected COVID-19</li> <li><input type="checkbox"/> Consider applying work restrictions if test results for the individual are not expected to return within 48 to 72 hours</li> <li><input type="checkbox"/> Apply work restrictions if test results were delayed more than 72 hours or if the person the HCP was exposed to tested positive</li> </ul> </li> <li>• Is there evidence HCP with travel or community exposures informed their infection preventionist for guidance on needed work restrictions?</li> <li>• Is there documentation the center attempted to determine the time period* when the resident, visitor, or HCP with confirmed COVID-19 infection could have been infectious?</li> </ul> <p><i>*For individuals with confirmed COVID-19 who developed symptoms, consider the exposure window to be two (2) days before symptom onset through the time period when the individual meets criteria for discontinuation of transmission-based precautions. If the date of exposure cannot be determined, although the infectious period could be longer, it is reasonable to use a starting point of two (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.</i></p> <ul style="list-style-type: none"> <li>• If the resident, visitor, or HCP tested positive, did the center notify the appropriate state, local health departments?</li> </ul>			
<b>TESTING</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
<ul style="list-style-type: none"> <li>• Did the center ensure completion of a viral test immediately for anyone with symptoms of COVID-19 (regardless of vaccination status)?</li> <li>• In the event of an outbreak, did the center immediately implement testing of HCP and residents (regardless of vaccination status) that previously tested negative until no new cases are identified?</li> <li>• Did the center immediately test and restrict staff with signs/symptoms of COVID-19 (vaccinated or unvaccinated) from the center pending results of testing?</li> </ul> <p><i>Note: Staff who do not test positive but have symptoms should follow center policies to determine when they can return to work.</i></p>			

## HEALTHCARE PERSONNEL (HCP) EXPOSURE TO COVID-19 CHECKLIST

<ul style="list-style-type: none"> <li>• Did the center immediately test residents with signs/symptoms of COVID-19 (vaccinated or unvaccinated)?</li> <li>• Did the center place residents with signs/symptoms on transmission-based precautions in accordance with CDC guidance? <i>Note: Once test results are obtained, the center must take the appropriate actions based on the results.</i></li> <li>• Did asymptomatic HCP or residents with a higher-risk exposure or residents with prolonged close contact with someone with COVID-19 (regardless of vaccination status) have a series of two viral tests for SARS-CoV-2 infection? <i>Note: In these situations, testing is recommended immediately and 5-7 days after exposure.</i></li> <li>• Did the center ensure expanded screening testing of asymptomatic HCP as follows? <i>Note: Fully vaccinated HCP may be exempt from expanded screening testing. However, per recommendations, vaccinated HCP should have a viral test if the HCP is symptomatic, has a higher-risk exposure, or is working in a center experiencing an outbreak.</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Did the center routinely test unvaccinated staff based on the extent of the virus in the community? <i>Note: Fully vaccinated staff do not have to be routinely tested.</i></li> <li><input type="checkbox"/> Did the center monitor their county positivity rate every other week and adjust the frequency of performing staff testing according to the table below? <i>Note: If the county positivity rate increases to a higher level of activity, the center should begin testing staff at the frequency shown in the table above as soon as the criteria for the higher activity are met. If the positivity rate decreases to a lower level of activity, the center should continue testing staff at the higher frequency level until the county positivity rate has remained at the lower activity level for at least two weeks before reducing testing frequency. Center may consider testing asymptomatic residents who leave the center frequently, such as for dialysis or chemotherapy.</i></li> </ul> </li> </ul> <p><b>NOTE:</b> Routine testing of asymptomatic residents is not recommended unless prompted by a change in circumstances such as identification of a confirmed COVID-19 case in the center.</p>			
--	--	--	--

## HEALTHCARE PERSONNEL (HCP) EXPOSURE TO COVID-19 CHECKLIST

Community COVID-19 Activity	County Positivity Rate in past week	Minimum Testing Frequency of Unvaccinated Staff			
Low	<5%	Once/month			
Medium	5%-10%	Once/week			
High	>10%	Twice/week			
<b>CONTACT TRACING</b>			<b>Yes</b>	<b>No</b>	<b>Comments</b>
<ul style="list-style-type: none"> <li>Did the center collaborate with the local health department on contact tracing for exposed individuals?</li> <li>Did the center implement a log to record when staff going in and out of resident rooms and any resident movement throughout the center or out of center if necessary?</li> </ul>					
<b>PRECAUTIONS</b>			<b>Yes</b>	<b>No</b>	<b>Comments</b>
<ul style="list-style-type: none"> <li>Did the center consider increasing monitoring of all residents from daily to every shift to detect more rapidly those with new symptoms?</li> <li>Are HCP caring for residents using an N95 or higher-level respirator, eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown?</li> <li>Are residents generally restricted to their rooms and serial SARS-CoV-2 testing performed?</li> <li>Has consideration been given to halting group social activities and communal dining? <ul style="list-style-type: none"> <li><input type="checkbox"/> If these activities must continue for uninfected residents, are they conducted using source control and physical distancing for all participants?</li> </ul> </li> <li>Is the center following CMS guidance about visitation?</li> <li>Have residents who have had close contact with someone with COVID-19 infection been placed in quarantine for 14 days after their exposure?</li> <li>Has the center considered CDC recommendations for alternative options to 14-day quarantine?  <i>Note: Quarantine can end after Day 10 without testing and if no symptoms have been reported during daily monitoring. With this strategy, residual post-quarantine transmission risk is estimated to be about 1% with an upper limit of about 10%. When diagnostic testing resources are sufficient and available, then quarantine can end after Day 7 if a</i> </li> </ul>					

## HEALTHCARE PERSONNEL (HCP) EXPOSURE TO COVID-19 CHECKLIST

<i>diagnostic specimen tests negative and if no symptoms were reported during daily monitoring – the specimen may be collected and tested within 48 hours before the time of planned quarantine discontinuation (e.g., in anticipation of testing delays), but quarantine cannot be discontinued earlier than after Day 7.</i>			
<b>DISCONTINUING PRECAUTIONS</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
<ul style="list-style-type: none"> <li>Did the center utilize symptom-based strategy (preferred over test-based strategy) for deciding when the discontinue transmission-based precautions?</li> </ul>			
<b>RETURN TO WORK FOR HCP</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
<ul style="list-style-type: none"> <li>Did the center utilize symptom-based strategy for return to work (preferred over test-based strategy)? <ul style="list-style-type: none"> <li><input type="checkbox"/> Mild to moderate illness who are not severely immunocompromised: <ul style="list-style-type: none"> <li>At least 10 days have passed since symptoms first appeared; and</li> <li>At least 24 hours have passed since last fever without the use of fever-reducing medications; and</li> <li>Symptoms (e.g., cough, shortness of breath) have improved</li> </ul> </li> <li><input type="checkbox"/> HCP who were asymptomatic throughout their infection and are not severely immunocompromised <ul style="list-style-type: none"> <li>At least 10 days have passed since the date of their first positive viral diagnostic test</li> </ul> </li> <li><input type="checkbox"/> HCP with severe to critical illness or who are severely immunocompromised <ul style="list-style-type: none"> <li>At least 10 days and up to 20 days have passed since symptoms first appeared; and</li> <li>At least 24 hours have passed since last fever without the use of fever-reducing medications; and</li> <li>Symptoms (e.g., cough, shortness of breath) have improved; and</li> <li>Consider consultation with infection control experts</li> </ul> </li> </ul> </li> </ul>			

## HEALTHCARE PERSONNEL (HCP) EXPOSURE TO COVID-19 CHECKLIST

<p><i>Note: HCP who are severely immunocompromised may produce replication-competent virus beyond 20 days after symptom onset or, for those who were asymptomatic throughout their infection, the date of their first positive viral test. Consultation with infectious disease specialists is recommended. Use of a test-based strategy, in consultation with occupational health, for determining when these HCP may return to work could be considered.</i></p> <ul style="list-style-type: none"> <li>• After returning to work, did the center ensure that HCP self-monitored for symptoms, and seek re-evaluation from infection preventionist if symptoms recur or worsen as well as continuing center screening procedures?</li> </ul>			
--	--	--	--