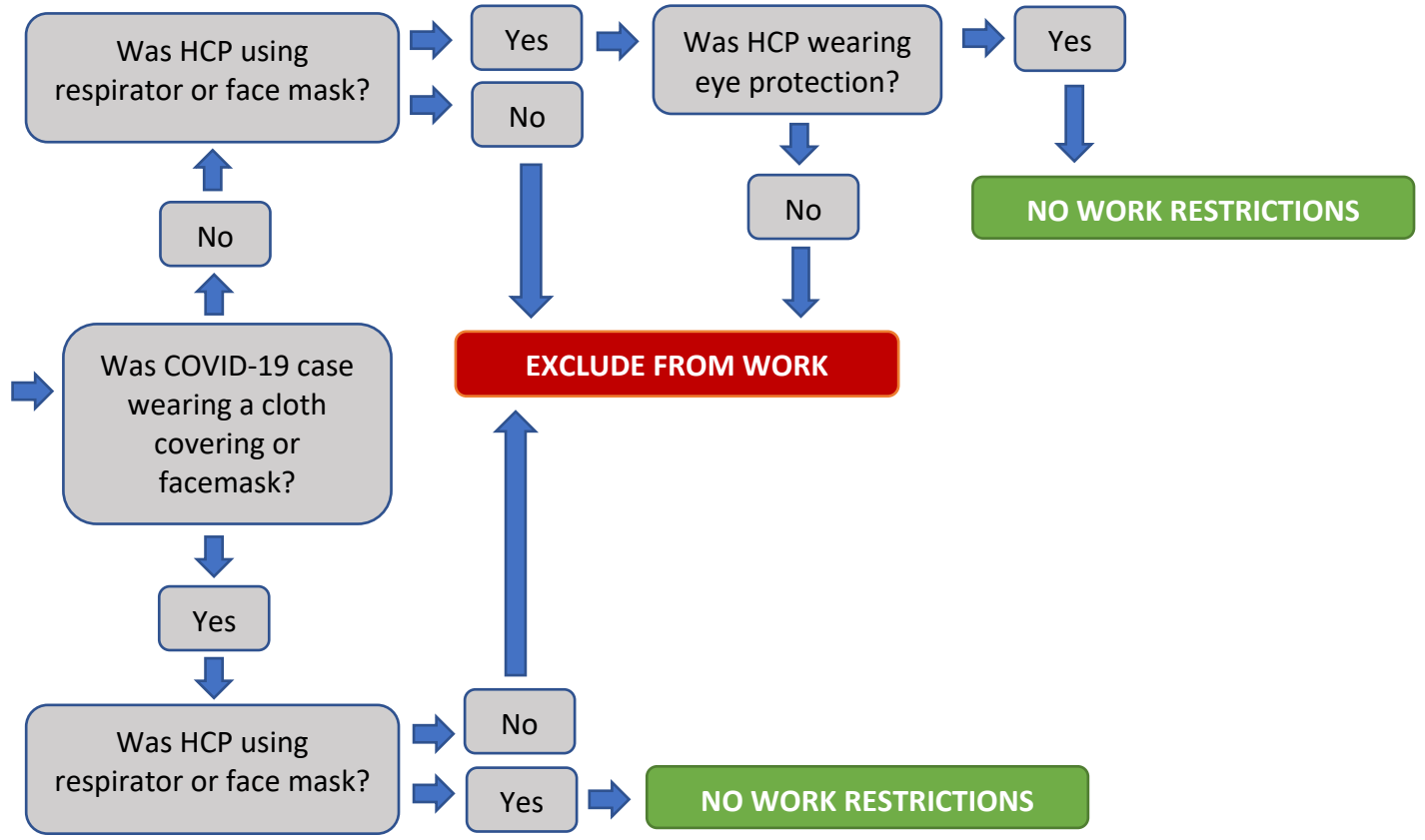
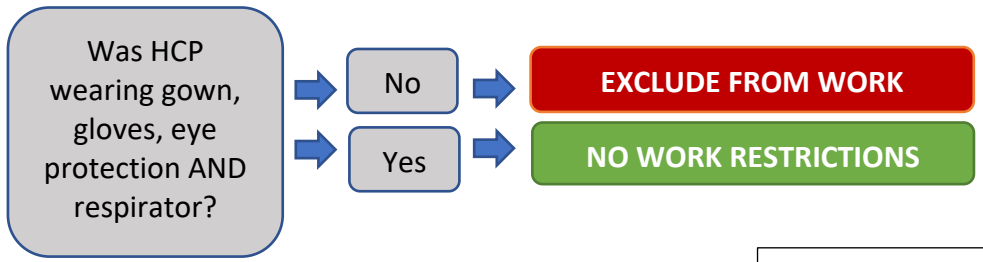


NJDOH Healthcare Personnel (HCP)^ EXPOSURE to Confirmed COVID-19 Case Risk Algorithm

HCP who have **PROLONGED CLOSE CONTACT** with confirmed COVID-19 patient, visitor, or other HCP (e.g. 15 cumulative minutes of exposure at a distance of less than 6 feet to an infected person during a 24-hr period) **OR** having **UNPROTECTED DIRECT CONTACT WITH INFECTIOUS SECRETIONS OR EXCRETIONS** of a confirmed case



HCP who was present in the room for any period of time with an aerosol-generating procedure ^^



HCP who had ANY other exposure other than those listed above



See back for monitoring and additional recommendations →

Work Restrictions*	Additional Recommendations**
EXCLUDE FROM WORK	<ul style="list-style-type: none"> • Exclude from work for 14 days from most recent exposure to COVID-19. • Advise HCP to monitor themselves for fever or <u>symptoms consistent with COVID-19</u>. • Any HCP who develop fever or <u>symptoms consistent with COVID-19</u> should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.
NO WORK RESTRICTIONS	<ul style="list-style-type: none"> • Follow all <u>recommended infection prevention and control practices</u>, including wearing a facemask for source control while at work, monitoring themselves for fever or <u>symptoms consistent with COVID-19</u> and not reporting to work when ill, and undergoing active screening for fever or <u>symptoms consistent with COVID-19</u> at the beginning of their shift. • Any HCP who develop fever or <u>symptoms consistent with COVID-19</u> should cease patient care activities, keep their facemask on, immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

^For this guidance, CDC defines HCP as all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. For this document, HCP does not include clinical laboratory personnel.

^^Procedures likely to generate aerosols include but are not limited to cardiopulmonary resuscitation; endotracheal intubation and extubation; bronchoscopy; sputum induction; manual ventilation; suctioning of airways; high flow oxygen delivery; and nebulizer administration. It is uncertain whether aerosols generated during high flow oxygen delivery and nebulizer administration are infectious. Until additional data are available, full Transmission Based Precautions should be used for these procedures in patients with COVID-19.

*If staffing shortages occur, it might not be possible to exclude exposed HCP from work. For additional information and considerations refer to CDC’s [Strategies to Mitigating HCP Staffing Shortages](#).

Healthcare facilities should determine close contact(s) within the facility for all laboratory confirmed COVID-19 cases. Identification should begin at 48 hours prior to symptom onset, or specimen collection for asymptomatic cases. **NJDOH considers close contact to be 15 cumulative minutes of exposure at a distance of less than 6 feet to an infected person during a 24-hour period.

NOTE: This document is meant to be a supplement to the CDC’s [Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](#). Guidance may be subject to change as new information becomes available. For more information please visit the New Jersey Department of Health COVID-19 page (<https://www.nj.gov/health/cd/topics/ncov.shtml>) or CDC’s website for healthcare professionals (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>).