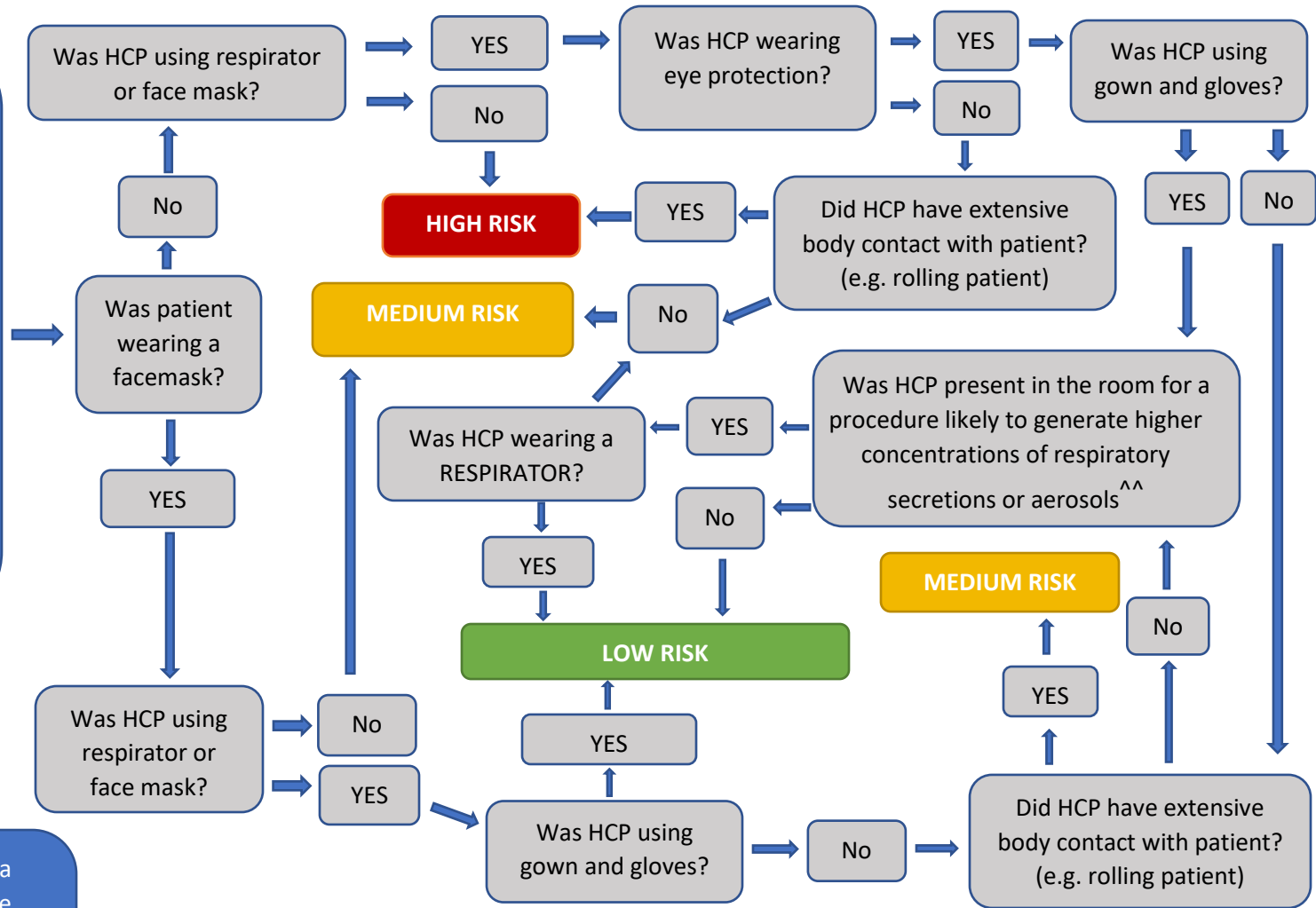
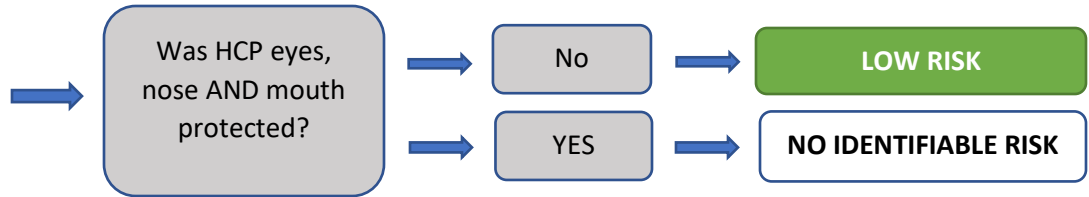


NJDOH Healthcare Personnel (HCP)^ EXPOSURE to Confirmed COVID-19 Case Risk Algorithm

HCP who have **PROLONGED CLOSE CONTACT** with patient (e.g. within 6 feet for over 1-2 minutes) OR having **UNPROTECTED DIRECT CONTACT WITH INFECTIOUS SECRETIONS OR EXCRETIONS** of the patient



HCP who had brief interactions with a patient such as conversations at triage, briefly entering patient room but not having direct contact with the patient or patient's secretions/excretions, or entering patient room immediately after discharge



HCP who walk by a patient or who have no direct contact with the patient or their secretions/excretions and no entry into the patient room



See back for monitoring and work restriction recommendations

(CONTINUED) NJDOH HCP EXPOSURE to Confirmed COVID-19 Case Risk Assessment

Risk Exposure Category	Recommended Monitoring*	Work Restrictions for Asymptomatic HCP**
HIGH RISK	ACTIVE Monitoring until 14 days after the last potential exposure	Exclude from work for 14 days after last exposure
MEDIUM RISK	ACTIVE Monitoring until 14 days after the last potential exposure	Exclude from work for 14 days after last exposure
LOW RISK	SELF-MONITORING with delegated supervision until 14 days after the last potential exposure	NONE
NO IDENTIFIABLE RISK	NONE	NONE

^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 higher concentrations of respiratory secretions or aerosols include, but are not limited to, cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, or sputum induction.

* If during monitoring the person develops any fever (measured temperature ≥ 100.0 °F or subjective fever) OR respiratory symptoms consistent with the 2019 Novel Coronavirus infection (e.g. cough, shortness of breath, sore throat) they should immediately self-isolate (separate themselves from others) and promptly notify their local or state public health authority and healthcare facility for further evaluation.

**In situations of suspected community transmission facilities could consider allowing asymptomatic HCP who have had an exposure to a COVID-19 patient to continue to work after options to improve staffing have been exhausted and in consultation with their occupational health program. These HCP should still report temperature and absence of symptoms each day prior to starting work. Facilities could have exposed HCP wear a facemask while at work for the 14 days after the exposure event if there is a sufficient supply of facemasks. If HCP develop even mild symptoms consistent with COVID-19, they must cease patient care activities immediately and don a facemask.

NOTE: This document is meant to be a supplement to the CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with 2019 Novel Coronavirus (2019-nCoV). Guidance may be subject to change as new information becomes available. For more information please visit the NJDOH COVID-19 page (<https://www.nj.gov/health/cd/topics/ncov.shtml>) or CDC's COVID-19 website for healthcare professionals (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>)