

Contact Investigations for COVID-19

Frequently Asked Questions

What happens when staff is exposed to a patient or co-worker with COVID-19?

What is a COVID-19 exposure?

An exposure is defined as a health care worker (HCW) who had prolonged close contact with a patient, visitor, or HCW with confirmed COVID-19, including during the 48 hours prior to symptom onset.

Close contact is defined as being within approximately 6 feet of a person with COVID-19 for a prolonged period (15 minutes or more) **or** having unprotected direct contact with infectious secretions or excretions of the patient. Risk is assessed based on if the source patient/employee was masked and the PPE worn by the HCW. More details about risk categories can be found in the [Guidance for Employees Exposed to COVID-19](#).

How do we know who was exposed? What is a contact investigation?

When staff are exposed to a patient or co-worker with COVID-19, Infection Prevention (IP) initiates a process whereby staff are provided follow-up to ensure they have not become infected with COVID-19. The process is referred to as a contact investigation.

What is the contact investigation process?

The basic steps of a contact investigation for staff exposed to a patient or co-worker with COVID-19 include:

1. **Notification** – Infection Prevention (IP) is notified of positive COVID-19 cases through labs reports, clinical team reporting or Employee Health.
2. **Interview** – In the case of an ill staff member*, Employee Health will notify and interview the employee. They are asked what symptoms they developed and when (to determine symptom onset date), what days they worked and what PPE they wore. They are also asked if they worked with any patients or other staff members, especially those they had interactions within 6 feet and greater than 15 minutes.

**Staff members have a right to privacy and their health information is HIPAA protected. It is important to maintain confidentiality and their information will only be discussed with the employee themselves, IP, Employee Health and their manager. This information will not be disclosed to other staff members.*
3. **Investigation** – Contact investigations for COVID-19 start two days prior to symptom onset. IP staff will gather information from the department supervisor, the patient/staff member, and/or the patient's record to identify staff and patients who meet the criteria for a "high risk" exposure.
4. **Risk Assessment** – Based on risk factors like time, distance, PPE (mask) worn and/or procedures performed, HCW that were exposed are placed into different risk categories. More details about risk categories can be found in the [Guidance for Employees Exposed to COVID-19](#)

Contact Investigations for COVID-19 Frequently Asked Questions

5. **Work Restrictions** – IP staff will provide the Employee Health Nurses and department supervisors of a list of staff with “high risk” who need follow-up. Staff with high risk exposures will be restricted from work for 14 days after the day of their exposure and tested for COVID-19 at base line. If they become symptomatic within that 14 days, they will be retested.

How do we prevent the transmission of COVID-19 in the health care setting?

1. Universal masking and transmission-based precautions
2. Early isolation of the patient or staff member with COVID-19 or suspected COVID-19
3. Staff self-attestation and screening upon entering SCCA

What risk factors affect the likelihood of transmission?

The definition of a ‘high risk exposure’ is depends on the following factors:

- **Time** exposed to the patient
- **Proximity** of the contact
- **Use of control measures** at the time of exposure. Examples of control measures include:
 - Staff wearing a mask and/or eye protection
 - Masking the patient/staff with suspected or confirmed COVID-19
 - Performing aerosol generating procedure with a respirator and in a negative pressure room

Who is notified of an exposure?

Those with low, medium or high risk exposures are notified.

Are staff with low risk exposure tested?

No, those with low risk exposures are not tested. Testing is prioritized for those with symptoms of COVID-19 and those with high risk exposures. In addition, testing directly after an exposure may not yield accurate test results. The incubation period can range from 2 to 14 days and if tested too early it is possible that you could go on to later develop an infection. It is why it is important to continuously monitor for symptoms, stay home when ill and complete the [online symptom survey](#) to be tested right away should you develop symptoms

Are areas cleaned after an exposure?

Office spaces and non-clinical areas are cleaned post exposure. The clinic, including high touch surfaces are cleaned frequently with disinfectant to prevent contamination. Housekeeping utilizes various methods of disinfecting a space, some are quicker than others so it’s possible that an area is cleaned prior to anyone noticing.

Resources for Additional Information

- CDC, Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19, Updated June 18, 2020; <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
- Washington State Department of Health, What to do if you were potentially exposed to someone with COVID-19, Updated June 29, 2020; <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVIDExposed.pdf>