



COVID-19 Exposure Investigation and Response at Outpatient Facilities

Updated Nov 13, 2020 / Published Dec 16, 2020

AUDIENCE: Outpatient offices and clinics, including centers providing urgent care, dialysis, day surgery, dental care, or other forms of outpatient healthcare.

BACKGROUND: COVID-19 exposures continue to occur among staff and patients of outpatient healthcare facilities. This document outlines the approach that outpatient facilities should take to investigate and respond when COVID-19 exposures occur.

Definitions

- **Aerosol-generating procedure** = procedures that are more likely to generate higher concentrations of infectious respiratory aerosols than coughing, sneezing, talking, or breathing
- **Case** = a confirmed or probable case as defined by CDC criteria. This may be a patient, visitor or another health care professional (HCP)
- **Close contact** = being within **6 feet of a case for a cumulative 15 minutes or more over 24 hours** (excludes HCP who wore designated PPE as outlined in table); or being within 6 feet for any duration of time if the exposure occurred during an aerosol-generating procedure without appropriate PPE; or having unprotected direct contact with infectious secretions or excretions of the case.
- **Infectious Period for symptomatic case** = from 48 hours prior to symptom onset, until criteria for discontinuing transmission-based precautions have been met (typically, at least 10 days from symptom onset and 24 hours without fever and symptoms improving; longer for severe or immune compromised cases).
- **Infectious Period for never-symptomatic case** = from 48 hours prior to the date of the positive RT-PCR test, until criteria for discontinuing transmission-based precautions have been met (typically, at least 10 days from the date of the positive RT-PCR test).
- **Facemask** = Surgical face mask (distinguished from a cloth face covering).
- **Outbreak** = 3 cases who live in different households with symptom onset within 14 days of each other (CDPH community setting outbreak definition)
- **Respirator** = Fit-tested filtering facepiece device such as N95 mask; or greater protection.
- **Symptoms consistent with COVID-19** = see CDC list.

For questions, contact the Communicable Disease Reporting line (24 hours a day, 7 days a week): 415-554-2830 and select options to report a case of COVID from a health care facility.



Identification and Management of Contacts

For exposed Health Care Professionals (HCP) refer to: CDC Guidance for Asymptomatic HCP Who Were Exposed to Individuals with Confirmed COVID-19			
Case	HCP exposed	Work Restrictions	Test
Case with infectious COVID-19 wearing a cloth face covering or face mask (covering mouth and nose)	Health care professional (HCP) in close contact (at least 15 min within 6 feet) and not wearing all recommended PPE: 1. face mask	<p>Optimal: Exclude from work for 14 days after last exposure</p> <p>If staffing shortages do not safely permit exclusion: HCP may continue to work provided they remain asymptomatic, actively screen daily for fever and COVID-19 symptoms before work, and follow all recommended infection prevention & control practices at work.</p>	<p>Consider testing during the 14-day post-exposure period.</p> <p><i>(Timing is not established; CDPH has suggested testing at 3-5 days post-exposure and repeat every 3-5 days during quarantine period depending on availability and turn-around)</i></p>
Case with infectious COVID-19 was not wearing a cloth face covering or facemask	HCP in close contact (at least 15 min within 6 feet) and not wearing all recommended PPE: 1. face mask 2. eye protection		
Secretions or excretions from a case were handled or splashed on exposed mucous membranes during infectious period	HCP did not perform hand hygiene after handling secretions and/or did not use all required PPE: 1. face mask 2. eye protection 3. gown 4. gloves		
Case undergoing aerosol-generating procedure during infectious period	HCP present at any time during procedure (within 6 feet) who were not wearing all recommended PPE: 1. Gown 2. gloves 3. eye protection 4. N-95 respirator		



For exposed Health Care Professionals (HCP) refer to: CDC Guidance for Asymptomatic HCP Who Were Exposed to Individuals with Confirmed COVID-19			
Any other type of case - HCP interaction: does not constitute an exposure		May continue at work, while following all recommended infection prevention and control practices, and actively screening for fever and COVID-19 symptoms before work	No specific recommendation
For exposed community members (i.e. patients, visitors) refer to: CDC Guidance for Community-Related Exposure			
Case	Patient / Visitor exposed	Quarantine	Test
Any case with infectious COVID-19	Patient/visitor (with or without face covering) in close contact (at least 15 min within 6 feet)	<p>Optimal: Remain home for 14 days from last exposure, if remaining asymptomatic.</p> <p>For non-elective medical care: maintain separation from other patients (ideally in a separate room or separate facility) and utilize full PPE throughout 14-day quarantine period</p>	<p>Offer testing or refer for testing.</p> <p>If asymptomatic, test at two time-points: immediately and near end of quarantine (day 10-14). Test immediately if symptoms develop during quarantine.</p>

- All HCP with exposures should monitor themselves for fever or symptoms consistent with COVID-19.
- Any HCP who develops fever or symptoms consistent with COVID-19 should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.
- For HCP in row 1-4 above, viral testing during the 14-day post-exposure period can be considered to more quickly identify pre-symptomatic or asymptomatic HCP who could contribute to SARS-CoV-2 transmission. Utility will depend in part on test turn-around time. It should be noted that exposed individuals can test negative because they are very early in their infection when their sample is collected. In such situations, they could test positive later and transmit the virus to others; for this reason, repeat testing could be considered. Also, when



there is SARS-CoV-2 transmission occurring in the community, positive tests in HCP do not necessarily indicate transmission due to exposures in the workplace.

Notifications and Reporting

Exposure of Patients, Visitors, and HCP Staff

Following any exposure to someone with confirmed COVID-19 at the facility:

- The facility is responsible for identifying patient, visitors, and HCP staff who were exposed.
- The nature of the exposure and the level of risk should be explained, along with any testing recommendations. HCP staff should be informed about work restrictions at the facility.
- Exposed individuals should be instructed to quarantine per San Francisco Health Officer Quarantine Directive (see <https://www.sfdph.org/dph/alerts/coronavirus-health-directives.asp> – Quarantine). A packet of [Home Isolation & Quarantine Guidelines](#) is to be given to exposed persons and can be accessed in multiple languages.

Reporting to the Local Health Department

Following any exposure to someone with confirmed COVID-19 at the facility:

- Call 415-554-2830 to report the exposure as required per San Francisco Health Officer Ambulatory Care Directive (see <https://www.sfdph.org/dph/alerts/coronavirus-health-directives.asp> - Ambulatory Care, Counseling, and Healing Arts).

Management of Facility

Management of Areas Where Exposure Occurred

The facility should undergo routine cleaning and disinfection following notification that an exposure occurred (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html> and <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dialysis.html>)

Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19. Refer to [List N](#) on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.

See CDC guidance on [how long an exam room should remain empty after being occupied by someone with COVID-19](#)

Sources

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html> (6/18/20)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-healthcare-personnel.html> (7/17/20)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/dialysis.html#identifying-outbreaks-within-dialysis-facility> (8/24/2020)



Management of Index Case and Contacts

Patient or Visitor is COVID-19 positive

1. Gather data

- Case name, date of birth, symptom onset (if applicable) and COVID test date and result
- Was the COVID-positive patient or visitor present in the facility during their infectious period?
- Did any patients, visitors, or staff meet the definition for prolonged close contact?
- What PPE were staff wearing during exposure?

2. **Isolate:** Isolate patient or visitor with COVID symptoms or a positive test until [transmission-based precautions](#) can be discontinued.

3. **Report:** Report to DPH any patient or visitor who was physically present in your outpatient facility (such as a for a dialysis session or dental cleaning), and your investigation of any close contact that may have occurred, by calling 415-554-2830

4. Notify close contacts (staff, patients, visitors):

- Contact advisory: describe the date/location of the exposure, identifying the recipient as a close contact, and provide [instructions for quarantine](#).
- If the contact is an essential worker and will continue to work, include instructions regarding enhanced monitoring, and criteria that must be met in order to continue to work on-site during 14-day incubation period.

5. Quarantine / exclude from site (for asymptomatic contacts):

- Optimal management: exposed employees, patients and/or visitors quarantine at home
- If staffing shortages do not safely permit staff exclusion from work: Exposed employees may work while waiting for results provided that they remain asymptomatic, actively screen daily for fever and COVID-19 symptoms before work, and follow all recommended infection prevention & control practices at work.
- If necessary medical care must be delivered to a patient who is a contact, utilize full PPE

6. **Test:** Consider testing close contacts who are employees and/or patients. Refer visitors for testing.

One staff member is COVID-19 positive

1. Gather data

- Employee name, date of birth, symptom onset (if applicable) and COVID test date and result
- Define the infectious period (starts 2 days prior to symptom onset, or two days prior to positive test for those who are asymptomatic).
- What dates did the employee work while infectious?
- For which patients did the employee provide care?
- Was the employee masked the entire time?
- Where did the employee eat lunch or take breaks?
- Did the employee carpool with other employees?



2. **Isolate:** Isolate staff member with COVID symptoms or a positive test until [transmission-based precautions](#) can be discontinued and they can [return to work](#).
3. **Report:** If any exposures meet criteria for a close contact, report to DPH: 415-554-2830
4. **Notify close contacts (staff, patients, visitors):**
 - Contact advisory: describe the date/location of the exposure, identifying the recipient as a close contact, and provide [instructions for quarantine](#).
 - If the contact is an essential worker and will continue to work, include instructions regarding enhanced monitoring, and criteria that must be met in order to continue to work on-site during 14-day incubation period.
5. **Quarantine / exclude from site (for asymptomatic contacts):**
 - Optimal management: exposed employees, patients and/or visitors quarantine at home
 - If staffing shortages do not safely permit staff exclusion from work: Exposed employees may work while waiting for results provided that they remain asymptomatic, actively screen daily for fever and COVID-19 symptoms before work, and follow all recommended infection prevention & control practices at work.
 - If necessary medical care must be delivered to a patient who is a contact during their quarantine period, utilize full PPE
6. **Test:** Consider testing close contacts who are employees and/or patients. Refer visitors for testing.

More than one staff member (or frequently attending patient) is COVID-19 positive

1. **Gather data**
 - Create a line list of all positive employees & patients and submit to public health
 - What are the dates of symptom onset and testing for the cases?
 - For which patients did the COVID-19 positive employees provide care?
 - For COVID-19 positive patient, which staff, other patients and visitors were they near while masked or unmasked?
 - Were the employees masked the entire time while working? During breaks, carpools, etc?
 - Do COVID-19 positive staff have close contact with each other within the facility but NOT outside the facility (suggests possible facility-based transmission)?
2. **Isolate:** Isolate staff members and patients with COVID symptoms or a positive test until [transmission-based precautions](#) can be discontinued and they can [return to work](#).
3. **Report:** for any situation when multiple employees are COVID-19 positive, or facility-based transmission is suspected, report to DPH: 415-554-2830
4. **Notify close contacts (staff, patients, visitors):**
 - Contact advisory: describe the date/location of the exposure, identifying the recipient as a close contact, and provide [instructions for quarantine](#).



- If the contact is an essential worker and will continue to work, include instructions regarding enhanced monitoring, and criteria that must be met in order to continue to work on-site during 14-day incubation period.
- 5. Quarantine / exclude from site (for asymptomatic contacts):**
- Optimal management: exposed employees, patients and/or visitors quarantine at home. Reschedule non-urgent visits and procedures if needed to allow quarantining of exposed staff
 - If staffing shortages do not safely permit staff exclusion from work: Exposed employees may work while waiting for results provided that they remain asymptomatic, actively screen daily for fever and COVID-19 symptoms before work, and follow all recommended infection prevention & control practices at work.
 - If necessary medical care must be delivered to a patient who is a contact during their quarantine period, utilize full PPE. For suspected dialysis center outbreaks, consider using full PPE for all patients.
- 6. Test:** Test close contacts, and repeat surveillance testing every 5-7 days for 28 days for employees and any regularly returning patients (such as dialysis patients) who were exposed. Consider facility-wide testing. Refer any visitors who were close contacts for testing.