

Guidance for Managing Potential Patient Exposure to COVID-19

Purpose: To provide guidance on how to manage patients in a multi-bed room when exposed to COVID19 positive patient or when a patient is in close contact* with healthcare personnel (HCP), another patient, or a person in the community who tests positive for COVID19

For patients who test positive for COVID, refer to the Guidelines for COVID Isolation and Retesting located on the COVID resource page https://www.ynhhs.org/-/media/Files/YNHHS/covid_employees/Inpatient/General/COVID-Isolation-and-Retesting-051121.ashx

Exposed Patients:

Patients are considered exposed if:

- In a multi-bed room for more than 2 hours with a COVID positive roommate or any amount of time if an aerosol generating procedure was performed (as outlined in PPE policy) during the COVID positive patient's infectious period**
- In close contact* with a person with COVID-19 (i.e., HCP, another patient, household member, person in the community) where both individuals are unmasked during the COVID-19 positive person's infectious period**
- Immunocompromised*** and in close contact* to a person with COVID19 during their infectious period**irrespective of whether COVID-19 positive person or contact was wearing a mask

EXEMPTION: Patients who have tested positive for and recovered from SARS-CoV-2 in the last 90 days do not require quarantine nor testing

Actions for Exposed Inpatients (regardless of vaccination status)

- 1) Move patient to a private room and keep door closed or close the other beds in a multi-bed room. Patient does not need to move to a space designated for COVID patients.
- 2) Place Isolation Reason of "Quarantine- Exposed COVID" in the banner
- 3) Place patient on COVID isolation with isolation sign at door ("What I Need" Sign)
- 4) Consider post-exposure prophylaxis- coordinate with Pharmacy to determine eligibility for monoclonal antibody therapy
- 5) Test the patient for COVID upon identification of potential exposure and at day 10 post-exposure
- 6) Remove exposed patient from quarantine after day 10 testing results return negative
- 7) Monitor exposed patient for symptoms for 14 days and if symptoms develop isolate immediately and place patient on COVID isolation precautions
- 8) Patient may be discharged during the quarantine period. The isolation reason will remain on the patient's record for 14 days. Offer to schedule testing day 10 post exposure for the patient
- 9) MD to notify patient of exposure
 - a) CLEAR program available to assist with discussion regarding disclosure
 - b) Each DN to determine process for MD notification
 - c) Notification to be documented in the physician and progress note

- 10) If patient exposure identified after discharge to home:
 - a) MD to notify patient of exposure
 - b) Offer to schedule testing day 10 post exposure
- 11) If patient exposure identified after discharge to a facility:
 - a) IP will notify the external facility
 - b) Document notification in the patient's Epic chart
- 12) Contact Infection Prevention with questions

Actions for Exposed Outpatients (regardless of vaccination status)

- 1) If possible, reschedule non-urgent appointments until 10 days after exposure with a negative COVID test or 14 days after exposure without testing is preferred. If possible, schedule appointment via Telehealth options
- 2) If urgent or appointment is medically necessary, patient must mask indoors at all times and movement coordinated in the facility to minimize contact with other patients (i.e., remain > 6ft apart from other patients, bypass waiting areas, schedule end of day)
 - Staff to follow COVID isolation precautions (i.e., respirator, eye protection, gown & gloves)
- 3) Patients scheduled for surgery which cannot be postponed will be placed on COVID isolation precautions and considered a PUI (person under investigation). If scheduled for admission, place "Quarantine-Exposed COVID" in the isolation reason
 - Quarantine for 10 days post last exposure date and test prior to removing precautions

Definitions

***Close Contact:**

- Within 6ft > 15 minutes cumulative over a 24 hr period

****Infectious Period:**

- 2 days prior to onset of symptoms or 2 days prior to positive test if asymptomatic until their isolation period ends

***** Immunocompromised:**

- Active treatment for solid tumor and hematologic malignancies
- Receipt of solid-organ transplant and taking immunosuppressive therapy
- Receipt of CAR-T-cell therapy or hematopoietic cell transplant (HCT) (within 1 year of transplantation or taking immunosuppression therapy)
- Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection (people with HIV and CD4 cell counts <200/mm³, history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV)
- Active treatment with high-dose corticosteroids (i.e., ≥20 mg prednisone or equivalent per day when administered for ≥2 weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory.