Management of potential COVID-19 inpatient exposure

**COVID-19 inpatient exposure** is defined as sharing an inpatient room for 15 minutes or longer with a source patient with laboratory confirmed SARS-CoV-2 during the source patient's infectious period. There could be an exception to exposure if the source (positive) patient continued to wear a mask and did not have it off for more than 15 minutes AND the source patient and roommate spent less than 4 hours together.

1. **Source patient is symptomatic:** The infectious period begins 48 hours before the source patient’s symptom onset and ends when the source patient meets criteria for discontinuation of COVID-19 isolation precautions.
2. **Source patient is asymptomatic:** The infectious period begins 48 hours before the source patient’s first positive test and ends 10 days after the source patient’s first positive test (or when patient meets criteria for discontinuation of COVID-19 isolation precautions if becomes symptomatic).

Note: Visit medcom.uiowa.edu/theloop/hr-employee-health for employee exposure information.

Management of exposed patients:

- Have the source (infected) patient don a medical grade mask immediately. The source patient must wear the mask continuously until they have been moved to a private room.
- Notify exposed patient’s attending provider of the potential exposure.
- Care for exposed patient in a private room. Place an order for Droplet precautions. (While all staff are currently following “universal” droplet precautions by wearing a medical grade mask, placing an order for droplet precautions communicates the need for a private room in the EMR and bed management systems).
- Quarantine and post exposure testing guidance for exposed patients:
  Choose the correct patient status (exposed inpatients or recently recovered ≤ 90 days)

<table>
<thead>
<tr>
<th>Exposed Inpatients</th>
<th>(Vaccinated, Unvaccinated, Recently Recovered &gt;90 days)</th>
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<tbody>
<tr>
<td>Date of last exposure:</td>
<td>Dates of precautions:</td>
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<tr>
<td>If discharging during precaution period*:</td>
<td>If remaining inpatient during precaution period:</td>
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<tr>
<td>a. Test as soon as potential exposure is confirmed</td>
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<tr>
<td>b. Attending provider notifies patient they were potentially exposed to COVID-19†</td>
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<tr>
<td>c. Remain in Droplet precautions until discharge</td>
<td>c. Remain in Droplet precautions for 10 days post-exposure (day 0 is day of last exposure)</td>
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<tr>
<td>d. Test 5 days post-exposure (day 0 is day of last exposure)</td>
<td>d. Test on day 5 (and on day 10 if still admitted) post-exposure (day 0 is day of last exposure)</td>
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<tr>
<td>e. If discharging prior to 5-day test, if possible, obtain a COVID-19 test on or around day 5. Patient should be instructed to monitor for symptoms of COVID-19 and document temperature at a minimum of BID. If the exposed</td>
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symptoms and seek testing if they develop symptoms.

patient develops any symptoms of COVID-19 after their initial screening test, they should be placed in Modified Airborne/Contact/Eye protection precautions and tested for COVID-19.

f. If **up to date** on vaccinations‡:
   
   No home quarantine is needed but should wear a mask while around others until 10 days have passed since the exposure

   If **NOT up to date** on vaccinations‡:
   
   Quarantine at home until 5 days after the exposure then wear a mask while around others for an additional 5 days

e. If discharging after day 5 test:
   
   1. No outpatient testing is needed unless symptoms develop
   2. No home quarantine is needed, wear a mask while around others until 10 days have passed since the exposure
   3. Self-monitor for symptoms and if develop, test

f. Discharge instructions: use SmartPhrase .coviddischinst or SmartText HCI: COVID-19 Exposure Discharge

Patients should (regardless of category):

- Social distance
- Self-monitor for symptoms for a total of 10 days post-exposure
Follow all other safety measures recommended by Public Health

1 If an exposed patient is discharged prior to discovery of the exposure and the source patient has been deemed infectious, the attending who discharged the patient or an alternate provider designated by the discharge attending will perform these notifications with the support of the Program of Hospital Epidemiology if needed (pager 3158). Determine if the patient falls within exposed inpatient or recently recovered category and follow the “if discharging during precaution period” for the applicable category.

2 Patient is notified if they are discharging or are remaining inpatient, even before confirmation of the infectiousness of the source patient. If the source is determined to be non-infectious, then attending provider will update the patient that they're not considered exposed.

- Do not disclose to the exposed patient specifics of who the source of the exposure was or other details about the exposure. Per Legal, this should be referred to as “a potential exposure.”

- Do not discuss with the patient the type of exposure or their level of risk for developing COVID-19. We do not have enough data or experience to be able to predict the risk of infection after this type of exposure.

3 Patient is considered up to date on their vaccinations if:

- in the last 5 months, they have received 2 doses of the Pfizer or Moderna vaccines
OR
- in the last 2 months, they have received the Johnson & Johnson’s Janssen vaccine
OR
- they are age 12 and older and have received a booster dose


Documentation is needed to confirm status.

Post exposure test costs will be covered by UIHC for inpatients. PHE will provide patient and test details to Risk Management.

References


Last updated: 1/18/22