

## Guidelines for Healthcare Providers with Potential Exposure to Cases with Coronavirus Disease (COVID-19)

**Aim:** This document is intended to guide administrative authorities take decisions regarding isolation, quarantine and testing of health care providers keeping their safety as a priority.

### Recommendations

**Protocol 1: Management of asymptomatic HCP with close contact with a COVID-19 patient who was wearing a facemask**

Personal Protection used by HCP	Exposure Category	Recommended Monitoring (for 14 days)	Quarantine/isolation	Work Restrictions	Testing for COVID 19
None	High	Active	Isolation facility for HCP till negative report & quarantine afterwards upto 14 days of last exposure	Yes	Twice, 1st between day 5-7* and 2nd on day 14** (if 1st sample is negative)
FFP3 / N95 mask only	Low	Self	Quarantine/self isolation for 14 days after exposure	Yes, limited- If RT-PCR negative, can join back	Twice, 1st between day 5-7* and 2nd on day 14** (if 1st sample is negative)
Complete PPE	Extremely Low	Self	None	No	None

\*RT-PCR Testing \*\*IgM Antibody Testing

**Protocol 2: Management of asymptomatic HCP with close contact with a COVID-19 patient who was not wearing a facemask**

PPE used by HCP	Exposure Category	Recommended Monitoring (for 14 days)	Quarantine/isolation	Work Restrictions	Testing for COVID 19
None	Very High	Active	Isolation facility for HCP for at least 14 days after exposure or more if 14 <sup>th</sup> day report is positive	Yes	Twice, 1st between day 5-7* and 2nd on day 14** (if 1st sample is negative)
FFP3 / N95 mask only	High	Active	Isolation ward till negative report & quarantine/self isolation afterwards upto 14 days after exposure	Yes, limited- If RT-PCR negative, can join back	Twice, 1st between day 5-7* and 2nd on day 14** (if, 1st sample is negative)
Complete PPE	Extremely Low	Self	None	No	None

\*RT-PCR Testing \*\*IgM Antibody Testing

**Protocol 3: Management of asymptomatic HCP with close contact with a COVID-19 suspect who was wearing a facemask**

Personal Protection used by HCP	Exposure Category	Recommended Monitoring (for 14 days)	Quarantine/isolation	Work Restrictions	Testing for COVID 19
None	Low	Self	None	No	None
FFP3 / N95 mask only	Extremely Low	Self	None	No	None
Complete PPE	Extremely Low	Self	None	No	None

**Protocol 4: Management of asymptomatic HCP with close contact with a COVID-19 suspect who was not wearing a facemask**

Personal Protection used by HCP	Exposure Category	Recommended Monitoring (for 14 days)	Quarantine/isolation	Work Restrictions	Testing for COVID 19
None	High	Active	Isolation facility for HCP till negative RT-PCR report of suspect If positive, refer to Protocol 2	Yes, limited – till suspect report is available	RT-PCR if contact is proven COVID 19
FFP3 / N95 mask only	Low	Self	None	No	None
Complete PPE	Extremely Low	Self	None	No	None

**Indications of terminating Quarantine:**

- Completion of 14 days period.
- Development of symptoms/signs in which case they are shifted to isolation ward for testing.
- If tested positive for COVID19 (when tested between 5<sup>th</sup> to 14<sup>th</sup> days) in which case, they are shifted to isolation ward in Hospital.

**Indications of COVID 19 testing:**

- Asymptomatic HCP with high risk exposure on day 5\* and day 14\*\* (if day 5 sample was negative)
- Any symptomatic HCP

\*RT-PCR Testing \*\*IgM Antibody Testing

**Indications for hospital admission in isolation ward of HCP:**

- COVID19 confirmed, irrespective of symptoms.
- Symptomatic HCP till COVID 19 negative.

## chemoprophylaxis for HCP:

- a. All the asymptomatic HCP with no QTc prolongation on ECG, involved in the care of suspected or confirmed cases of COVID-19
  - Hydroxychloroquine 400mg BD on day 1, followed by once weekly for next 7 weeks; to be taken with meals

## References

1. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
2. [https://www.who.int/publications-detail/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-\(covid-19\)](https://www.who.int/publications-detail/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-(covid-19))

## Definitions used in this guideline

### *COVID Patient*

Any individual with a positive RT-PCR test for SARS-CoV2 with or without symptoms

### *COVID Suspect*

Any individual with one of the following:

1. Symptomatic\* individual with history of international travel over last 6 weeks
2. Symptomatic or asymptomatic contacts of laboratory confirmed cases
3. Symptomatic healthcare workers
4. Any symptomatic individual

Symptomatic is defined as fever, cough with/without shortness of breath/diarrhea

### *Self-monitoring*

All HCPs, exposed or non-exposed, should monitor their temperature twice a day and remain alert for respiratory symptoms (e.g., cough, fever, cough with/without shortness of breath/diarrhea). They should immediately report to their in-charge if they develop fever, cough with/without shortness of breath/diarrhea during the self-monitoring period.

### *Active-monitoring*

HCPs will be monitored, twice daily, for the presence of fever (self-measured) or respiratory symptoms (e.g., cough, shortness of breath, sore throat) by the doctor/in-charge of ward/ICU/area where HCP was performing their shifts. This monitoring will be strictly telephonically (Mobile) or through mobile applications, preferably Aarogya Setu.

### *Close contact*

- a) Being within approximately 3 feet (1 meter) of a person with Confirmed COVID-19 for a prolonged period of time (such as caring for or visiting the patient; or sitting with patient in a room);  
OR
- b) Having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed upon).

### *Quarantine*

Quarantine is the restriction of activities or separation from other non-exposed individuals, of HCP who is not ill but may have been exposed to COVID19 confirmed case, with the objective of monitoring their symptoms and ensuring the early detection of case. At the same time, they should not expose anyone else. This is preferably done at their residences. The quarantined person should strictly follow the guidelines as provided by MOHFW (<https://www.mohfw.gov.in/pdf/Guidelinesforhomequarantine.pdf>).

### *Isolation*

Isolation is the separation of ill or infected (high risk exposure) persons/HCP from others to prevent the spread of infection or contamination. This is preferably done at isolation wards in hospitals.