

# Potential Exposure to Residents with COVID-19 in Long-term Care, Nursing Home, and Assisted Living Settings

## RISK ASSESSMENT AND PUBLIC HEALTH MANAGEMENT OF HEALTH CARE WORKERS

8/23/2021

Long-term care, nursing home, and assisted living settings are responsible for working with the Minnesota Department of Health (MDH) to identify all health care workers (HCW)<sup>1</sup> who come into contact<sup>2</sup> with a resident having a confirmed case of COVID-19. Each of these health care professionals will undergo a risk assessment based on current CDC guidance to categorize their exposure to the case resident as low or high-risk.

[CDC: Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2 \(www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html)

The facility is responsible for conducting the initial risk assessment and communicating findings with MDH.

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## Initial exposure risk assessment

**Assessment of initial exposure risk should occur as soon as possible** after contact with a confirmed case is recognized. The assessment should be conducted through an active process that includes an interview with the facility-based HCW. A sample risk assessment is available from MDH. Contracted or visiting HCW need to be reported to MDH, but the facility is not expected to perform an exposure risk assessment on contracted or visiting HCW.

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<sup>1</sup> Health care personnel includes all facility-based staff, contracted or visiting health care professionals (e.g., lab techs, contracted physicians, visiting home health staff, visiting hospice staff), or volunteers.

<sup>2</sup> Resident contact includes direct resident contact and brief interactions. Examples of brief interactions include brief conversations at triage desk, briefly entering the resident room regardless of direct contact with resident or resident's secretions/excretions, and entering the resident room immediately after the resident was discharged.

If a facility reports to MDH that they are not able to perform the initial risk assessment for each employee within 24 hours of identification, the facility should notify MDH as soon as possible and provide MDH a list of the remaining employees and their contact information. MDH will complete the unfinished risk assessments and provide the facility with the employees' risk level.

The facility is responsible for informing HCW that MDH will be contacting those employees assessed as high-risk regarding their exposure.

Communication of low and high-risk exposures to MDH should include:

- Names, phone numbers, and email addresses of exposed HCW.
- Information must be provided to MDH **within 24 hours** of identification.

If MDH does not receive the contact information within the specified timeframe, MDH will communicate with the facility's point of contact within 24 hours of the deadline.

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## Ongoing monitoring of health care workers for settings with confirmed COVID-19 residents

Facilities are expected to conduct **daily or end-of-shift exposure risk assessments** for HCW having repeated/ongoing contact with a resident diagnosed with confirmed COVID-19. The daily or end-of-shift exposure assessment should occur each day that the HCW have contact with the resident. The exposure risk assessment should be conducted through an active process that includes an interview with HCW. A sample risk assessment is available from MDH.

Communication to MDH regarding high-risk exposures identified through ongoing exposure risk assessment should include:

- Names, phone numbers, and email addresses of HCW.
- Information must be provided to MDH **within 24 hours** of identification.

If MDH does not receive the contact information within the specified timeframe, MDH will communicate with the facility's point of contact within 24 hours of the deadline.

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## Management of exposed health care workers

### Management of exposed fully vaccinated health care workers

Fully vaccinated HCW who remain asymptomatic do not need to quarantine from work or the community for the 14 days following a COVID-19 exposure. HCW are considered fully vaccinated two weeks after their final COVID-19 vaccine dose (two doses in a two-dose series or one dose in a one-dose series).

HCW who have had a high-risk exposure should be proactively tested post-exposure (e.g., between days 3-5 post-exposure). If signs or symptoms develop at any time in the 14 days following exposure, HCW should seek testing and isolate at home.

## Public health management of unvaccinated health care workers

Once the risk assessment has been completed and a risk level has been established for HCW who had contact with the resident, MDH will perform the following actions.

- For low-risk exposures, MDH will provide the facility with a low risk summary sheet that they can share with these HCW. Information in the fact sheet includes information about self-monitoring for symptoms for 14 days and what to do if symptoms develop.
- For high-risk exposures, MDH will inform HCW of restrictions on their activities (voluntary quarantine), including exclusions from work, explain the active monitoring process, and provide a phone number to reach MDH 24/7. MDH will conduct daily symptom monitoring and follow up by email or phone call. With HCW permission, daily symptom monitoring information can be shared with facility staff responsible for overseeing occupational/employee health.

MDH recommends that unvaccinated HCW who have had a high-risk exposure be excluded from work for 14 days but may return to community activities based on the quarantine options outlined in the [Quarantine Guidance for COVID-19 \(www.health.state.mn.us/diseases/coronavirus/quarguide.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/quarguide.pdf). Employees with a high-risk exposure are given a letter explaining their employment protections under Minnesota state law (Minnesota Statutes, section 144.4196). These employees have the right to stay in home isolation/quarantine for 14 days and exclude themselves from work. CDC allows for employers who have exhausted other staffing options to ask asymptomatic employees if they would agree to continue working during quarantine; however, it is the employee's right to make that choice.

HCW who have had a high-risk exposure should be proactively tested post-exposure (e.g., between days 3-5 post-exposure).

## Facility management of exposed unvaccinated health care workers

Each facility will be expected to ensure that HCW undergoing monitoring have the capability to monitor their health status (e.g., access to a thermometer). If COVID-19 testing is necessary, facilities are expected to assist in coordinating specimen collection, unless the HCW chooses to seek care elsewhere.

- For low-risk exposures, the facility is expected to provide HCW with the MDH low risk fact sheet by email and explain self-monitoring of their health. If an employee having a low-risk exposure develops symptoms consistent with COVID-19, they should be excluded from work immediately, and the facility should **notify MDH within 24 hours**.
- For all high-risk exposures, the facility must maintain awareness of HCW symptom and health status and assist in coordination of testing, if necessary. If an employee with a high-risk exposure develops symptoms consistent with COVID-19, they should be excluded from work immediately, and the facility should **notify MDH within 24 hours**.

POTENTIAL EXPOSURE TO RESIDENTS WITH COVID-19 IN LONG-TERM CARE,  
NURSING HOME, AND ASSISTED LIVING SETTINGS



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