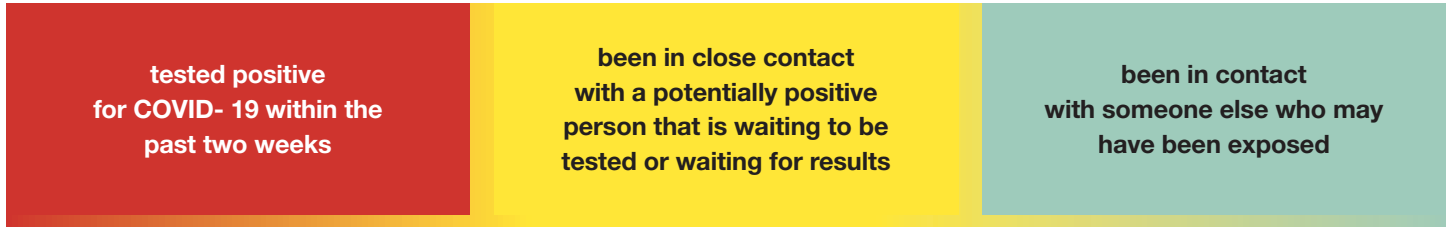


WHAT ACTIONS ARE RECOMMENDED IF SOMEONE COMES INTO CLOSE CONTACT* WITH AN INDIVIDUAL WHO HAS:

HIGHER RISK OF EXPOSURE

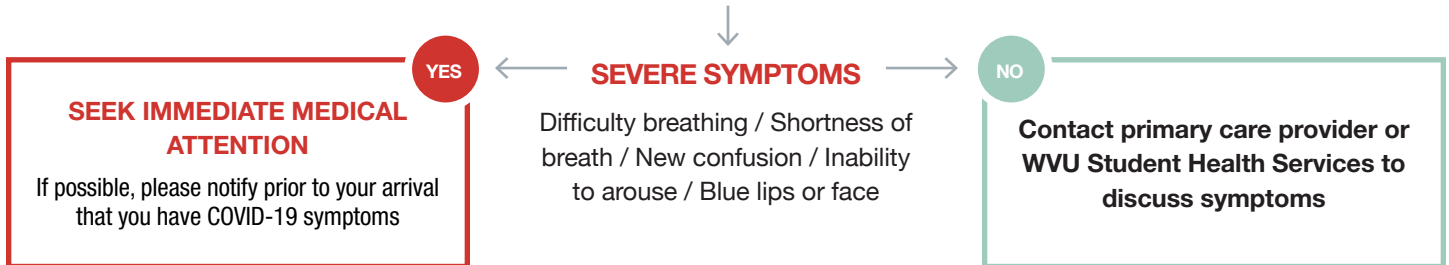
LOWER RISK OF EXPOSURE



routine use of face covering, self-quarantine for 14 days** and monitor for symptoms

routine use of face covering, self-monitor for symptoms for 14 days and practice physical distancing

BECOME SYMPTOMATIC – SHIFT PROTOCOL TO SELF ISOLATE**
 fever or chills / cough / shortness of breath or difficulty breathing / fatigue / muscle or body aches / headache / new loss of taste or smell sore throat / congestion or runny nose / nausea or vomiting / diarrhea



CLOSE CONTACT DEFINED*

- Close contact includes any of the following:
- Living in the same household as a sick person with COVID-19
 - Caring for a sick person with COVID-19
 - Being within 6 feet of a sick person with COVID-19 for about 15 minutes
 - Being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on, kissing, sharing utensils, etc.)

*WVDHHR: What to do if you think you were exposed to someone with confirmed COVID-19

****Please see isolation, quarantine and return to work guidance**

SCENARIOS

- The exposed individual was wearing eye protection and a N-95 fit tested respirator. This interaction would not be considered a “close contact”.
- Both individuals had on a face covering (regardless of activity or location - outside, lab, classroom, etc.) and were within 6 feet of each other for at least 15 minutes (can be cumulative). This interaction is considered a “close contact”.
- A group of individuals had on face coverings AND maintained at least 6 feet of distance between one another. This interaction in general would not be considered “close contact” ***

Please see notes on Page 2

SCENARIOS (CONTINUED)

Note: All scenarios would have occurred 48 hours before the infected individual showed symptoms (or, for asymptomatic patients, 48 hours prior to positive specimen collection) and until the infected individual was isolated.

***Data are insufficient to precisely define the duration of exposure that constitutes prolonged exposure and thus a close contact. While the CDC recognizes that brief interactions are less likely to result in transmission, symptoms, and the type of interaction (e.g., did the person cough directly into the face of the individual) are important. Therefore, similar scenarios may be considered “close contact” based on specific variables (e.g. seating chart use, PPE utilization, density of people in the space, activity, ventilation, etc.).