

- PHO is available for consultation on re-infection cases (whether confirmed or suspected) via epir@oahpp.ca.

6 Guidelines for Close Contacts

6.1 Definition of Close Contacts

A close contact is defined as an individual who has a high-risk exposure (see Table 2) to a confirmed positive COVID-19 case, an individual with COVID-19 symptoms, or an individual with a positive rapid antigen test result.

- In general, this refers to individuals who have had a high-risk exposure (see **Table 2**) with the case (or symptomatic person):
 - During the case's infectious period – i.e., within the 48 hours prior to the case's symptom onset if symptomatic or 48 hours prior to the specimen collection date (whichever is earlier/applicable) and until the case has completed their self-isolation period; AND
 - Were in close proximity (less than 2 meters) for at least 15 minutes or for multiple short periods of time without measures such as masking, distancing, and/or use of personal protective equipment depending on the nature of contact.
- For acute care settings, it is the **responsibility of the acute care setting** to identify and notify close contacts of cases within the setting. It is up to the discretion of the acute care setting and/or PHU to notify close contacts who are no longer admitted in the acute care setting.
- For other highest risk settings, identification and notification of close contacts of cases in the setting is the responsibility of the PHU in collaboration with the setting. It is up to the discretion of the PHU to notify close contacts who are no longer residing in the highest risk setting.
- In the community, it is the **responsibility of the individual** with COVID-19 symptoms or COVID-19 positive test to determine who their close contacts are and to notify them of their potential exposure.
- Employers must also follow requirements as per the [*Occupational Health and Safety Act*](#).
- Note: The public health guidance within this document is intended for close contacts with high-risk exposures as per **Table 2**. Contacts with other exposures that would not be considered high risk exposures as per this guidance may still

be at some risk of infection. For further details see: [Focus On: Risk Assessment Approach for COVID-19 Contact Tracing](#).

Table 2: Examples of High-Risk Exposures

Exposure Setting	Examples of High-risk exposures
Household (includes other congregate settings)	<ul style="list-style-type: none">• Anyone living in the same household during the infectious period.<ul style="list-style-type: none">○ This may include members of an extended family, roommates, boarders, etc.○ This may include people who provided care for the case (e.g., bathing, toileting, dressing, feeding etc.)○ This may include individuals who spent substantial time in the home with the case (e.g., care givers, guests)○ This excludes individuals who live in a completely separate area/unit (e.g., self-contained basement apartment)

Exposure Setting	Examples of High-risk exposures
Community (includes workplaces, schools, childcare, camps)	<ul style="list-style-type: none"> • Had direct contact with infectious body fluids of the case (e.g., coughed on or sneezed on) • Were in close proximity (less than 2 meters)⁵ for at least 15 minutes⁶ or for multiple short periods of time without consistent and appropriate use of masking⁷

⁵ **Close Contact:** Maintenance of physical distancing measures (> 2 metres) for the entire duration of exposure decreases the risk of transmission. However, **physical distancing of 2 metres does not eliminate the risk of transmission**, particularly in confined indoor and poorly ventilated spaces and during exercise, talking loudly, yelling, or singing activities.

⁶ **Prolonged Contact:** Prolonged exposure duration may be defined as lasting cumulatively more than **15 minutes**; however, individuals with exposures of <15 minutes may still be considered close contacts depending on the context of the contact/exposure. As part of the individual risk assessment, consider the cumulative duration and nature of the contact's exposure (e.g., a longer exposure time/cumulative time of exposures likely increases the risk, an outdoor only exposure likely decreases the risk, whereas exposure in a small, closed, or poorly ventilated space may increase the risk even if individuals are distanced or masked), the case's symptoms (e.g., coughing or severe illness likely increases exposure risk), physical interaction (e.g., hugging, kissing), and whether PPE by the contact or source control by the case was used.

⁷ **Personal Protective Equipment (PPE):** If PPE is worn consistently and in accordance with organizational recommendations for the nature of the interaction and for the entire duration of exposure, the individual would generally not be considered a close contact; however, it is important to assess the context of the interactions with the case and other factors that may increase risk of exposure (e.g., physical touching, prolonged duration, confined space with poor ventilation). **Note: Workers should follow organizational policies on the use of PPE for patients with suspected and confirmed COVID-19.**

Exposure Setting	Examples of High-risk exposures
<p>Health care and other highest risk settings (including long term care homes, retirement homes, First Nation Elder Care Lodges, group homes, shelters, hospices, correctional institutions, hospital schools)</p>	<p>See the relevant sector specific guidance documents for more information.</p> <p>Patient/resident is the case:</p> <ul style="list-style-type: none"> • Health care worker and/or staff who provided direct care for the case, or who had other similar close physical contact (i.e., less than 2 metres from patient for more than transient duration of time) without consistent use of PPE for the setting and interaction ⁸ • Health care workers and/or staff who had direct contact with infectious body fluids of the case. • Other patients/residents in the same semi-private/ward room • Other patients/residents who had close ⁵, prolonged ⁶ contact with the patient case without consistent masking ⁷⁻⁸ <p>Health care worker/staff is the case:</p> <ul style="list-style-type: none"> • All patients/residents who had close ⁵, prolonged ⁶ contact to the health care worker/staff • Note: Patients exposed to the health care worker/staff where contact was neither close nor prolonged, AND the health care worker/staff was masked for the entire duration would generally not be considered high risk exposures. Consideration may also be given if the patient was consistently masked during the interaction.⁷ • All co-workers who had unprotected close and/or prolonged contact with the case (e.g., within 2 metres in an enclosed common area) ⁵⁻⁸ • Close contacts as identified by workplace occupational health & safety or hospital IPAC (as appropriate)

6.2 Close Contacts Outside of Highest Risk Settings

Household and Non-Household Close Contacts

- For a total of 10 days after the last exposure to the COVID-19 positive case or individual with COVID-19 symptoms, the individual notified by a case should:
 - [Self-monitor](#) for symptoms. They should **self-isolate immediately if they develop any symptom of COVID-19 and seek testing if eligible**;
 - Wear a well fitted mask in all public settings:
 - Individuals should maintain masking as much as possible in public settings (including school and child care, unless under 2 years old). Reasonable exceptions would include removal for essential activities like eating, while maintaining as much distancing as possible;
 - Participation in activities where masking can be maintained throughout may be resumed, but individuals should avoid activities where mask removal would be necessary (e.g., dining out; playing a wind instrument; high contact sports where masks cannot be safely worn); and
 - Individuals who are unable to mask (e.g., children under two years of age, etc.) may return to public settings without masking.
 - Avoid non-essential visits to anyone who is immunocompromised or at higher risk of illness (e.g., seniors); and
 - Avoid non-essential visits to highest risk settings such as hospitals and long-term care homes. Where essential visit cannot be avoided, close contacts should wear a medical mask, maintain physical distancing, and notify the highest risk setting of their recent exposure.

⁸ For the **purposes of public health follow-up** and guidance for close contacts with high-risk exposures, where there has been exposure to an individual who was *not previously identified* as a suspect or confirmed COVID-19 case, if the exposed worker had consistent medical masking (without the use of eye protection, gowns, and/or gloves), this would generally **not** be considered a high-risk exposure. **Note: Workers should follow organizational policies on the use of PPE for patients with suspected and confirmed COVID-19.**