Coronavirus Disease 2019 (COVID-19)  
VDH Healthcare Personnel Risk Assessment Tool

**Purpose:** This tool is intended to assist with risk assessment, monitoring, and work restriction decisions for healthcare personnel (HCP) with potential exposure to COVID-19 in healthcare settings. It is based on CDC’s Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19) (last updated on March 7, 2020) and is subject to change. If COVID-19 is confirmed, the local health department will work with the facility to delineate roles and responsibilities for conducting this risk assessment and monitoring potentially exposed HCP.

This guidance applies to HCP with potential exposures in a healthcare setting to patients with confirmed COVID-19. However, HCP could be exposed in the community or during travel. For exposures occurring in the community or during travel, refer to the CDC’s Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease (COVID-19) Exposures: Geographic Risk and Contacts of Laboratory-confirmed Cases.

**HCP:** For the purposes of this document HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. For this document, HCP does not include clinical laboratory personnel.

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### I. Interview Information

<table>
<thead>
<tr>
<th>Date of Assessment: MM / DD / YYYY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility conducting the assessment?</td>
</tr>
<tr>
<td>Facility Address:__________________________</td>
</tr>
<tr>
<td>Name of Person Conducting the Assessment: ____________________________</td>
</tr>
<tr>
<td>Phone number:__________________________</td>
</tr>
<tr>
<td>Email address:__________________________</td>
</tr>
<tr>
<td>Who is providing information about the healthcare worker?</td>
</tr>
<tr>
<td>□ Self (the healthcare worker)</td>
</tr>
</tbody>
</table>
### II. Healthcare Personnel (HCP) Contact Information

*Note: The Healthcare Personnel who had contact with a COVID-19 case will be referred to as HCP from this point forward.*

**Last Name:** __________________________  
**First Name:** __________________________

DOB: ______________  
**Age:** ______  
**Sex:**  
- [ ] Male  
- [ ] Female

**Home Street Address:** __________________________  
**Apt. #** ______________

**City:** __________________________  
**County:** __________________________  
**State:** __________________________

**Phone number:** __________________________  
**Email address:** __________________________

**Emergency Contact:**  
**Last Name:** __________________________  
**First Name:** __________________________

**Phone Number:** __________________________

### III. Healthcare Personnel Occupation

- [ ] Admission/reception clerks  
- [ ] Case Manager  
- [ ] Environmental services/Cleaning Staff  
- [ ] Facilities/maintenance worker  
- [ ] Food services worker/Dietary  
- [ ] Infection Control Team  
- [ ] Laboratory worker  
- [ ] Mid-Level Provider: Physician assistant/Nurse Practitioner  
- [ ] Nurse (Specify: LPN, RN, nursing assistant, other): __________________________  
- [ ] Occupational therapist  
- [ ] Pharmacist  
- [ ] Phlebotomist  
- [ ] Physical therapist  
- [ ] Physician  
- [ ] Radiology technician  
- [ ] Respiratory therapist  
- [ ] Social Worker/Spiritual Guidance  
- [ ] Speech therapist  
- [ ] Student (specify type): __________________________  
- [ ] Transport  
- [ ] Volunteer (specify role): __________________________  
- [ ] Other: __________________________
IV. COVID-19 Case-Patient Information

*If the HCP was exposed to multiple COVID-19 patients, complete a separate form for each COVID-19 exposure.

At the time of this assessment, is the COVID-19 patient:  □ Confirmed  □ Probable  □ Unknown

Was your exposure to the COVID-19 patient in a US Facility?  □ Yes  □ No
- If Yes, what is the COVID-19 ID: ______________________ (health department to provide)
- If No, in what country was the exposure? ______________________________________

Facility Name:_________________________________________________ Facility Type: ________________________________
Street Address:___________________________________________________________
City:_________________________ County:________________________ State:________

Occupational Health or Primary Contact: ________________________________
Phone number:______________________________

Is/was the COVID-19 patient:
□ Inpatient  □ Outpatient  □ Employee  □ Family member visiting a patient
□ Non-family visitor to a patient  □ Unknown  □ Other: ________________________________

Date of illness onset of COVID-19 case: MM / DD / YYYY

Notes:

V. Exposures to a COVID-19 Infected Patient

1. Date of visit or admission date of the COVID-19 confirmed patient:
   Discharge date, if applicable:
   Date of death, if applicable:

   MM / DD / YYYY
   MM / DD / YYYY
   MM / DD / YYYY

2. At any time during the patient’s stay, while you were not wearing all recommended PPE1, did you have any brief interactions with the patient such as:
   - Brief conversation at a triage desk; or
   - Briefly entering the patient’s room but not having direct contact with the patient or their secretions/excretions; or
   - Entering the patient’s room immediately after they were discharged.

   □ Yes
   □ No
   □ Unsure
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3. At any time during the patient’s stay, did you have direct contact with the patient or their secretions/excretions?  
   - Yes
   - No – Go to Section VI.
   - Unsure

4. About how many separate times during the patient’s stay did you have contact with the patient or their secretions/excretions?  
   - 2 times or less
   - 3 – 5 times
   - 6 – 10 times
   - > 10 times

5. List date(s) (or date range) when you had contact with the patient or their secretions/excretions.  
   (Use additional paper to capture all dates, if needed)

6. List location(s) of primary work site(s) where you had contact with the patient or patient secretions/excretions (Floor, wing, unit, room#, laboratory, etc):

7. Before you had contact with this patient, what level of knowledge did you have about COVID-19?  
   - A lot
   - Some
   - A little
   - None

8. At any time during the patient’s stay, did you perform, or were you present in the patient’s room during a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction).  
   - Yes
   - No – Go to #9
   - Unsure

   a. During all of the time(s) you were present or performing procedures listed in number 7, did you always wear a respirator (e.g., N95 respirator)?  
      - Yes
      - No
      - Unsure

   b. At any time while you were present or performing procedures listed in #7, did you wear a facemask instead of a respirator?  
      - Yes
      - No
      - Unsure

   c. During all of the time(s) you were present or performing procedures listed in #7, did you always wear eye protection?  
      - Yes
      - No
      - Unsure

   d. During all of the time(s) you were present or performing procedures listed in number 7, did you always wear a gown and gloves?  
      - Yes
      - No
      - Unsure

9. At any time during the patient’s stay, did you have prolonged close contact with the patient while the patient was not wearing a mask?  
   - Yes
   - No – Go to #10
   - Unsure
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Did you always wear a respirator(^2) (e.g., N95 respirator) during prolonged close contact with the patient?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. At any time did you wear a facemask instead of a respirator(^2) during prolonged close contact with the patient?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Did you always wear eye protection(^1) during prolonged close contact with the patient?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Did you always wear gown and gloves during prolonged close contact with the patient?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. At any time during the patient’s stay, did you have prolonged(^3) close contact with the patient while the patient was wearing a mask?</td>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
</tr>
<tr>
<td>a. Did you always wear a respirator(^2) (e.g., N95 respirator) during prolonged close contact with the patient?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. At any time did you wear a facemask instead of a respirator(^2) during prolonged close contact with the patient?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Did you always wear eye protection(^1) during prolonged close contact with the patient?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Did you always wear gown and gloves during prolonged close contact with the patient?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. At any time did you have extensive body contact with the patient (e.g., rolling the patient)?</td>
<td>Yes</td>
<td>No</td>
<td>Go to Section VI</td>
</tr>
<tr>
<td>a. Did you always wear gown and gloves when having extensive body contact with the patient?</td>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
</tr>
</tbody>
</table>

\(^1\) PPE=personal protective equipment. PPE for COVID-19 includes: N95 respirator or equivalent (preferred), facemask, eye protection (goggles or face shield), gown, and gloves.

\(^2\) While respirators confer a higher level of protection than facemasks, and are recommended when caring for patients with COVID-19, facemasks still confer some level of protection to HCP, which was factored into our assessment of risk.

\(^3\) For HCP potentially exposed in healthcare settings, CDC recommends considering anything longer than a brief (e.g., less than 1 to 2 minutes) exposure as prolonged.
VI. Healthcare Personnel Symptom Assessment

1. Have you experienced fever\(^1\) or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) in the period since the COVID-19 patient was admitted?
   - Yes
   - No
   - Unsure

2. Date of first symptom onset:
   - MM / DD / YYYY

3. Please check all symptoms that you are experiencing, and date of onset for each:
   - □ Cough – onset: ______________
   - □ Sore throat – onset: ____________
   - □ Shortness of breath – onset: ____________
   - □ Fever – onset: _______________
     highest temp: _______________

4. Please check any other symptoms you are also experiencing:
   - □ Chills
   - □ Vomiting
   - □ Nausea
   - □ Diarrhea
   - □ Headache
   - □ Fatigue
   - □ General Malaise
   - □ Rash
   - □ Conjunctivitis
   - □ Muscle Aches
   - □ Joint Aches
   - □ Loss of Appetite
   - □ Nose Bleed
   - □ Other: ___________________________

\(^1\)Fever is either measured temperature >100.0\(^\circ\)F or subjective fever.

Risk Level Assignment: □ High □ Medium □ Low □ No Identifiable Risk

Both high- and medium-risk exposures place HCP at more than low-risk for developing infection; therefore, the recommendations for active monitoring and work restrictions are the same for these exposures. However, these risk categories were created to align with risk categories described in the CDC’s *Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease (COVID-19) Exposures: Geographic Risk and Contacts of Laboratory-confirmed Cases*; use that Interim Guidance for information about the movement, public activity, and travel restrictions that apply to the HCP included here.

The highest risk exposure category that applies to each person should be used to guide monitoring and work restrictions.
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Epidemiologic Risk Classification for Asymptomatic Healthcare Personnel Following Exposure to Patients with COVID-19 or their Secretions/Excretions in a Healthcare Setting, and their Associated Monitoring and Work Restriction Recommendations

<table>
<thead>
<tr>
<th>Epidemiologic risk factors</th>
<th>Exposure category</th>
<th>Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)</th>
<th>Work Restrictions for Asymptomatic HCP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prolonged close contact with a COVID-19 patient who was wearing a facemask (i.e., source control)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCP PPE: None</td>
<td>Medium</td>
<td>Active</td>
<td>Exclude from work for 14 days after last exposure</td>
</tr>
<tr>
<td>HCP PPE: Not wearing a facemask or respirator</td>
<td>Medium</td>
<td>Active</td>
<td>Exclude from work for 14 days after last exposure</td>
</tr>
<tr>
<td>HCP PPE: Not wearing eye protection</td>
<td>Low</td>
<td>Self with delegated supervision</td>
<td>None</td>
</tr>
<tr>
<td>HCP PPE: Not wearing gown or gloves</td>
<td>Low</td>
<td>Self with delegated supervision</td>
<td>None</td>
</tr>
<tr>
<td>HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)</td>
<td>Low</td>
<td>Self with delegated supervision</td>
<td>None</td>
</tr>
<tr>
<td>Prolonged close contact with a COVID-19 patient who was not wearing a facemask (i.e., no source control)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCP PPE: None</td>
<td>High</td>
<td>Active</td>
<td>Exclude from work for 14 days after last exposure</td>
</tr>
<tr>
<td>HCP PPE: Not wearing a facemask or respirator</td>
<td>High</td>
<td>Active</td>
<td>Exclude from work for 14 days after last exposure</td>
</tr>
<tr>
<td>HCP PPE: Not wearing eye protection</td>
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<td>Active</td>
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<td>Low</td>
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<td>None</td>
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</table>

HCP=healthcare personnel; PPE=personal protective equipment

*The risk category for these rows would be elevated by one level if HCP had extensive body contact with the patients (e.g., rolling the patient).
*The risk category for these rows would be elevated by one level if HCP performed or were present for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction). For example, HCP who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure.
Additional Scenarios:

- Refer to the footnotes above for scenarios that would elevate the risk level for exposed HCP. For example, HCP who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure.
- Proper adherence to currently recommended infection control practices, including all recommended PPE, should protect HCP having prolonged close contact with patients infected with COVID-19. However, to account for any inconsistencies in use or adherence that could result in unrecognized exposures, HCP should still perform self-monitoring with delegated supervision.
- HCP not using all recommended PPE who have only brief interactions with a patient regardless of whether patient was wearing a facemask are considered low-risk. Examples of brief interactions include: brief conversation at a triage desk; briefly entering a patient room but not having direct contact with the patient or the patient’s secretions/excretions; entering the patient room immediately after the patient was discharged.
- HCP who walk by a patient or who have no direct contact with the patient or their secretions/excretions and no entry into the patient room are considered to have no identifiable risk.