

## 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.

I. Interview Information
<p>Date of Assessment: MM / DD / YYYY</p> <p>Facility conducting the assessment?    <input type="checkbox"/> Facility of potential exposure    <input type="checkbox"/> Local Health Department</p> <p>Facility Address: _____</p> <p>Name of Person Conducting the Assessment: _____</p> <p>Phone number: _____</p> <p>Email address: _____</p> <p>Who is providing information about the healthcare worker?</p> <p><input type="checkbox"/> Self (the healthcare worker)    <input type="checkbox"/> Other, specify person and reason: _____</p>

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### 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

- |   |   |
|---|---|
| <input type="checkbox"/> Admission/reception clerks                                 | <input type="checkbox"/> Pharmacist                       |
| <input type="checkbox"/> Case Manager   | <input type="checkbox"/> Phlebotomist                     |
| <input type="checkbox"/> Environmental services/Cleaning Staff                      | <input type="checkbox"/> Physical therapist               |
| <input type="checkbox"/> Facilities/maintenance worker                              | <input type="checkbox"/> Physician                        |
| <input type="checkbox"/> Food services worker/Dietary                               | <input type="checkbox"/> Radiology technician             |
| <input type="checkbox"/> Infection Control Team                                     | <input type="checkbox"/> Respiratory therapist            |
| <input type="checkbox"/> Laboratory worker  | <input type="checkbox"/> Social Worker/Spiritual Guidance |
| <input type="checkbox"/> Mid-Level Provider: Physician assistant/Nurse Practitioner | <input type="checkbox"/> Speech therapist                 |
| <input type="checkbox"/> Nurse (Specify: LPN, RN, nursing assistant, other): _____  | <input type="checkbox"/> Student (specify type): _____    |
| <input type="checkbox"/> Occupational therapist                                     | <input type="checkbox"/> Transport                        |
|   | <input type="checkbox"/> Volunteer (specify role): _____  |
|   | <input type="checkbox"/> Other: _____                     |

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### 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

<p>1. Date of visit or admission date of the COVID-19 confirmed patient:</p> <p>Discharge date, if applicable:</p> <p>Date of death, if applicable:</p>	<p>MM / DD / YYYY</p> <p>MM / DD / YYYY</p> <p>MM / DD / YYYY</p>
<p>2. At any time during the patient's stay, while you <u>were not</u> wearing all recommended PPE<sup>1</sup>, did you have any brief interactions with the patient such as:</p> <ul style="list-style-type: none"> <li>- Brief conversation at a triage desk; or</li> <li>- Briefly entering the patient's room but not having direct contact with the patient or their secretions/excretions; or</li> <li>- Entering the patient's room immediately after they were discharged.</li> </ul>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unsure</p>

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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No – <b>Go to Section VI.</b> <input type="checkbox"/> Unsure
4. About how many separate times during the patient's stay did you have contact with the patient or their secretions/excretions?	<input type="checkbox"/> 2 times or less <input type="checkbox"/> 3 – 5 times <input type="checkbox"/> 6 – 10 times <input type="checkbox"/> > 10 times
5. List date(s) (or date range) when you had contact with the patient or their secretions/excretions. <i>(Use additional paper to capture all dates, if needed)</i>	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY
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?	<input type="checkbox"/> A lot <input type="checkbox"/> Some <input type="checkbox"/> A little <input type="checkbox"/> 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).	<input type="checkbox"/> Yes <input type="checkbox"/> No – <b>Go to #9</b> <input type="checkbox"/> Unsure
a. During all of the time(s) you were present or performing procedures listed in number 7, did you <u>always</u> wear a respirator (e.g., N95 respirator) <sup>2</sup> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
b. At any time while you were present or performing procedures listed in #7, did you wear a facemask instead of a respirator <sup>2</sup> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
c. During all of the time(s) you were present or performing procedures listed in #7, did you <u>always</u> wear eye protection <sup>1</sup> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
d. During all of the time(s) you were present or performing procedures listed in number 7, did you <u>always</u> wear a gown <u>and</u> gloves?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
9. At any time during the patient's stay, did you have prolonged <sup>3</sup> close contact with the patient while the patient <u>was not</u> wearing a mask?	<input type="checkbox"/> Yes <input type="checkbox"/> No -- <b>Go to #10</b> <input type="checkbox"/> Unsure

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a. Did you <u>always</u> wear a respirator <sup>2</sup> (e.g., N95 respirator) during prolonged close contact with the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
b. At any time did you wear a facemask instead of a respirator <sup>2</sup> during prolonged close contact with the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
c. Did you <u>always</u> wear eye protection <sup>1</sup> during prolonged close contact with the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
d. Did you always wear gown <u>and</u> gloves during prolonged close contact with the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
10. At any time during the patient's stay, did you have prolonged <sup>3</sup> close contact with the patient while the patient <u>was</u> wearing a mask?	<input type="checkbox"/> Yes <input type="checkbox"/> No – <b>Go to #11</b> <input type="checkbox"/> Unsure
a. Did you <u>always</u> wear a respirator <sup>2</sup> (e.g., N95 respirator) during prolonged close contact with the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
b. At any time did you wear a facemask instead of a respirator <sup>2</sup> during prolonged close contact with the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
c. Did you <u>always</u> wear eye protection <sup>1</sup> during prolonged close contact with the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
d. Did you <u>always</u> wear gown <u>and</u> gloves during prolonged close contact with the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
11. At any time did you have extensive body contact with the patient (e.g., rolling the patient)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
a. Did you <u>always</u> wear gown and gloves when having extensive body contact with the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
12. Did you have concerns with PPE (e.g., tears, needing change or replace PPE while in the room) or hand hygiene practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
13. Did you have any percutaneous exposures (i.e. needle sticks, cuts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

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

<sup>2</sup> 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.

<sup>3</sup> 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.

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VI. Healthcare Personnel Symptom Assessment	
1. Have you experienced fever <sup>1</sup> <u>or</u> signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) in the period since the COVID-19 patient was admitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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:	<input type="checkbox"/> Cough – onset: _____ <input type="checkbox"/> Sore throat – onset: _____ <input type="checkbox"/> Shortness of breath – onset: _____ <input type="checkbox"/> Fever – onset: _____ highest temp: _____
4. Please check any other symptoms you are also experiencing:	<input type="checkbox"/> Chills <input type="checkbox"/> Vomiting <input type="checkbox"/> Nausea <input type="checkbox"/> Diarrhea <input type="checkbox"/> Headache <input type="checkbox"/> Fatigue <input type="checkbox"/> General Malaise <input type="checkbox"/> Rash <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Joint Aches <input type="checkbox"/> Loss of Appetite <input type="checkbox"/> Nose Bleed <input type="checkbox"/> Other: _____

<sup>1</sup>Fever is either measured temperature >100.0°F or subjective fever.

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

**If HCP tested for SARS-CoV-2:**    Date of first positive specimen collection: \_\_\_\_/\_\_\_\_/\_\_\_\_  Unknown  
 Result:  Positive/  Negative/  Undetermined

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**

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

HCP=healthcare personnel; PPE=personal protective equipment

<sup>a</sup>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).

<sup>b</sup>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.

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### 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.