

Sample Risk Assessment for Health Care Workers Potentially Exposed to COVID-19 in Minnesota

Health care worker name: _____

Interview conducted by: _____

Date of interview: ___ / ___ / _____

1. Have you been within 6ft of a person diagnosed with confirmed COVID-19 infection for ≥ 15 minutes?

- Yes No

Describe contact:

2. Did you perform or were you in the room for any procedures that were likely to generate higher concentrations or respiratory secretions or aerosols (including but not limited to CPR, manual ventilation, endotracheal intubation, bronchoscopy, open suctioning of airway secretions, and sputum induction)?

- Yes No

3. Have you had unprotected direct contact with secretions or excretions of a person diagnosed with confirmed COVID-19 infection?

- Yes No

*** If "No" to Questions 1, 2, AND 3 then exposure is LOW RISK, skip to Question 9 ***

4. Date of most recent exposure: ___ / ___ / _____

5. Did you wear the following personal protective equipment?

- | | | |
|--|------------------------------|-----------------------------|
| a. Eye protection | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Goggles/safety glasses with side protection | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ii. Face shield | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iii. PAPR | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Respiratory protection | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. N95 respirator | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ii. Surgical facemask | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iii. PAPR | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Gown | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Gloves | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

6. At any point in caring for the patient, did you have a breach in your PPE? Yes No

Describe breach in PPE:

7. Was the person diagnosed with confirmed COVID-19 infection wearing a facemask? Yes No

- a. If yes, at any point, was their surgical facemask removed for ≥ 15 minutes? Yes No

8. Did you have extensive body contact with the patient/resident (e.g., rolling/positioning) when you **were not** wearing a gown and gloves?

Yes

No

*** If "Yes" to Question 8 and "Yes" to Question 5a. and 5b. then exposure is LOW RISK; however, this interaction may have some risk for infection particularly if hand hygiene is not performed prior to the HCW touching their eyes, nose or mouth. Gown and gloves are recommended when caring for a known or suspected COVID-19 patient or resident. An individual facility has the discretion to deem this type of exposure as high risk. ***

9. *FOR INTERVIEWER:* Check all that apply and determine risk status based on answers to questions above.

Exposure to COVID-19 Positive Patient or Resident

Low risk includes any of the following:

- HCW did not have prolonged close contact* with patient/resident, regardless of PPE HCW was wearing.

HCW had prolonged close contact* with patient/resident:

- HCW wearing all recommended PPE and adhering to all recommended infection control practices.
- HCW is wearing surgical facemask but no eye protection while positive patient or resident is wearing surgical facemask or alternative/cloth mask.
- HCW wearing a surgical facemask and eye protection, regardless of gown and gloves, **AND** aerosol-generating procedures (see description above) **were not** performed while HCW was present.
- HCW wearing a respirator, eye protection, gown and gloves **AND** an aerosol-generating procedure (see description above) **was** performed while HCW was present.

High risk includes any of the following:

HCW had prolonged close contact* with patient/resident:

- HCW not wearing surgical facemask or respirator.
- HCW not wearing eye protection and positive patient or resident is not wearing a surgical facemask or alternative/cloth mask.
- HCW not wearing all recommended PPE (respirator, eye protection, gown and gloves) **AND** an aerosol-generating procedures (see description above) **was** performed while HCW was present.
- HCW has sustained breach in PPE for ≥ 15 minutes or has direct contact with excretion or secretions from positive patient or resident without wearing PPE to prevent unprotected contact.

Exposure to COVID-19 Positive Coworker

Low risk includes any of the following:

- Present in the same indoor environment but did not have prolonged close contact* with positive coworker

HCW had prolonged close contact* with positive coworker:

- HCW wearing surgical facemask and eye protection, regardless of PPE worn by positive coworker
- HCW wearing surgical facemask but no eye protection while positive coworker is wearing surgical facemask or alternative/cloth mask

High risk includes any of the following:

- Direct contact with infectious secretions or excretions of positive HCW (e.g., being coughed on) without wearing PPE to prevent direct, unprotected contact

HCW had prolonged close contact* with positive coworker:

- HCW not wearing surgical facemask, regardless of PPE worn by positive coworker
- HCW wearing surgical facemask but no eye protection and positive coworker is not wearing surgical facemask or alternative/cloth mask

Prolonged close contact is defined as being within 6ft for ≥ 15 minutes cumulatively during a shift **OR having unprotected direct contact with secretions or excretions of a person with confirmed COVID-19 infection.*