

Appendix 1: Risk Assessment for Healthcare Workers Exposed to Persons with COVID-19

I. INTERVIEWER INFORMATION

Last Name: _____ First Name: _____

Interview date (mm/dd/yyyy): _____

Interviewer affiliation: _____

II. HEALTHCARE WORKER INFORMATION

Last Name: _____ First Name: _____

Sex: Male Female Prefer not to respond Age (years): _____

Healthcare worker role (check all that apply):

Facilities/maintenance worker
Food services worker
Laboratory worker
Medical doctor (attending)
Medical doctor (intern/resident)
Medical technician
Midwife

Nursing assistant or technician (or equivalent)
Nutritionist
Phlebotomist
Physical therapist
Physician assistant
Radiology technician
Registered nurse (or equivalent)

Respiratory therapist
Student
Teacher/Preceptor
Ward clerk
Other, specify:

Healthcare facility type (select primary location):

Hospital Primary health center, specify level: _____
Nursing home or skilled nursing facility Outpatient clinic, specify clinic type: _____
Home care Other, specify: _____

III. COMMUNITY EXPOSURES

Healthcare workers who respond "Yes" to any of the questions in this section should be considered as having had a high-risk exposure in the community. "Uncertain" responses should be considered on a case-by-case basis.

Date of most recent community exposure to a person with COVID-19 (mm/dd/yyyy): _____

Item	Exposure?		
In the past 14 days, did you live in the same household as a person with COVID-19?	Yes	No	Uncertain
In the past 14 days, were you within one meter of a person with COVID-19 for 15 minutes or longer (e.g., meeting room, workspace, classroom, or traveling in any type of conveyance), outside of a healthcare facility?	Yes	No	Uncertain
In the past 14 days, did you have direct physical contact with a person with COVID-19 (e.g., shake hands) or with their infectious secretions (e.g., being coughed on or touching used tissues), outside of a healthcare facility? ¹	Yes	No	Uncertain

¹Guidance on defining close contacts of a person with COVID-19 includes being in the same closed environment for 15 minutes or more at a distance of less than 2 meters, per ECDC (<https://www.ecdc.europa.eu/sites/default/files/documents/covid-19-public-health-management-contact-novel-coronavirus-cases-EU.pdf>); face-to-face contact within 1 meter for more than 15 minutes, per WHO ([https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-\(2019-ncov\)](https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov))); or being within approximately 2 meters for a total of 15 minutes or more, per CDC (<https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact>).



IV. HEALTHCARE WORKER ACTIVITIES AND EXPOSURES

Date of most recent exposure to known COVID-19 patient(s) in a healthcare setting (mm/dd/yyyy): _____

Name of healthcare facility where exposure occurred: _____

Health unit type(s) where exposure to COVID-19 patients occurred (check all that apply):

Cleaning services	Inpatient ward	Transport	Other, specify: _____
Emergency room	Intensive care unit	Pharmacy	
Radiology/imaging	Operating room	Reception area	
Outpatient area	Laboratory	Unknown	

Healthcare workers who respond “Yes” to any of the questions in this section should be considered as having had a high-risk exposure. Healthcare workers who respond “No” to all of the questions in this section should be considered as having had a low-risk exposure. “Uncertain” responses should be considered on a case-by-case basis.

Item	Exposure?		
	Yes	No	Uncertain
Did you have any direct skin-to-skin exposure to a COVID-19 patient?	Yes	No	Uncertain
Did you have any direct exposure (to your skin or mucous membrane) to a COVID-19 patient’s respiratory secretions or bodily fluid?	Yes	No	Uncertain
Did you have a percutaneous exposure (e.g., needle stick, cut, puncture) with material potentially contaminated with body fluid, blood, or respiratory secretions?	Yes	No	Uncertain

Were you within one meter of a COVID-19 patient²...

Item	Exposure?		
	Yes	No	Uncertain
While not wearing appropriate personal protective equipment (PPE)? ³	Yes	No	Uncertain
Or had issues with your PPE (e.g., tears, removed while in patient area)?	Yes	No	Uncertain

Did you provide direct care⁴ to a COVID-19 patient²...

Item	Exposure?		
	Yes	No	Uncertain
While not wearing appropriate personal protective equipment (PPE)?	Yes	No	Uncertain
Or had issues with your PPE (e.g., tears, removed while in patient area)?	Yes	No	Uncertain

Did you perform or assist with any aerosol-generating procedure (AGP)⁵ on a COVID-19 patient, or were you present in the room when one was performed...

Item	Exposure?		
	Yes	No	Uncertain
While not wearing appropriate personal protective equipment (PPE)?	Yes	No	Uncertain
Or had issues with your PPE (e.g., tears, removed while in patient area)?	Yes	No	Uncertain

Did you handle body fluid or other specimens from a COVID-19 patient...

Item	Exposure?		
	Yes	No	Uncertain
While not wearing appropriate personal protective equipment (PPE)?	Yes	No	Uncertain
Or had issues with your PPE (e.g., tears, removed while handling specimen)?	Yes	No	Uncertain

²If COVID-19 patient had source control during these interactions (e.g., facemask, N95 respirator, or intubation) then exposure would be considered low-risk.

³Information on the use of personal protective equipment is available at: [https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)

⁴Patient care activities include, but are not limited to: taking vital signs or medical history, performing physical exam, providing medication, bathing, feeding, emptying bedpan, changing linens, drawing blood, performing x-ray, collecting respiratory specimens, inserting central or peripheral line, inserting nasogastric tubes, placing urinary catheter, providing injection, and providing tracheostomy care.

⁵Aerosol-generating procedures include, but are not limited to: tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation, bronchoscopy ([https://www.who.int/publications-detail/rational-use-of-personal-protective-equipment-for-coronavirus-disease-\(covid-19\)-and-considerations-during-severe-shortages](https://www.who.int/publications-detail/rational-use-of-personal-protective-equipment-for-coronavirus-disease-(covid-19)-and-considerations-during-severe-shortages))

Did you have direct contact with environment where a COVID-19 patient received care (e.g., bed, linens, medical equipment, frequently touched surfaces, bathroom)...

Item	Exposure?		
While not wearing appropriate personal protective equipment (PPE)?	Yes	No	Uncertain
Or had issues with your PPE (e.g., tears, removed contacting environment)?	Yes	No	Uncertain
Did you <u>fail to</u> perform hand hygiene after providing direct patient care?	Yes	No	Uncertain
Did you <u>fail to</u> perform hand hygiene after removing your PPE?	Yes	No	Uncertain
Did you <u>fail to</u> perform hand hygiene after having direct contact with the environment where a COVID-19 patient received care?	Yes	No	Uncertain

Use this section to describe healthcare interactions with COVID-19 patients and determine whether appropriate PPE was worn. Record details about PPE the healthcare worker wore and determine if it was appropriate based on guidance on the use of PPE.⁶ Please see the examples in the first two rows.

Interaction	PPE Item	PPE Worn?		
Example: Provided direct patient care <i>The healthcare worker was not wearing appropriate PPE (did not wear eye protection)</i>	Gloves	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Uncertain
	Gown	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Uncertain
	Medical mask	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Uncertain
	N95 respirator, or equivalent	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Uncertain
	Goggles or face shield	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Uncertain
	Powered air-purifying respirator (PAPR)	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Uncertain
	Other, specify: _____	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Uncertain
Example: Performed an aerosol-generating procedure <i>The healthcare worker was wearing appropriate PPE</i>	Gloves	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Uncertain
	Gown	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Uncertain
	Medical mask	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Uncertain
	N95 respirator, or equivalent	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Uncertain
	Goggles or face shield	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Uncertain
	Powered air-purifying respirator (PAPR)	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Uncertain
	Other, specify: _____	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Uncertain
Interaction (specify):	Gloves	Yes	No	Uncertain
	Gown	Yes	No	Uncertain
	Medical mask	Yes	No	Uncertain
	N95 respirator, or equivalent	Yes	No	Uncertain
	Goggles or face shield	Yes	No	Uncertain
	Powered air-purifying respirator (PAPR)	Yes	No	Uncertain
	Other, specify: _____	Yes	No	Uncertain

⁶Information on infection prevention and control and the use of personal protective equipment is available at: [https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)

Interaction	PPE Item	PPE Worn?		
Other interaction (specify):	Gloves	Yes	No	Uncertain
	Gown	Yes	No	Uncertain
	Medical mask	Yes	No	Uncertain
	N95 respirator, or equivalent	Yes	No	Uncertain
	Goggles or face shield	Yes	No	Uncertain
	Powered air-purifying respirator (PAPR)	Yes	No	Uncertain
	Other, specify: _____	Yes	No	Uncertain
Other interaction (specify):	Gloves	Yes	No	Uncertain
	Gown	Yes	No	Uncertain
	Medical mask	Yes	No	Uncertain
	N95 respirator, or equivalent	Yes	No	Uncertain
	Goggles or face shield	Yes	No	Uncertain
	Powered air-purifying respirator (PAPR)	Yes	No	Uncertain
	Other, specify: _____	Yes	No	Uncertain