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 had any contact or were present in the room with a person diagnosed with confirmed COVID-19 infection?

   ☐ Yes ☐ No

   Describe contact:

   _____

   _____

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

3. Did you wear the following personal protective equipment?

   a. Eye protection ☐ Yes ☐ No

      i. Goggles ☐ Yes ☐ No

      ii. Face shield ☐ Yes ☐ No

      iii. PAPR ☐ Yes ☐ No

   b. Respiratory protection ☐ Yes ☐ No

      i. N95 respirator ☐ Yes ☐ No

      ii. Surgical facemask ☐ Yes ☐ No

      iii. PAPR ☐ Yes ☐ No

   c. Gown ☐ Yes ☐ No

   d. Gloves ☐ Yes ☐ No

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

   Describe breach in PPE:

   _____

   _____

*** If HCW wore eye protection, N95 or PAPR, gown, and gloves and there was no PPE breach. Exposure is LOW RISK, skip to Question 10***

5. Was the patient wearing a facemask? ☐ Yes ☐ No

6. At any point in caring for the patient, was the patient's facemask removed? ☐ Yes ☐ No

   Describe:

   _____

   _____

7. Did you have extensive body contact with the patient (e.g., rolling the patient?) ☐ Yes ☐ No

8. 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 cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction)?

   ☐ Yes ☐ No

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

Low risk includes any of the following:

- ☐ HCP wearing all recommended PPE and adhering to all recommended infection control practices.
- ☐ HCP not using all recommended PPE only had brief interactions with a patient regardless of whether patient was wearing a facemask.
  Examples of brief interactions include: brief conversations at triage desk; briefly entering a patient room but not having direct contact with the patient or the patient's secretions/excretions; or entering the patient room immediately after the patient was discharged.

If patient **was** wearing facemask:

- ☐ HCP wearing all recommended PPE (except a facemask instead of respirator)
- ☐ HCP wearing all recommended PPE but not wearing gown or gloves **AND** HCP **did not** have extensive body contact with the patient (e.g., rolling the patient)
- ☐ HCP wearing all recommended PPE but not wearing eye protection

If patient **was not** wearing a facemask:

- ☐ HCP wearing all recommended PPE (except wearing a facemask instead of a respirator) **AND** aerosol-generating procedures (see description above) **were not** performed while HCP was present.
- ☐ HCP wearing all recommended PPE but not wearing gown or gloves **AND** HCP **did not** have extensive body contact with the patient (e.g., rolling the patient) **AND** aerosol-generating procedures (see description above) **were not** performed while HCP was present.

Medium risk includes any of the following:

If patient **was** wearing a facemask:

- ☐ HCP wearing all recommended PPE but not wearing gown or gloves **AND** HCP **had** extensive body contact with the patient (e.g., rolling the patient)
- ☐ HCP not wearing facemask or respirator
- ☐ HCP not wearing any PPE

If patient **was not** wearing a facemask:

- ☐ HCP wearing all recommended PPE (except wearing a facemask instead of a respirator) **AND** an aerosol-generating procedure (see description above) **was** performed while HCP was present.
- ☐ HCP wearing all recommended PPE but not wearing gown or gloves **AND** HCP **had** extensive body contact with the patient (e.g., rolling the patient) **OR** an aerosol-generating procedure (see description above) **was** performed while HCP was present.
- ☐ HCP wearing all recommended PPE but not wearing eye protection **AND** aerosol-generating procedures (see description above) **were not** performed while HCP was present.

High risk includes any of the following:

If patient **was not** wearing a facemask:

- ☐ HCP wearing all recommended PPE but not wearing eye protection **AND** an aerosol-generating procedure (see description above) **was** performed while HCP was present.
- ☐ HCP wearing all recommended PPE but not wearing a facemask or respirator
- ☐ HCP not wearing any PPE

COVID-19 RESPONSE PROCESS FOR THE UNIT OF CONFIRMED RESULTS

The following is the process outlined by the Minnesota Department of Health on 3/23/20 post identification of positive COVID 19 findings.

1. All residents that are symptomatic and have a confirmed case of COVID 19 will be maintained on droplet and contact precautions until further guidance received from MDH. Goggles/or face shield must be worn, gown, gloves, and face masks must be worn when coming in contact with the symptomatic or confirmed case of COVID 19. Change gowns with each interaction.
2. All remaining residents on the floor (unless these are present on a smaller unit that is self contained on that floor) will be kept as isolated as possible. Staff will also:
    a. Wear eye protection (safety glasses) to care for all residents on that floor/unit.
    b. Wear surgical face masks to care for all residents on that floor/unit.
    c. Wear gowns (cloth or disposable) to care for all residents on that floor/unit.
3. At this time due to limited availability of PPE we will follow the extended use guidelines that were provided by CDC and direction given by Mary Ellen Bennet with the ICAR (Infection Control Assessment and Response with MDH) to:
    a. Staff that provide direct patient care or come into contact with a resident will follow these guidelines.
    b. This PPE when used for asymptomatic residents on the unit, staff may put on this at the start of their shift, and maintain this one mask until they leave the unit/floor.
    c. Once a staff member leaves the floor/unit (for break or any other purpose) the PPE is removed, and any item that can be cleaned (in this case only the goggles or face shield) will be wiped down with an orange top wipe and allowed to air dry. Disposable equipment is discarded in the trash.
    d. Upon return to that floor, staff will again put on the surgical mask, gown and face mask/eye goggles.
4. This direction does not change any process with the use of gloves. Any potential contact with body fluids, staff are to follow universal precautions and use gloves to complete the task. Upon completion, they are to remove the gloves and perform hand hygiene as usual.
5. Any resident who is asymptomatic that develops symptoms will be immediately be placed on contact and droplet isolation precautions and notify the Clinical Administrator.

ROOM ENTRANCE LOG

Room Number: _____

Directions: Each entry to this resident room requires you to log entrance. If you enter multiple times a day you only need to document one time per day your presence in this room.

Date:	Signature

HCW End of Shift Active Screening for PPE

Directions: All staff who care for residents with COVID 19 will have this screen completed by the nurse prior to leaving at the end of the shift. CC/CA will evaluate these results to classify for Low-Medium-High before the staff's next scheduled shift:

Health Care Worker Name: _____

Interview conducted by: _____

Date of Interview: _____

1. Have you had any contact with or present in the room with a person diagnosed with COVID-19 infection?

   ◯Yes ◯No Resident Name: _____

2. Describe the contact you had:

   _____

   _____

3. Did you wear the following personal protective equipment?

   a. Eye protection ◯ Yes ◯ No
      i. Goggles ◯ Yes ◯ No
      ii. Face Shield ◯ Yes ◯ No
   b. Respiratory Protection: ◯ Yes ◯ No
      i. Surgical Face Mask ◯ Yes ◯ No
   c. Gown ◯ Yes ◯ No
   d. Gloves ◯ Yes ◯ No

4. At any point in caring for the resident, did you have a breach in PPE? ◯ Yes ◯ No

   a. Describe breach in PPE:

      _____

      _____

If the Health Care Worker wore eye protection (goggles or face shield), surgical mask, gown and gloves and there was no breach in PPE you are finished with the questionnaire. If there was a breach complete the next 4 questions:

1. Was the patient wearing a face mask during this interaction? ◯ Yes ◯ No
2. At any point in caring for the patient, was the patient's face mask removed? ◯ Yes ◯ No

   a. Describe:

      _____

      _____

3. Did you have extensive body contact with the patient? (e.g. rolling the patient) ◯ Yes ◯ No
4. 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 cardiopulmonary resuscitation, nebulizer treatment or nasopharngyeal swab)? ◯ Yes ◯ No

COVID-19 FACILITY EXPOSURE MANAGEMENT
After you have a suspected or confirmed case of COVID-19

Resident Management

- When possible, care should be provided in a single-person room with the door closed.
- Resident should have a dedicated bathroom, as applicable.
- Initiate droplet precaution and contact precautions.
- Ensure isolation carts with isolation supplies and isolation signs are outside the room. Include signage of how to don and doff PPE.
- Prior to entering and exiting the unit and a patient room, healthcare personnel must perform hand hygiene by washing hands with soap and water or applying alcohol-based hand sanitizer.
- Initiate alert monitoring.
- Notification of family /DPOA for resident's change in condition.
- Notification of Medical Director of any resident/staff with Respiratory Symptoms.
- Implement line listing of all residents with symptoms. Refer to local Health Department Line listing form.
- Initiate surveillance mapping of resident's that are symptomatic.
- Suspend any Admissions.
- Review discharges with family, other facilities etc.
- Institute "telehealth". If telehealth system is not available healthcare providers can still communicate with patients by phone (instead of visits) reducing the number of provider visits.
- Notify your EMS system of COVID-19 presence.
- For Residents receiving Dialysis outside the facility- notify their dialysis center and request they be dialyzed in "isolation".
- Minimize entries into patient rooms by bundling care and treatment activities.
- If resources allow, consider universal facemask for healthcare personnel while in the facility.
- If resources allow, consider having staff who provide direct care weal all recommended PPE (gown, gloves, eye protection, facemask) for the care of all residents regardless of presence of symptoms.
- If positive for fever or respiratory signs/symptoms, isolate the resident in their room and implement droplet and contact precautions.
- If possible, designate entire unit within facility to care for known or suspected COVID-10 residents, with dedicated staff who are only assigned to care for these residents.
- Restrict resident to their room (except for medically necessary purposes).
- If residents leave their room they should wear a facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least 6 feet away from others)
- Have a low threshold to transfer ill residents to a higher level of care.
- Notify hospital prior to transferring a resident with acute respiratory illness, including suspected or confirmed COVID-19.
- Stop all Nebulizers
- Keep doors closed with CPAP patients while using

Visitor Management

- Post No Visitors signs on all doors.
- Secure doors and allow only one entry if possible.

COVID-19 FACILITY EXPOSURE MANAGEMENT
After you have a suspected or confirmed case of COVID-19

- Visitors for end of life situations should perform hand hygiene and then don PPE before entering the care units.

Staff Management

- Take temp of all staff before beginning of shift. Record on temp log and absence of symptoms.
- Post procedure for staff if they become ill on duty.
- Assign consistent staff to same unit/hall on a consistent basis.
- Post CDC info on COVID-19
- Train staff on how to wear PPE safely.
- Ongoing staff education on proper hand hygiene.
- Observe staff – hand hygiene, donning and doffing PPE and during care.
- Complete staff competency on handwashing, and PPE proper use. (include all therapies)
- Consider setting up daycare for staff children- schools may close. (not applicable in WA)
- Educate staff to inform other facilities they work at that they are working at a facility with suspected or actual COVID19.
- Do not require a healthcare provider's note for employees who are sick with respiratory symptoms to return to work.
- Make contingency plans for increased absenteeism caused by employee illness or illness in employees' family members that would require them to stay home. Planning for absenteeism could include extending hours, cross training current employees, primary care model for nursing or hiring agency or temporary staff.
- Staff who are sick should have clear instructions regarding home care and when and how to access the healthcare system for face-to-face care or urgent/emergency conditions.
- If possible, identify staff that can monitor sick staff with daily "check-ins" using phone calls, emails and texts.

Environmental Management

- Increase sanitation of high touch areas and common areas including (computer screens, keyboards, elevator buttons, entry, exit buttons, door handles, knobs, counters, handrails, grab bars, therapy equipment's, shared medical equipment such as Hoyer lifts, shower chairs, wheelchairs, remote controls etc.)
- Limit sharing of personal items between residents.
- Use dedicated medical equipment for isolated residents. Oximeter, B/P cuff, Stethoscope etc.
- Ensure supplies are available. (tissues, waste receptacles, alcohol-based hand sanitizers)
- Ensure access to alcohol-based hand sanitizer both inside and outside of patient rooms.
- Sanitize any rental equipment's prior to use (Bariatric beds, mattress etc.)
- Consider zone cleaning-Assign staff to a zone in the facility to sanitize high touch surfaces every 3 times day.
- Create sign off sheet for staff to sign off date/time/employee name for sanitizing all high touch areas.

QAPI

- Initiate QAPI Subcommittee that meets each day in am to review.

COVID-19 FACILITY EXPOSURE MANAGEMENT
After you have a suspected or confirmed case of COVID-19

- Members:
- (SDC/IP, DNS, Administrator, RCMS, Providers, Housekeeping Supervisors, Maintenance Director and other members as needed.)
- Review resident line listing past 24 hours residents and staff.
- Review staff temp logs and symptoms log.
- Coordinate with CDC/DOH/Public Health Department
- Involve Medical Director in your COVID-19 exposure management
- Review and update the Emergency Operations Plan (EOP) with emphasis on Pandemic Response, business interruption protocols, review communications plan.
- Review admission/readmission policies in consideration of COVID-19.

Supplies Management

- Keep an Inventory of PPE (gowns, gloves, masks and eye shield) and other disinfecting supplies (Disinfecting wipes, etc.)
- Consolidated care in order to conserve PPE
- PPE use only in droplet precaution/isolation rooms, not to be worn in the facility
- When PPE supplies are limited, rapidly transition to extended use of eye and face protection.
- (i.e. respirators or facemasks.)
- Daily assess Infection Prevention Supplies- PPE, alcohol-based hand sanitizers and estimate number of days available.

Communications

- Immediately notify the health department about anyone with COVID-19 or 2 or more residents or healthcare providers who develop respiratory infections within a week.
- Be open with staff. Post information on each unit.
- Coordinate with local hospitals.
- Consider having a daily meeting with staff to update them regarding facility plan.
- Notify transportation companies.
- Retain legal support.
- Retain media consultant.
- Communicate often using your EOP for guidance. Consider using Facebook and your website.
- Ask phone vendor to initiate additional phone # for you to record daily updates.
- Assign someone who has some clinical knowledge & good communication /conflict management skills to man the phones.
- DNS/Administrator return all calls to family as requested.
- Consider having nursing provide daily update to POA, Guardian or family member.
- If working with Public Health or the CDC, get individuals full names and contact information.

COVID-19 Patient Reporting Form

Please complete this form for each patient that COVID-19 testing is requested for. Fax form to 651-201-5743 and then include this form with specimen submission. If you have a patient who is laboratory confirmed for COVID-19, report case using this form.

REPORTER INFORMATION

Today's Date: _____ Hospital/Clinic: _____

Clinician Name: _____ Phone: _____

PATIENT INFORMATION

First Name: _____ Last Name: _____ Sex: **Male/Female**

Address: _____ City: _____ County: _____

Phone: _____ Date of Birth: _____ Age: _____ **Years/Months**

Additional information **required** prioritization of testing

Does the patient live in a congregate setting (e.g., long-term care, shelter, group home) ☐ **YES** ☐ **NO**

Facility Name:_____

Is the patient a healthcare worker who provides direct patient care? ☐ **YES** ☐ **NO**

Employment Location:_____

Did the patient work while ill? ☐ **YES** ☐ **NO**

SYMPTOMS

Date of symptom onset: _____/_____/_____

☐ Fever	☐ Chills	☐ Abdominal Pain	☐ Pneumonia
☐ Cough	☐ Headache	☐ Diarrhea	☐ ARDS
☐ Shortness of breath	☐ Sore Throat	☐ Vomiting	☐ Muscle aches

EXPOSURE HISTORY

In the 14 days before symptom onset, did the patient:

☐ **YES** ☐ **NO** Travel? Location:_____

Dates: _____

☐ **YES** ☐ **NO** Have close contact[1] with a **lab confirmed** 2019-nCoV case while that case was ill?

If yes, Case Name: _____

CLINICAL INFORMATION

☐ Y ☐ N Hospitalized? Admit Date: _____

Hospital Name: _____

☐ Y ☐ N ICU Admission?

☐ Y ☐ N Intubated?

☐ Y ☐ N Deceased?

☐ Y ☐ N Chest X-ray or CT?

☐ Y ☐ N ECMO

Does the patient have underlying conditions?

☐ None	☐ Immunocompromised
☐ Unknown	☐ Pregnant
☐ Diabetes	☐ Chronic Lung Disease
☐ Hypertension	☐ Chronic Liver Disease
☐ Cardiac Disease	☐ Chronic Kidney Disease
☐ Other:_____	

LABORATORY TESTING

☐ **YES** ☐ **NO** Has the patient been tested for influenza?

Result: ☐ **Positive** ☐ **Negative**

Test Type: ☐ **Rapid Test** ☐ **PCR**

☐ **YES** ☐ **NO** Has the patient been tested for any other viral respiratory illness?

Result: _____

COVID 2019 TESTING

Specimen Type	Date Collected	Positive	Negative	Equivocal	Not Done
NP swab					
OP swab					
Sputum					
Other:					

[1] CDC defines "close contact" as: 1) being within approximately 6 feet or within the room or care area for a prolonged period of time while not wearing recommended PPE (i.e., gowns, gloves, respirator, eye protection); OR 2) having direct contact with infectious secretions (e.g., being coughed on) while not wearing recommended PPE. At this time, brief interactions, such as walking by a person, are considered low risk and do not constitute close contact

DEPARTMENT OF HEALTH

(MDH Lab Use Only)

Project #

Bar Code Sticker

(MDH Use Only)

*Public Health Laboratory * 601 Robert St N * St. Paul MN 55155 * 651-201-5200*

Clinical Testing and Submission Form

PATIENT INFO

Last name:

First name: MI:

Address:

City: St: Zip:

Patient ID #:

DOB mm/dd/yyyy: Gender: ☐ M ☐ F ☐ U

Patient location:

FACILITY INFO

Name:

Address:

City: St: Zip:

Submitter #: Phone:

Clinician name: Phone:

Person filling out form: Phone:

Specimen or Isolate Source Information

☐ Specimen ☐ Isolate

Lab sample #:

Collection date mm/dd/yyyy:

Collection time: ☐ a.m. ☐ p.m.

☐ Blood
☐ Serum
☐ acute ☐ convalescent
☐ Plasma
☐ Abscess:
site:
☐ Body fluid:

☐ Bone:
☐ Bronchial
☐ CSF
☐ Sputum
☐ induced ☐ expectorated
☐ Stool
☐ Swab
site:

☐ Tissue ☐ Biopsy
site:
☐ Urine
☐ Wash ☐ Aspirate
site:
☐ Wound
site:
☐ Other

☐ **Check box AND specify organism if this is a required submission per the Reportable Disease Rule (Chapter 4605)**

If box is checked, do NOT select any tests. MDH will determine.

STOP

Organism: click here to choose >>>

Test Requested

MICROBIOLOGY

☐ Bacillus anthracis *
☐ Bacterial ID; specify:
☐ Botulism testing *
☐ Brucella *
☐ C. diptheriae *
☐ Enteric pathogen ID;
specify:
☐ Francisella tularensis *
☐ GC culture (MDH approval only)
☐ Legionella culture & DFA
☐ Pertussis culture/PCR
☐ Yersinia pestis *
☐ Other; specify:

MYCOBACTERIOLOGY

☐ Mycobacterial smear & culture
☐ Mycobacterial ID

MYCOLOGY

☐ Fungal ID;
specify:

PARASITOLOGY

☐ Ova and parasite exam;
specify:
☐ Thick and thin blood films;
specify:
☐ Other exam;
specify:
☐ Parasite ID/confirmation;
specify:

SEROLOGY / IMMUNOLOGY

☐ Arbovirus/POW/JCV panel
☐ Bordetella pertussis IgG EIA
☐ Zika
☐ Syphilis:
☐ Screening
☐ Confirmation (TPPA)
screen result:
method:
☐ VDRL (CSF only)

VIROLOGY

☐ Virus detection/ID*;
☐ Adenovirus
☐ Enterovirus
☐ Herpes Simplex Virus
☐ Influenza PCR
☐ A ☐ B ☐ unknown
☐ Measles PCR
☐ Mumps PCR
☐ Rubella PCR
☐ Other Virus;
specify:

**MDH will determine testing protocol (culture and/or PCR)*

OTHER

Specify:

Call lab prior to sending

Submitting lab comments:

Mar 2019 v1.7

LTC Respiratory Surveillance Line List

Date:____/____/____

This worksheet was created to help nursing homes and other LTC facilities detect, characterize and investigate a possible outbreak of respiratory illness.

A. Case Demographics						B. Case Location			C. Signs and Symptoms (s/s)					D. Diagnostics					E. Outcome During Outbreak[A]			
	Name	Age	Gender (M/F)	Resident (R) or Staff (S)	Residents Only: Short stay (S) or Long stay (L)	Residents Only: Bldg/Floor	Residents Only: Room/Bed	Staff Only: Primary floor assignment	Symptom onset date: (mm/dd)	Fever[B] (Y/N)	Cough (Y/N)	Myalgia (body ache) (Y/N)	Additional documented s/s (*select all codes that apply*) H – headache, SB – shortness of breath, LA – loss of appetite, C – chills, ST – sore throat, O – other: Specify____	Chest x-ray (Y/N)	Type of specimen collected (*select all codes that apply*) NP – nasopharyngeal swab, OP – oropharyngeal swab, U – urine, S – sputum, Other: Specify____	Date of collection: (mm/dd)	Type of test ordered (*Select all codes that apply*) 0 – No test performed, 1 – Culture, 2 – PCR, 3 – Urine Antigen, 4 – Other: Specify____	Pathogen Detected (*Select all codes that apply*) 0 – Negative results Bacterial: 1 – *S. pneumoniae*, 2 – *Legionella*, 3 – *Mycoplasma* Viral: 4 – Influenza, 5 – RSV, 6 – HMPV 7 – Other: Specify____	Symptom resolution date: (mm/dd)	Hospitalized (Y/N)	Died (Y/N)	Case (C) or Not a case (leave blank)
1.																						
2.																						
3.																						
4.																						
5.																						
6.																						
7.																						
8.																						
9.																						
10.																						

If faxing to your local Public Health Department, please complete the following information:

Facility Name: _____ **City, State:** _____ **County:** _____

Contact Person: _____ **Phone:** _____ **Email:** _____

[A] ***Note:*** Outbreak defined as date of first case to resolution of last case.

[B] ***Definition of Fever*** (Stone N, Ashraf MS, Calder, J, et al. Surveillance Definitions in Long-Term Care Facilities: Revisiting the McGeer Criteria. Infect Control Hosp Epidemiol 2012; 33:965-977): (1) a single oral temp > 37.8°C (100°F) or (2) repeated oral temps > 37.2°C (99°F) or rectal temps > 37.5°C (99.5°F) or (3) a single temp > 1.1°C (2°F) over baseline from any site (oral, tympanic, axillary).