

# COVID-19 Exposure Risk Assessment Template for Patients in Post-acute Care Settings



This tool may be used to assess the need for quarantine of patients/residents who leave the facility for less than 24 hours for periodic medical-related or non-medical outings. This tool is not intended to assess the need for quarantine of newly admitted patients/residents. Quarantine is no longer recommended for patients/residents who are being admitted to a post-acute care facility if they are fully vaccinated and have **not** had prolonged close contact with someone who is suspected or confirmed with SARS-CoV-2 infection in the prior 14 days.

Facilities are strongly encouraged to establish ongoing communication to notify of known or suspected exposures. This risk assessment should be adapted as appropriate depending on settings, resource availability, and level of community disease burden (e.g., NJDOH [COVID-19 Activity Level Index](#) [CALI] score). **This should NOT be used to assess new admissions, re-admissions, or asymptomatic individuals who have clinically recovered from SARS-CoV-2 infection that was confirmed with a viral diagnostic test in the last 90 days.\*** Refer to the NJDOH [Testing in Response to a Newly Identified COVID-19 Case in Long-term Care Facilities](#) Appendix for additional information on test result interpretation.

**\*Asymptomatic individuals who have clinically recovered from confirmed SARS-CoV-2 infection in the last 90 days** (from either symptom onset or first positive viral test) AND have remained asymptomatic, generally:

- Do not need to be quarantined due to a potential exposure or identified close contact
- Do not need to be retested for SARS-CoV-2 during this time frame.

**NOTE:** Consideration needs to be given to determine whether there is concern that there may have been a false positive viral test, whether the patient/resident is immunocompromised, and whether there is evidence of exposure to a novel SARS-CoV-2 variant. If a patient/resident experiences new symptoms consistent with COVID-19 and an evaluation fails to identify a diagnosis other than SARS-CoV-2 infection (e.g., influenza), then repeat viral diagnostic testing and isolation may be warranted even if they have clinically recovered within 3 months.

Individuals cared for within an inpatient healthcare setting should not test out of COVID-19 quarantine. Given the need for often extensive and close contact between patients/residents and healthcare personnel (HCP), a **14-day quarantine period continues to be recommended** for close contacts to a suspected or confirmed COVID-19 case. This option maximally reduces post-quarantine transmission risk and is the strategy with the greatest collective experience at present. Shortening quarantine time may increase the risk of COVID-19 transmission when compared to the currently recommended 14-day quarantine. The variability of SARS-CoV-2 transmission observed to-date indicates that there may be settings (e.g., with high contact rates) where even a small risk of post-quarantine transmission could still result in substantial spread.

Currently, there are **no changes in infection prevention and control recommendations for fully vaccinated patients/residents who are identified as a close contact to a suspected or confirmed COVID-19 case.** Continue to follow all CDC and NJDOH recommended public health measures until more information becomes available.

Risk assessments should be well documented to include the reasons for a placement decision and considerations should, at minimum, include evaluation of:

- SARS-CoV-2 viral test results within the 90-day timeframe
- Frequency of potential exposures
- Transportation mode and potential for exposures during transportation
- Out of state travel in accordance with CDC and New Jersey restrictions
- Adherence to social distancing and source control of others who interacted with the patient/resident
- Degree to which the patient/resident can maintain and adhere to adequate social distancing, hand hygiene, and source control (if applicable)
- Degree to which the immune system of the patient/resident might be compromised
- Risks and benefits of physically moving the patient/resident

For any patient/resident taking a trip outside of the facility, the facility should:

- Provide the patient/resident with any items needed to follow infection prevention recommendations (e.g., hand sanitizer, well-fitting face covering)
- Educate the patient/resident and others (e.g., transport personnel, friends, family) of appropriate infection prevention precautions. Additional resources available at [Teach-Back: Intervention \(Agency for Healthcare Research and Quality\)](#).
- Continue symptom screening of patient/resident on their return to the facility
- Follow internal protocol regarding management of patient/resident who take trips outside of the facility, based on their risk assessment, re-opening phase, and NJDOH COVID-19 CALI Score. Refer to the Appendix: Risk Assessment Decision Tree at the end of this document
- Cohort patients/residents who make frequent trips outside the facility, if possible

Additional information on management of new or re-admissions and assessing exposure risk for patients/residents who routinely leave the facility is available in NJDOH *Considerations for Cohorting COVID-19 Patients in Post-Acute Care Facilities* at [https://www.nj.gov/health/cd/documents/topics/NCOV/COVID\\_Cohorting\\_PAC.pdf](https://www.nj.gov/health/cd/documents/topics/NCOV/COVID_Cohorting_PAC.pdf).

Information on New Jersey travel restrictions is available at <https://covid19.nj.gov/faqs/nj-information/travel-and-transportation/are-there-travel-restrictions-to-or-from-new-jersey>.

For additional resources to support COVID-19 prevention and containment refer to NJDOH *COVID-19: Information for Healthcare Professionals* at [https://www.nj.gov/health/cd/topics/covid2019\\_healthcare.shtml](https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml).

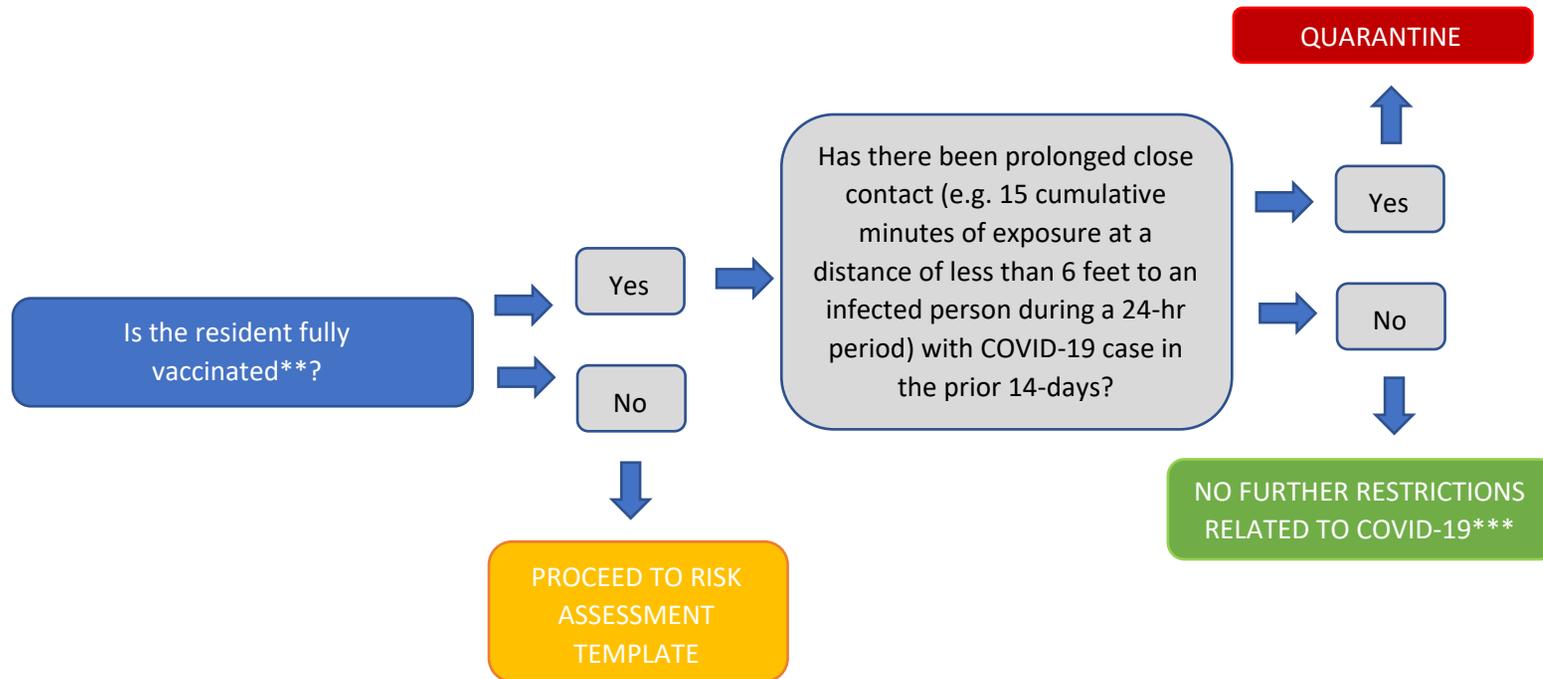
**See next page for Appendix: Risk Assessment Template Decision Tree**

## Appendix: Risk Assessment Template Decision Tree

Date of assessment: \_\_\_\_\_ Facility name: \_\_\_\_\_

Patient/resident name: \_\_\_\_\_ Unit/room: \_\_\_\_\_

Determination:  Quarantine  No further restrictions related to COVID-19  Proceed to risk assessment template



\*\*Fully vaccinated refers to a person who is  $\geq 2$  weeks following receipt of the second dose in a 2- dose series, or  $\geq 2$  weeks following receipt of one dose of a single-dose vaccine, per the CDC's *Public Health Recommendations for Vaccinated Persons*.

\*\*\*Further assessment of risk may be indicated based on the patient/resident encounter(s), purpose of the outing, and adherence to general infection prevention and control measures to identify if there has been close contact with an individual who is suspected or confirmed with SARS-CoV-2 infection.

**Directions:** For residents who are not fully vaccinated, answer the questions below by placing a check mark in the appropriate column. If the patient/resident is unable to provide the necessary information, staff may need to contact the family of the patient/resident, transport services, or any other contact to confirm exposure risk. This should be used for patients/residents who frequently leave the facility; asymptomatic, COVID-19 negative patients/residents; or those who have tested positive (and been removed from isolation) more than 3 months ago. **This should NOT be used to assess new or re-admissions or asymptomatic individuals who have recovered from SARS-CoV-2 infection that was confirmed with a viral diagnostic test in the last 90 days\*.**

Date of assessment: \_\_\_\_\_ Facility name: \_\_\_\_\_  
 Patient/resident name: \_\_\_\_\_ Unit/room: \_\_\_\_\_  
 Hemodialysis (Y/N) : \_\_\_\_\_ Destination: \_\_\_\_\_  
 Staff member initials: \_\_\_\_\_ Total time outside the facility: \_\_\_\_\_  
 Dates out of the facility: \_\_\_\_\_

*If you answer yes to any of the questions, the patient/resident may be considered at increased risk for COVID-19 incubation. The facility should consider additional assessment if needed and/or continue to quarantine the individual for 14 days from the last date of known or suspected exposure.*

Current COVID-19 activity	Yes	No
Did the patient/resident travel to an area with Moderate – Very High CALI activity? Refer to the NJDOH CALI Weekly Reports at <a href="https://www.nj.gov/health/cd/statistics/covid/">https://www.nj.gov/health/cd/statistics/covid/</a> .		
<b>General risk assessment</b>		
Did the patient/resident have close contact <sup>1</sup> with someone with confirmed COVID-19 infection or who had symptoms <sup>2</sup> consistent with COVID-19 while away from the facility?		
Did the patient/resident fail to practice source control (wear a well-fitting cloth or disposable mask) at all times (except for eating or drinking) and social distancing while away from the facility?		
Aside from healthcare interactions, did the patient/resident spend time (≥ 15 cumulative minutes within 24-hours) indoors in a public place or business within 6 feet of persons who were not using well-fitting cloth or disposable masks for source control?		
Did the patient/resident fail to practice social distancing (e.g., 6 feet separation, use of partition) at all times while away from the facility (except when receiving medical care or transfer assistance)?		
Did the patient/resident spend time in an enclosed space (e.g., place of worship, house gathering) with persons who were not practicing source control and social distancing?		
Was the patient/resident transported in a vehicle, including family-member’s vehicle, with occupants who were not practicing source control and social distancing (e.g. one rider per row, use of partition)?		
<b>Additional risk assessment specific to medical appointments</b>		
Does the outside healthcare facility treat patients with known or suspected COVID-19?		
Does the outside healthcare facility have an outbreak of COVID-19 within the past 28 days or documented transmission among its staff or patients?		
Did transport services and/or the outside facility fail to adhere to source control, social distancing, and infection prevention measures while the patient/resident was in their care?		
Did the patient/resident have close contact <sup>1</sup> with anyone who was not practicing source control and/or social distancing?		

<sup>1</sup> Being within less than 6 feet of a COVID-19 case for a prolonged period of time (≥ 15 minutes within 24-hours)

<sup>2</sup> These symptoms can include but are not limited to: Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion, nausea or vomiting, diarrhea.