



Retrospective Assessment Tool for Healthcare Personnel (HCP) Potentially Exposed to COVID-19

Directions: For each confirmed COVID-19 case, maintain a line list of HCP and complete a tracking form for each potentially exposed HCP (e.g., nurses, physicians, respiratory therapists, environmental services, others). Upon completion, please refer to ***NJDOH Healthcare Personnel Exposure to Confirmed COVID-19 Case Risk Algorithm*** to determine risk level for each date exposed. Use additional sheets if necessary. The overall risk level should be determined from the highest risk level of all dates exposed. If monitoring is indicated, monitoring should begin on the most recent date of MEDIUM or HIGH-risk exposure and continue for 14 days as per CDC and NJDOH guidance.

PLEASE NOTE: This form is designed for retrospective assessment of potential exposures. For current or ongoing HCP exposures, please refer to the ***NJDOH Healthcare Personnel (HCP) COVID-19 Exposure Checklist***.

Employee ID:		Facility Name:	
Name:		Sex:	
Address (street, city, county, state):		Age (Years):	
Phone Number(s):		Employee Position:	

Risk Level Determined: _____

Active or Passive Monitoring: _____

Employee Signature _____ Date ____/____/____

Date/Shift		Dates the patient was in the facility: Please enter Y (yes) or N (no) in each box based on the exposure question and the date specified.				Please describe any exposures requested in this column here. Please use a separate sheet of paper if you need more space.
		__/__/__	__/__/__	__/__/__	__/__/__	
1	Did you work a shift on this day? (Y/N) If NO, STOP for this date					
2	If yes, was this shift overnight? (Y/N)					
EXPOSURE QUESTIONS:						
3	Were you present in the room for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g. cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, or sputum induction)? (Y/N) If yes, list which procedures in notes column and SKIP to question 9					
4	Did you have PROLONGED CLOSE CONTACT (e.g. within 6 feet for over 1-2 minutes)? (Y/N)					
5	Did you have extensive body contact with the patient (e.g. rolling the patient)? (Y/N)					
6	Did you have contact with the patient's secretions or excretions (Y/N)? If yes, please indicate if secretions/excretions contacted unprotected mouth, eyes, nose, or hands in notes column					
7	Did you have brief interactions with the patient such as conversations at triage, briefly entering patient room, or entering patient room immediately after discharge? (Y/N, if yes describe in notes)					
8	Did you walk by a patient without direct contact with the patient or their secretions/excretions AND did not enter the patient room? (Y/N) If YES, and questions 3-7 are NO, STOP for this date					
PERSONAL PROTECTIVE EQUIPMENT AND HAND HYGIENE QUESTIONS:						
9	Were you wearing gloves (Y/N)					
10	Were you wearing a gown (Y/N)					
11	Were you wearing respiratory protection as protective as a N95 Respirator or better (Y/N)					
12	Were you wearing a mask (Y/N)					
13	Were you wearing eye protection such as goggles or disposable face shield (Y/N)					
14	Was the patient wearing a facemask? (Y/N)					
DAILY RISK LEVEL determined from <i>NJDOH Healthcare Personnel Exposure to Confirmed COVID-19 Case Risk Algorithm</i>						

OVERALL RISK LEVEL DETERMINED: _____