

COVID-19 Virus Exposure Risk Assessment Form for Health Care Workers (HCW)

1. Health Care Worker Information		
A. Name		
B. Department		
C. Phone number		
D. Age (in completed years)		
E. Gender	Male	Female
H. Current place of stay (Complete address)		
I. Type of HCW (specify) (Doctor, Nurse, Technician, other(specify))		
2.HCW interactions/ activities performed on COVID-19 patient information		
A. Date of exposure to confirmed COVID-19 patient		
B. Place of Exposure		
C. Approximate distance from the patient (in feet)		
D. Duration of maximum single contact at a stretch (in minutes)		
E0. Did you have face to face contact with the index case?	Yes	No
E1. Aerosol-generating procedure was performed on the patient?	Performed	Present Not Present
E2. If yes, what type of procedure	1. Intubation 2. Nebulisation 3. Airway suctioning 4. Collection of sputum 5. Tracheostomy 6. Bronchoscopy 7. CPR	
F. Accidental exposure to body fluids (SPECIFY the FLUID)	Yes	No
G. Did you have direct contact with the environment where the confirmed COVID-19 patient was cared for? e.g.:- bed, linen, medical equipment, bathroom etc.	Yes	No Unknown
H1. During the health care interaction with a COVID-19 patient, did you wear any personal protection	Yes	No
H2. If yes, which of the below items of Protection used:		
1. Surgical triple layer mask	Yes	No
2. N95 mask,	Yes	No
3. Single use gloves	Yes	No
4. Disposable gown	Yes	No
5. Face shield or goggles/ protective glasses	Yes	No
H3. Describe the pattern of your mask usage	Always, as recommended Most of the time Occasionally Rarely	
I. Did you perform hand hygiene after touching the patient's surroundings (bed, door, handle etc.) regardless of whether you were wearing gloves?	Yes	No NA

Health Care Worker

Head of the Department (Signature & Seal)