

Occupational Human Rabies Risk Assessment

You have been asked by your Employee Health staff to take the following survey to assess any risk you may have regarding a patient who was diagnosed with rabies. The risk to healthcare workers is very low, but we want to ensure all staff are protected.

Please keep these key points in mind:

There have been no confirmed cases of human-to-human transmission of rabies, aside from organ/tissue transplantation. Rabies virus is transmitted through direct contact with infectious tissue or fluids. Rabies virus is not transmitted through contaminated objects or materials such as clothes or bedding. Healthcare workers who used standard precautions while providing care to patients with suspected or confirmed rabies have protected themselves. Healthcare workers who have cared for patients with rabies do not pose a risk to their families or communities. Please complete this online survey to help assess your exposure risk as soon as possible. You will get an email reminder in 24 hours if you have not completed the survey. If you are not comfortable completing this online, please reach out to the appropriate contact number.



Basic Demographics

First Name

Last Name

Email

What hospital or clinic location do you work at?

- [Redacted]
- [Redacted]
- [Redacted]

Consent for Risk Assessment

Consent to rabies risk assessment

Please read the following paragraph that outlines the risk assessment process and data privacy.

Before asking you any questions, we are required by Minnesota state law to give you the following information about this interview and your right to privacy. We need to ask questions to help assess your exposure risk, and provide information to help protect you. The only people who will have access to your private information, such as your name and responses, will be:

Public health staff [Redacted]
Disease staff from [Redacted] Others who are required to have access by law or court order. You do not have to agree to fill out this survey, if you choose not to, you will be contacted by [Redacted] staff in order to assess your risk.

Do you understand and agree to provide your information?

- Yes
- No

You have not consented to take this online survey. Employee Health will reach out to you to take this risk assessment in a different format.

I acknowledge

Please contact

[Redacted contact information]

Please click that you acknowledge and then click submit.

Demographics

Preferred Phone Number

City of residence

County of residence

- Non-Minnesota
- Aitkin
- Anoka
- Becker
- Beltrami
- Benton
- Big Stone
- Blue Earth
- Brown
- Carlton
- Carver
- Cass
- Chippewa
- Chisago
- Clay
- Clearwater
- Cook
- Cottonwood
- Crow Wing
- Dakota
- Dodge
- Douglas
- Faribault
- Fillmore
- Freeborn
- Goodhue
- Grant
- Hennepin
- Houston
- Hubbard
- Isanti
- Itasca
- Jackson
- Kanabec
- Kandiyohi
- Kittson
- Koochiching
- Lac qui Parle
- Lake
- Lake of the Woods
- Le Sueur
- Lincoln
- Lyon
- McLeod
- Mahnomen
- Marshall
- Martin
- Meeker
- Mille Lacs
- Morrison
- Mower
- Murray
- Nicollet
- Nobles
- Norman
- Olmsted
- Otter Tail
- Pennington
- Pine
- Pipestone
- Polk
- Pope
- Ramsey
- Red Lake
- Redwood
- Renville
- Rice
- Rock
- Roseau

- St. Louis
- Scott
- Sherburne
- Sibley
- Stearns
- Steele
- Stevens
- Swift
- Todd
- Traverse
- Wabasha
- Wadena
- Waseca
- Washington
- Watonwan
- Wilkin
- Winona
- Wright
- Yellow Medicine

What county and state do you live in?

Zip code of residence

Date of Birth

Sex

- Male
- Female
- Other

Occupation Related

Which department(s) do you work in?

What is your job title or category?

- Provider (MD/APC)
- Nursing staff
- EMS/EMT
- Respiratory therapy staff
- Radiology staff
- Pharmacy staff
- Dialysis staff
- Chaplain staff
- PT/OT staff
- Nutrition Services
- Laboratory staff
- Environmental Services
- Other

What is your job title?

Potential Exposure to Human Rabies Patient

Did you work with or have contact with this patient or their specimens? Yes No Unknown

Because you did not work with this patient or their specimens, you do not have any exposures that put you at risk. You do not need any further follow-up. If you have questions, please reach out to your Employee Health Contact.

• [Redacted]

Please click that you acknowledge and then click submit.

I acknowledge and agree

Since you are unsure if you had contact with this patient or their specimens, Infection Prevention staff will reach out to you to discuss whether or not you may have had interactions.

Please click that you acknowledge and then click submit.

I acknowledge and agree

Dates of contact with patient

Briefly, what were your job responsibilities with this patient?

Due to COVID-19, were you wearing a mask and eye protection at all times with this patient? Yes No

Were you wearing gloves at all times with this patient? Yes No

Could you have had any physical contact with any of the following from the patient:

saliva respiratory secretions tears cerebral spinal fluid (CSF) laboratory specimens associated with testing for rabies during his current hospital stay? Did you sustain a needlestick from a contaminated needle?

Choose yes if either one is true. (Remember that blood, feces & urine are not considered infectious for rabies).

Yes No

Were you bitten by the patient? Yes No

Were you kissed by the patient? Yes No

Did the patient's saliva (or respiratory secretions) come into contact with your eyes, nose, mouth or broken skin? Yes No (Broken skin means a fresh wound in skin that has bled within 24 hours and has not scabbed over. Hang nails and dry skin are not considered broken skin.)

Did the patient's cerebral spinal fluid (CSF) come into contact with your eyes, nose, mouth or broken skin?	<input type="radio"/> Yes <input type="radio"/> No (Broken skin means a fresh wound in skin that has bled within 24 hours and has not scabbed over. Hang nails and dry skin are not considered broken skin.)
Did the patient's tears come into contact with your eyes, nose, mouth or broken skin?	<input type="radio"/> Yes <input type="radio"/> No (Broken skin means a fresh wound in skin that has bled within 24 hours and has not scabbed over. Hang nails and dry skin are not considered broken skin.)
Did you intubate or extubate this patient or were you present for intubation or extubation?	<input type="radio"/> Yes <input type="radio"/> No
Were you wearing all appropriate personal protective equipment (i.e., gown, gloves, eye protection, and a mask) during intubation or extubation?	<input type="radio"/> Yes <input type="radio"/> No
Did you notice saliva or respiratory secretions come into contact with eyes, nose, mouth or broken skin?	<input type="radio"/> Yes <input type="radio"/> No (Broken skin means a fresh wound in skin that has bled within 24 hours and has not scabbed over. Hang nails and dry skin are not considered broken skin.)
Did you perform endotracheal tube or ventilator maintenance for this patient?	<input type="radio"/> Yes <input type="radio"/> No
Were you wearing all appropriate personal protective equipment (i.e., gown, gloves, eye protection, and a mask) during endotracheal tube or ventilator maintenance?	<input type="radio"/> Yes <input type="radio"/> No
Did you notice saliva or respiratory secretions come into contact with eyes, nose, mouth or broken skin?	<input type="radio"/> Yes <input type="radio"/> No (Broken skin means a fresh wound in skin that has bled within 24 hours and has not scabbed over. Hang nails and dry skin are not considered broken skin.)
Did you perform a lumbar puncture or surgical procedures on this patient?	<input type="radio"/> Yes <input type="radio"/> No
Were you wearing all appropriate personal protective equipment (i.e., gown, gloves, eye protection, and a mask) during the lumbar puncture or surgical procedure?	<input type="radio"/> Yes <input type="radio"/> No
Did you notice CSF or neural tissue get into your eyes, nose, mouth or broken skin?	<input type="radio"/> Yes <input type="radio"/> No (Broken skin means a fresh wound in skin that has bled within 24 hours and has not scabbed over. Hang nails and dry skin are not considered broken skin.)
Did you have a needle stick injury after the needle had been in contact with saliva, respiratory secretions, or nervous system tissue or fluids?	<input type="radio"/> Yes <input type="radio"/> No

Did any lab specimens from this patient that could contain rabies virus come into contact with your eyes, nose, mouth or broken skin? (These include: tears, saliva, respiratory secretions, CSF, or neural tissue such as skin biopsy, brain or spinal cord tissue.)

- Yes
 No
 (Broken skin means a fresh wound in skin that has bled within 24 hours and has not scabbed over. Hang nails and dry skin are not considered broken skin.)

Are there any other potential exposures you are concerned about (e.g., patient spitting, uncovered sneezing or coughing)?

- Yes
 No

Did the patient's cough, sneeze or saliva get into your eyes, nose or mouth?

- Yes
 No

Please use this space to inform us of any other concerns you have.

Previous Vaccination

Have you been previously vaccinated for rabies?

- Yes
 No

What year were you vaccinated?

Recommendation

Thank you for completing the survey. Based on your responses, you did not have any exposures that put you at risk. You do not need any further follow-up. If you have questions, please reach out to your Employee Health contact.

- [REDACTED]
- [REDACTED]
- [REDACTED]

Please acknowledge the no risk recommendation by clicking yes and submitting the survey.

I acknowledge and agree

Based on this risk assessment, you had at least one response that requires further discussion.

Someone from Employee Health will be contacting you to provide further assessment. If they determine you need rabies post-exposure prophylaxis (PEP), they will help you coordinate the process.

Please acknowledge someone from Employee Health will contact you by clicking yes and submitting the survey.

I acknowledge and agree

Admin Review

Date phone assessment complete

Assessment performed by

[REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]

Final Recommendation

- No PEP recommended
- PEP recommended
- PEP booster recommended
- LTF

Notes