

Appendix 1: Risk Assessment for Healthcare Workers Exposed to Persons with COVID-19

I. INTERVIEWER INFORMATION	
Interviewer name (Last, First)	
Interview date (DD/MM/YYYY)	
Interviewer affiliation	

II. HEALTHCARE WORKER INFORMATION			
Last name			
First name			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to respond		
Age (years)			
Healthcare worker role (check all that apply)	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border: none;"> <input type="checkbox"/> Facilities/maintenance worker <input type="checkbox"/> Food services worker <input type="checkbox"/> Laboratory worker <input type="checkbox"/> Medical doctor (attending) <input type="checkbox"/> Medical doctor (intern/resident) <input type="checkbox"/> Medical technician <input type="checkbox"/> Midwife <input type="checkbox"/> Nursing assistant or technician (or equivalent) <input type="checkbox"/> Nutritionist <input type="checkbox"/> Other, specify _____ </td> <td style="width: 50%; vertical-align: top; border: none;"> <input type="checkbox"/> Phlebotomist <input type="checkbox"/> Physical therapist <input type="checkbox"/> Physician assistant <input type="checkbox"/> Radiology technician <input type="checkbox"/> Registered nurse (or equivalent) <input type="checkbox"/> Respiratory therapist <input type="checkbox"/> Student <input type="checkbox"/> Teacher/Preceptor <input type="checkbox"/> Ward clerk </td> </tr> </table>	<input type="checkbox"/> Facilities/maintenance worker <input type="checkbox"/> Food services worker <input type="checkbox"/> Laboratory worker <input type="checkbox"/> Medical doctor (attending) <input type="checkbox"/> Medical doctor (intern/resident) <input type="checkbox"/> Medical technician <input type="checkbox"/> Midwife <input type="checkbox"/> Nursing assistant or technician (or equivalent) <input type="checkbox"/> Nutritionist <input type="checkbox"/> Other, specify _____	<input type="checkbox"/> Phlebotomist <input type="checkbox"/> Physical therapist <input type="checkbox"/> Physician assistant <input type="checkbox"/> Radiology technician <input type="checkbox"/> Registered nurse (or equivalent) <input type="checkbox"/> Respiratory therapist <input type="checkbox"/> Student <input type="checkbox"/> Teacher/Preceptor <input type="checkbox"/> Ward clerk
<input type="checkbox"/> Facilities/maintenance worker <input type="checkbox"/> Food services worker <input type="checkbox"/> Laboratory worker <input type="checkbox"/> Medical doctor (attending) <input type="checkbox"/> Medical doctor (intern/resident) <input type="checkbox"/> Medical technician <input type="checkbox"/> Midwife <input type="checkbox"/> Nursing assistant or technician (or equivalent) <input type="checkbox"/> Nutritionist <input type="checkbox"/> Other, specify _____	<input type="checkbox"/> Phlebotomist <input type="checkbox"/> Physical therapist <input type="checkbox"/> Physician assistant <input type="checkbox"/> Radiology technician <input type="checkbox"/> Registered nurse (or equivalent) <input type="checkbox"/> Respiratory therapist <input type="checkbox"/> Student <input type="checkbox"/> Teacher/Preceptor <input type="checkbox"/> Ward clerk		
Healthcare facility type (select primary location)	<input type="checkbox"/> Hospital <input type="checkbox"/> Primary health center, specify level _____ <input type="checkbox"/> Outpatient clinic, specify clinic type _____ <input type="checkbox"/> Nursing home or skilled nursing facility <input type="checkbox"/> Home care <input type="checkbox"/> Other, specify _____		

III. COMMUNITY EXPOSURES	
Healthcare workers who respond “Yes” to any of the questions in this section should be considered as having had a high-risk exposure in the community. “Uncertain” responses should be considered on a case-by-case basis.	
Date of most recent community exposure to a person with COVID-19 (DD/MM/YYYY)	
In the past 14 days, did you live in the same household as a person with COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
In the past 14 days, were you within one meter of a person with COVID-19 for 15 minutes or longer (e.g., meeting room, workspace, classroom, or traveling in any type of conveyance), outside of a healthcare facility? ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
In the past 14 days, did you have direct physical contact with a person with COVID-19 (e.g., shake hands) or with their infectious secretions (e.g., being coughed on or touching used tissues), outside of a healthcare facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain

¹ Guidance on defining close contacts of a person with COVID-19 includes being in the same closed environment for 15 minutes or more at a distance of less than 2 meters, per ECDC (<https://www.ecdc.europa.eu/sites/default/files/documents/covid-19-public-health-management-contact-novel-coronavirus-cases-EU.pdf>); face-to-face contact within 1 meter for more than 15 minutes, per WHO ([https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-\(2019-ncov\)](https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov))); or being within approximately 2 meters for a prolonged period of time, per CDC (<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>).

IV. HEALTHCARE WORKER ACTIVITIES AND EXPOSURES	
Date of most recent exposure to known COVID-19 patient(s) in a healthcare setting (DD/MM/YYYY)	
Name of healthcare facility where exposure occurred	
Health unit type(s) where exposure to COVID-19 patients occurred (check all that apply)	<input type="checkbox"/> Cleaning services <input type="checkbox"/> Outpatient area <input type="checkbox"/> Operating room <input type="checkbox"/> Pharmacy <input type="checkbox"/> Emergency room <input type="checkbox"/> Inpatient ward <input type="checkbox"/> Laboratory <input type="checkbox"/> Reception area <input type="checkbox"/> Radiology/imaging <input type="checkbox"/> Intensive care unit <input type="checkbox"/> Transport <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____
Healthcare workers who respond “Yes” to any of the questions in this section should be considered as having had a high-risk exposure. Healthcare workers who respond “No” to all of the questions in this section should be considered as having had a low-risk exposure. “Uncertain” responses should be considered on a case-by-case basis.	
Did you have any direct skin-to-skin exposure to a COVID-19 patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Did you have any direct exposure (to your skin or mucous membrane) to a COVID-19 patient’s respiratory secretions or bodily fluid?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Did you have a percutaneous exposure (e.g., needle stick, cut, puncture) with material potentially contaminated with body fluid, blood, or respiratory secretions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Were you within one meter of a COVID-19 patient²...	
While not wearing appropriate personal protective equipment (PPE)? ³	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Or had issues with your PPE (e.g., tears, removed while in patient area)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Did you provide direct care⁴ to a COVID-19 patient²...	
While not wearing appropriate personal protective equipment (PPE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Or had issues with your PPE (e.g., tears, removed while in patient area)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Did you perform or assist with any aerosol-generating procedure (AGP)⁵ on a COVID-19 patient, or were you present in the room when one was performed...	
While not wearing appropriate personal protective equipment (PPE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Or had issues with your PPE (e.g., tears, removed while in patient area)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Did you handle body fluid or other specimens from a COVID-19 patient...	
While not wearing appropriate personal protective equipment (PPE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Or had issues with your PPE (e.g., tears, removed while handling specimen)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Did you have direct contact with environment where a COVID-19 patient received care (e.g., bed, linens, medical equipment, frequently touched surfaces, bathroom)...	
While not wearing appropriate personal protective equipment (PPE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Or had issues with your PPE (e.g., tears, removed contacting environment)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Did you <u>fail to</u> perform hand hygiene after providing direct patient care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Did you <u>fail to</u> perform hand hygiene after removing your PPE?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Did you <u>fail to</u> perform hand hygiene after having direct contact with the environment where a COVID-19 patient received care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain

² If COVID-19 patient had source control during these interactions (e.g., facemask, N95 respirator, or intubation) then exposure would be considered low-risk.

³ Information on the use of personal protective equipment is available at: [https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)

⁴ Patient care activities include, but are not limited to: taking vital signs or medical history, performing physical exam, providing medication, bathing, feeding, emptying bedpan, changing linens, drawing blood, performing x-ray, collecting respiratory specimens, inserting central or peripheral line, inserting nasogastric tubes, placing urinary catheter, providing injection, and providing tracheostomy care.

⁵ Aerosol-generating procedures include, but are not limited to: tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation, bronchoscopy ([https://www.who.int/publications-detail/rational-use-of-personal-protective-equipment-for-coronavirus-disease-\(covid-19\)-and-considerations-during-severe-shortages](https://www.who.int/publications-detail/rational-use-of-personal-protective-equipment-for-coronavirus-disease-(covid-19)-and-considerations-during-severe-shortages))

Use this section to describe healthcare interactions with COVID-19 patients and determine whether appropriate PPE was worn. Record details about PPE the healthcare worker wore and determine if it was appropriate based on guidance on the use of PPE.⁶ Please see the examples in the first two rows.

Interaction	Was PPE worn by healthcare worker?		
Example: Provided direct patient care <i>The healthcare worker was not wearing appropriate PPE (did not wear eye protection)</i>	Gloves	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Gown	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Medical mask	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Uncertain
	N95 respirator, or equivalent	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain
	Goggles or face shield	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain
	Powered air-purifying respirator (PAPR)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain
	Other, specify _____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain
Example: Performed an aerosol-generating procedure <i>The healthcare worker was wearing appropriate PPE</i>	Gloves	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Gown	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Medical mask	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain
	N95 respirator, or equivalent	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Goggles or face shield	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Powered air-purifying respirator (PAPR)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain
	Other, specify _____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain
Interaction (specify):	Gloves	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Gown	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Medical mask	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Uncertain
	N95 respirator, or equivalent	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Goggles or face shield	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Powered air-purifying respirator (PAPR)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Other, specify _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Uncertain
Other interaction (specify):	Gloves	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Gown	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Medical mask	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Uncertain
	N95 respirator, or equivalent	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Goggles or face shield	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Powered air-purifying respirator (PAPR)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Other, specify _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Uncertain
Other interaction (specify):	Gloves	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Gown	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Medical mask	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Uncertain
	N95 respirator, or equivalent	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Goggles or face shield	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Powered air-purifying respirator (PAPR)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Other, specify _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Uncertain

⁶ Information on infection prevention and control and the use of personal protective equipment is available at: [https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)