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

This document has been significantly updated to align with current public health guidance.

In general, facilities must permit patients/residents to leave the facility as they choose. **In most circumstances, quarantine is not recommended for patients/residents that are up to date with all recommended COVID-19 vaccinations and asymptomatic individuals who have recovered from SARS-CoV-2 infection in the past 90 days unless they develop symptoms of COVID-19, are diagnosed with SARS-CoV-2 infection, or the facility is directed to do so by the jurisdiction's public health authority. Quarantine might also be considered if the patient/resident is moderately to severely immunocompromised.** Additionally, immunocompromised people may not be protected even if they are up to date with all recommended COVID-19 vaccines. **They should continue to take all precautions recommended for people who are not up to date with all recommended COVID-19 vaccinations, including wearing a well-fitting mask and practicing physical distancing until advised otherwise by their healthcare provider.**

All symptomatic patients/residents, regardless of vaccination status, should be isolated to identify if the clinical presentation is due to a communicable infectious disease. Patients/residents who leave the facility for >24 hours should generally be managed as a readmission in which facilities should have a plan for proper management. Facilities are strongly encouraged to establish regular communication between medical facilities sending or receiving patients/residents and the patient/resident themselves to notify of suspected or confirmed exposures to SARS-CoV-2. Rapid identification and management of patients/residents exposed to SARS-CoV-2 is an important control measure. This tool may be used to assess exposure risk and inform recommended infection prevention and control interventions to curb the transmission of SARS-CoV-2. This risk assessment may be adapted as appropriate depending on settings and resource availability. **Any assessment of risk should be well documented to include the reasons for a placement decision and may include evaluation of the following:**

- SARS-CoV-2 positive viral test results within the 90-day timeframe
- Frequency of potential exposures
- Transportation mode and potential for exposures during transportation
- Adherence to physical distancing and source control of others who interacted with the patient/resident
- The degree to which the patient/resident can maintain and adhere to adequate physical distancing, hand hygiene, and well-fitting source control (if applicable)
- The degree of the patient's/resident's immunosuppression which may impact the immune response to vaccines
- Risks and benefits of physically moving the patient/resident

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

- Educate the patient/resident and others (e.g., transport personnel, friends, family) on appropriate infection prevention precautions (e.g., vaccination, well-fitting source control, physical distancing) and the importance of encouraging those around them to do the same. Additional resources are available at the Agency for Healthcare Research and Quality's *TeachBack: Interventions*

https://www.ahrq.gov/patient- safety/reports/engage/interventions/teachback.html.

- Provide the patient/resident with any items needed to follow infection prevention recommendations (e.g., hand sanitizer, well-fitting source control).
- Assess the patient/resident upon their return for fever and symptoms consistent with COVID-19. Continue routine (e.g., daily) monitoring.
- Consider the use of a private room or cohorting of patients/residents who frequently leave the facility.
- Follow the facility-specific protocol regarding the management of patients/residents who take trips outside of the facility. Refer to the *Appendix: Risk Assessment Decision Tree* at the end of this document.

Refer to the NJDOH *Considerations for Cohorting COVID-19 Patients in Post-Acute Care Facilities* for additional information on the overall patient/resident management during the SARS-CoV-2 pandemic https://www.nj.gov/health/cd/documents/topics/NCOV/Cohorting-PAC.pdf. **See next page for *Appendix: Risk Assessment Template Decision Tree***

Resources

CDC *Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes* https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

CDC *Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19: Information for Healthcare Professionals* https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html

CDC *People with Certain Medical Conditions* (immunocompromised state) https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html#MedicalConditionsAdults

NJDOH *COVID-19: Information for Healthcare Professionals* https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml

Appendix: Risk Assessment Template Decision Tree

NOTE: Patients/residents with confirmed SARS-CoV-2 infection who have not met the criteria to discontinue transmission-based precautions should be placed in the designated COVID-19 care unit, regardless of vaccination status. Refer to the NJDOH *Considerations for Cohorting COVID-19 Patients in Post-Acute Care Facilities* for additional information on the overall patient/resident management during the SARS-CoV-2 pandemic (e.g., quarantine & isolation timeframes) https://www.nj.gov/health/cd/documents/topics/NCOV/Cohorting-PAC.pdf**.**

* "Up to date" means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible. Refer to CDC *Stay Up to Date with Your Vaccines* https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html.

**In general, testing is not necessary for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 90 days; however, if testing is performed on these people, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended. Some people may remain NAAT positive but are no longer infectious during this period.

Use this form to assess the risk of patients/residents who frequently leave the facility. **This form is not intended to evaluate new admissions, readmissions, asymptomatic patients/residents who are up to date with all recommended COVID-19 vaccines, or asymptomatic individuals who have recovered from SARS-CoV-2 infection that was confirmed with a viral diagnostic test in the last 90 days.**

Directions: Answer the questions below by placing a checkmark 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 identify the risk of exposure to SARS-CoV-2.

Date of assessment:_____ **Facility name:** _____

Patient/resident name:_____ **Unit/room:** _____

Hemodialysis (Y/N) :_____ **Destination:** _____

Staff member initials: _____ **Total time outside the facility:** _____

Date out of the facility: _____

If you answer yes to any of the questions, the patient/resident may be considered at increased risk for SARS-CoV-2 exposure. *The facility should consider additional assessment if needed and/or quarantine the individual based on current CDC guidance.*

Current COVID-19 activity	**Yes**	**No**
Did the patient/resident travel to an area with *High - Substantial* community transmission? *Refer to CDC COVID Data Tracker* https://covid.cdc.gov/covid-data-tracker/#county-view	☐	☐
General risk assessment		
Did the patient/resident have close contact[1] with someone with confirmed SARS-CoV-2 infection or who had symptoms[2] consistent with COVID-19 while away from the facility?	☐	☐
If yes, STOP – Quarantine the patient/resident, provide care using full COVID-19 recommended PPE, and test immediately (but not earlier than 24 hours after the exposure). If negative, test again 5–7 days after the exposure. Refer to NJDOH *Considerations for Cohorting COVID-19 Patients in Post-Acute Care Facilities***.**	STOP	
Did the patient/resident fail to wear well-fitting source control at all times (except for eating or drinking) while away from the facility?	☐	☐
Aside from healthcare interactions, did the patient/resident spend time (≥ 15 cumulative minutes within 24-hours) indoors (e.g., place of worship, house gathering) within 6 feet of persons who were not using well-fitting source control?	☐	☐
Did the patient/resident fail to practice physical distancing (e.g., 6 feet separation, use of partition) while away from the facility (except when receiving medical care or transfer assistance)?	☐	☐
Was the patient/resident transported in a vehicle with occupants not wearing source control?	☐	☐
Additional risk assessment specific to medical appointments		
Does the outside healthcare facility treat patients with known or suspected COVID-19?	☐	☐
Does the outside healthcare facility have an outbreak of COVID-19 or documented transmission among its staff or patients?	☐	☐
Did transport services and/or the outside facility fail to adhere to source control, physical distancing and infection prevention measures while the patient/resident was in their care?	☐	☐
Did the patient/resident have close contact[1] with anyone who was not wearing source control and/or physical distancing?	☐	☐

[1] Being within less than 6 feet of a COVID-19 case for a prolonged period of time (≥ 15 cumulative minutes within 24-hours)

[2] 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.