

## RISK ASSESSMENT TOOL

TO IDENTIFY STAFF AND VISITORS AT RISK FOR COVID-19

RISK FACTORS	YES	NO
1. Person presents with fever <b>and</b> symptoms of cough and/or shortness of breath		
2. Person presents with acute respiratory symptoms with no known etiology (i.e. COPD, Pneumonia)		
3. Person has traveled a CDC restricted country within the last 14 days.		
4. Person has had close contact with a person who has traveled to a CDC restricted country in the last 14 days.		
5. Person has been in close contact with a person who had a confirmed case of COVID-19.		

- ***CDC list of Restricted Countries is available on the CDC website and should be referenced regularly. <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>***
- ***Persons who have two of the above risk factors will require further investigation and evaluation.***
- ***The Department of Health will be notified at: \_\_\_\_\_.***
- ***These persons will fall into the category of Persons Under Investigation Criteria/PUI until further directives are received from the Health Department. PUI's will require droplet precautions and a private room until further directives are received from the Health Department. These persons should not be allowed onto facility premises until cleared by the Health Department.***

Signature of Assessor: \_\_\_\_\_ Date/Time: \_\_\_\_\_

### FOR STAFF NOTED TO BE AT RISK:

Resident identified as PUI will placed on contact and droplet precautions as per facility guidelines. List all required notifications below (include name of person you reported to and date/time)

MDH (List Name): \_\_\_\_\_ Date/Time: \_\_\_\_\_

Facility Admin (List Name): \_\_\_\_\_ Date/Time: \_\_\_\_\_

Resident Rep (List Name): \_\_\_\_\_ Date/Time: \_\_\_\_\_