Steve Sisolak
Governor

Richard Whitley, MS
Director

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Public and Behavioral Health

*Helping people. It's who we are and what we do.*

Lisa Sherych
Administrator

Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer

## Interim Tracking Form for Asymptomatic Healthcare Personnel Potentially Exposed to nCoV1

*(e.g., nurses, physicians, respiratory therapists, environmental services, others)*

Complete column (or new form) for each date worked

Facility Name: _____

### Employee Information

| | |
|---|---|
| Employee ID: | |
| Name: | |
| Address (Street, City County, State): | |
| Phone Number(s): | |

| | |
|---|---|
| Patient ID: | |
| Sex: | M / F |
| Age (Years): | |
| Employee Position: | |

### Exposure Category (1 , 2, 3) per the Nevada Department of Health and Human Services for 2019-nCoV[2]

| Date, at beginning of shift | Date | Date | Date | Date | Date | Date | Date | Notes |
|---|---|---|---|---|---|---|---|---|
| Worked shift on this day? (Y/N) | | | | | | | | |
| If yes, was shift overnight? (Y/N) | | | | | | | | |
| Entered patient's room/same enclosed area[3]? (Y/N) If yes, list room/care locations by date. | | | | | | | | |
| Touched the patient? (Y/N) If yes, list room/care locations by date. | | | | | | | | |
| Had contact with patient's secretions, excretions, surfaces in the room, or used medical equipment (even if patient not present)? (Y/N) If yes, describe in notes. | | | | | | | | |
| Was patient in an Airborne Infection Isolation Room (AIIR)[4] when contact occurred? (Y/N) If No, describe in notes. | | | | | | | | |
| Was patient wearing a face-mask if contact occurred outside an AIIR? (Y/N/Not Applicable) | | | | | | | | |
| Was the following PPE always worn? (Y/N) | | | | | | | | |
| Gloves? (Y/N) | | | | | | | | |
| Gown? (Y/N) | | | | | | | | |
| N95 respirator? (Y/N) | | | | | | | | |
| If wore N95, fit-tested in last year? (Y/N) | | | | | | | | |
| CAPR or PAPR & hood? (Y/N) | | | | | | | | |
| Goggles or disposable face shield that covers the front and sides of the face? (Y/N) | | | | | | | | |
| Any issues with PPE (e.g., tears, needing to change or replace PPE while in the room)? (Y/N; if yes, explain in notes.) | | | | | | | | |
| Conducted or present for any aerosol-generating procedures (e.g., cough-generating procedures, nasal pharyngeal or oral pharyngeal specimen collection, collection of respiratory specimens, bronchoscopy, sputum induction, intubation, extubation)? (Y/N - If yes, list which procedures.) | | | | | | | | |
| Any percutaneous exposures (i.e., needle sticks, cuts)? (Y/N; if yes, explain in notes.) | | | | | | | | |
| Any known direct exposures to staff mucous membranes/skin with patient's respiratory secretions/other body fluids/blood? (Y/N; if yes, explain in notes.) | | | | | | | | |
| Any known direct skin-skin exposure to patient? (Y/N; if yes, explain in notes.) | | | | | | | | |
| **EMPLOYEE'S INITIALS** | | | | | | | | |

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[1]For the purposes of risk exposure to nCoV, HCP refers to all people, paid and unpaid, working in healthcare settings whose activities potentially place them at risk for exposures to a patient with nCoV. Examples of such activities include:

- those that require direct contact with patients or their respiratory secretions.
- presence in the patient's room or immediate patient-care environment, such as in a triage or examination room, or other potentially contaminated areas.
- handling respiratory secretions, including soiled medical supplies and medical waste, or potentially contaminated equipment or environmental surfaces.

[2]Refer to Nevada Department of Health and Human Services of Exposure Risk Categories for 2019 Novel Coronavirus (2019-nCoV).

[3]This refers to entering the room or care area in any of the following situations: while the patient was present or within 1 hour of the patient leaving the room or care. The time period may be shorter depending on the number of air changes per hour. More information: https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html.

[4]An AIIR should meet current standards, including:

- Providing at least six (existing facility) or 12 (new construction/renovation) air changes per hour.
- Directing exhaust of air to the outside.
- If an AIIR does not directly exhaust to the outside, the air may be returned to the air-handling system or adjacent spaces if all air is directed through HEPA filters.

## Public health departments in Nevada:

- Nevada Division of Public & Behavioral Health: (775) 684-5911 (M-F 8:00 AM to 5:00 PM), (775) 400-0333 (after hours).
- In Clark County, contact the Southern Nevada Health District: (702) 759-1300 (24 hours).
- In Washoe County, contact Washoe County Health District: (775) 328-2447 (24 hours).
- In Carson City and Douglas, Lyon, and Storey Counties, contact Carson City Health and Human Services: (775) 887-2190 (24 hours).