

CORONAVIRUS RISK ASSESSMENT TOOL



The Centers for Disease Control and Prevention (CDC) is closely monitoring the Coronavirus COVID-19 outbreak that originated in China and subsequently spread internationally. Due to the outbreak, the CDC recommends increased awareness and preparedness in healthcare settings. Our healthcare professionals will continue to monitor the CDC's update communications as they occur and follow recommendations for infection prevention practices related to COVID-19.

SELF - ASSESSMENT FOR THE CLINICAL CARE TEAM:

To help ensure the safety for the residents and healthcare workers please self-evaluate your risk of infection by reviewing daily, prior to traveling to the facility, the following questions:

1. Have you traveled or had direct contact with any person who has traveled internationally to a country on the CDC's Level 3 advisory list in the last 14 days? **YES** or **NO**

Please refer to the CDC website for Level 3 travel advisories.

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html>

2. Have you traveled or have you had direct contact with any person who has traveled internationally to any other country within the past 14 days? **YES** or **NO**

If yes, where have they traveled? _____

If you answered YES to #1, you will not be allowed into a facility. If you answered YES to #2, let the Branch Manager know so they can check against any restrictions the facility may have.

3. Have you had any contact with any person with known Coronavirus COVID-19 or who may be under evaluation for exposure to Coronavirus COVID-19? **YES** or **NO**
4. Do you have any of the following symptoms? **YES** or **NO**
Fever (over 100.4), Cough, Shortness of Breath or other Flu-like symptoms

If you answer YES, to either questions #3 or #4, you may not be allowed to enter the facility. Please contact your Branch Manager or Clinical Director to discuss your current risk.

FACILITY - ASSESSMENT:

To help ensure the safety of the 360care Team please request the following information from qualified clinical personnel at the facility upon your arrival:

1. Is there evidence of Coronavirus COVID-19 or possible exposure? **YES** or **NO**

If yes, immediately contact your Branch Office and let the facility know you will be in contact to reschedule the visit.

2. Are there any Residents on the schedule that have a fever, cough, shortness of breath or other flu-like symptoms? **YES** or **NO**

If yes, please ask to have the Resident rescheduled and continue with the visit.

If you have questions whether a visit should continue, please contact your Branch Manager or Clinical Director.