



**COLORADO**  
 Department of Public Health & Environment

Colorado Health Care Personnel Tracking Form  
 2019 Novel Coronavirus  
 Complete column (or new form) for each date worked

Patient ID:			
<b>Employee Information</b>			
Facility Name:			
Employee Name:			
Employee position: (e.g. nurse, physician, respiratory therapist, environmental services)			
Sex: Male	Female	Age in years:	
Address (street, city, county, state):			
Phone number(s):			

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 <sup>3</sup> ? (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) <sup>4</sup> when contact occurred? (Y/N) If No, describe in notes.								
Was patient wearing a facemask if contact occurred outside an AIIR? (Y/N/Not Applicable)								
Was the following PPE <b>always</b> worn:								
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 faceshield that covers the front and sides of the face? (Y/N)								
Any issues with PPE (e.g. tears, needing 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 - e.g. nasal pharangeal or oral pharangeal 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 <u>your</u> 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)								
<b>Employee's initials</b>								

<sup>1</sup>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

<sup>2</sup>Refer to CDPHE Exposure Risk Categories for 2019 Novel Coronavirus (2019-nCoV)

<sup>3</sup>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>

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.