Complete this form in Microsoft Word

|  |  |
| --- | --- |
| Facility Name: |  |
| Resident Name: |  |
| Resident Unit / Room: |  |
| Affected Unit(s): |  |
| Onset Date  The date the COVID test swab was done, or the date of onset of symptoms, whichever is earlier. |  |
| Positive Date  The earlier of the date the COVID test result was reported or the date the resident was placed in isolation. |  |
| Investigator Name: |  |
| Investigator Phone: |  |
| Investigator E-mail: |  |

**Resident Interview**

Resident able to complete interview: ( ) Yes ( ) No

|  |  |
| --- | --- |
| Symptoms: | |
| Onset Date Confirmed ( )Yes ( ) No | |
| List Known & Potential Exposures in the 14 days prior to the Onset Date. Include contacts with other residents and visitors | |
| Date(s) | Event(s) *(Press Tab in last column to add a new row)* |
|  |  |

**Medical Record Review**

Review the medical record for any activities representing potential exposure events with residents and people other than nursing home staff in the 7 days prior to the Onset Date. If the new case had a known exposure, start 2 days before the Onset Date. Include review of assessments, progress notes, and care plan. Include the involved residents and staff in the Contact Review sections below.

|  |  |
| --- | --- |
| Date(s) | Event(s) *(Press Tab in last column to add a new row)* |
|  |  |

**Visitor Log Review**

Review the facility visitor log for any potential exposure events in the 2 days prior to the Onset Date or between the Onset Date and the Positive Date. Interview each visitor for symptoms of COVID-19, and notify them of the potential exposure. *(Press Tab in last column to add a new row)*

|  |  |  |
| --- | --- | --- |
| Date(s) | Visitor Name & Contact Info | Visitor Interview Findings |
|  |  |  |

**Exposed Staff Testing Plan**

Interview Resident, Review staffing sheets, assignments, and medical record entries (including ADL documentation) to identify any staff members who may have had contact with the resident, starting 2 days prior to the Onset Date up to the Positive Date. *(Press Tab in last column to add a new row)*

**Test Type: ( ) PCR ( ) Antigen** (preferred) **( ) Both**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Staff Name & Role | Services Provided | First Exposure Date  MM/DD | Last Exposure Date  MM/DD | Test Date #1  MM/DD | Test Date #2  MM/DD | Test Date #3  MM/DD | Test Date #4 (if needed)  MM/DD | Masking ending date  MM/DD |
|  |  |  |  |  |  |  |  |  |

**Exposed Resident Testing & Isolation Plan**

Interview resident(s) & staff, Review dining seating plans, activity attendance records, medical record entries, and room transfer logs to identify the residents who may have had contact with the new resident case, starting 2 days prior to the Onset Date up to the Positive Date. *(Press Tab in last column to add a new row)*

**Test Type: ( ) PCR** (preferred) **( ) Antigen ( ) Both**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Resident Name & Room Number | Nature of contact/exposure  Example: Roommate | First Exposure Date  MM/DD | Last Exposure Date  MM/DD | Test Date #1  MM/DD | Test Date #2  MM/DD | Test Date #3  MM/DD | Test Date #4 (if needed)  MM/DD | (Q)uarantine or (M)asking?  (R)elocated? | Precautions or Masking End Date (if all tests are negative)  MM/DD |
|  |  |  |  |  |  |  |  |  |  |

**Resident Targeted Testing**

Include residents who share the same day shift CNA assignments as the new resident case who did not have an exposure to any case in the last 7 days. *(Press Tab in last column to add a new row)*

**Test Type: PCR**

|  |  |
| --- | --- |
| Resident Name & Room Number | Test Date  MM/DD |
|  |  |

**Existing COVID-19 Residents**

Identify any residents on the resident’s nursing unit & in the facility with onset of COVID-19 in the 7 days prior to the resident’s onset date. *(Press Tab in last column to add a new row)*

|  |  |  |
| --- | --- | --- |
| Unit & Room | Onset Date | Resident Name |
|  |  |  |

**Existing COVID-19 Staff**

Identify any staff on the resident’s nursing unit with onset of COVID-19 in the 7 days prior to the resident’s onset date. *(Press Tab in last column to add a new row)*

|  |  |  |  |
| --- | --- | --- | --- |
| Onset Date | Staff Role | Unit/Dept | Staff Name |
|  |  |  |  |