Guidance for Active Monitoring of UCR Personnel Performing Healthcare Duties On-Site

Who needs to self-monitor for Novel Coronavirus (COVID-19)?

- Essential staff performing healthcare duties in clinical areas on the UCR Campus
- Any healthcare provider exposed to a confirmed COVID-19 patient due to lack of proper personal protective equipment (PPE). For example:
  - You examined a confirmed COVID-19 patient without having both you and the patient wear a regular mask
  - A confirmed COVID-19 patient coughed/sneezed within 6 feet of your **and** you were not wearing both a regular mask and eye protection
  - You touched a confirmed COVID-19 patient's respiratory secretions and then the secretions came into contact with your eye, nose, or mouth before you cleaned your hands
  - You performed an aerosol-generating procedure (e.g., intubation, bronchoscopy, nebulizer treatment, positive pressure ventilation) without an N95 mask or PAPR
- Any healthcare provider returning (or has interacted with someone returning) from travel to a state, territory or country with widespread, ongoing transmission, or traveled on a cruise ship or river boat in the last 14 days.

I've been told I need to actively monitor for COVID-19 symptoms - what do I do?

1. Monitor yourself twice daily to track any signs of fever or illness. A healthcare employee form ("Employee Statement COVID-19 Tracking Form") is provided on the following page for your convenience. Such monitoring allows you to get the right medical care and testing as quickly as possible while also protecting others from getting sick. Here are the symptoms you need to look out for:
   - Fever: temperature $\geq$ 100.4° Fahrenheit (38.0°C)
   - New cough
   - New shortness of breath
   - New difficulty breathing
2. Adhere to hand hygiene, respiratory hygiene, and cough etiquette in CDC's infection control guidance (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles).

What should I do if I develop COVID-19 symptoms?

If symptoms appear, you should:
- Stay home and call your supervisor to report symptoms
- Call for evaluation and possible arrangement of testing.

EMPLOYEE STATEMENT
COVID-19 TRACKING FORM

UCR Health and Health Services

A. EMPLOYEE DETAILS

Name:	Employee #	Position:
Location:		Contact Tele#: ( )

B. EXPOSURE RISK

1. Since March 1st, have you had contact with a case of COVID-19 as a worker, a visitor, or patient outside UCR Health, UCR Student Health Center or other UCR clinical area.
    Yes ☐   **No** ☐

If yes, please indicate the geographic nature and the nature of the contact.

Geographic / Health Care Setting Nature	As a Worker	As a Visitor	As a Patient
Travel – CDC Level 3 country with widespread community transmission			
Hospital – COVID-19 suspect, presumed, or confirmed case			
Outpatient – COVID-19 suspect, presumed, or confirmed case Any other hospital			
Any other setting			

2. Have you had contact with a suspect or probable case of COVID? **Yes** ☐   **No** ☐
3. Have you been assessed as a suspect or probable case of COVID? **Yes** ☐   **No** ☐

C. SYMPTOMS:
Please check any symptoms that you may be experiencing at this time: check ☑

Fever (over 100.0F) ☐

Headache ☐
Malaise, Fatigue ☐
Runny Nose ☐
Sore Throat ☐
Cough ☐
Difficulty Breathing ☐
GI Symptoms ☐
Other ☐

Signature: _____   Date: _____