

**SUPPLEMENTARY 1**

**Supplementary 1:** Sample COVID-19 contact investigation form for healthcare workers.

Contact Details:	Patient Details:
Name:	Name:
Age:	Age:
Sex:	Sex:
Contact number:	Contact number:
Address:	Address:
Department:	Case registration number:
Designation:	Date of admission:
Duty area:	Time of admission:
Date and time of contact:	Presenting symptoms:
Details of standard safety precaution taken during the contact:	Time of onset of symptom:
Single gloves: Yes/no	Criteria under which admitted:
Double gloves: Yes/no	Cat 1: Symptomatic international traveller in the last 14 days
Surgical mask: Yes/no	Cat 2: Symptomatic contact of a laboratory-confirmed case
Cloth mask: Yes/no	Cat 3: Symptomatic healthcare worker
N95 mask: Yes/no	Cat 4: SARI (Severe Acute Respiratory Illness) patient
Splash-proof apron: Yes/No	Cat 5a: Asymptomatic direct and high-risk contact of a laboratory-confirmed case
Hood/headgear: Yes/no	Cat 5b: Asymptomatic healthcare worker in contact with a confirmed case without adequate protection
Goggles/face shield: Yes/no	Cat 6: Symptomatic Influenza-Like Illness (ILI) patient in hospital/MoHFW identified clusters
Foot cover: Yes/no	Others.....
Details of procedures performed on the patient:	(Please select "others" only if the patient does not fall in any other category)
Narrative of the whole event (exposure):	Current status: Serious/stable/died
Impression: (to be filled by officials)	Date and time of COVID-19- positive report:
Whether taking standard safety precaution according to the area of duty during the contact as per MOHFW?	Yes/No
Quarantine required?	Yes/No
Additional comments: (If Any)	