

Contact ID # _____

Interview Date: _____

HEALTHCARE WORKER (HCW) CONTACT TO EBOLA PATIENT INTERVIEW FORM

SECTION I: GENERAL INFORMATION

Interviewer Information

Interviewer Name (Last, First): _____

State/Local Health Department: _____

Phone number: _____ Email address: _____

Ebola Patient Information (Patient Associated with Contact)

Please complete the questions below if the exposure occurred in a U.S. healthcare facility.

Ebola Case CalREDIE ID # _____

Last Name: _____ First Name: _____

DOB: MM / DD / YYYY

Date of illness onset: MM / DD / YYYY

Date of hospital admission: MM / DD / YYYY

Name of admitting hospital: _____

Date patient was isolated in a healthcare facility: MM / DD / YYYY

At the time of this report, is the patient? Confirmed Probable Unknown

Notes:

Contact ID # _____

Interview Date: _____

HCW Contact Information

Last Name: _____ First Name: _____

Date of birth: MM / DD / YYYY Age: _____

Sex: Male Female

If female, are you currently pregnant? Yes No

If yes, what is your EDD: MM / DD / YYYY

Home address: (add all places where the contact resides including temporary residence due to travel)

Street Address #1: _____ Apt. # _____

City: _____ County: _____ State: _____ Zip: _____

Phone number: _____ Email address: _____

Alternate phone number/email: _____

Is this the current residence: Yes No

Is this the permanent residence: Yes No

Is this a congregate setting (dorm, assisted living, etc.): Yes No

How many people live at this address: _____

Street Address #2: _____ Apt. # _____

City: _____ County: _____ State: _____ Zip: _____

Country: _____

Is this the current residence: Yes No

Is this the permanent residence: Yes No

Contact ID # _____

Interview Date: _____

HCW Contact Information (Continued)

Is this a congregate setting (dorm, assisted living, etc.): Yes No

How many people live at this address: _____

Notes regarding address section:

(Add additional addresses and contact information on the back of the form)

Who is providing information for this contact?

Contact (Self)

Other, specify person (Last, First): _____

Relationship to contact: _____

Reason contact unable to provide information: Contact is a minor Other _____

Contact primary language: _____

Was this form administered via a translator? Yes No

Contact ID # _____

Interview Date: _____

Symptoms

Do you currently have any of the following symptoms?

- | <u>Symptom</u> | <u>Date of onset</u> |
|---|----------------------|
| <input type="checkbox"/> No symptoms | |
| <input type="checkbox"/> Temperature $\geq 99.6^{\circ}$ F (oral) | MM / DD / YYYY |
| <input type="checkbox"/> Chills | MM / DD / YYYY |
| <input type="checkbox"/> Weakness | MM / DD / YYYY |
| <input type="checkbox"/> Headache | MM / DD / YYYY |
| <input type="checkbox"/> Muscle Aches | MM / DD / YYYY |
| <input type="checkbox"/> Abdominal Pain | MM / DD / YYYY |
| <input type="checkbox"/> Diarrhea ____times/day | MM / DD / YYYY |
| <input type="checkbox"/> Vomiting | MM / DD / YYYY |
| <input type="checkbox"/> Unexplained hemorrhage | MM / DD / YYYY |

If yes, location: _____

Other _____ MM / DD / YYYY

Do you belong to a health network? Yes No Name of health network: _____

Occupation

What is your job and title?

Contact ID # _____

Interview Date: _____

Occupation (Continued)

Please select the category that best describes the contact's occupation:

- Direct care healthcare worker (physician, nurse, respiratory therapist, phlebotomist, etc.)
- Laboratorian
- Non-direct care provider (e.g., front desk clerk, admissions clerk)
- Environmental services (e.g., housekeeping, central processing staff)
- Security
- Patient transporter
- Other, specify: _____

Place of work and address:

SECTION II: EXPOSURE ASSESSMENT

Exposure History

Did you work with the patient in:

- US Guinea Sierra Leone Liberia Mali Other _____

If Guinea, Sierra Leone, Liberia, or Mali did you work in:

- An Ebola treatment facility
- A healthcare facility not designated as an Ebola treatment facility

Exposure History (Continued)

What was your date of first exposure: MM / DD / YYYY

What was your date of last exposure: MM / DD / YYYY

Did you provide direct care for an Ebola patient?

Yes No Unknown

If yes, please answer the following questions:

Did you have contact with the patient's blood or bodily fluids?

Yes No Unknown

Were you within 6 feet of the patient while the patient was vomiting or having uncontained diarrhea?

Yes No Unknown

Did you perform aerosol generating procedures on the patient?

(examples are: intubation, resuscitation ("code") suctioning, oxygen administration, nebulized medication, manipulating upper airway, bronchoscopy, laryngoscopy, endoscopy, sputum induction)

Yes No Unknown

Were you within 6 feet of the patient while an aerosol generating procedure was being performed?

Yes No Unknown

Did you manipulate the patient's rectal/genitourinary areas such as urinary or rectal tube insertion?

Yes No Unknown

Did you perform phlebotomy or other catheter insertion (example – IV, arterial catheter)

Yes No Unknown

Did you provide any environmental sanitation services for an Ebola patient?

Yes No Unknown

Exposure History (Continued)

If Yes, please answer the following questions:

Were you involved in cleaning the patient's room, clothing, bedding, furniture, equipment?

Yes No Unknown

If yes, was there obvious contamination with blood or bodily fluids?

Yes No Unknown

Were you involved with cleaning/disinfecting reusable patient care items outside of the patient room?

Yes No Unknown

If yes, was there obvious contamination with blood or bodily fluids?

Yes No Unknown

What was the minimum PPE you used at any point during your patient or environmental encounters?

Single gloves

Double gloves

Surgical mask

N95

PAPR

If PAPR used, did hood cover neck area?

Yes No

If PAPR used, were hose and battery pack exposed?

Yes No

Hood (not PAPR hood)

Tyvek suit (usually white)

Tychem suit (usually yellow)

Shoe coverings

Exposure History (Continued)

Gown

If gown used, was gown fluid-resistant?

Yes No

If gown used, was gown impermeable to fluids?

Yes No

Leg covers

Faceshield

Goggles

Impermeable apron

Other, describe: _____

Were you observed/assisted donning your PPE?

Yes No

Were you observed/assisted doffing your PPE?

Yes No

Did you note any breaches in your use of PPE?

Yes No

If yes, please describe:

SECTION III: SUMMARY

Exposure Category

- HIGH RISK CONTACT (quarantine, direct active monitoring)
- SOME RISK CONTACT (movement restrictions, direct active monitoring)
- LOW (BUT NOT ZERO) RISK CONTACT (direct active monitoring for U.S. based healthcare workers caring for symptomatic Ebola patients while wearing appropriate PPE, active monitoring for all others)
- NO RISK EXPOSURES IDENTIFIED (self-monitoring)

LAST DATE OF EXPOSURE: _____

Follow-up Actions

- No further follow-up, self-monitoring recommended

Why is no follow-up needed?

- No risk exposures identified
- Last exposure was > 21 days ago
- Other _____

Last date of self-monitoring: _____

- Twice daily active monitoring recommended

Last date of follow-up: _____

- Twice daily direct active monitoring recommended

Last date of follow-up: _____

Contact ID # _____

Interview Date: _____

Follow-up Actions (Continued)

Quarantine recommended

Last date of quarantine: _____

Work exclusion recommended

Last date of work exclusion: _____