

ID Number \_\_\_\_\_

## Ebola Exposure Assessment Cleaning Staff

Directions: Please fax completed form to Ebola Airline Investigation at fax # 404.718.2158 after both initial interview and completion of final disposition.

\*\*\*Note: If interviewee is determined to have a fever  $\geq 101.5^{\circ}$  F, immediately call EOC at 770.488.7100.

Date of initial interview: \_\_\_\_\_ Interviewed by: \_\_\_\_\_

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_ Country of Birth: \_\_\_\_\_ Country of Residence: \_\_\_\_\_

Travel Plans through **insert date**: \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers- home: \_\_\_\_\_ cell: \_\_\_\_\_ work: \_\_\_\_\_

Job title: \_\_\_\_\_

Circle **insert conveyance** in which interviewee was involved: **[(insert conveyance) information]**

**[(insert conveyance) information]**

2. Did interviewee have any interactions with sick passengers from this **conveyance**?  Yes  No

If yes, describe this event including location, degree of contact (talking with or touching) and length of time: \_\_\_\_\_

3. Did interviewee have contact with any body fluids while cleaning the flight circled above?

Yes  No (If no, skip to question 4)

If yes, were masks or gloves worn?

If yes, describe the contact including location of the body fluid cleaned: \_\_\_\_\_

If yes, which body fluids did interviewee come into contact with? (Check all that apply)

Tears  Saliva  Respiratory secretions (droplets from coughs or sneezes)

Vomit       Urine       Blood       Stool       Sweat

If yes, did these fluids come in contact with the interviewee's:

- Intact skin
- Broken skin (fresh cut or scratch which bled within 24 hours before the contact; burn or abrasion that had not dried)
- Mucous membrane contact (eyes, nose or mouth)
- Other (Specify): \_\_\_\_\_

4. Were there any incidents after the [exposure] that the interviewee can recall when other staff were in contact with a person's body fluids while cleaning this [conveyance]?

Yes     No

If yes, please describe situation and location in the [conveyance]: \_\_\_\_\_

5. What protective equipment (i.e. gloves, face mask) was the interviewee wearing when he/she was cleaning the [conveyance]? \_\_\_\_\_

6. Please check all symptoms interviewee has had since flight:

- Fever  $\geq 101.5^\circ$  F       Sore throat       Body aches/muscle pain       Headache
- Abdominal pain       Vomiting       Diarrhea       Weakness
- Rash       Hiccups       Unusual bleeding (e.g. from gums, eyes or nose)

**Classification of interviewee risk** (Consult the CDC to classify each contact after interview. Refer to <http://www.cdc.gov/vhf/ebola/hcp/case-definition.html> for additional information):

- High Risk: The index case's body fluids came in contact with the interviewee's bare skin or mucous membranes (eyes, mouth, nose)
- Some Risk: Interviewee had close contact\* with the index case but not body fluids; or was only exposed on protected areas of the body (e.g. on hands while wearing gloves).
- No Known Risk: Interviewee did not have some risk or high risk exposures above.

**Follow-up Actions:** Ebola information distributed Fever watch: For all contacts regardless of classification of risk, provide fever watch form that should be reviewed at least weekly. Referred for medical evaluation due to presence of symptoms. If yes,

Where were they referred? \_\_\_\_\_

What was the outcome? \_\_\_\_\_

 Declined medical evaluation after it was recommendedWas interviewee placed under conditional release?  Yes  NoWas interviewee placed under state issued quarantine order?  Yes  No**Final Disposition:**

Was interviewee contacted again after [Fill in the date of the last day of the incubation period]?

 Yes, Date of second interview: \_\_\_\_\_  No

If yes, did interviewee develop any symptoms of Ebola between the time of [exposure] and [Fill in date]?

 Yes  No

If yes, please describe the symptoms, timing and outcome of medical evaluation below:

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Evaluating healthcare provider name/phone number: \_\_\_\_\_/(\_\_\_\_)\_\_\_\_\_

\* Close contact is defined as a) being within approximately 3 feet (1 meter) or within the room or care area for a prolonged period of time (e.g., healthcare personnel, household members) while not wearing recommended personal protective equipment (i.e., droplet and contact precautions—see Infection Prevention and Control Recommendations); or b) having direct brief contact (e.g., shaking hands) with an EVD case while not wearing recommended personal protective equipment (i.e., droplet and contact precautions—see Infection Prevention and Control Recommendations). At this time, brief interactions, such as walking by a person or moving through a hospital, do not constitute close contact.