Contact Tracing form for Health Care Workers Caring for Ebola patients

Instructions: The following form can be used to prospectively evaluate health care workers for potential risks and appropriate PPE while caring for an Ebola case. It is intended only as a template to faciliate data collection.

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXX).

EVD Tracking Form for Healthcare Workers with Direct P	atient C	ontact		Page #:				Patient ID:	
(e.g. nurses, physicians, respiratory therapists, others)			1	1					
Employee Information Employee ID:]								
Name:							Sex:	M F	
Address (street, city, county, state):						Age	e (years):		
					Er	nployee			
				Sito(c)	provided				
Phone number(s):				Site(s)		ER, ICU, I			
Date, at beginning of shift								Notes	
Worked shift on this day? (Y/N) <i>If no, then</i> STOP.									
If yes, was shift overnight? (Y/N)									
Provided care to patients, other than EVD or suspected EVD patients? (Y/N)									
Provided care to patient with EVD or suspected EVD? (Y/N) <i>If no, then</i> STOP.									
Entered patient's room/same enclosed area? (Y/N)									
# times entered room									
Cumulative time in room (hours)									
PPE worn: 2 Pairs of gloves? (Y/N)									
Mid-calf gown? (Y/N)									
Impermeable coveralls or gown? (Y/N)									
Apron? (Y/N)									
Boot covers/shoe covers? (Y/N)									
Surgical hood/neck cover? (Y/N)									
N95 respirator & face shield? (Y/N)									
PAPR & hood? (Y/N)									
Supervised while doning PPE? (Y/N)									
Supervised while doffing PPE? (Y/N)									
# times doffed PPE during shift?									
PPE soiled with stool? (Y/N)									
PPE soiled with blood? (Y/N)									
PPE soiled with other body fluids? (Y/N)									
Any issues with PPE (e.g. exposed skin, readjustments)? (Y/N; if yes, explain in notes)									
Any percutaneous exposures (i.e. needle sticks, cuts)? (Y/N; if yes, explain in notes)									
Any known direct exposures to <u>your</u> skin/mucous membranes with patient's blood/body fluids? (Y/N; if yes, explain in notes)									
Any known direct skin-skin exposure to patient? (Y/N; if yes, explain in notes)									
Touched patient (regardless of PPE)? (Y/N)									
Helped patient to commode? (Y/N)									
Placed, emptied or adjusted rectal tube ? (Y/N)									
Touched/interacted with foley catheter or changed bag? (Y/N)					Ī				
Intubated patient? (Y/N)									
Suctioned patietn? (Y/N)									
Placed IV or central venous catheter? (Y/N)									
Drew blood from patient ? (Y/N)						-			
Performed finger stick on patient? (Y/N)									
Repositioned patient? (Y/N)									
Bathed the patient? (Y/N)									
Cleaned up vomit? (Y/N)									
Cleaned up stool? (Y/N)									
Changed sheets? (Y/N)									
Filled or placed biohazard waste bags into clearn containers? (Y/N)									
Employee's initials									
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