

Form Approved  
OMB No. 0920-XXXX  
Exp. Date XX/XX/20XX

## Contact Tracing Form for Environmental Workers for Ebola patients

**Instructions:** The following form can be used to prospectively evaluate environmental workers for potential risks while cleaning an Ebola case room or facility. It is intended only as a template to facilitate 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-XXXX).

**EVD Healthcare Worker Activity Track**

Name

Address

County

Provider Type (Nurse, physician, laboratory, environmental services, etc.)

Age (yrs.)

City

Site(s) Providing Care (Emerg. Dept., ICU, Lab, etc.)

Date									Notes
<b>ALL Healthcare Workers:</b>									
Worked shift on this day? (Y/N)									
Entered patient's direct room? (Y/N)									
If yes, then:	Time In								
	Time Out								
PPE worn: Gloves	#	#	#	#	#	#	#	#	
Gowns	#	#	#	#	#	#	#	#	
Apron	#	#	#	#	#	#	#	#	
Boot covers	#	#	#	#	#	#	#	#	
Face mask (Y/N)									
Face shield (Y/N)									
Monitored while doning PPE? (Y/N)									
Monitored while doffing PPE? (Y/N)									
Any issues with PPE? (Y/N; if yes, explain below)									
Any known exposures to your skin/mucous membranes with patient's blood/body fluid? (Y/N; if yes, explain below)									
Any know skin-skin exposure to patient (without PPE)? (Y/N; if yes, explain below)									
<b>Worker's initials</b>									

**Nurses/P**

**Therapist**

Helped p

Touched

Placed/re changed

Changed

Placed/re or change

Intubatec

Placed IV

Drew blo

Repositio

Bathed th

Stool/blo (Y/N)

Cleaned t

Cleaned t

**Laborato**

Handled : (Y/N)

Processer (Y/N)

Processer without F below)





Patient ID:

F


Notes