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 roon or facility. 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-XXXX).

	EVD	Healthcare Worker	Activity Trac
Name	Age (yrs.)		
Address	City		
County			
Provider Type (Nurse, physician, laboratory, environmental services, etc.)	Site(s) Providing (Emerg. Dept., ICU, Lab		

Date									Notes
ALL Healthcare Workers:									
Worked shift on this day? (Y/N)									
Entered patient's direct room? (Y	/N)								
	Time In								
If yes, then:	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)									
membranes with patient's blood/body fluid?									
Any know skin-skin exposure to patient (without PPE)? (Y/N; if yes, explain below)									
Worker's initials									

nurses/P
Theranist
Helped p
Touched
Placed/rε
changed
Changed
Placed/re
or change
Intubated
Placed IV
l lacca iv
Drew blo
D :4: -
Repositio
Bathed th
Stool/blo
(Y/N)
Cleaned ι
Cleaned ι
Cicarica
Laborato
Handled (Y/N)
Processe (Y/N)
Processed without F

below)

king Form				
	Sex	М	F	
	Telephone	number		

Date				Notes
nysicians/ kespiratory				
atient to commode? (Y/N)				
patient? (Y/N)				
positioned rectal tube or bag? (Y/N)				
rectal tube bag? (Y/N)				
epositioned foley catheter ed/emptied bag? (Y/N)				
d patient? (Y/N)				
or PICC line? (Y/N)				
od from patient? (Y/N)				
ned patient? (Y/N)				
ne patient? (Y/N)				
od splashed on PPE?				
up vomit? (Y/N)				
up stool? (Y/N)				
ry Specific:				
any patient samples?				
d any patient samples?				
d any patient samples PPE? (Y/N; if yes, explain				

Ebola Tracking Form for Environmental Services Personnel		Page #:				
Employee Information Employee ID:	1	 •				
Name:					Sex:	М
Address (street, city, county, state):				Age	e (years):	
			Fı	nployee		
		Site(s)	provided			
Phone number(s):		5100(3)	provided	ER, ICU, I	ab, etc.):	
Date, at beginning of shift						
All Healthcare Personnel						
Worked shift on this day? (Y/N) If no, then STOP. If yes, was shift overnight? (Y/N)						
Provided services to a patient with Ebola or suspected Ebola? (Y/N) If no, then STOP.						
Entered patient's room/same enclosed area? (Y/N)						
# times entered room	1					
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 donning 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)						
Cleaned up vomit? (Y/N)						
Cleaned up stool? (Y/N)						
Handled laundry without obvious soiling? (Y/N)						
Handled soiled laundry ? (Y/N/Unk), if yes, describe what it was soiled with in notes)						
Filled or placed biohazard waste bags into clean containers? (Y/N)						
Always handled/processed potentially contaminated Ebola waste with recommended PPE? (Y/N; if no, explain in notes)						
Employee's initials						

Patient ID:
F
Notes