

**Health-care workers (HCWs) and Ebola Virus Disease (EVD) exposure risk:
Reporting form to be completed for EVD cases in HCWs in West Africa**

Case ID Number.....

1. PATIENT (HCW) IDENTITY

Last name:..... First Name:..... Second Name:.....
 Nickname:.....
 Date of birth:...../...../.....(dd/mm/yy) Age (years):..... Sex: M F
 Village/neighbourhood of residence:...../..... District:.....
 GPS coordinates of domicile: Latitude:..... Longitude:.....
 Ordinary residence: Head of household (last and first name):.....
 Full address (if known):.....
 Nationality:..... Ethnic group:.....
 Case classification Suspected Confirmed

2. PATIENT'S OCCUPATION (tick the appropriate box and provide details if/when necessary)

Doctor Nurse Office staff Laboratory staff Cleaner Morgue/burial staff Midwife
 Ambulance driver Traditional healer Community health worker Other (specify):.....

 Health-care facility (HCF) name:.....

Primary work place at the time of infection:

Ebola Treatment Center Ebola Care Unit "Transit"/"Holding" center Public hospital
 Outpatient setting Laboratory Other (specify):.....
 Service: EVD Suspected Cases Unit EVD Confirmed Cases Unit General Care Unit
 Maternity Laboratory Medicine Paediatric Surgery Emergencies
 Blood Transfusion Administration Morgue Other (specify):.....

Additional work place (paid or voluntary) at the time of infection:

Ebola Treatment Center Ebola Care Unit "Transit"/"Holding" center Public hospital
 Outpatient setting Laboratory Other (specify):.....
 Service: EVD Suspected Cases Unit EVD Confirmed Cases Unit General Care Unit
 Maternity Laboratory Medicine Paediatric Surgery Emergencies
 Blood Transfusion Administration Morgue Other (specify):.....
 None

Activities that may have led to exposure (tick all that apply):

Provided general patient care (took vital signs, examined patients, moved patients)
 Fed patients or administered oral medications
 Bathed or cleaned patients Moved/transported patients
 Gave injections Drew blood Performed fingerprick Recapped needle
 Discarded sharps Cleaned needle for re-use
 Put in IV Handled IV line (e.g., gave IV medications) Handled urinary catheter
 Cleaned blood spill Cleaned patient room or ward Handled waste
 Handled lab specimens Controlled bleeding Had contact with contaminated surfaces
 Delivered babies

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- Performed invasive procedure Performed minor surgery Performed major surgery
- Moved dead bodies Performed autopsy
- Cleaned or disinfected latrines
- Handled linen or clothes or mattresses (cleaners)
- Provided care to sick relatives or significant others
- Other: (specify).....

3. CONTACT WITH EVD PATIENT(S):

Has the HCW been in contact* with anyone who had suspected or confirmed EVD in the 3 weeks preceding onset of symptoms? Yes No Don't know

If Yes, was the contact a (if multiple contacts, indicate 'confirmed' if at least one contact was a confirmed EVD case):
 Suspected EVD case Confirmed EVD case

If Yes, where (tick all that apply):
 in an Ebola Treatment Center Ebola Care Unit in another HCF
 in a private clinic/cabinet at home in the community

If Yes, specify relationship with HCW (tick all that apply):
 Patient Other HCW Household member
 Other friend or relative None

If other HCW included in previous response, did the contact occur:
 At work, in a patient care area
 At work, in a non-patient care area (break room, office, nursing station, etc)
 Outside work

Did the HCW attend the funeral of someone who might have died of Ebola in the 3 weeks preceding the onset of symptoms? Yes No

If Yes, did the HCW participate in the preparation of burials involving touching the dead body, with no adequate personal protective equipment (PPE)**? Yes No

If Yes, did the HCW provide care to any suspected Ebola patients in a private home (not in a HCF)?
 Yes No

4. MOST LIKELY EXPOSURE TO EVD

Did the HCW describe any single exposure situation that most likely led to infection? Yes No Don't know

If Yes, skip the next three questions and go to section 5
 If No, specify the date:...../...../.....(dd/mm/yy)

Setting where suspected exposure occurred:

- Ebola Treatment Center Ebola Care Unit "Transit"/"Holding" center Public hospital
- Outpatient setting Laboratory Other type of HCF (specify):.....
- Home Other community setting (specify):.....

Mode of exposure:

- Needle stick Scalpel cut Blood/body fluid splash on intact skin Blood/body fluid splash on non-intact skin
- Blood/body fluid splash on eye Blood/body fluid splash on mouth/lips Other (specify).....

Contaminant:

- Blood Any body fluid with visible blood Vomit or saliva Faeces Urine
- Internal body fluids (circle which one [s]): cerebrospinal, synovial, pleural, amniotic, pericardial, peritoneal
- Vaginal secretions Seminal fluid Other (specify):.....

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5. INFECTION PREVENTION AND CONTROL ASPECTS OF PRIMARY WORK PLACE

Use of PPE and Standard Precautions:

At time of exposure, was any PPE used? Yes No Don't know

If Yes, which ones (*tick all that apply*): Single gloves Double gloves Disposable gown

Coverall (Tyvek-like) Face shield Face mask N-95 respirator or above

Goggles Waterproof apron Closed resistant shoes Shoe covers Gum boots

Cap Hood Leg covers Other (specify):.....

Did the HCW apply duct tape to secure your PPE Yes No Don't know

Were hand hygiene products available at the time of exposure Yes No Don't know

If Yes, which ones (*tick all that apply*): Running (tap) water Chlorinated water from reservoir

Soap Disposable towels Alcohol antiseptic

Was hand hygiene performed appropriately*?** Yes No Don't know

At time of exposure, were safety boxes available? Yes No Don't know

On average, how many hours did you work while wearing PPE in the isolation area?.....**

Have you been trained on infection prevention and control in the context of the Ebola outbreak? Yes No

Which organization led this training?

National Government WHO CDC MSF UNMEER

Other (specify):..... Don't know

* Contact defined as the HCW touching, without proper personal protective equipment (PPE), a suspect or confirmed EVD patient or their bodily fluids.

** PPE= gloves, impermeable gown or coverall, impermeable head cover with neck protection, rubber boots, face mask and face shield or goggles.

*** Appropriate hand hygiene indications: before donning gloves and wearing PPE; before any clean/aseptic procedures; after any exposure risk or actual exposure to the patient's blood and body fluids; after touching (even potentially) contaminated surfaces/items/equipment; after removal of PPE, upon leaving the care area.

Additional details of exposure or comments:.....

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