

Case ID number: _____



Health care worker Ebola virus investigation questionnaire

Liberia (last edit 3 Dec 2014)

Form Approved
OMB No. 0920-1033
Exp. Date 04/30/2015

1. Introduction

Hi, my name is __<name>__ and I'm working with the MOHSW. We would like to talk to you to try to find out how you may have got infected. The reason we want to know is to try to stop other health workers getting sick. Is it ok to ask you a few questions about how you may have got sick?

If you feel tired at any point please let me know and we can let you rest.

It is ok if you don't remember any details, just let us know.

The information we collect is confidential. Any analysis conducted will not contain your name.

Lastly, do you consent to us contacting your family and some of your colleagues to help answer some of these questions? Who would be the best people to talk to? _____

How do we contact them: _____

Verbal consent obtained: Yes No (specify reason): _____

2. Interview details (interviewer)

Investigator name: _____ Investigation date (dd/mm/yy): ___/___/___

Interviewed: Patient

Other person1- specify name: _____

Relationship to patient: _____

Contact phone number: _____

Address of person interviewed: _____

Other person2- specify name: _____

Relationship to patient: _____

Contact phone number: _____

Address of person interviewed: _____

Other person3- specify name: _____

Relationship to patient: _____

Contact phone number: _____

Address of person interviewed: _____

3. HCW identity (HCW or administration)

Surname name: _____ First name: _____ Second name: _____

Nickname/alternate name: _____

Date of birth (dd/mm/yy): ___/___/___ Age (years): _____ Sex: Male Female

Permanent residence: _____ County: _____

Health District: _____ Clan/Zone: _____ Country: _____

Next of kin (last and first name): _____ Phone: _____

Full address (if known): _____

Nationality: _____ Ethnic group: _____

Religion: Christian Islam Traditional No religion Unknown

Other (specify): _____

Case ID number: _____

4. HCW status (administration)

Was HCW tested for Ebola?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
If Yes, was the Ebola test positive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
HCW classification:	<input type="checkbox"/> Suspected	<input type="checkbox"/> Probable	<input type="checkbox"/> Confirmed
Status	<input type="checkbox"/> Alive	<input type="checkbox"/> Dead	<input type="checkbox"/> Don't know
	If alive: <input type="checkbox"/> Well for interview <input type="checkbox"/> Too unwell for interview		
Date of onset: ___/___/___	Calculated incubation period (21 days prior): _____		

5. Work details (HCW, colleague, family)

<input type="checkbox"/> Doctor	<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Nurse	<input type="checkbox"/> Nurse Aid	<input type="checkbox"/> Lab technician
<input type="checkbox"/> Midwife	<input type="checkbox"/> Trained traditional midwife	<input type="checkbox"/> Cleaner (hygienist)	<input type="checkbox"/> Office	
<input type="checkbox"/> Mortician	<input type="checkbox"/> Security guard	<input type="checkbox"/> Vaccinator	<input type="checkbox"/> Ambulance driver	<input type="checkbox"/> Traditional healer
<input type="checkbox"/> Community health worker	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Private drug store worker		
<input type="checkbox"/> Other (specify): _____				
Healthcare facility (HCF) workplace 21 days prior to illness onset: (tick all that apply):				
<input type="checkbox"/> Ebola Treatment Unit (ETU)	<input type="checkbox"/> Community Care Center (CCC)	<input type="checkbox"/> Hospital	<input type="checkbox"/> Health centre	
<input type="checkbox"/> Laboratory	<input type="checkbox"/> Clinic	<input type="checkbox"/> Pharmacy/medicine store		
<input type="checkbox"/> Other (specify): _____				
Service area/s:				
<input type="checkbox"/> OPD	<input type="checkbox"/> IPD	<input type="checkbox"/> Maternity	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Paediatric	<input type="checkbox"/> Surgery	<input type="checkbox"/> Emergency	<input type="checkbox"/> Triage	<input type="checkbox"/> Administration
<input type="checkbox"/> Morgue	<input type="checkbox"/> Ambulance	<input type="checkbox"/> Other (specify): _____		
HCF name and location 1: _____				
HCF name and location 2: _____				
HCF name and location 3: _____				

6. IPC training (HCW)

Did HCW receive training on infection prevention and control in the context of the Ebola outbreak?

Yes, specify date of the training?: ___/___ No Don't know

How long did the training last? Less than 1 day 1 day More than 1 day

At any time in their training did HCW practice putting on and taking off all or any items of PPE?

Yes No Don't know

At any time in their training did HCW practice correct hand washing procedure?

Yes No Don't know

Case ID number: _____

7. Contact with EVD patient/s (HCW, colleague, family)

COMMUNITY: Had the HCW been in known direct contact **COMMUNITY** with anyone with suspected, probable, or confirmed EVD in the 21 days prior to illness onset? Yes No Don't know

Was the contact with: Suspected Probable Confirmed Don't know

Was the contact: Protected Unprotected

Type of exposure Intimate contact Sharing of utensils Caring for sick

Other (specify): _____

Specify EVD patient's relationship with HCW (*tick all that apply*):

Patient Household member Friend Relative None

Other (specify): _____

Located: At home (specify): _____
(*tick all that apply*) In the community (specify): _____

Did the HCW attend any funeral of someone who might have died of Ebola in the 3 weeks preceding the onset of the symptoms? Yes No Don't know

If yes, did the HCW participate in the preparation of burials that involved touching the dead body without adequate PPE? Yes No Don't know

WORK: Had the HCW been in known direct contact **AT WORK** with anyone with suspected, probable, or confirmed EVD in the 21 days prior to illness onset? Yes No Don't know

If Yes to either: (*tick all that apply and indicate healthcare facility*)

Was the contact: Protected Unprotected

Type of exposure: Needle stick Scalpel cut
 Body fluid splash on intact skin Body fluid splash on non-intact skin
 Body fluid splash on eye Body fluid splash on mouth/lips

Other (specify): _____

Located: Ebola Treatment Unit (ETU) (specify): _____
(*tick all that apply*) Community Care Center (CCC) (specify): _____
 Another health care facility (specify): _____

Specify EVD patient's relationship with HCW (*tick all that apply*):

Patient Other HCW (specify below) Other (specify): _____

If "Other HCW" was contact:

At work, in a patient care area (specify facility): _____

Outside of workplace (specify facility): _____

At work, in a non-patient care area (break room, office, nursing station, etc) (specify): _____

Why did unprotected contact occur? (*tick all that apply*)

Person was not thought to be a case at the time

Person had been a suspect case, but had tested negative for Ebola on the first test

PPE were not available to wear

Other (specify): _____

Case ID number: _____

8. Infection prevention and control (HCW, colleague, supervisor)

Healthcare facility workplace/s use of PPE and standard precautions: *(specify different workplaces)*

During possible time of exposure, was PPE used?

HCF 1: Yes No Don't know

HCF 2: Yes No Don't know

Describe what items *(tick all mentioned)*

HCF 3: Yes No Don't know

- Single gloves Double gloves Disposable gown Coverall (Tyvek-like)
 Coverall (Tychem-like) Face shield Goggles Facemask
 N-95 or above respirator Waterproof apron Cap Hood
 Shoe covers Rubber boots Closed resistant shoes
 Leg covers Other (specify): _____

If different workplaces have different procedures please specify difference: _____

Did the HCW apply duct tape to secure PPE?

HCF 1: Yes No Don't know

HCF 2: Yes No Don't know

HCF 3: Yes No Don't know

How long would HCW usually work while wearing PPE per entry in the isolation area?

HCF 1 _____ (hours) HCF 2 _____ (hours) HCF _____ (hours)

Was a 'buddy' system (co-worker observing) used to take off PPE?

HCF 1: Yes No Don't know

HCF 2: Yes No Don't know

HCF 3: Yes No Don't know

At possible time of exposure, was hand hygiene performed appropriately? Yes No Don't know

Were hand hygiene products available at time of exposure?

HCF 1: Yes No Don't know

HCF 2: Yes No Don't know

HCF 3: Yes No Don't know

If Yes, which

(specify HCF)

- Running (tap) water Chlorinated water from reservoir Soap
 Disposable towels Alcohol antiseptic Other (specify): _____

At possible time of exposure, were safety boxes available?

HCF 1: Yes No Don't know

HCF 2: Yes No Don't know

HCF 3: Yes No Don't know

Could the HCW identify other deficiencies in infection prevention and control at their workplaces?

<i>(tick all that apply)</i>	HCF 1	HCF 2	HCF 3
No triage available			
Proper isolation of patients not available			
PPE not consistently available or complete			
Improper or inadequate training of staff			
Hand hygiene facilities unavailable			
Other (specify)			

COMMUNITY: During possible time of exposure, was PPE used during all community exposures?

Yes No Don't know

If Yes, describe PPE use: _____

