

Initials of person completing form: _____
Date of completion of form (dd/mm/yy): _____

PLEASE SEND COMPLETED FORM TO: _____

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

Case ID number: _____

Thank you for considering this study. The Sierra Leone Ministry of Health, together with the World Health Organization and the Centers for Disease Control are trying to learn more about how and why health care workers in Sierra Leone are getting Ebola virus disease. We want to learn more about how people are getting sick so that we can help prevent infections in the future. We will ask you some questions about what happened before you fell ill. If you agree, we would also like to ask some questions to your co-workers to learn more about what might have happened to make you ill. You will not be punished for practices that may have exposed you to Ebola virus infection and we will not share your information outside of study staff. We will record your name and address so that health workers can find you and make sure we only ask you these questions once. Only the study team can see your information and they will only look at your information when they are working on the study. All the information will be in locked computer files on a protected computer at WHO. Information will be summarized in reports. We will not report anything about you individually. You are free to choose whether or not to be in this study. You are also free to say no to any part of this study. You will not lose any of your usual health services or other benefits even if you say no. Even if you say yes, you may change your mind at any time. If you have questions or concerns, you can call Dr. Alie Wurie at the Ministry of Health at +232-076671100. (Provide card with phone # and name).

1. BASIC INFORMATION

Person being interviewed:

- Patient Co-worker (not supervisor)
 Patient's supervisor Family member (specify): _____
 Other (specify): _____

Site of interview

- Home of patient Workplace of patient (specify): _____
 Holding center/ETU/CCC Other: _____

Case classification:

- Suspected Confirmed Unknown

Case status at evaluation:

- Alive Deceased (date: ___/___/___) Unknown

2. PATIENT (HCW) IDENTITY

Last name _____ First Name _____ Second Name _____
Date of birth (mm/dd/yy) ___/___/___ Age (years) _____ Sex M F
Village of residence _____ District _____ Nationality: _____

3. CLINICAL COURSE

Date of symptom onset ___/___/___ Date patient stopped working: ___/___/___

Date of first visit to healthcare facility: ___/___/___ Facility name: _____

Was patient admitted at first visit? Yes No DK (don't know)

If NO, what was the suspected diagnosis?

- Suspect malaria Suspect other infection
 Suspect typhoid Other: _____

If patient WAS NOT admitted at first presentation, please check all activities patient undertook/treatments patient received *between symptom onset and isolation*

- Took antimalarials Took ORAL antibiotics Took IV antibiotics Took NSAIDS
 Sought care with a traditional healer Sought care from a family member/friend
 Sought care from another healthcare worker outside of a healthcare facility

Went to a different healthcare facility for care

Was patient ever isolated for their Ebola infection? Yes No DK

If YES, date of patient isolation: ___/___/___

Site of patient isolation:

- Holding center (specify): _____
- Alternate site/room at hospital specifically for healthcare worker isolation
- Other: _____

Was patient transferred to Ebola treatment center? Yes No DK

If YES, date of transfer: ___/___/___

Ebola treatment center where patient treated: _____

Ebola blood testing

Date of blood draw for testing ___/___/___ Date of confirmation: ___/___/___

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

- Ambulance driver Ambulance driver mate Burial team CHO CHA Cleaner
- Community health worker Contact tracer District medical officer Doctor
- Laboratory staff Midwife Morgue staff Porter
- Nurse Nurse's Aide Office staff SECHN
- Security officer Surveillance officer Traditional healer Traditional birth attendant
- Other (specify): _____

Primary work place at the time of infection:

- Ebola Treatment Center Ebola Care Unit "Transit"/"Holding" center Public hospital
- Community Care Center (CCC) Observational Interim Care Center (OICC)
- DHMT Office Outpatient setting Laboratory Ambulance DK
- Other type of HCF: _____

If patient worked at a healthcare facility (HCF), provide HCF name: _____

If hospital or outpatient, setting, what service:

- General Care Maternity Laboratory Medicine Pediatric Surgery
- Emergency Blood Transfusion Administration Morgue
- Other (specify): _____

At their primary occupation, was patient a volunteer? Yes No DK

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

- Ebola Treatment Center Ebola Care Unit "Transit"/"Holding" center Public hospital
- Community Care Center (CCC) Observational Interim Care Center (OICC) DHMT Office
- Outpatient setting Laboratory Ambulance DK Other type of HCF (specify): _____
- Other NON-HCF (specify): _____

If hospital or clinical outpatient setting, what service:

- General Care Maternity Laboratory Medicine Pediatric Surgery
- Emergency Blood Transfusion Administration Morgue Other (specify): _____

At the additional workplace, was patient a volunteer? Yes No DK

Was patient known to provide health-related care to neighbors, family, or others outside of their work? Yes No DK (don't know)

5. EXPOSURES

Workplace-associated activities that may have led to exposure (check all that apply):

- Provided general patient care (took vital signs, examined patients)
- Fed patients or administered oral medications Delivered babies
- Bathed or cleaned patients Moved patients (touched patients)
- Gave injection Drew blood Performed fingerprick
- Recapped needle Discarded sharps
- Put in IV/handled line Placed/handled urinary catheter
- Cleaned blood/vomit/diarrhea Cleaned the patient room or ward
- Handled lab specimens Controlled bleeding Touched contaminated surfaces Performed invasive procedure Performed /assisted with surgery
- Moved dead bodies Performed autopsy
- Cleaned or disinfected latrines
- Handled waste Handled linen or clothes or mattresses (cleaners)
- Other: (specify) _____

Contact with EVD patients outside the primary work facility

Did the HCW have contact* with anyone who had suspected/confirmed EVD outside of the primary work facility during the three weeks before their symptom onset?

- Yes No DK

If YES, specify relationship of EVD patient with HCW (check all that apply):

- Patient Other HCW Household member Other friend / relative None

Specify type of exposure:

- Provided general patient care (took vital signs, examined patients)
- Fed patients or administered oral medications Delivered babies
- Bathed or cleaned patients Moved patients (touched patients)
- Gave injection Drew blood Performed fingerprick
- Recapped needle Discarded sharps
- Put in IV/handled line Placed/handled urinary catheter
- Cleaned blood/vomit/diarrhea Cleaned the patient room or ward
- Handled lab specimens Controlled bleeding Touched contaminated surfaces
- Performed invasive procedure Performed /assisted with surgery
- Moved dead bodies Performed autopsy
- Cleaned or disinfected latrines Handled waste
- Handled linen or clothes or mattresses (cleaners)
- Physically assisted patient in ambulance or other vehicle
- Touched patient during home visit (e.g., DSO or contact tracer)
- Other: (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 DK

If YES, did the HCW participate in the preparation of burials that involved touching the dead body without adequate PPE (gloves, impermeable gown, impermeable head cover with neck protection, rubber boots, face mask and face shield or goggles)? Yes No DK

6. MOST LIKELY EXPOSURE TO EVD

Did the interviewee describe any single exposure that most likely led to infection? Yes No DK

If **No** or **DK**, skip to question 7

If **Yes**, specify the date: ___/___/___ (dd/mm/yy)

Setting where suspected exposure occurred:

- Ebola Treatment Center Ebola Care Unit "Transit"/"Holding" center Public hospital
 Community Care Center (CCC) Observational Interim Care Center (OICC)
 Outpatient setting Laboratory Ambulance DK
 Other type of HCF (specify): _____
 Patient's home Someone else's home (specify): _____
 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) _____

7. INFECTION PREVENTION AND CONTROL ASPECTS OF PRIMARY WORK PLACE

Use of PPE and Standard Precautions

At time of exposure, was a screening station set up at the primary work facility to separate suspect/possible Ebola patients from other patients? Yes No DK N/A (not applicable)

At time of exposure, were there spraying staff at primary work facility? Yes No DK N/A

If **exposure was at work**, was PPE available to the patient at time of exposure? Yes No DK

If **YES**, which:

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

If **exposure was at work**, was any PPE USED by patient at time of exposure? Yes No DK

If **YES**, which:

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

If **NO**, why not?

- No PPE at facility PPE present, but did not think the situation required it
 PPE present, but did not know how to use PPE present, but forgot/neglected to use
 Other: _____

Did the HCW apply duct tape to secure PPE? Yes No DK

Were **hand hygiene** products available at time of exposure? Yes No DK

If Yes, which: Running (tap) water Chlorinated water from reservoir
 Soap Disposable towels Alcohol antiseptic

About how many minutes did HCW stay in PPE** during each entry in isolation/ETU per day? ___ mins

About how many times per day did HCW enter isolation/ETU in PPE? _____ times per day
About how many days did HCW work in isolation/ETU per week? ___ days Not applicable

Was HCW trained on infection prevention/control in the context of the Ebola outbreak? Yes No

If YES, please indicate the training organization below:

- National Government DHMT staff Hospital staff
 WHO CDC MSF UNMEER Other (specify): _____
 Don't know

Were other healthcare workers quarantined as a result of this HCW infection? Yes No DK

If YES, (approximate if exact number unknown), how many HCW were quarantined? _____

*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

Additional details of exposure or comments: -

ADMINISTRATIVE USE ONLY:

Is case in VHF? Yes No DK Not yet, but check back later (<1 month after onset)

If yes, is case marked as Healthcare Worker in VHF? Yes No

VHF case ID: _____