

**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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