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Healthcare Personnel Risk Assessment Questionnaire and Serosurvey for Zika Virus Exposure—Utah, 2016

ID _____ _____ _____ _____ _____

Zika Virus Exposure Assessment for

Healthcare Personnel

Date of interview:

Name of interviewer:

Subject name:

Job Title:

Is contact information correct?

If no, please provide

Address:

Phone:

Where was interview administered (circle one)?

Wellness clinic
Phone
Home
Other (please specify)_____

Has sample been collected?

Yes
No
Not indicated at this time

Case or Control (circle one)

ID _____ _____ _____ _____ _____

Section 1: Demographics, Role----------

1. Gender ☐ Male ☐ Female

2. Age _____ years

3. Please indicate your job title at this facility

☐ Laboratory staff ☐ Environmental services ☐ Nurse ☐ Radiology tech

☐ Physician/Advanced Care Provider ☐ Respiratory therapy ☐ Certified nursing assistant/Health care assistant

☐ Other (please specify) _____

4. How long have you been working in your current role (at any facility)? _____ months/years

Section 2: Risks and symptoms----------

Country of origin:

Have you lived outside of the US? ☐ Yes ☐ No

If yes, what countries have you lived in and when did you live there?

Country	Start date	End date

Travel history (past year)

Region/country	Start date (XX/XX/XXXX)	End date (XX/XX/XXXX)
Mexico		
Cape Verde		
Caribbean (please specify) _____		
Puerto Rico		
Central America (please specify) _____		
Pacific Islands (please specify) _____		
South American (please specify) _____		
Africa (please specify) _____		
Asia (please specify) _____		

Vaccination history

Previous vaccinations:
☐ Yellow Fever Last dose:
☐ Tick-borne Encephalitis Last dose:
☐ Japanese Encephalitis Last dose:

Pregnancy

Are you or your partner currently pregnant?	☐ **Yes** ☐ **No** ☐ **Unknown**	**If yes, test (group A)**
Are you or your partner trying to	☐ **Yes** ☐ **No** ☐ **Unknown**	**If yes, test (group A)**

become pregnant now?		
Are you or your partner planning to become pregnant in the next 6 months?	☐ **Yes** ☐ **No** ☐ **Unknown**	**If yes, test**

Symptoms (developed since patient interaction)

Fever ☐ Yes ☐ No If yes, dates _____ to _____ ☐ Subjective ☐ Measured (Max measured temperature: _____F/C)	Rash ☐ Yes ☐ No If yes, dates _____ to _____ Type: ☐ Maculopapular ☐ Petechial ☐ Purpuric ☐ Other Pruritic: ☐ Yes ☐ No Distribution:_____
Arthralgia ☐ Yes ☐ No If yes, dates _____ to _____	Conjunctivitis ☐ Yes ☐ No If yes, dates _____ to _____

Do they have 2 or more symptoms occurring within one week?

If no	☐ Asymptomatic
If yes	☐ **Symptomatic**

If symptomatic, are you currently symptomatic or have been symptomatic in the past 14 days?

☐ No	
☐ **Yes**	**Call Dr. Rubin for further instructions**

If symptomatic, were symptoms more than 14 days ago?

☐ No	
☐ **Yes**	**If yes, test (group B)**

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Section 3: Patient Interaction----------

Days with any patient interaction?

6/19 6/20 6/22 6/23 6/24 6/25

Site interaction occurred ☐ER ☐ECU ☐Ward ☐ICU ☐Other _____	
☐Patient care ☐Device reprocessing ☐Environmental cleaning ☐Food service needs ☐Other (please specify) _____	
Did you enter patient's room or care area? Yes No	If yes, then low
Did you touch patient? **Yes No**	**If yes, then medium and test (group B)**
Did you (circle all that apply): **Have any contact with blood or body fluids?** **Clean up vomit?** **Clean up stool?** **Draw blood?** **Collect urine sample or empty Foley bag?** **Collect stool sample?** **Wipe away sweat?** **Wipe away tears?** **Suction or manipulate airway?** **Place Foley?** **Place or manipulate rectal tube?** **Reposition the patient?** **Bathe the patient?** **Change linens?** **Perform physical exam?** **Perform radiology exam or Echo?** **Device reprocessing?** **Perform procedure (please specify)?_____**	**If any circled, then high and test (group B)**
Cumulative time in room in hours < 1 hour 1 to 2 hours 59 minutes 3 to 5 hours 59 minutes 6 or more hours	

ID _____ _____ _____ _____ _____

Did you have any contact with blood or body fluids? ☐ **Yes** ☐ **No**

Body fluid	What were you doing?	Was this protected (PPE)?	What PPE did you typically wear?	Did you have visible soilage of PPE?	Areas of contact (pick all that apply)?
Blood # times	☐ Phlebotomy ☐ Procedure ☐ Equipment ☐ Soiled linen ☐ Contaminated surface ☐ Biohazard waste ☐ Cleaning ☐ Other (please specify)_____	☐ Yes ☐ No	☐ Face shield ☐ Goggles ☐ Facemask ☐ Respirator/N95 ☐ Gloves ☐ Gown ☐ Other (please specify):_____	☐ Yes ☐ No	☐ Protected Not protected ☐ Intact skin ☐ Broken skin ☐ Mucous membranes (please specify)_____ ☐ Percutaneous exposure ☐ Other (please specify_____
Respiratory # times	☐ Phlebotomy ☐ Procedure ☐ Equipment ☐ Soiled linen ☐ Contaminated surface ☐ Biohazard waste ☐ Cleaning ☐ Other (please specify)_____	☐ Yes ☐ No	☐ Face shield ☐ Goggles ☐ Facemask ☐ Respirator/N95 ☐ Gloves ☐ Gown ☐ Other (please specify):_____	☐ Yes ☐ No	☐ Protected Not protected ☐ Intact skin ☐ Broken skin ☐ Mucous membranes (please specify)_____ ☐ Percutaneous exposure ☐ Other (please specify_____
Stool # times	☐ Phlebotomy ☐ Procedure ☐ Equipment ☐ Soiled linen ☐ Contaminated surface ☐ Biohazard waste ☐ Cleaning ☐ Other (please specify)_____	☐ Yes ☐ No	☐ Face shield ☐ Goggles ☐ Facemask ☐ Respirator/N95 ☐ Gloves ☐ Gown ☐ Other (please specify):_____	☐ Yes ☐ No	☐ Protected Not protected ☐ Intact skin ☐ Broken skin ☐ Mucous membranes (please specify)_____ ☐ Percutaneous exposure ☐ Other (please specify_____

ID _____ _____ _____ _____ _____

Body fluid	What were you doing?	Was this protected (PPE)?	What PPE did you typically wear?	Did you have visible soilage of PPE?	Areas of contact (pick all that apply)?
Urine # times	☐ Phlebotomy ☐ Procedure ☐ Equipment ☐ Soiled linen ☐ Contaminated surface ☐ Biohazard waste ☐ Cleaning ☐ Other (please specify)_____	☐ Yes ☐ No	☐ Face shield ☐ Goggles ☐ Facemask ☐ Respirator/N95 ☐ Gloves ☐ Gown ☐ Other (please specify):_____	☐ Yes ☐ No	☐ Protected Not protected ☐ Intact skin ☐ Broken skin ☐ Mucous membranes (please specify)_____ ☐ Percutaneous exposure ☐ Other (please specify_____
Vomitus # times	☐ Phlebotomy ☐ Procedure ☐ Equipment ☐ Soiled linen ☐ Contaminated surface ☐ Biohazard waste ☐ Cleaning ☐ Other (please specify)_____	☐ Yes ☐ No	☐ Face shield ☐ Goggles ☐ Facemask ☐ Respirator/N95 ☐ Gloves ☐ Gown ☐ Other (please specify):_____	☐ Yes ☐ No	☐ Protected Not protected ☐ Intact skin ☐ Broken skin ☐ Mucous membranes (please specify)_____ ☐ Percutaneous exposure ☐ Other (please specify_____
Tears # times	☐ Phlebotomy ☐ Procedure ☐ Equipment ☐ Soiled linen ☐ Contaminated surface ☐ Biohazard waste ☐ Cleaning ☐ Other (please specify)_____	☐ Yes ☐ No	☐ Face shield ☐ Goggles ☐ Facemask ☐ Respirator/N95 ☐ Gloves ☐ Gown ☐ Other (please specify):_____	☐ Yes ☐ No	☐ Protected Not protected ☐ Intact skin ☐ Broken skin ☐ Mucous membranes (please specify)_____ ☐ Percutaneous exposure ☐ Other (please specify_____

ID _____ _____ _____ _____ _____

Body fluid	What were you doing?	Was this protected (PPE)?	What PPE did you typically wear?	Did you have visible soilage of PPE?	Areas of contact (pick all that apply)?
Sweat # times	☐ Phlebotomy ☐ Procedure ☐ Equipment ☐ Soiled linen ☐ Contaminated surface ☐ Biohazard waste ☐ Cleaning ☐ Other (please specify)_____	☐ Yes ☐ No	☐ Face shield ☐ Goggles ☐ Facemask ☐ Respirator/N95 ☐ Gloves ☐ Gown ☐ Other (please specify):_____	☐ Yes ☐ No	☐ Protected Not protected ☐ Intact skin ☐ Broken skin ☐ Mucous membranes (please specify)_____ ☐ Percutaneous exposure ☐ Other (please specify_____
Other (Please specify) _____ # times	☐ Phlebotomy ☐ Procedure ☐ Equipment ☐ Soiled linen ☐ Contaminated surface ☐ Biohazard waste ☐ Cleaning ☐ Other (please specify)_____	☐ Yes ☐ No	☐ Face shield ☐ Goggles ☐ Facemask ☐ Respirator/N95 ☐ Gloves ☐ Gown ☐ Other (please specify):_____	☐ Yes ☐ No	☐ Protected Not protected ☐ Intact skin ☐ Broken skin ☐ Mucous membranes (please specify)_____ ☐ Percutaneous exposure ☐ Other (please specify_____
Other (Please specify) _____ # times	☐ Phlebotomy ☐ Procedure ☐ Equipment ☐ Soiled linen ☐ Contaminated surface ☐ Biohazard waste ☐ Cleaning ☐ Other (please specify)_____	☐ Yes ☐ No	☐ Face shield ☐ Goggles ☐ Facemask ☐ Respirator/N95 ☐ Gloves ☐ Gown ☐ Other (please specify):_____	☐ Yes ☐ No	☐ Protected Not protected ☐ Intact skin ☐ Broken skin ☐ Mucous membranes (please specify)_____ ☐ Percutaneous exposure

					☐ Other (please specify_____

Were you involved with any procedures (either performing or in room)?		
Intubation	☐ Performed or assisted with procedure ☐ Present in room	☐ Face shield ☐ Goggles ☐ Facemask ☐ Respirator/N95 ☐ Gloves ☐ Gown ☐ Other (please specify): _____
Central line placement	☐ Performed or assisted with procedure ☐ Present in room	☐ Face shield ☐ Goggles ☐ Facemask ☐ Respirator/N95 ☐ Gloves ☐ Gown ☐ Other (please specify): _____
Bronchoscopy	☐ Performed or assisted with procedure ☐ Present in room	☐ Face shield ☐ Goggles ☐ Facemask ☐ Respirator/N95 ☐ Gloves ☐ Gown ☐ Other (please specify): _____
CPR	☐ Performed or assisted with procedure ☐ Present in room	☐ Face shield ☐ Goggles ☐ Facemask ☐ Respirator/N95 ☐ Gloves ☐ Gown ☐ Other (please specify): _____
Sputum induction	☐ Performed or assisted with procedure ☐ Present in room	☐ Face shield ☐ Goggles ☐ Facemask ☐ Respirator/N95 ☐ Gloves ☐ Gown ☐ Other (please specify): _____
Extubation	☐ Performed or assisted with procedure ☐ Present in room	☐ Face shield ☐ Goggles ☐ Facemask ☐ Respirator/N95 ☐ Gloves ☐ Gown ☐ Other (please specify): _____
Airway suctioning	☐ Performed or assisted with procedure ☐ Present in room	☐ Face shield ☐ Goggles ☐ Facemask ☐ Respirator/N95 ☐ Gloves ☐ Gown ☐ Other (please specify): _____
Nasogastric tube placement	☐ Performed or assisted with procedure ☐ Present in room	☐ Face shield ☐ Goggles ☐ Facemask ☐ Respirator/N95 ☐ Gloves ☐ Gown ☐ Other (please specify): _____
Nebulizer treatment	☐ Performed or assisted with procedure ☐ Present in room	☐ Face shield ☐ Goggles ☐ Facemask ☐ Respirator/N95 ☐ Gloves ☐ Gown ☐ Other (please specify): _____
Dialysis	☐ Performed or assisted with procedure ☐ Present in room	☐ Face shield ☐ Goggles ☐ Facemask ☐ Respirator/N95 ☐ Gloves ☐ Gown ☐ Other (please specify): _____
Rectal tube placement or manipulation	☐ Performed or assisted with procedure ☐ Present in room	☐ Face shield ☐ Goggles ☐ Facemask ☐ Respirator/N95 ☐ Gloves ☐ Gown ☐ Other (please specify): _____
Arterial line placement	☐ Performed or assisted with procedure ☐ Present in room	☐ Face shield ☐ Goggles ☐ Facemask ☐ Respirator/N95 ☐ Gloves ☐ Gown ☐ Other (please specify): _____
Peripheral IV placement	☐ Performed or assisted with procedure ☐ Present in room	☐ Face shield ☐ Goggles ☐ Facemask ☐ Respirator/N95 ☐ Gloves ☐ Gown ☐ Other (please specify): _____
Noninvasive ventilation	☐ Performed or assisted with procedure ☐ Present in room	☐ Face shield ☐ Goggles ☐ Facemask ☐ Respirator/N95 ☐ Gloves ☐ Gown ☐ Other (please specify): _____

Lumbar puncture	☐ Performed or assisted with procedure ☐ Present in room	☐ Face shield ☐ Goggles ☐ Facemask ☐ Respirator/N95 ☐ Gloves ☐ Gown ☐ Other (please specify): _____
Other (please specify) _____	☐ Performed or assisted with procedure ☐ Present in room	☐ Face shield ☐ Goggles ☐ Facemask ☐ Respirator/N95 ☐ Gloves ☐ Gown ☐ Other (please specify): _____

Did you come into contact with body following death? Yes No

Did you have any other contact with the patient not previously mentioned?

Section 4: PPE training----------

Have you received training on proper selection of PPE for standard precautions? ☐ Yes ☐ No

Have you received training on how to don:

- Gloves? ☐ Yes ☐ No
- Gown? ☐ Yes ☐ No
- Eye protection? ☐ Yes ☐ No

Have you received training on how to doff (so as not to contaminate):

- Gloves? ☐ Yes ☐ No
- Gown? ☐ Yes ☐ No
- Eye protection? ☐ Yes ☐ No

How often does this training occur? _____

When did you last receive training? _____

Were you required to demonstrate competency? ☐ Yes ☐ No