**Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_ □ Check box if documented case**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A. Employee Background | | | 1. Name: 2. Age: | |
| 3. Sex: Male Female | | | 4. Employed at Facility since: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ | |
| 5. List occupation: Activity aid Administrative CNA Dietary Food service  Housekeeping Laundry PT/OT Pharmacist Physician  Maintenance RNA RN/LPN Social service Van driver  Wound care team Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| 6. Since July 17, 2015 to present, have you worked in any other patient-care facility? Yes No *(If no, skip to Section B)*   |  |  |  |  | | --- | --- | --- | --- | | Name & city of facility | Dates of employment | Have you been in contact with a patient infected with group A strep? | What was the patient’s diagnosis? | |  | Start:  \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_  End:  \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_ | Yes  No  If yes, date of contact:  \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_ | Strep throat Impetigo  Cellulitis Bacteremia/Sepsis  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | Start:  \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_  End:  \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_ | Yes  No  If yes, date of contact:  \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_ | Strep throat Impetigo  Cellulitis Bacteremia/Sepsis  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | Start:  \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_  End:  \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_ | Yes  No  If yes, date of contact:  \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_ | Strep throat Impetigo  Cellulitis Bacteremia/Sepsis  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 7. a. Since the outbreak, have you had a screening culture for group A Streptococcus? Yes No *(If no, skip to # 8)*  b. If yes, when? \_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_  c. Where was the culture obtained from? Throat Rectal Vaginal Skin/wound Other  d. What were the results? Positive Negative | | | | |
| **B. Job Description at**  **Warren Barr Gold Coast** | | | 8. As part of your job, do you have physical contact with patients? Yes No  (*If no, skip to Section D)* | |
| 9. Areas usually worked: Patient rooms Nurses’ station Cafeteria Rehab floor Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  10. Shifts usually worked: Day Evening Night Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  11. Patient units usually worked: 1 2 3 4 5 6 7 8 Do not work in patient units All patient units  12. Which days do you usually work *(circle ALL that apply)*: | | | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | | | | | |
| 13. What kind of patient contact do you have? *(check ALL that apply)*  Give oral medications Feeding resident Respiratory therapy Tracheostomy care  Change dressings/wound care Gastrostomy care Handle urinary catheter Bathe resident  Assist with patient transfer Clean room Handle soiled linens/bedding Handle soiled diapers/bedpans  Deliver meal trays Take vital signs Bedside incision and debridement aspiration/drainage  Provide PT/OT Other beside surgical procedures | | | | |
| **C. Work Practice** | | 14. Do you use soap and water to clean your hands? Yes No  15. Do you use alcohol-based hand sanitizer to clean your hands? Yes No | | | |
| 16. Please answer the following questions *(circle answer)* | | | | Never Always | |
| 1. Do you perform hand hygiene BEFORE physical contact with patients? | | | | 1 2 3 4 5 N/A | |
| 1. Do you perform hand hygiene BEFORE physical contact with each patient’s environment or belongings (e.g. bedside table, refrigerator, rolling walker, etc.)? | | | | 1 2 3 4 5 N/A | |
| 1. Do you perform hand hygiene AFTER physical contact with patients? | | | | 1 2 3 4 5 N/A | |
| 1. Do you perform hand hygiene AFTER physical contact with each patient’s environment or belongings (e.g. bedside table, refrigerator, rolling walker, etc.)? | | | | 1 2 3 4 5 N/A | |
| 1. Do you perform hand hygiene BETWEEN contact with patients? | | | | 1 2 3 4 5 N/A | |
| 1. Do you use the sink or alcohol-based sanitizer in the patient’s room or outside patient’s room? | | | | 1 2 3 4 5 N/A | |
| 1. Do you use the sink or alcohol-based sanitizer at the nurse’s station? | | | | 1 2 3 4 5 N/A | |
| 1. Do you use gloves when changing bandages/dressing wounds? | | | | 1 2 3 4 5 N/A | |
|  | 1. If yes, do you change gloves between patients/patient rooms? | | | 1 2 3 4 5 N/A | |
|  | 1. If yes, do you perform hand hygiene before donning gloves? | | | 1 2 3 4 5 N/A | |
|  | 1. If yes, do you perform hand hygiene after removing gloves? | | | 1 2 3 4 5 N/A | |
| 1. Do you use gloves when cleaning soiled patients or linens? | | | | 1 2 3 4 5 N/A | |
|  | 1. If yes, do you change gloves between patients/patient rooms? | | | 1 2 3 4 5 N/A | |
|  | 1. If yes, do you perform hand hygiene before donning gloves? | | | 1 2 3 4 5 N/A | |
|  | 1. If yes, do you perform hand hygiene after removing gloves? | | | 1 2 3 4 5 N/A | |
| 1. Do you use person protective equipment (PPE) when bathing patients? | | | | 1 2 3 4 5 N/A | |
|  | 1. If yes, please specify type of PPE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **D. Your Health** | | 17. Do you have paid “Sick Leave”? Yes No  18. Did you receive prophylaxis for group A streptococcal infection? Yes No When? \_\_\_ / \_\_\_ / \_\_\_ | | | |
| 19. a. Since July 17, 2015, have you had a sore throat? Yes No *(If no, skip to #20)*   1. When? \_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ 2. Was a throat swab for testing collected from you? Yes No d. If yes, specify month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Was a rapid strep throat test done (you would have been given results immediately)?   f. If yes, specify month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ g. If yes, was the result positive? Yes No   1. Were you diagnosed with strep throat? Yes No i. If yes, specify month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Did you miss work for this illness? Yes No k. How many days did you miss? \_\_\_\_\_\_\_\_\_\_\_\_ 3. How many days were you ill? \_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Did you receive antibiotics for this condition? Yes No n. If yes, antibiotic name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 20. a. Since July 17, 2015, did you have a rash, open wound, or skin infection? Yes No *(If no, skip to #21)*  b. When? \_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ c. What was your diagnosis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  d. Did you miss work for this illness? Yes No How many days did you miss? \_\_\_\_\_\_\_\_\_\_\_\_  f. How many days were you ill? \_\_\_\_\_\_\_\_\_\_\_\_\_  g. Did you receive antibiotics for this condition? Yes No If yes, antibiotic name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 21. a. Since July 17, 2015, did you have fever, cough, and/or other respiratory infection? Yes No *(If no, skip to #22))*  b. When? \_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_  c. Did you miss work for this illness? Yes No How many days did you miss? \_\_\_\_\_\_\_\_\_\_\_\_  d. How many days were you ill? \_\_\_\_\_\_\_\_\_\_\_\_\_  e. Did you receive antibiotics for this condition? Yes No If yes, antibiotic name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  f. What was your diagnosis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 22. If you’re feeling sick before a work shift, how do you notify Warren Barr Gold Coast? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 23.. a. How many people are in your household? \_\_\_\_\_\_\_\_\_\_ *(If none, END)*  b. How many children under 18 years of age are in your household? \_\_\_\_\_\_\_\_\_  c. Since July 17, 2015, did anyone in your household have a sore throat? Yes No  d. When? \_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ e. Who (relationship)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  e. Was he/she diagnosed with strep throat? Yes No  g. Were they treated? Yes No If so, with what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  h. During the past 3 months, did anyone in your household have impetigo or cellulitis (skin infections)? Yes No  i. When? \_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ | | | | | |

**END – *Thank you!***