



Risk assessment form for health workers with an occupational exposure to Ebola

This form should be completed for all health workers who have been exposed to a patient with Ebola, their body fluids, or objects contaminated with body fluids. The form aids in the risk assessment for health workers (HW's) after exposure to determine the risk categorization of each HW and inform the management of the exposed HW based on risk. This form is applicable for the Ebola virus (EBOV) belonging to *Sudan Ebolavirus* species and *Zaire Ebolavirus* species in the Genus Ebolavirus.

1. Interviewer information		
a. Interviewer name:		
b. Interview date:		
c. Interviewer phone number:		
d. Verbal consent obtained:	<input type="checkbox"/> Yes <input type="checkbox"/> No (specify reason)	
2. Health worker information		
a. Last name:		
b. First name:		
c. Age:		
d. Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer	
e. Village of residence:		
f. District:		
g. Phone number:		
h. Occupation:	<input type="checkbox"/> Medical doctor	<input type="checkbox"/> Nurse
	<input type="checkbox"/> Midwife	<input type="checkbox"/> Healthcare student
	<input type="checkbox"/> Radiology /X-ray technician	<input type="checkbox"/> Phlebotomist
	<input type="checkbox"/> Physical therapist	<input type="checkbox"/> Nutritionist/dietitian
	<input type="checkbox"/> Pharmacist/technician or dispenser	<input type="checkbox"/> Laboratory personnel
	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Patient transporter
	<input type="checkbox"/> Office staff/Administrator	<input type="checkbox"/> Cleaner (hygienist)
	<input type="checkbox"/> Catering staff	<input type="checkbox"/> Ambulance driver
	<input type="checkbox"/> Vaccinator	<input type="checkbox"/> Security guard
	<input type="checkbox"/> Traditional healer	<input type="checkbox"/> Community health worker
	<input type="checkbox"/> Other (specify):	
i. Which patient care units/service areas are you	<input type="checkbox"/> Ebola Treatment Unit	<input type="checkbox"/> Ebola Screening/triage
	<input type="checkbox"/> Outpatient Department (OPD)	<input type="checkbox"/> Inpatient Department (IPD)
	<input type="checkbox"/> Emergency	<input type="checkbox"/> Maternity

[the HCW] currently assigned to work on (select all that apply)?	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Pharmacy
	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Surgery
	<input type="checkbox"/> Administration	<input type="checkbox"/> Morgue
	<input type="checkbox"/> Other (specify):	
j. Do you work in more than one healthcare facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Exposure information		
a. Does the health worker recall any potential exposures while working at the healthcare facility during the time the confirmed Ebola case was at the healthcare facility?		
<input type="checkbox"/> Yes, date/dates:	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
b. Activities that may have led to exposure. Which of the following activities did the health worker perform with the confirmed Ebola case? – tick all that apply		
<input type="checkbox"/> Cleaned or disinfected patient environment	<input type="checkbox"/> Handled patient care equipment	
<input type="checkbox"/> Handled patient waste including linen, clothing, or mattress		
<input type="checkbox"/> Handled patient body fluids	<input type="checkbox"/> Provided emergency care/resuscitation	
<input type="checkbox"/> Clinical assessment (including taking vital signs) and examination of patient		
<input type="checkbox"/> Bathed or washed patient	<input type="checkbox"/> Moved or transported patient	
<input type="checkbox"/> Inserted IV lines	<input type="checkbox"/> Injection given	
<input type="checkbox"/> Intravenous line handled (intravenous medications or infusions administered)		
<input type="checkbox"/> Handled urinary catheter	<input type="checkbox"/> Needle stick/sharps injury	
<input type="checkbox"/> Fed patient	<input type="checkbox"/> Administered oral medication	
<input type="checkbox"/> Handled or processed lab specimens	<input type="checkbox"/> Blood test or finger prick performed	
<input type="checkbox"/> Performed surgery or other invasive procedures	<input type="checkbox"/> Cleaned body fluid spill or contaminated surface	
<input type="checkbox"/> Handled or cleaned surgical instruments	<input type="checkbox"/> Assisted with childbirth/delivery	
<input type="checkbox"/> Dead body handled	<input type="checkbox"/> Autopsy performed	
<input type="checkbox"/> Other (specify):		
Please provide narrative details of the exposure activity:		
c. Did any of the activities listed above result in physical contact with a patient with Ebola or their body fluids or objects contaminated with body fluids		
<input type="checkbox"/> Yes	Move to question 4.	
<input type="checkbox"/> No	Complete question 3d.	
<input type="checkbox"/> Don't know	Move to question 4.	
d. Did any of the activities above occur in the vicinity of a patient with Ebola or their body fluids or objects contaminated with body fluids (being within 1m but with no physical contact?)		
<input type="checkbox"/> Yes	Manage as a low-risk exposure. Move to question 4.	
<input type="checkbox"/> No	Manage as non-occupational exposure. Move to question 5.	
4. Infection Prevention and Control		
a. During possible time of exposure, was PPE used?		
<input type="checkbox"/> Yes	Complete question 4b, 4c and 4d.	
<input type="checkbox"/> No	Move to question 4e.	
<input type="checkbox"/> Don't know	Move to question 4e.	
b. PPE items were used – tick all that apply		
<input type="checkbox"/> Single gloves	<input type="checkbox"/> Double gloves	<input type="checkbox"/> Disposable gown
<input type="checkbox"/> Coverall	<input type="checkbox"/> Face shield	<input type="checkbox"/> Goggles

<input type="checkbox"/> Medical mask	<input type="checkbox"/> N-95 or above respirator	<input type="checkbox"/> Waterproof apron
<input type="checkbox"/> Closed toe shoes	<input type="checkbox"/> Shoe covers	<input type="checkbox"/> Rubber boots
<input type="checkbox"/> Cap	<input type="checkbox"/> Hood	<input type="checkbox"/> Other (specify):
c. Ask the HW to describe the steps and order they took when removing PPE		
d. Based on the answer to the question above, was there a breach of PPE whilst working or during removal of PPE?		
<input type="checkbox"/> Yes		<input type="checkbox"/> No
e. Reasons PPE was not used, or inappropriate PPE used – tick all that apply		
<input type="checkbox"/> PPE not available	<input type="checkbox"/> Lack of training on PPE use	<input type="checkbox"/> Unknown status of Ebola patient
<input type="checkbox"/> Other (specify):		
f. During the exposure/activities listed in 3b, which of the following modes of exposure occurred?		
<input type="checkbox"/> Penetrating sharps injury	Manage as a high-risk exposure.	
<input type="checkbox"/> Physical contact of exposed HWs mucous membranes (eyes, nose, or mouth) without wearing appropriate PPE or with a breach of PPE	Manage as a high-risk exposure.	
<input type="checkbox"/> Physical contact of exposed HWs non-intact skin without wearing appropriate PPE or with a breach of PPE	Manage as a high-risk exposure.	
<input type="checkbox"/> Physical contact of exposed HWs intact skin without wearing appropriate PPE or with a breach of PPE	Manage as a high-risk exposure.	
<input type="checkbox"/> No physical contact of the exposed HW	Manage as a low-risk exposure.	
g. During the exposure/activities listed in 3b, what was the exposure contaminant?		
<input type="checkbox"/> Blood	<input type="checkbox"/> Vomit or saliva	<input type="checkbox"/> Faeces
<input type="checkbox"/> Urine	<input type="checkbox"/> Internal body fluids	<input type="checkbox"/> Vaginal secretions
<input type="checkbox"/> Seminal fluid	<input type="checkbox"/> Any body fluid with visible blood	<input type="checkbox"/> None
5. Recommendations		
a. What is the risk of exposure?		
<input type="checkbox"/> Non occupational exposure	<input type="checkbox"/> Low risk	<input type="checkbox"/> High risk
b. Actions (Please refer to risk management algorithm)		
<p align="center"><u>Non occupational exposure</u></p> <p><input type="checkbox"/> Continue normal duties following IPC standards.</p> <p><input type="checkbox"/> Provide IPC re-education if needed</p>	<p align="center"><u>Low risk exposure</u></p> <p><input type="checkbox"/> Continue normal duties following IPC standards.</p> <p><input type="checkbox"/> Follow as a contact for 21 days from last exposure with daily symptom monitoring</p> <p><input type="checkbox"/> Provide IPC re-education if needed.</p>	<p align="center"><u>High risk exposure</u></p> <p><input type="checkbox"/> Exclude from clinical duties* for 21 days from last exposure (includes all health facilities/settings the HW works at).</p> <p><input type="checkbox"/> Follow as a contact for 21 days from last exposure with daily symptom monitoring</p> <p><input type="checkbox"/> It is strongly recommended that the exposed individual does not travel during the monitoring period of 21 days</p>

		<input type="checkbox"/> Provide IPC re-education if needed.
<p>*The decision to exclude health workers who have had an exposure to SVD needs to be flexible to adapt to the evolving situation of an outbreak and operational considerations for health service delivery and should take the following considerations into account:</p> <ul style="list-style-type: none"> • Adequate staffing in place • Payment of health workers who are excluded from work • Low risk of stigmatization • Where resources (laboratory) exist, consider adding testing of exposed health workers to shorten the exclusion time frame_ 		
<p>Additional prevention measures/recommendations:</p>		