

## Appendix 1

### Risk Assessment for Individuals Returning from Ebola Affected Areas

An ongoing outbreak of Ebola in West Africa has prompted the need for careful evaluation and management of individuals returning from outbreak affected areas (map available at <http://www.who.int/csr/disease/ebola/evd-outbreak.jpg>). Entry screening of all passengers is being conducted at the five US airports for all passengers arriving from the affected countries. Risk Assessments should be performed for all individuals identified who have been in the affected areas in the past 21 days.

#### Demographics

**Name** (last, first): \_\_\_\_\_

**Address** (mailing): \_\_\_\_\_

**Address** (physical): \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone** (home): \_\_\_\_\_ **Phone** (work/cell): \_\_\_\_\_

**Alternate contact:**  Parent/Guardian  Spouse  Other

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Birth date:** \_\_ / \_\_ / \_\_\_\_ **Age:** \_\_\_\_ **Sex:**  Male  Female  Unknown

#### Travel History

Were you in a country where an Ebola outbreak is occurring within the last 21 days?  Yes  No  
*If yes please continue the assessment, if no then the person was not considered exposed.*

List the cities, countries, travel dates and reason for travel while the person was in West Africa

City	Country	Arrival Date	Departure Date	Reason for Travel

## **Exposures**

**Ask the person the following exposure questions.**

1. Did you come into contact with blood or other body fluids of a person with Ebola while the person was symptomatic? Yes No  
**If yes**, did the contact include any of the following?  
**(YES to any of these = HIGH RISK)**
  - a. Stuck with a needle or other sharp object Yes No
  - b. Splashed in the eye, nose, or mouth? Yes No
  - c. Blood or other body fluids directly on your skin? Yes No
  
2. Did you provide direct care to anyone with Ebola while that person was symptomatic or enter an area where Ebola patient care was taking place? This includes household or healthcare settings. Yes No
  - a. **If yes**, document setting:  
Household member providing care (**HIGH RISK**)  
OR  
Healthcare worker
  - b. For healthcare worker: did you wear appropriate personal protective equipment (PPE) (KDHE Tier 1 level of PPE as described in Appendix 4) at all times?  
Yes No  
**NO (to appropriate PPE use) = HISH RISK**  
**YES (to appropriate PPE use) = SOME RISK**
  
3. Did you work in a laboratory in any country processing body fluids of a person with Ebola?  
Yes No  
  
**If Yes**, did you wear appropriate personal protective equipment (PPE) as described in Appendix 4 and follow standard biosafety precautions at all times? Yes No
  - o **NO (to appropriate PPE use and standard biosafety precautions) = HISH RISK**
  - o **YES (to appropriate PPE use and biosafety precautions) in laboratories deemed by CDC to not have appropriate biosafety precautions in place = SOME RISK**
  - o **YES (to appropriate PPE use and biosafety precautions) in laboratories deemed by CDC to have appropriate biosafety precautions in place = LOW RISK**
  
4. Did you have direct contact with a dead body, have contact with water used to wash dead bodies, or the cloth that covered a dead body? in a country with widespread transmission or cases in a country with widespread transmission or cases in urban

settings with uncertain control measures (<http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html>)? Yes No

If **YES**, did you wear appropriate personal protective equipment (PPE) as described in Appendix 4 at all times? Yes No

**NO (to appropriate PPE use) = HIGH RISK**

**YES (to appropriate PPE use) = SOME RISK**

5. Did you provide direct patient care to persons without Ebola in a country with widespread transmission or cases in urban settings with uncertain control measures (<http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html>)?

Yes No

**YES = SOME RISK**

6. Did you spend any time in the same room with any person with Ebola while the person was symptomatic?

Yes No

If **YES**: Were you wearing appropriate personal protective equipment (PPE) as described in Appendix 4 at all times? Yes No

**YES = LOW (BUT NOT ZERO)**

If **NO**: Ask the following questions:

a. Did you have any direct contact with the person with Ebola (e.g. shaking hands)?

Yes No

i. What was the stage of illness?

Early = **LOW (BUT NOT ZERO)**  Late (SEVERLY ILL) = **HIGH RISK**

b. Were you within 3 feet (1 meter) of a person with Ebola for an extended period of time? Yes No

**YES = SOME RISK NO=LOW (BUT NOT ZERO)**

c. Did you have any other contact with a person with Ebola? Yes No

Describe contact: \_\_\_\_\_

Consult with KDHE to determine risk level

7. Did individual travel on an aircraft with a person with Ebola while the person was symptomatic? Yes No

**8. Personal protective equipment: For health care workers, please provide details regarding the PPE utilized while caring for patients with known or suspected Ebola virus disease:**

a. Suit / body protection:

i.  Impermeable gown

ii.  Impermeable coverall

iii.  Other (describe): \_\_\_\_\_

b. Gloves

- i. Single
  - ii. Double
- c. Respiratory protection (check all that apply)
  - i. Powered Air Purifying Respirator (PAPR) with a full face shield, helmet, or headpiece, with attached HEPA filter
  - ii. N95 respirator
  - iii. Surgical mask
- d. Face protection
  - i. PAPR with full face shield, helmet, or headpiece, with attached HEPA filter
  - ii. Full face shield
  - iii. Goggles
- e. Head cover
  - i. PAPR with full face shield, helmet, or headpiece, with attached HEPA filter
  - ii. Surgical hood
- f. Footwear
  - i. Latex or rubber boot
  - ii. Impermeable boot covers that extend to mid-calf

**EXPOSURE ASSESSMENT:**

- High Risk    Some Risk    Low (But Not Zero)    No Identifiable Risk

**Medical Information**

1. Were you ill within the past month during your time in West Africa? Yes No
  - a. If so, were you seen by a physician or did you visit a health care facility in West Africa? Yes No
  - b. Name of facility: \_\_\_\_\_ Location of facility: \_\_\_\_\_
  - c. What date did your symptoms begin? \_\_/\_\_/\_\_\_\_
  - d. What was your diagnosis? \_\_\_\_\_
  - e. Did you have any of the following symptoms?

Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No
Significant headaches	<input type="checkbox"/> Yes <input type="checkbox"/> No
Joint or muscle aches	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nausea or vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No
Abdominal pains	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unexplained hemorrhage or bleeding	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Have you been ill since your arrival in the United States? Yes No
- a. If yes what date did your symptoms begin? \_\_\_/\_\_\_/\_\_\_\_
- b. Did you have any of the following symptoms? Yes No
- Fever Yes No  
What date did your fever develop? \_\_\_/\_\_\_/\_\_\_\_  
What was the highest recorded temperature?
- Significant headaches Yes No  
Joint or muscle aches Yes No  
Nausea or vomiting Yes No  
Diarrhea Yes No  
Abdominal pains Yes No  
Unexplained hemorrhage or bleeding Yes No
3. Have you consulted your personal physician? Yes No
- c. If yes, did he or she order any lab tests? Yes No
- d. May we have his/her name and phone number? \_\_\_\_\_  
\_\_\_\_\_
4. Have your symptoms resolved? Yes No
5. What date did your symptoms resolve? \_\_\_/\_\_\_/\_\_\_\_
6. When was your last influenza immunization? \_\_\_/\_\_\_/\_\_\_\_
7. Malaria chemoprophylaxis
- a. Were you prescribed medication to take while travelling to prevent malaria? Yes No
- b. If yes, did you take all medication as prescribed? Yes No

### **Hospital Planning**

If you develop a fever or other symptoms of Ebola virus disease during your 21-day monitoring period, what is your preferred hospital?

Name: \_\_\_\_\_

City / State: \_\_\_\_\_