



EBOLA DGMQ NOTIFICATION

N.C. Traveler Risk Assessment Questionnaire



Date of Interview _____

Traveler:

DGMQ # _____
First Name _____ Last Name _____
Address _____

Telephone _____ Email _____

Instructions to Local Health Department Staff:

- Review document *D1 Ebola Monitoring and Movement, N.C. Instructions for the LHD* prior to your in-person visit. Familiarize yourself with the process, supplies and forms you will need for an in-person visit to a high, some or low-risk person requiring monitoring. Review your established protocol for evaluating, transporting and accessing medical care for a patient with possible exposure to Ebola.
- Introduce yourself to the returning traveler and explain that because he or she has travelled from a country designated by CDC as posing a risk of Ebola exposure, you are there to assess any exposures he or she might have had to Ebola and determine additional evaluation or monitoring steps.
- Before entering the dwelling, ask if the traveler or anyone else in the dwelling has any symptoms of Ebola (fever, headache, joint or muscle pain, weakness or fatigue, vomiting, diarrhea, abdominal pain, or unexplained bleeding).
 - If the traveler or other residents has symptoms, follow your established protocol for evaluating, transporting and accessing medical care for a patient with possible exposure to Ebola.
- If no symptoms are apparent or reported, enter premises to complete the risk assessment.
- Read the following risk assessment questions to the traveler. Record on page 4 of this form any high-risk or some-risk exposures identified. Dates of exposure must be obtained.
 - "Person with Ebola" includes confirmed or suspect cases or unexplained sudden deaths in outbreak-affected areas.
 - Current definitions for appropriate personal protective equipment (PPE) are available at: <http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>.
- Complete and sign the local health department nurse evaluator section.

Travel Activity Assessment

Thank the traveler for allowing you to come to his or her home. Ask the traveler if he or she has any questions about the purpose of this assessment. To begin, ask the traveler to describe his or her activities in the Ebola-affected area including where he or she travelled, what the dates of the traveler were and what types of activities he or she did while in the affected country. Record the information in the space below.

Country: _____

Dates in country (mm/dd/yy): ____/____/____ to ____/____/____

Activities: _____

Risk Assessment Questions

Now that you have a better understanding of their activities, explain that you will now assess their specific exposure risks to determine additional evaluation or monitoring steps. Keep in mind that they answered these questions already at the point of entry, but that it is important to go through the questions again in case they have remembered anything new since that time.

1. In the last 21 days, did you ever come into contact with blood or other body fluids of a person with Ebola?

Yes No Unknown

a. If **YES**: Did the contact include any of the following (**YES to any of these = HIGH RISK**):

i. Stuck with a needle or other sharp object? Yes No Unknown

ii. Splashed in the eye, nose or mouth? Yes No Unknown

iii. Blood or body fluids directly on your skin? Yes No Unknown

2. In the last 21 days, did you provide direct care to anyone with Ebola while person was sick? This includes household or health care setting. Yes No Unknown

a. If **YES**: Did you wear appropriate PPE at all times? Yes No Unknown

NO (to PPE use) = HIGH RISK

3. In the last 21 days, did you work in a laboratory in [Ebola-affected country]? Yes No Unknown

a. If **YES**: Did you process body fluids of Ebola patients? Yes No Unknown

i. If **YES** (to processing body fluids): Did you wear appropriate PPE and follow standard lab biosafety precautions at all times?

Yes No Unknown

NO (to PPE use or biosafety precautions) = HIGH RISK

4. In the last 21 days, did you directly handle dead bodies in [Ebola-affected country]? This might include participating in funeral or burial rites or any other activities that involved handling dead bodies. Yes No Unknown

a. If **YES**: Did you wear appropriate PPE at all times? Yes No Unknown (**YES = HIGH RISK**)

NO (to PPE use) = HIGH RISK

5. In the last 21 days, did you live in the immediate household and provide direct care to a person with Ebola while that person was sick?

Yes No Unknown

a. Confirm Ebola patient's date of symptom onset (if known) and dates traveler lived in same household.

Onset date (mm/dd/yy): ____/____/____ **Dates in same household:** ____/____/____ **to** ____/____/____

YES (household member during symptomatic period) = HIGH RISK

6. In the last 21 days, have you spent time in the same room with any person with Ebola while the person was sick?

Yes No Unknown

a. If **YES**: Were you wearing appropriate PPE at all times? Yes No Unknown

(YES = SOME RISK)

If **NO** (to PPE use): Ask the following:

i. Did you have any brief direct contact with the person with Ebola (e.g. shaking hands)? Yes No Unknown

YES = LOW (BUT NOT ZERO) RISK

ii. Were you within 3 feet (1 meter) of the person with Ebola? Yes No Unknown

How long were you within 3 feet of the person with Ebola? [Get an estimate of time and distance and a description of activities then consult leadership/SME.] **Time:** _____(hours)_____ (minutes)

YES AND extended period = SOME RISK

YES AND brief period and proximity = LOW (BUT NOT ZERO) RISK

iii. Did you travel on an aircraft with a person with Ebola while the person was symptomatic? Yes No Unknown

YES = LOW (BUT NOT ZERO) RISK

7. Do you have any pets in the home and/or are you involved in other activities that involve contact with animals (i.e., occupations,

Description of high-risk or some-risk exposures

Question # _____

Time of exposure (Exact dates if possible): _____

Question # _____

Date and time of exposure (Exact dates if possible): _____

Question # _____

Date and time of exposure (Exact dates if possible): _____

Question # _____

Date and time of exposure (Exact dates if possible): _____

Question # _____

Date and time of exposure (Exact dates if possible): _____

Question # _____

Date and time of exposure (Exact dates if possible): _____
