

Healthcare Worker (HCW) Exposure to SARS Suspect Case Patients

Form Approved

HCW Exposure and Outcome Form

v13 4/16/03

OMB No. 0920-0008

Hospital HCW#

SARS State ID#

Exp. Date _____

Hospital Investigation#

HCW State ID#

1. Name of person completing form: _____

2. Affiliation: State HD Local HD Healthcare Facility

3. Contact phone number: _____

4. Healthcare facility name: _____

5. Date form started: ___/___/___

HCW Demographic Information:

6. HCW Initials: _____

7. Date of Birth: ___/___/___

8. Gender: Male Female

9. Ethnicity: Hispanic Non-Hispanic Unknown

10. Race: American Indian/Alaska native Asian Black
 Native Hawaiian/Other Pacific Islander White Other Unknown

11. Occupation (see codes in appendix): _____

12. Main work location (see codes in appendix): _____

13. Surveillance arm pertaining to this HCW:

HCW included for Active Surveillance Symptomatic HCW detected via Passive Surveillance

HCW Risk Factors:

14. Is the HCW Pregnant? Yes No Unknown
If yes, indicate trimester: 1st 2nd 3rd Unknown

15. Is the HCW a current smoker? Yes No Unknown
If yes, please indicate pack-years: _____

16. Does the HCW have pulmonary disease requiring treatment or medical consultation? Yes No Unknown

17. Does the HCW have diabetes mellitus requiring treatment or medical consultation? Yes No Unknown

18. Does the HCW have a medical condition that results in immunosuppression (e.g. malignancy, organ transplant, or HIV)?
 Yes No Unknown

19. Is the HCW currently taking immunosuppressive medications? Yes No Unknown

HCW Exposures:

20. FIRST date and time HCW entered the immediate care area OR the contiguous airspace of the SARS suspect case patient:
___/___/___ Time: ___:___ AM/ PM

21. LAST date and time HCW entered the immediate care area OR the contiguous airspace of the SARS suspect case patient:
___/___/___ Time: ___:___ AM/ PM

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

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HCW Exposures (continued):

22. Characterize exposures by listing dates they took place, hospital location (see codes in appendix), and duration:

Location code	Date (mm/dd/yy)	Duration (hours:minutes)

23-27. Characterize exposures by degree and level of protection.

Direct and indirect contact (23-24):

23. Did the HCW EVER have direct contact with the patient?

a. Yes No Unknown

If yes, estimate number of HCW exposures: b. Total _____

c. Unprotected (skin-to-skin) instances: _____

24. Did the HCW EVER have any contact with inanimate objects that may have come in direct contact with patient (e.g. bedrails, stethoscope, bedding)?

a. Yes No Unknown

If yes, estimate number of HCW exposures: b. Total _____

c. Unprotected (skin-to-object) instances: _____

Droplet range:

25. Did HCW EVER come within 3 feet of patient?

a. Yes No Unknown

If yes, estimate number of HCW exposures: b. Total _____

c. WITHOUT respiratory protection of level N95 or higher: _____

d. WITHOUT respiratory protection of surgical mask or higher: _____

e. WITHOUT eye protection: _____

Airborne range:

26. Did HCW EVER come within the immediate care area (i.e. same patient room or within 10 feet of a suspect patient) but outside of 3-foot radius around the patient?

a. Yes No Unknown

If yes, estimate number of HCW exposures: b. Total _____

c. WITHOUT respiratory protection of level N95 or higher: _____

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d. WITHOUT respiratory protection of surgical mask or higher: _____

Contiguous area:

27. Did HCW EVER come within contiguous air space (e.g. ER or hallway) but outside immediate care area of patient?

a. Yes No Unknown

If yes, estimate number of HCW exposures: b. Total _____

c. WITHOUT respiratory protection of level N95 or higher: _____

d. WITHOUT respiratory protection of surgical mask or higher: _____

Patient or Patient Care Activities: SKIP this section if the HCW was NEVER within 3 feet of the patient.

Indicate which patient or patient care activities were occurring WHILE the HCW was within 3 feet of the patient:

Description	EVER occurred (Yes, No, Unknown)	Number of total HCW exposures	No. of HCW exposures WITHOUT N95 or higher	No. of HCW exposures WITHOUT surgical mask or higher	No. of HCW exposures WITHOUT contact protection
28. Pt coughing or spitting	Y N Unk				
29. Pt vomiting	Y N Unk				
30. Pt with active diarrhea	Y N Unk				
31. HCW manipulating upper airway*	Y N Unk				
32. HCW performing or assisting in a "code."	Y N Unk				
33. HCW administering aerosolized medication	Y N Unk				
34. HCW performing or assisting in bronchoscopy or laryngoscopy	Y N Unk				
35. HCW performing or assisting in other endoscopy	Y N Unk				
36. HCW manipulating rectal/ GU areas**	Y N Unk				
37. HCW performing phlebotomy or peripheral IV catheter insertion	Y N Unk				
38. HCW performing central venous catheter or arterial catheter insertion	Y N Unk				
39. HCW transporting/ cleaning contaminated equipment, furniture, or bedding	Y N Unk				
40. HCW administering oral hygiene	Y N Unk				
41. HCW bathing patient	Y N Unk				
42. Other					

*manipulating upper airway= suctioning, inducing sputum, endotracheal intubation, NG tube insertion.

**manipulating rectal/ GU areas= urinary or rectal tube insertion, performing rectal exam, disimpaction .

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Patient close contacts/ family members:

43. Did the HCW EVER come within 3 feet of family members or close contacts of the patient?

a. Yes No Unknown

If yes, estimate number of HCW exposures: b. Total _____

c. WITHOUT respiratory protection of level N95 or higher: _____

d. WITHOUT respiratory protection of surgical mask or higher: _____

e. WITHOUT contact protection (gloves/ gown): _____

44. Did the HCW EVER have direct contact with a family member or close contact of the patient?

a. Yes No Unknown

If yes, estimate number of HCW exposures: b. Total _____

c. WITHOUT respiratory protection of level N95 or higher: _____

d. WITHOUT respiratory protection of surgical mask or higher: _____

e. WITHOUT contact protection (gloves/ gown): _____

HCW Outcome:

During the period beginning with the first day of contact and ending 10 days AFTER LAST exposure to SARS suspect case patient,

45. Was the HCW excluded from duty as a result of the exposure or illness? Yes No Unknown

If yes, date started: ___/___/___ date ended: ___/___/___

46. Did the HCW develop documented fever (>100.4° F or 38° C)? Yes No Unknown

If yes, date of onset: ___/___/___ date of resolution: ___/___/___

47. Did the HCW develop cough? Yes No Unknown

If yes, date of onset: ___/___/___ date of resolution: ___/___/___

48. Did the HCW develop radiographically-confirmed pneumonia? Yes No Unknown

If yes, date of onset: ___/___/___

49. Did the HCW develop difficulty breathing or hypoxia? Yes No Unknown

If yes, date of onset: ___/___/___ date of resolution: ___/___/___

50. Did the HCW require hospitalization for a respiratory illness? Yes No Unknown

If yes, date of admission: ___/___/___ date of discharge: ___/___/___

51. Did the HCW die? Yes No Unknown

If yes, date of death: ___/___/___

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APPENDIX 1. DEFINITIONS

Recommended isolation precautions: Consist of airborne and contact precautions. These consist of placing the patient in a negative pressure room and the use of personal protective equipment including N95 (or higher) respiratory protection, glove, gown, and eye protection whenever the HCW enters the patient's room.

Exposure: Any time a HCW enters the *immediate care area* of a SARS suspect case patient.

Unprotected exposure: Exposure to a SARS suspect case patient either before institution of all recommended isolation precautions or, following institution, the HCW is known or suspected of being non-compliant with recommended isolation precautions.

Immediate care area: The space dedicated to the care of the suspected SARS patient, for example a private or semi-private room. For open wards such as certain emergency departments or some intensive care units (ICUs) in which more than two patients are cared for in a common ward, the patient care area is limited to the *10-foot radius around the patient*. During the time hospitalized patients are transported outside of their rooms, the immediate patient care area is limited to the 10-foot radius surrounding the patient.

Contiguous airspace: The areas surrounding a patient defined by the free flow of air throughout a room; the area outside of a room is included if the door to that room is usually open. Examples include a private or semi-private room, waiting room, "open" ward, and an open bay emergency room (i.e. where nothing more than curtains separate patients). The hallway outside a regular private or semi-private hospital room, or examination room, may be considered a contiguous airspace if the door is commonly left open.

Facility encounter: The encounter between the index SARS patient and the healthcare facility included the duration of an outpatient ambulatory care visit or an entire inpatient admission and should generally include the entire period during which HCWs *could* have had contact with the patient (i.e. including the time the patient spends in a waiting area or registration).

Direct contact: Direct contact is defined as the HCW having physical contact (protected or unprotected) with any part of the skin or clothes of the individual in question. By definition, this must occur in the immediate care area of the patient.

Indirect contact: Contact with an inanimate object that may have already come in contact with the patient. Contact with an inanimate object that has not yet come in contact with the patient is not considered "indirect contact."

Healthcare Worker (HCW): Any employee or contractor of a healthcare facility including physicians, nurses, students, respiratory therapists, phlebotomists, laboratory staff, as well as transport, food service, housekeeping, volunteers, and maintenance personnel.

Active Surveillance Period: The period of active surveillance for a given HCW, defined as beginning the first day of exposure to a suspect SARS patient, and ending 10 days after the last exposure to the suspect patient.

Passive Surveillance Period: The period of passive surveillance for a facility, defined as beginning the first day the suspect SARS patient enters the facility, and ending 10 days after the suspect patient leaves the facility.

APPENDIX 2. LOCATION CODES

Out-patient (excluding surgery):

EMR emergency department
HHV home health visit
OPC out-patient clinic/office
OPA other out-patient area

Inpatient wards (including patient and procedure rooms)

JAL Jail unit
MED medical/surgical ward (includes specialty wards)
NUR nursery

OBG obstetrics/gynecology ward
PED pediatrics ward
PSY psychiatry ward

Intensive care units

ICU intensive care unit (includes specialties)

Laboratories

LAB laboratory patient waiting or specimen collection area

Operating and procedure rooms

LDR Labor and delivery room/area
DIA dialysis
EBC endoscopy/bronchoscopy/cystoscopy
OPR operating room
RAD radiology dept room (including nuclear medicine)
PRO procedure room (including angiography and cardiac cath)

Other hospital areas

OUT hospital grounds
OTH other

APPENDIX 3. OCCUPATION CODES

Nursing staff

NUP nurse practitioner
NUA nursing assistant
PCT patient care technician
LPN licensed practical nurse
RNU registered nurse
CNM nurse midwife
CNA nurse anesthetist

Technicians

RTT respiratory therapist
PHL phlebotomist and IV team
CLT clinical lab technician
MOR morgue technician
HEM hemodialysis technician
PSY psychiatric technician
ORS OR/surgical technician
RDT radiologic technician
PLT physical therapist
OTT other technician

Medical staff

RES intern/resident
FEL fellow
PHY attending physician
PAS physician assistant
EMS other medical staff

Dental staff

DNA dental assistant/technician
DNH dental hygienist
DNT dentist
DNO other dental worker

Ancillary staff

ATT attendant/orderly
HSK housekeeper
LAU laundry staff
FOS food service
MNT maintenance/engineering services
CSS central supply
TRA transport/messenger/porter

OAS other

Student

MST medical student
STU other student

Research

RCH researcher

Clerical/administrative staff

CLA clerical and administrative

Other

PHA pharmacist
DIT dietitian
EMT emergency medical technician/paramedic
CSW counselor/social worker
PHW public health worker
VOL volunteer
SEC Security
OTH other