

Appendix 2: Direct Health Care Provider Symptom Questionnaire (EVD)

Direct Health Care Provider (including Lab Personnel and Anyone Managing the Waste Stream) Symptom Questionnaire (EVD)

Name _____

Employee ID # _____

Date _____ Time _____

Cell phone number (best contact #) _____

		degrees C/F	
1) Temperature:	_____		If yes, onset and duration
2) Nausea/Vomiting:	N _____ Y _____		_____
3) Diarrhea:	N _____ Y _____		_____
4) Headache:	N _____ Y _____		_____
5) Joint or Muscle Aches, or both	N _____ Y _____		_____
6) Stomach Pain:	N _____ Y _____		_____
7) Lack of Appetite:	N _____ Y _____		_____
8) Weakness:	N _____ Y _____		_____

- All health care providers providing direct patient care (including lab personnel and anyone managing the waste stream) are **required** to complete this form at the beginning and at the end of their shift.
- If you have a fever of ≥ 37.8 degrees C, 100 degrees F, or any of the symptoms listed above, please call the Occupational Injury Management Director or the Occupational Injury Clinical Lead NP for personal consultation, prior to leaving the Unit.
- Complete an Employee Incident Report.
- Refrain from leaving the Unit until consultation with Occupational Injury Management.
- If you are unable to work an assigned shift, you are required to notify the Unit director of the SCDU as well as Occupational Injury Management.
- You are required to report any fever of ≥ 37.8 degrees C, 100 degrees F or any of the following symptoms (chills, malaise, headache, joint/muscle aches, weakness, diarrhea, nausea/vomiting, stomach pain or lack of appetite) for 21 days from the last shift worked on the Unit.
- Any health care provider (including lab and anyone managing the waste stream) are required to monitor their temperature twice daily and monitor for any symptoms (listed above) on days not worked on the Unit. Report these symptoms immediately to Occupational Injury Management.

Signature: _____

Compliance Statement

Occupational Injury Management nurses will manage the symptom-monitoring data, and the Corporate Director of Occupational Injury Management will audit the data on a daily basis. The Occupational Injury Management nurse will review data on a daily basis and make contact with any direct-care provider who does not have a temperature and symptom review documented two times in a day for 21 days from the last day worked on the unit. Once contact is made with noncompliant providers, the Occupational Injury Management nurse will review symptoms with the provider and log the results on their behalf. Executive leadership will be provided the names of any provider that has three instances of noncompliance.

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