

Health Care Worker Surveillance Case Investigation Form

Contact Identifier Information						
First name: Surname:						
Sex □ Male □ Female □ Not known D	ate of Birth	(DD/MM/YYYY)/				
Age (years, months)						
Email Te	elephone nu	mber:				
Address:						
Parish:						
Smoker	□ Yes □ No					
Occupation in health care facility	□ Nutritionis	sts/dietitians				
□ Medical doctor	□ Other hea	ılth care provider:				
= ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	□ Lab persor	nnel				
· · · · · · · · · · · · · · · · · · ·		/reception clerks				
·	□ Patient tra	-				
	□ Catering st	taff				
	□ Cleaners					
□ Physical therapists						
Infection prevention and control measures information		DD /8484 /\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
What date was your most recent IPC training within the I care facility? (DD/MM/YYYY)	neaith	DD/MM/YYYY				
How much cumulative IPC training (standard precautions	c	□ Less than 2 hours				
additional precautions) have you had at this health care		□ More than 2 hours				
Do you follow recommended hand hygiene practices?	racinty.	I More than 2 hours				
□ Always, as recommended □ Most of the time □ Oc	casionally	□ Rarely				
Do you use alcohol-based hand rub or soap and water be	efore touchi	ng a patient?				
□ Always, as recommended □ Most of the time □ Oc						
Do you use alcohol-based hand rub or soap and water be	ng/aseptic procedures?					
☐ Always, as recommended ☐ Most of the time ☐ Oc	casionally	□ Rarely				
Do you use alcohol-based hand rub or soap and water af	ter (risk of) l	body fluid exposure?				
\square Always, as recommended \square Most of the time \square Oc	□ Rarely					
Do you use alcohol-based hand rub or soap and water after touching a patient?						
□ Always, as recommended □ Most of the time □ Occasionally □ Rarely						
Do you use alcohol-based hand rub or soap and water after touching a patient's surroundings?						
□ Always, as recommended □ Most of the time □ Occasionally □ Rarely						
Do you follow IPC standard precautions when in contact with any patient?						
☐ Always, as recommended ☐ Most of the time ☐ Oc	casionally	□ Rarely □ I don't know what IPC standard				
precautions are						
Do you wear PPE when indicated?		☐ Always, according to the risk assessment				
(PPE includes: Medical mask, Face shield, Gloves,		☐ Most of the time, according to the risk				
Goggles/glasses, Gown, Coverall, Head cover, Respirator (e.g.		assessment				
N95 or equivalent), Shoe covers)		□ Occasionally				
		Rarely				
Is PPE available in sufficient quantity in the health care facility?		□ Yes □ No □ Unknown				
Exposures to COVID-19 infected patient						
Date of admission of 2019-nCoV confirmed patient		DD/MM/YYYY:				
(DD/MM/YYYY)						



		المراجع فالمراجع المراجع	4 - to let - /le - o -	-l!	
Have you had close cont ☐ Yes ☐ No ☐ Unknown		ith the patien	t since his/her a	amission?	
	ny times (total)?				
-		E minutos =	5-15 minutes	□ >15 minutes	
•					
	nave prolonged face-to □ Yes □ No □ U		e		
(>15 minutes)?		-			
If yes, did you wear PPE	?	JIKHOWH			
If yes, what type? Tick all	that apply:				
☐ Medical mask	☐ Face shield	□ Gloves	- Ca	aglos/glassos	⊓ Gown
□ Coverall	☐ Head cover		or (e.g. N95 or e	eggles/glasses	☐ Shoe covers
Coveran	- Head cover		.or (e.g. 1455 or e	.quivaient)	□ Silve covers
- If you were wea	aring a medical mask, v	what type:			
- If you were wea	aring a respirator, was	it test fitted?	□ Yes □ No □ l	Jnknown	
- If you were wea	aring gloves, did you re	emove	□ Yes □ No		
gloves after co	ntact with the patient?	?			
- If yes, did you r	perform hand hygiene	before contac	t with the patier	nt?	
☐ Always, as recommend			•		
If yes:					
☐ Alcohol-based hand ru	ıb □ Soap and wate	r 🗆 Water			
- If yes did you r	perform hand hygiene	after contact v	with the nationt	2	
☐ Always, as recommend	· -		•		
If yes:	Jed IVIOSE OF THE TH	ine becasi	onally Nately	1	
☐ Alcohol-based hand ru	ıb □ Soap and wate	r 🗆 Water			
- 7 liconor basea hana re	ib = soup and wate				
1	upresent for any aeros	solising proced	lures performed	on the patient?	
□ Yes □ No □					
If yes, describe the proc	edure:				
If yes, did you wear PPE	? □ Yes □ No □ Unknc	own			
, , , , , , , , , , , , , , , , , , , ,					
If yes, what type? Tick a					
i i yes, what type: fick a	ll that apply:				
☐ Medical mask	ll that apply: □ Face shield	□ Gloves	□ Go	ggles/glasses	□ Gown
1			□ Go or (e.g. N95 or e		□ Gown □ Shoe covers
□ Medical mask □ Coverall	□ Face shield□ Head cover	□ Respirat	or (e.g. N95 or e	equivalent)	□ Shoe covers
□ Medical mask □ Coverall - If yes, did you o	☐ Face shield ☐ Head cover come into contact with	□ Respirat	or (e.g. N95 or e		□ Shoe covers
□ Medical mask □ Coverall	☐ Face shield ☐ Head cover come into contact with	□ Respirat	or (e.g. N95 or e	equivalent)	□ Shoe covers
☐ Medical mask ☐ Coverall - If yes, did you o If yes, which body fluids	☐ Face shield ☐ Head cover come into contact with :	□ Respirat	or (e.g. N95 or e	equivalent)	□ Shoe covers
☐ Medical mask ☐ Coverall - If yes, did you of the search of the searc	□ Face shield □ Head cover come into contact with : g PPE? □ Yes □ No	□ Respirat	or (e.g. N95 or e	equivalent)	□ Shoe covers
☐ Medical mask ☐ Coverall - If yes, did you of the search of the searc	□ Face shield □ Head cover come into contact with : g PPE? □ Yes □ No Il that apply:	□ Respirat the patient's □ Unknown	or (e.g. N95 or e	oquivalent) ☐ Yes ☐ No ☐ Unk	□ Shoe covers
☐ Medical mask ☐ Coverall - If yes, did you of the search of the searc	□ Face shield □ Head cover come into contact with : gPPE? □ Yes □ No II that apply: □ Face shield	□ Respirat the patient's □ Unknown □ Gloves	or (e.g. N95 or ebody fluids?	ggles/glasses	□ Shoe covers nown □ Gown
□ Medical mask □ Coverall - If yes, did you of the search of the searc	□ Face shield □ Head cover come into contact with : g PPE? □ Yes □ No II that apply: □ Face shield □ Head cover	□ Respirat the patient's □ Unknown □ Gloves □ Respirat	or (e.g. N95 or ebody fluids?	ggles/glasses	□ Shoe covers nown □ Gown □ Shoe covers
□ Medical mask □ Coverall - If yes, did you of the search of the searc	□ Face shield □ Head cover come into contact with : g PPE? □ Yes □ No II that apply: □ Face shield □ Head cover tact with the patient's	□ Respirat the patient's Unknown Gloves □ Respirat materials since	or (e.g. N95 or ebody fluids?	equivalent) Per No Unk Reggles/glasses Equivalent) Sion? Pes No	□ Shoe covers nown □ Gown □ Shoe covers □ Unknown
□ Medical mask □ Coverall - If yes, did you of the search of the searc	□ Face shield □ Head cover come into contact with : g PPE? □ Yes □ No II that apply: □ Face shield □ Head cover tact with the patient's	□ Respirat the patient's Unknown Gloves □ Respirat materials since	or (e.g. N95 or ebody fluids?	equivalent) Per No Unk Reggles/glasses Equivalent) Sion? Pes No	□ Shoe covers nown □ Gown □ Shoe covers □ Unknown
☐ Medical mask ☐ Coverall - If yes, did you of the search of the searc	□ Face shield □ Head cover come into contact with : g PPE? □ Yes □ No II that apply: □ Face shield □ Head cover tact with the patient's	□ Respirat the patient's □ Unknown □ Gloves □ Respirat materials since and medical e	or (e.g. N95 or ebody fluids?	equivalent) Per No Unk Reggles/glasses Equivalent) Sion? Pes No	□ Shoe covers nown □ Gown □ Shoe covers □ Unknown
□ Medical mask □ Coverall - If yes, did you of the search of the searc	□ Face shield □ Head cover come into contact with : g PPE? □ Yes □ No II that apply: □ Face shield □ Head cover ctact with the patient's conal belongings, linen	□ Respirat The patient's □ Unknown □ Gloves □ Respirat The materials since and medical examply:	or (e.g. N95 or ebody fluids?	equivalent) Per No Unk ggles/glasses equivalent) sion? Per No the patient may have	□ Shoe covers nown □ Gown □ Shoe covers □ Unknown
□ Medical mask □ Coverall - If yes, did you of the search of the searc	□ Face shield □ Head cover come into contact with: g PPE? □ Yes □ No II that apply: □ Face shield □ Head cover ctact with the patient's conal belongings, linen aterials? Tick all that a conal items □ Line	□ Respirat The patient's □ Unknown □ Gloves □ Respirat Smaterials since and medical est apply: en □ Med	or (e.g. N95 or ebody fluids? Gotor (e.g. N95 or ebotor (e.g. N95 or ebody fluids)	equivalent) Per No Unk Reggles/glasses Equivalent) Sion? Per No The patient may have don the patient	□ Shoe covers nown □ Gown □ Shoe covers □ Unknown
□ Medical mask □ Coverall - If yes, did you of the search of the searc	□ Face shield □ Head cover come into contact with: gPPE? □ Yes □ No II that apply: □ Face shield □ Head cover ctact with the patient's conal belongings, linen aterials? Tick all that a conal items □ Line connected to the patien	Respirate Respir	or (e.g. N95 or ebody fluids? Gotor (e.g. N95 or ebotor (e.g. N95 or ebody fluids)	equivalent) Per No Unk Reggles/glasses Equivalent) Sion? Per No The patient may have don the patient	□ Shoe covers nown □ Gown □ Shoe covers □ Unknown
□ Medical mask □ Coverall - If yes, did you of the search of the searc	□ Face shield □ Head cover come into contact with: g PPE? □ Yes □ No II that apply: □ Face shield □ Head cover ctact with the patient's conal belongings, linen aterials? Tick all that a conal items □ Line	Respirate Respir	or (e.g. N95 or ebody fluids? Gotor (e.g. N95 or ebotor (e.g. N95 or ebody fluids)	equivalent) Per No Unk Reggles/glasses Equivalent) Sion? Per No The patient may have don the patient	□ Shoe covers nown □ Gown □ Shoe covers □ Unknown



	- If yes, did you come into contact with the patient's body fluids via the patient's materials?					
☐ Yes ☐ No)		□ Un	known		
If yes, which body fluids:						
If yes, were you wearing PPE?	□ Yes	□ No □	Unknown			
If yes, what type? Tick all that app	ıly:					
☐ Medical mask ☐ Face	shield		□ Gloves	□ Goggles/glasses	□ Gown	
□ Coverall □ Head	cover		□ Respirat	or (e.g. N95 or equivalent)	☐ Shoe covers	
- If yes, did you perform ha		-		t with the patient's materials? onally		
If yes: □ Alcohol-based hand rub	□S	oap an	d water 🛚	Water		
- If you were wearing glove	es, did	you rer	move gloves	after contact with the patient?	□ Yes □ No	
		_		with the patient's materials?		
☐ Always, as recommended ☐ M	lost of	the tim	ne 🗆 Occasi	onally □ Rarely		
If yes: □ Alcohol-based hand	d rub	□ Soa	p and water	□ Water		
Have you had direct contact with	the sur	faces a	round the pa	ntient? 🗆 Yes 🗆 No 🗆 Unknown		
- If yes, which surfaces? T	ick all t	hat app	oly:			
☐ Bed ☐ Bathroom ☐ Ward co	rridor	□ Pat	ient table	□ Bedside table □ Dining table □	Medical gas panel	
□ Other:						
- How many times since hi	s/her a	dmissi	on (total)?			
- If yes, did you come into contact with the patient's body fluids via the surfaces around the patient?						
□ Yes □ No □ Unknown						
If yes, which body fluids:						
If yes, were you wearing PPE? □ Yes □ No □ Unknown						
If yes, what type? Tick all that app	ılv.					
☐ Medical mask ☐ Face	•		□ Gloves	□ Goggles/glasses	□ Gown	
□ Coverall □ Head				or (e.g. N95 or equivalent)	□ Shoe covers	
- If yes, did you perform hand hygiene after contact with these surfaces? □ Yes □ No □ Unknown						
755, and 754 periori mand mysicine areas consider with these surfaces. In 165 in 16						
If yes: □ Alcohol-based hand rub □ Soap and water □ Water						
Exposures to COVID-19 infected patient						
		-	-	, cough, running nose, shortness of	·	
period since the patient has been a	dmitte	d? □ Y	es 🗆 No	If no, please skip symptoms section	IS	
Date of first symptom onset (DD/MM/YYYY) (DD/MM/YYYY)//						
			□ Asymptomatic □ Unknown			
Fever (≥38 °C) or history of fever			☐ Yes ☐ No ☐ Unknown If yes, specify maximum temperature:			
Respiratory symptoms						
Symptom	Yes	No	Unknown	If Yes, date (DD/MM/YYYY):/	1	
Sore throat				-,		



Cough								
Runny nose								
Shortness of breath								
Other symptoms								
Symptom	Yes	No	Unknown	Symptom	Yes	No	Unknown	
Chills				Muscle aches				
Vomiting				Joint ache				
Nausea				Loss of appetite				
Diarrhoea				Nose bleed				
Headache				Fatigue				
Rash				General malaise				
Conjunctivitis				Other symptoms, specify				
Health care worker pre-existing	conditi	ion(s)						
Condition	Yes	No	Unknown	Condition	Yes	No	Unknown	
Obesity				Chronic liver disease				
Cancer				Chronic kidney disease				
Diabetes				Heart disease				
HIV/other immune deficiency				Chronic neurological impairment/disease				
Asthma (requiring medication)				Chronic haematological disorders				
Chronic lung disease (non-asthma)				Organ or bone narrow recipient				
Other pre-existing condition(s)				Specify				
Pregnancy				If yes, specify trimester: □ 1 st □ 2 nd □ 3 rd □ NA Estimated delivery date (DD/MM/YYYY)/				
Contact specimen collection (Day	1)							
Has baseline serum been taken?		□ Yes □ No □ Unknown						
			If yes, specify date (DD/MM/YYYY):					
Which laboratory was the specim	nen sen	t to?						
Date sent to laboratory (DD/MM/YYYY)								