***This form must be completed by the UN Medical Service at duty station of departure -- no more than 48 hours prior to staff member’s departure from EVD affected country***

**UN Medical Services Division**

**Ebola Virus Disease (EVD) Risk Assessment for UN Staff EXITING Countries with Transmission of Ebola Virus**

**A copy of this completed form must be kept at the current duty station, a copy should be provided to the staff member and a copy should be emailed to the Medical Officer at the staff member’s travel destination.**

**Current patient temperature (°C) \_\_\_\_\_\_Date of completion (dd/mm/yy) \_\_\_\_\_\_\_\_\_\_ Location \_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Personal Details**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Index/ Roster No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M/F DOB (dd/mm/yy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization/Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duty Station: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Member’s Emergency Contact

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did the staff member work in or visit a health care setting such as: ETU, laboratory or community care centre? 🞎 Yes 🞎 No

If yes, explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **SIGNS & SYMPTOMS**

The following table lists all Ebola Virus Disease (EVD) compatible symptoms. Please indicate if the staff member has any of the following:

|  |  |  |  |
| --- | --- | --- | --- |
| **Symptom** | **Yes** | **No** | **Comment** |
| Fever > 38°C |  |  |  |
| History of recent fever |  |  |  |
| Headache |  |  |  |
| Fatigue |  |  |  |
| Rash |  |  |  |
| Muscle pain |  |  |  |
| Cough |  |  |  |
| Sore throat |  |  |  |
| Vomiting |  |  |  |
| Diarrhoea |  |  |  |
| Abdominal pain |  |  |  |
| Difficulty breathing |  |  |  |
| Unexplained bleeding or bruising |  |  |  |

If any other symptoms are present, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of onset of first symptom/s (dd/mm/yy):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Based on the answers above, check one of the following:

* Symptoms compatible with EVD
* Symptoms compatible with non-EVD condition. Specify condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Asymptomatic
1. **ASSESSMENT OF EPIDEMIOLOGICAL RISK FACTORS**

The following table lists some potential epidemiological risk factors that might expose a person to Ebola virus.

**In the past 21 days has the staff member:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Comment** |
| Had close contact (less than 1 metre for more than 1 hour) with a person sick with EVD? |  |  |  |
| 🞎 Always wore PPE | 🞎 Wore PPE with possible breaches  | 🞎 Did not wear PPE |
| Had direct contact (exposure of skin/ mucous membrane) with body fluids of a dead/living person known or suspected to be sick with EVD? |  |  |  |
| 🞎 Always wore PPE | 🞎 Wore PPE with possible breaches  | 🞎 Did not wear PPE |
| Been involved in the funeral preparations of a person known or strongly suspected to be sick with EVD? |
| 🞎 Always wore PPE | 🞎 Wore PPE with possible breaches | 🞎 Did Not wear PPE  |
| Had sexual intercourse with a person known, strongly suspected or recently recovered (≤ 3 months) from EVD? |  |  |  |
| Had casual contact (at more than1 metre for less than 1 hour) with a dead/living person sick with EVD? |  |  |  |
| Consumed or prepared wild meat or bats? |  |  |  |
| Received any intra-muscular or intra-venous injections in an Ebola outbreak area? |  |  |  |

Can they think of any circumstance where they may have been exposed to blood, urine, vomit or diarrhoea or other secretions of a person sick with EVD?

Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Based on the answers above, describe the exposure risk of the staff member (check one of the following):

|  |  |  |
| --- | --- | --- |
| 🞎**High Exposure Risk** | 🞎 **Low Exposure Risk** | 🞎 **No Identifiable Exposure Risk** |
| Had direct/close contact with person (dead/alive) or body fluids of a person sick with EVD **AND**Did not wear PPE **OR** Wore PPE with possible breaches | Had direct/close contact with person (dead/alive) or body fluids of a person sick with EVD **AND**Always wore PPE with no breaches | Had NO direct/close contact with person (dead/alive) or body fluids of a person sick with EVD  **OR**Had casual contact (more than 1 metre for less than 1 hour) with person sick with EVD |

1. **Final Assessment:**

Check one of the following:

|  |  |  |
| --- | --- | --- |
| **Classification** | **Criteria** | **Response** |
| □ **EVD Suspect Case** | Person who presents fever and/or compatible symptoms with low/high exposure risk.If there is no identifiable exposure risk, but fever and compatible symptoms are present, a person should be considered a possible EVD Suspect Case. | Refer for further study and management according to local Standard Operating Procedures (SOP).**Unfit for travel.**Coordinate and notify: * Designated local UN authority
* Medical Services Division
* Local public health authorities

Contact tracing to be initiated according to local guidance by designated public health officials. |
| □ **Sick Person, non-EVD case** | A person with an overall clinical picture which is clearly more likely to be another illness and with no identifiable exposure risk.Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * If there is any doubt, a second opinion should be sought.
* Refer for management if required **OR** manage locally according to local SOP.
* Notify Medical Services Division if medical evacuation is required.
 |
| □ **Asymptomatic Contact** | Asymptomatic**AND**Low/High exposure risk | Notify and coordinate with local public health authorities/WHO to determine if movement restrictions apply and indications for follow-up.* Notify MSD by email at msdpublichealth@un.org
 |
| □ **Asymptomatic Person with No Identifiable Risk of Exposure** | Asymptomatic **AND**No identifiable exposure risk  | No movement restrictions.Travel by commercial conveyance allowed.* Self-monitor temperature twice daily until 21 days after leaving country.
 |

Signature of Health Care Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_