Interim Hurricane Katrina Evacuation Center Worker Illness/Injury Surveillance

Centers for Disease Control and Prevention **Last updated 9/9/2005 11:12**

Complete this form if a worker became ill, injured, or was exposed to chemicals or blood/body fluids while working in or for a Hurricane Katrina disaster evacuation center (including transporting human remains and/or waste).

Evacuation center Location

Name of Evacuation Center	State	County	City	Evacuation center phone number

Type of Evacuation Center
☐ Military Installation ☐ Faith-based ☐ Cruise ship ☐ Sports Arena/Convention Center
☐ Hospital-based ☐ School ☐ Campground ☐ Campground
☐ Other (describe) _____

Worker Identification and Demographics

Last name, First name	Sex	Age (yrs)	Volunteer?
	☐ Male ☐ Female	___ ___	☐ YES ☐ NO

Occupation or job title when injured/ill *(use several words to describe)*	Employer/Aid agency at time of injury/illness

Worker's general evacuation center duties *(briefly describe)*

How long had the worker worked at this evacuation center? _____ days	If not a permanent employee of the evacuation center, who assigned the worker to this evacuation center?
Normal or permanent occupation	Normal employer

Injury Information *(most current injury that received medical treatment)*

Date of injury
___ ___/___ ___/ ___ ___ ___ ___
Month Day Year

Time of Injury
___ ___ : ___ ___
HH MM
(24 hr clock)

Place of medical treatment
☐ Evacuation center ☐ Dr's office
☐ Emergency Dept ☐ Other clinic
☐ Hospital ☐ Other medical
☐ DMAT _____

Type of treatment
(sutures, splint, antibiotics, tetanus, etc.)

Nature of Injury *(check all that apply)*

☐ Abrasion/Contusion
☐ Amputation
☐ Body fluid splash
☐ Burn (thermal/elec)
☐ Burn (chemical)
☐ Chest pain
☐ Concussion
☐ Crush
☐ Eye injury/irritation
☐ Fracture
☐ Heat Exhaustion
☐ Laceration/puncture
☐ Lung (smoke/dust)
☐ Needle stick/sharps
☐ Pain, general
☐ Poisoning
☐ Psychological stress
☐ Skin irritation/rash
☐ Sprain/strain
☐ Other *(describe)*

Part of Body *(check all that apply)*

Head/Neck
☐ Head
☐ Face
☐ Eye
☐ Ear
☐ Mouth
☐ Neck

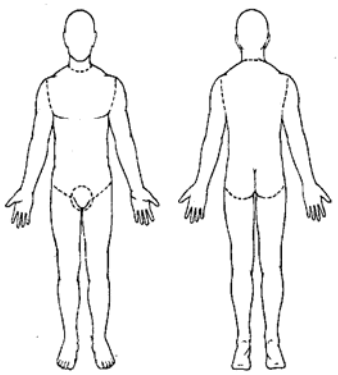
Upper Extremity
☐ Shoulder
☐ Upper Arm
☐ Elbow
☐ Lower Arm
☐ Wrist
☐ Hand/Finger

Internal & Whole Body
☐ Internal (lungs, etc)
☐ 25-50% of body
☐ All of body (>50%)

Trunk
☐ Upper Trunk
☐ Lower Trunk
☐ Pubic Region

Lower Extremity
☐ Upper leg or hip
☐ Knee
☐ Lower leg
☐ Ankle
☐ Foot/toe

Mark all injured body parts



Disposition ☐ Treat & released ☐ Hospitalized ☐ Died ☐ Other_____ ☐ Unknown

Severity
☐ No physical injury
☐ Minor (<1 hr tx, e.g., minor bruise/ cut)
☐ Moderate (1-4 hr tx, e.g., fractures, sutures)
☐ Severe (>4 hr tx, e.g., internal hemorrhage, punctured organ, severed blood vessel)

Additional information about nature, symptoms, or treatment of injury *(e.g., multiple injuries, fever, surgery, etc.):*

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Injury incident

Mechanism *(How was the worker injured?)*

Contact/Falls/Overexertion

- ☐ Struck by/against object
- ☐ Caught in/crushed
- ☐ Rubbed or abraded
- ☐ Fall
- ☐ Slip, trip without fall
- ☐ Sprain/strain from bending, reaching, twisting
- ☐ Sprain/strain from lifting, pulling, holding
- ☐ Repetitive motion

Exposures

- ☐ Exposure to hot temperature
- ☐ Exposure to cold temperature
- ☐ Contact with hot object/liquid/steam
- ☐ Contact with cold object/liquid
- ☐ Inhalation
- ☐ Ingestion of substance
- ☐ Skin contact with caustic/noxious substance
- ☐ Needle stick/sharp
- ☐ Blood or body fluid splash
- ☐ Electricity

Transportation/Fires/Assaults

- ☐ Motor vehicle incident
- ☐ Fire/flame
- ☐ Explosion
- ☐ Assault by a person
- ☐ Assault by an animal
- ☐ Venomous bite/sting
- ☐ Other *(describe)*

PPE worn at the time of injury

Check all that apply

- ☐ Surgical mask
- ☐ Respirator
  - ☐ ½ mask no cartridge (inc. N-95)
  - ☐ ½ mask with cartridge
  - ☐ full face mask
- ☐ Eye protection
- ☐ Face shield
- ☐ Gloves
  - ☐ Single Gloved
  - ☐ Double Gloved
- ☐ Gown/apron
- ☐ Rubber boots

Description of incident: *(provide as many details as possible; e.g., severe strain to lower back while lifting unassisted an adult from chair to bed, occurred near end of 12 hr shift, two days rest and pain meds required)*

Illness Information

Date of symptom onset

___ ___ /___ ___ /___ ___ ___ ___
Month Day Year

Onset Time

___ ___ : ___ ___
HH MM
(24 hr clock)

Place of medical treatment

- ☐ Evacuation center
- ☐ Emergency Dept
- ☐ Hospital
- ☐ DMAT
- ☐ Dr's office
- ☐ Other clinic
- ☐ Other medical _____

Type of treatment (antibiotics, tetanus, other medications, etc.)

Symptoms *(Check all that apply)*

- ☐ Abdominal Pain
- ☐ Asthma/Shortness of Breath
- ☐ Chest pain
- ☐ Cough/Congestion
- ☐ Diarrhea
- ☐ Elevated Blood Pressure
- ☐ Fever
- ☐ Fainting/syncope/Loss of consciousness
- ☐ Headache
- ☐ Musculoskeletal Pain
- ☐ Nausea/Vomiting
- ☐ Skin Condition or Rash
- ☐ Seizure
- ☐ Stroke Symptoms

Behavior Symptoms

- ☐ Anger, voicing threats or acting out
- ☐ Anxiety/Stress
- ☐ Distress/Insomnia/Emotional Numbing
- ☐ Extreme Fatigue/Weakness/ Exhaustion
- ☐ Suicidal/homicidal intent
- ☐ Other: _____

Primary Clinical Impressions

- ☐ Acute Respiratory illness: ☐ URI ☐ LRI
- ☐ Alcohol or Drug Use
- ☐ Carbon Monoxide Poisoning
- ☐ Cerebrovascular Disease *(e.g., stroke)*
- ☐ Chronic Lower Respiratory Disease (e.g., asthma)
- ☐ Dehydration
- ☐ Depression, Anxiety, Adjustment Disorder
- ☐ Febrile illness
- ☐ Gastroenteritis: ☐ Bloody ☐ Watery
- ☐ Gastritis or other GI, not gastroenteritis
- ☐ Heart Disease *(e.g., heart attack)*
- ☐ Heat illness, not dehydration *(e.g., heat stroke)*
- ☐ Hyperglycemia, hypoglycemia, or diabetes mellitus
- ☐ Renal Failure
- ☐ Skin Wound or Infection
- ☐ Other Infectious Disease: _____
- ☐ Not Recorded/ Undetermined
- ☐ Other: _____

Complication of a pre-existing condition?

☐ YES ☐ NO

If YES, indicate pre-existing condition:

Disposition ☐ Treat & released ☐ Hospitalized ☐ Died ☐ Other_____ ☐ Unknown

Additional information about nature, symptoms, or treatment of illness:

Interviewer Information

Name	Agency	Date	Source of information