



# Surveillance Monitoring for Healthcare Workers

*Presentation by:*

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**2014**





# Function

Ensure that the appropriate occupational health advice is available for all staff

Oversee the health surveillance of staff

Liaise with the Clinical Nurse Manager of the National Isolation unit and any other area which has been involved

## **Operational Responsibilities**

Will be responsible for the co-ordination of health surveillance of all staff in contact with the confirmed case

Offer relevant prophylaxis or vaccination following discussion with the Infectious Diseases Consultant



Receive notification of  
case from switchboard



Liaise with CNM of the NIU &  
any other area which has been  
involved



Review completed log of healthcare  
workers in contact with patient



Generate Unique Confidential Code  
for all HCW's requiring surveillance



Ensure twice daily surveillance of staff  
21 days after last contact with patient

# NIU Restricted Access

## Access restricted to

Healthcare workers who have undergone the necessary training

Healthcare workers who are not pregnant

Healthcare workers who are not immunocompromised





### Healthcare Workers Surveillance Log - Emergency Medicine

Today's Date / /	Name	Title	Email Address & Mobile No.	Department	Time In	Time Out	Sheet No.
							Area Accessed
							Direct Care Yes <input type="checkbox"/> No <input type="checkbox"/>
							Direct Care Yes <input type="checkbox"/> No <input type="checkbox"/>
							Direct Care Yes <input type="checkbox"/> No <input type="checkbox"/>
							Direct Care Yes <input type="checkbox"/> No <input type="checkbox"/>
							Direct Care Yes <input type="checkbox"/> No <input type="checkbox"/>
							Direct Care Yes <input type="checkbox"/> No <input type="checkbox"/>
							Direct Care Yes <input type="checkbox"/> No <input type="checkbox"/>
							Direct Care Yes <input type="checkbox"/> No <input type="checkbox"/>

CNM2 to ensure that this record is accurately maintained, photocopied when the patient leaves the department, and original maintained in the yellow folder and a copy delivered to the Department of Occupational Medicine

# Process

Consultant in Occupational Medicine will review the log from the relevant department :

Healthcare Workers who were listed on the log but did not have direct exposure to the confirmed case will be contacted and reassured accordingly

Passive monitoring advised:

Self monitor 21 days after their last contact with confirmed case

No travel restrictions required

Will not be required to complete on line questionnaire





# Process

Healthcare Workers who were listed on the log as having had direct exposure to confirmed case will be included in Active Monitoring

Each HCW will receive:

- Letter with Unique Confidential Coded number as issued by the Department of Occupational Medicine
- Thermometer
- Copy of Ebola Virus Disease Monitoring Protocol

# Process

Department of Occupational Medicine staff will send online survey request twice a day for HCW's to complete and submit with required information - temperature and symptom check list for 21 days after their last contact with the confirmed case

An alternative to the on-line reporting form is available should it be required by a healthcare worker





## NIU Staff Surveillance Trial

### Department of Occupational Medicine EVD Monitoring Protocol

EVD Response Plan: Protocol for employees providing direct patient care (including lab personnel and anyone managing the waste stream)

All health care providers, including lab personnel and anyone managing the waste stream, are required to measure their temperature and complete the symptom questionnaire twice daily.

If you have a fever of  $> 37.8$  degrees C,

#### OR

If you have any of the following symptoms: chills, malaise, headache, joint/muscle aches, weakness, diarrhoea, nausea/vomiting, stomach pain, or lack of appetite.

If you are symptomatic or have an elevated temperature, Do not take any medication, contact the Department of Occupational Medicine Medical / Nursing staff member immediately.

If you are unable to work an assigned shift, you are required to notify the unit director of the National Isolation Unit as well as Department of Occupational Medicine.

You are required to report any fever of  $> 37.8$  degrees C, or any of the following symptoms (headache, joint / muscle aches, weakness, diarrhoea, vomiting, stomach pain or lack of appetite) for 21 days from the last contact with the index case.

To enable the Department of Occupational Medicine provide appropriate follow up surveillance all health care providers should be listed on the department log and must include their email address and mobile telephone number.

#### Compliance Statement

- Department of Occupational Medicine nurses will manage the symptom-monitoring data, and the Consultant in Occupational Medicine will audit the data on a daily basis.
- The Department of Occupational Medicine 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 twice a day for 21 days from the last day worked on the unit.
- Once contact is made with noncompliant providers, the Department of Occupational Medicine nurse will review symptoms with the provider and log the results on their behalf.
- Executive Management will be provided the names of any provider that has three instances of noncompliance.

Next



## NIU Staff Surveillance Trial

### \*1. User Identification

Unique Confidential Code

### 2. When did you last have contact with the Index patient?

Date / Time

DD MM YYYY HH MM AM/PM  
 /  /   :  -

### 3. What is your temperature ? (celsius)

### 4. Have you experienced any of the following:

- ☐ Nausea / Vomiting
- ☐ Diarrhoea
- ☐ Headache
- ☐ Joint or Muscle Aches
- ☐ Stomach Pain
- ☐ Lack of Appetite
- ☐ Weakness

If you answered "Yes", please provide details of the onset and duration

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## NIU Staff Surveillance Trial

- All health care providers providing direct patient care (including lab personnel and anyone managing the waste stream) are required to complete this form twice a day between 8:00am - 9:00am and 20:00 - 21:00am for 21 days after their last contact with the confirmed case.
- If you have a fever of  $\geq 37.6$  degrees C, or any of the symptoms listed above, Do not take any medication, please call the Department of Occupational Medicine for personal consultation, immediately.
- If you are unable to work an assigned shift, you are required to notify the Unit director of the National Isolation Unit as well as the Department of Occupational Medicine.
- You are required to report any fever of  $\geq 37.3$  degrees C, or any of the following symptoms (chills, malaise, headache, joint/muscle aches, weakness, diarrhoea, 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). Report those symptoms immediately to Department of Occupational Medicine.
- While undergoing surveillance you are requested restrict travel plans to within Ireland for 21 days after last contact with the confirmed case. Please notify the Department of Occupational Medicine if you have any travel arrangements made.

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Done

# Results

## NIU Staff Surveillance Trial

#6



**COMPLETE**

Collector: Web Link 1 (Web Link)  
Started: Monday, November 10, 2014 3:53:55 AM  
Last Modified: Monday, November 10, 2014 3:55:17 AM  
Time Spent: 00:01:21  
IP Address: 84.203.136.190

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Q1: User Identification

Unique Confidential Code 12345

Q2: When did you last have contact with the Index patient?

Date / Time 10/11/2014 11:00 AM

Q3: What is your temperature ? (celsius) 36.4

Q4: Have you experienced any of the following: *Respondent skipped this question.*





# ECDC Guidance:

## Type of exposure

## Proposed option(s) for measures

No direct contact with EVD patients or their bodily fluids (e.g. involved in training local HCW)

Passive monitoring

Appropriately protected contact with bodily fluids of EVD patients (e.g. laboratory worker), fomites (e.g. bed linen) or during clinical activities

Active monitoring

Unprotected, inappropriately protected contact or known breach of protection while caring for an EVD patient, handling bodily fluids of a patient or fomites

Active monitoring  
Restriction of engagement in clinical activities  
No travel abroad

Mucosa or parenteral direct contact with bodily fluids of a patient (e.g. pricking a finger with a needle used for a patient or getting bodily fluid projection in the eyes).

Active monitoring  
Restriction of engagement in clinical activities  
Restriction of social interactions  
Restriction of movement

# Effective Surveillance should be:

## **Proportionate to risk and ensuring best possible management**

Measures for Healthcare Workers should be proportionate to risks and ensure the best possible management in case they become ill, while aiming at protecting them, their families & public health as well as respecting personal rights of HCW.







Thank You for listening