A green letter h and flames

Description automatically generated**Form for Aid Workers going to EVD-affected areas**

The HSE operates a voluntary reporting system for all humanitarian aid workers (HAWs) from Irish based organisations who plan to travel to countries affected by emerging virus diseases (EVD) such as Mpox Clade 1 and viral haemorrhagic fevers (VHF) such as Ebola.

The primary purpose of this register is facilitate the HSE Departments of Public Health to monitor your health and safety following your return from an EVD affected area.

In addition, your travel details are used to maintain the required level of preparedness by a number of different services, such as the National Ambulance Service, National Isolation Unit, HSE Departments of Public Health, HSE Emergency Planning, Department of Health and Department of Foreign Affairs. Your details will be used to keep these services prepared via an anonymised weekly summary report.

Once you return to Ireland, HSE Departments of Public Health will carry out a risk assessment of any exposures to EVD that you might have had while in an affected area.

If you had contact with an EVD case or contact with EVD contaminated materials, there will be a requirement for you to be contacted on a daily basis for 21 days following your return home from an affected area.

If you had no exposure to EVD, you will only be contacted once for the risk assessment when you return home.

In order to facilitate this process, please complete this form and return to the Health Protection Surveillance Centre (HPSC) **prior to departure**.

**Instructions for NGOs returning forms to HPSC:**

* If completing the form by hand, please complete in BLOCK CAPITALS
* Email completed forms to: **hpsc-data@hse.ie** OR fax to **01-8561299**
* If returning by email, please save the file using the format

**NGOName\_HAWSurname\_YYYYMMDD.docx**

* All forms sent by email must be **encrypted**
* Please enter N/A (not applicable) for fields where necessary and do not leave blank fields
* If return travel details are not available at the time of departure, please submit as soon as they become available and **before the last working day prior to returning to Ireland**

**Data Protection** - please ensure that the aid worker is aware of and consents to the statement below:

* Your personal data collected will not be disclosed to any other person or agency and will be anonymised 3 months after your return from a EVD-affected area.
* I confirm that I have read the information provided on this form and in the [information leaflet](https://www.hpsc.ie/a-z/vectorborne/viralhaemorrhagicfever/guidance/vhfguidanceappendices/vhfguidanceforhumanitarianaidworkers/2018%20Before%20during%20after%20advice%20for%20Humanitarian%20Aid%20Workers.pdf) and I consent to my personal data being processed for the purposes described. **Yes / No**   *(please tick box or delete)*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Personal Details of person travelling to EVD affected areas** | | | | | | | | | | | | |
| First name | | | |  | | | | | | | | |
| Surname | | | |  | | | | | | | | |
| Gender | | | |  | | | | | | | | |
| Date of birth | | | | \_\_\_/\_\_\_/\_\_\_\_\_ (dd / mm/ yyyy) | | | | | | | | |
| Nationality | | | |  | | | | | | | | |
| Home/current address (including county) | | | |  | | | | | | | | |
| Proposed address during 21 days post-return (including county), if different from above | | | |  | | | | | | | | |
| Telephone number | |  | | | | | Mobile number | | | |  | |
| Email address | | | | |  | | | | | | | |
| Occupation | | | | |  | | | | | | | |
| Employer to which returning after deployment | | | | |  | | | | | | | |
| **B. Deployment Details** | | | | | | | | | | | | |
| Date of deployment | \_\_/\_\_\_/\_\_\_\_\_  dd / mm/ yyyy | | | | | Expected date of return | | | | \_\_\_/\_\_\_/\_\_\_\_\_  dd / mm/ yyyy | | |
| Country of deployment | | |  | | | | | | | | | |
| Proposed role/ occupation during deployment (**please give details**) | | |  | | | | | | | | | |
| Does the proposed role involve direct care with, or handling laboratory specimens from, patients/ deceased persons with EVD or suspected EVD or with any possible environmental contamination? | | | | | | | | Yes / No / Not sure  *(please tick box or delete)* | | | | |
| Did the person receive vaccination against Ebola Virus Disease prior to possible exposure? | | | | | | | | Yes / No / Not sure  *(please tick box or delete)*  Date: \_\_\_/\_\_\_/\_\_\_\_\_  dd / mm/ yyyy  Name of vaccine: | | | | |
| **C. Sending organisation (NGO) Details** | | | | | | | | | | | | |
| Organisation name | | | |  | | | | | | | | |
| Key contact name | | | |  | | | | | | | | |
| Contact telephone number | | | |  | | | | | | | | |
| Organisational contact email address | | | |  | | | | | | | | |
| **D. GP details for person travelling to EVD-affected areas** | | | | | | | | | | | | |
| GP name | | | |  | | | | | | | | |
| GP address | | | |  | | | | | | | | |
| GP telephone number | | | |  | | | | | | | | |
| **E. Return Travel Details from EVD-affected areas** | | | | | | | | | | | | |
| Actual date of return | | | | | | | | | \_\_\_/\_\_\_/\_\_\_\_\_  dd / mm/ yyyy | | | |
| Point of entry to Ireland | | | | | | | | |  | | | |
| **Please indicate flight details for each leg of the journey home** | | | | | | | | | **Departure date** | | | **Flight number** |
| 1st Flight (e.g. from affected area - Addis Abbaba) | | | | | | | | | \_\_\_/\_\_\_/\_\_\_\_\_  dd / mm/ yyyy | | |  |
| 2nd Flight (if required e.g. from Addis Abbaba - Amsterdam) | | | | | | | | | \_\_\_/\_\_\_/\_\_\_\_\_  dd / mm/ yyyy | | |  |
| 3rd Flight (if required e.g. Amsterdam to Dublin) | | | | | | | | | \_\_\_/\_\_\_/\_\_\_\_\_  dd / mm/ yyyy | | |  |
| Is the aid worker planning to return to EVD-affected area within the next month? | | | | | | | | | Yes / No  *(please tick box or delete)* | | | |
| If yes, approximate date of return to EVD-affected area | | | | | | | | | \_\_\_/\_\_\_/\_\_\_\_\_  dd / mm/ yyyy | | | |