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

<table>
<thead>
<tr>
<th>Name of Evacuation Center</th>
<th>State</th>
<th>County</th>
<th>City</th>
<th>Evacuation center phone number</th>
</tr>
</thead>
</table>

### Type of Evacuation Center

- [ ] Military Installation
- [ ] Faith-based
- [ ] Cruise ship
- [ ] Sports Arena/Convention Center
- [ ] Hospital-based
- [ ] School
- [ ] Campground
- [ ] Other (describe)

### Worker Identification and Demographics

<table>
<thead>
<tr>
<th>Last name, First name</th>
<th>Sex</th>
<th>Age (yrs)</th>
<th>Volunteer?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>[ ] YES</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>[ ] NO</td>
</tr>
</tbody>
</table>

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)

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)

<table>
<thead>
<tr>
<th>Date of injury</th>
<th>Time of Injury</th>
<th>Place of medical treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month / Day / Year</td>
<td>HH : MM (24 hr clock)</td>
<td>Evacuation center</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Emergency Dept</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DMAT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dr’s office</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other clinic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other medical</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other medical</td>
</tr>
</tbody>
</table>

**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)

**Nature of Injury** (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.):
## Injury incident

### Mechanism (How was the worker injured?)

<table>
<thead>
<tr>
<th>Contact/Falls/Overexertion</th>
<th>Exposures</th>
<th>Transportation/Fires/Assaults</th>
<th>PPE worn at the time of injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Struck by/against object</td>
<td>- Exposure to hot temperature</td>
<td>- Motor vehicle incident</td>
<td>- Surgical mask</td>
</tr>
<tr>
<td>- Caught in/crushed</td>
<td>- Exposure to cold temperature</td>
<td>- Fire/Flame</td>
<td>- Respirator</td>
</tr>
<tr>
<td>- Rubbed or abraded</td>
<td>- Contact with hot object/liquid/steam</td>
<td>- Explosion</td>
<td>- ½ mask no cartridge (inc. N-95)</td>
</tr>
<tr>
<td>- Fall</td>
<td>- Contact with cold object/liquid</td>
<td>- Assault by a person</td>
<td>- ½ mask with cartridge</td>
</tr>
<tr>
<td>- Slip, trip without fall</td>
<td>- Inhalation</td>
<td>- Assault by an animal</td>
<td>- full face mask</td>
</tr>
<tr>
<td>- Sprain/strain from bending, reaching, twisting</td>
<td>- Ingestion of substance</td>
<td>- Venomous bite/sting</td>
<td>- Eye protection</td>
</tr>
<tr>
<td>- Sprain/strain from lifting, pulling, holding</td>
<td>- Skin contact with caustic/noxious substance</td>
<td>- Other (describe)</td>
<td>- Face shield</td>
</tr>
<tr>
<td>- Repetitive motion</td>
<td>- Needle stick/sharp</td>
<td></td>
<td>- Gloves</td>
</tr>
<tr>
<td></td>
<td>- Blood or body fluid splash</td>
<td></td>
<td>- Single Gloved</td>
</tr>
<tr>
<td></td>
<td>- Electricity</td>
<td></td>
<td>- Double Gloved</td>
</tr>
</tbody>
</table>

### 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

- 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.)

- Acute Respiratory illness: URI, LRI
- Alcohol or Drug Use
- Carbon Monoxide Poisoning
- Cerebrovascular Disease (e.g., stroke)
- Chronic Lower Respiratory Disease (e.g., asthma)
- Depression, Anxiety, Adjustment Disorder
- 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:

#### 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
- 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)
- Depression, Anxiety, Adjustment Disorder
- Gastroenteritis: Bloody, Watery
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- Renal Failure
- Skin Wound or Infection
- Other Infectious Disease:

#### Complication of a pre-existing condition?

- YES
- NO

#### Disposition

- Treat & released
- Hospitalized
- Died
- Other
- Unknown

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

#### Interviewer Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Agency</th>
<th>Date</th>
<th>Source of information</th>
</tr>
</thead>
</table>