List (1) and Log (2) for Healthcare Personnel that have Contact with Suspect and/or Confirmed Ebola Case

1) LIST ALL STAFF WHO ARE/WERE IN CONTACT WITH PATIENT

MR# (no PHI):		Date:
Time:		Room #:

Instructions: List information for healthcare personnel that have patient contact.

Name	Title	Department	Extension	Home phone	E-Mail

Copies to Infection Prevention (Ext XXXX), Emergency Management (Ext XXXX), and Employee Health (Ext XXXX)

List (1) and Log (2) for Healthcare Personnel that have Contact with Suspect and/or Confirmed Ebola Case

2) LOG ALL STAFF WHO ENTER PATIENT ROOM OR HAVE PATIENT CONTACT	
MR# (no PHI):	**Room #:**

Instructions: Log healthcare personnel (name/ date/ time) **every time** they enter the patient room or have patient contact.

Name	Date	Time-in	Time-out	Name of PPE assistant*	Notes (e.g., needlestick, PPE breach)

*If applicable

Copies to Infection Prevention (Ext XXXX), Emergency Management (Ext XXXX), and Employee Health (Ext XXXX)