

EVENTS SURVEILLANCE DATA COLLECTION FORM

Public reporting burden of this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Center for the International Health Regulation at the public Health Directorate Tel 17279234

EVENT DATA COLLECTION FORM

Event identification and notification

1-Date this event was entered into the surveillance system.

.....

2-The event is eligible to be entered into the surveillance system

Ye [] No []

If "No" was selected, please choose one of the following reasons why:

- Trick
- Rumor
- Unimportant
- Persistent
- Insufficient information
- Not a hazardous event
- Controlled/legal/permitted release
- Duplicate
- No release, no public health action
- Suspicious activity
- Not a probable event

3-Date the IHR Center was notified about the event.

.....

4-Sources of Reports and Rumors for Event-based Surveillance Systems

A -Medical Settings

- Health care facilities
- Health clinics
- Hospitals
- Allied health care professionals and organizations
- Community health workers
- Midwives/traditional birth attendants
- Traditional healers
- Laboratories
- Ambulance services
- Emergency services
- Environmental health Section
- Food Control Section

- Diseases Control Section
- Health Promotion Directorate

B- Community setting

- Community groups
- Designated community members
- Village leaders, village health volunteers, members of the public
- Community services
- Religious organizations
- Nurseries
- Schools
- Pharmacies
- Police
- Public utilities (water and sanitation, environmental health)
- Nongovernmental organizations
- Group homes (elderly)
- Veterinary services
- Media and published sources
- Media (newspapers, radio, television)
- Academic press
- Internet
- Military organizations
- Embassies
- Universities
- Citizen or citizen's group
- Owner/operator of facility, vehicle, or vessel
- Others, specify _____
- Unknown

5- Contact information

.....

6-Date of this event

(M /D /Y)

7-Day of the week this event occurs

.....

8- The time the event started (Use 24-hour time format e.g. 15:59).

9- Multiple locations contaminated during this event Yes No

Event Location

10-Exact location of the event (*If exact address is not known, enter area, near certain Mall etc.*)

Road No

Block No

Area

11- Indicate if any of the following within a 1/4 mile of the event.

(Select all that apply.)

- | | | |
|----------------------------|------------------------------|-----------------------------|
| Residence | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| School | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hospital | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nursing home | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Licensed daycare | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Industry or other business | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Recreational area | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

12- The general land use in the surrounding area.

- Undeveloped area
- Industrial area
- Commercial area
- Residential area
- Agricultural area
- Military facility
- Recreational area

13- The general weather conditions at the time of the event.

- Clear skies
- Rain
- Fog or mist
- High winds
- Extreme heat
- Extreme cold
- Lightning]
- Other

14- Type of the event.

- Infectious
- Chemical
- Radiological
- Zoonotic
- Food related

15- Mode of transportation involved.

- Ground (*drop box to choose tanker truck, non-tanker truck, van, automobile, bus, other*)
- Rail (*drop box to choose container on flat car, tank car, box car, other*)
- Water (*drop box to choose container ship with own power, tanker ship with own power, barge towed by other vessel, other*)
- Air (*drop box to choose crop duster, cargo plane, passenger plane, other*)

16- Phase of transportation involved.

- occurred during unloading of a stationary vehicle or vessel
- From a moving vehicle or vessel
- En route that was later discovered at a fixed facility
- Occurred from a stationary vehicle or vessel (e.g., staged at a transfer station)
- Other

17-Area/equipment of the fixed facility involved in the event.

- Transportation within fixed facility
- Process vessel
- Piping
- Material handling area (*i.e. loading dock*)
- Storage area above ground (*i.e. warehouse, tank, storage shed*)
- Storage area below ground
- Dump/waste area (*i.e. sewer*)
- Other

18- Number of people working in the facility during the event

19- Number of people visiting the facility during the event?

20- Factors contributing to the release: (*If primary factor is unknown leave blank. If there is no secondary factor, then select choice N*)

Primary:

- Equipment failure
- Human error
- Other
- Intentional
- Illegal act
- Bad weather conditions/natural disasters

Secondary:

- Improper mixing
- Equipment failure
- Human error
- Improper filling, loading, or packing
- Other
- Performing maintenance
- System/process upset
- System start up and shutdown
- Power failure/electrical problems
- Unauthorized/improper dumping
- Vehicle or vessel collision
- Fire
- Explosion
- Overspray/misapplication
- No secondary factor
- Load shift
- Vehicle or vessel derailment/rollover/capsizing
- Illicit drug production related
- Forklift puncture

Description of the Event

21- The total number of cases reported for this event.....

22- Type of release event

- Spill (liquid or solid)
- Volatilization/aerosolized (vapor)
- Fire

- Explosion
- Radiation
- Not applicable, threatened release
- Disease

23- Quantity released /number of cases.....

24- Unit of measure (other than disease)

- Pounds
- Kilograms
- Gallons
- Liters
- Cubic feet
- Ounces by volume
- Milliliters
- Pico curies
- Tons (metric)
- Ounces by weight
- PPM (parts per million)

Morbidity and Mortality

25- No of people transported to a medical facility for a check-up or observation but did not have any symptoms (*i.e., do not meet the definition for a victim of the event*)

26- No of people injured in this event (number of victims)

27- Complete all items (columns) for each victim.

Column "A" Category of victim

- Employee
- Responder (not specified)
- General public
- Career firefighter
- Volunteer firefighter
- Firefighter (not specified)
- Police officer
- EMT personnel
- Hospital personnel (e.g., doctor, nurse)
- Employee is member of company response team

- Student (at school)
- 3rd Party Clean-up Contractor

Column "B" (*If the victim is a responder*)

The victim a certified technician

- Yes
- No
- Not a responder

Column "C"

- Severity and disposition of victim
- Treated n scene (first aid)
- Treated at hospital (not admitted)
- Treated at hospital (admitted)
- Observation at hospital; no treatment
- Seen by private physician within 24-hours
- Injuries experienced within 24 h of event and reported by _____ official (e.g.,
fire dep, EMT, police, poison control center)
- Treated by mass casualty mobile unit
- Death on scene/on arrival at hospital
- Death after arrival at hospital

Column "D" Adverse health effects

- Trauma
 - Chemical-related,*
 - Not chemical-related,*
 - Both*
 - Unknown*
- Respiratory system problems
- Eye irritation
- Gastrointestinal problems
- Heat stress
- Burns
 - *Chemical-related,*
 - *Not chemical-related*
 - *Both,*
- Unknown
- Other

- Skin irritation
- Dizziness or other CNS symptoms
- Headache
- Heart problems
- Shortness of breath (unknown cause)

Column "E"

Level of PPE was the victim using prior to being harmed or killed. (*Choose the 1 option that best describes*)

- None
- Level "A"
- Level "B"
- Level "C"
- Level "D"
- Fire fighter turn-out gear with respiratory protection
- Fire fighter turn-out gear without respiratory protection
- Other types of protection (*drop down box to select gloves, eye protection, hard hat, steel-toed shoes*)

Column "F" Sex of victim

- Female
- Male

Column "G" Age of victim

- Less than 12 months old
- Between 1 and 4 years of age
- Between 5 and 14 years of age
- Between 15 and 19 years of age
- Between 20 and 44 years of age
- Between 45 and 64 years of age
- 65 years of age or more

Column "H"

Describe the physical location of the victim at the time harmed in relation to the point of release

- Immediate area where release occurred (*e.g., room, railcar, trailer, within 10 feet*)
- Wing/section of building/11 - 50 feet
- Building(s) (*may include internal parking areas and roads*)/51-100 feet

Health Event Report

Data recorded during event confirmation and assessment

1-Date (Today's date)

.....

2- When was the health event reported?

.....

3- What do you want to report? What happened?

.....
.....
.....

4-What is the start date? (Date of onset)

.....

5-When did this happen? (Month, day, year)

.....

6- When was the health event confirmed?

.....

7-Where did this happen? (Municipality or City, Province, Region)

.....

8- How many were affected? Attack Rates?

.....

9- Who were affected? When? Where?

.....

10-Has anyone died?

.....

11-How many died?

.....

12- Who died? When? Where? Why?

.....
13- What actions Taken (Who? What? When?)

.....
.....
14- What is the Status of Health Event, ongoing or controlled?

.....
15-Who has been informed? (Local health departments, etc.)

.....
16- What is the source of information (Name, office number, mobile number?)

.....
17- Is assistance needed? (If yes, please specify)

.....
18-What other information you have?

.....
19-What is your name and contact number?
.....
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