KINGDOM OF BAHRAIN
MINISTRY OF HEALTH
PUBLIC HEALTH DIRECTORATE

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

   [ ] Heath 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   [ ] Yes   [ ] No
School   [ ] Yes   [ ] No
Hospital   [ ] Yes   [ ] No
Nursing home   [ ] Yes   [ ] No
Licensed daycare   [ ] Yes   [ ] No
Industry or other business   [ ] Yes   [ ] No
Recreational area   [ ] Yes   [ ] 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
[ ] The facility/101 - 200 feet
[ ] Between 201 feet - 1/4 mile of point of release

[ ] Between 1/4 mile - 2 mile of point of release

[ ] Between 2 mile - 1 mile of point of release

[ ] Greater than 1 mile of point of release

Column "I"

Decontamination of injured person

    [ ] No

    [ ] At the scene

    [ ] At a medical facility

    [ ] Both

Victims

Victim No.	Category	Haz Mat	Severity	Adverse Health Effect	PPE	Sex	Age	Distance	Decontamination
1									
2									
3									
4									
5									
6									
7									
8									

KINGDOM OF BAHRAIN
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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?

……

………………………………………………………………………………