UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND READINESS

OCT 10 2014

MEMORANDUM FOR GENERAL COUNSEL OF THE DEPARTMENT OF DEFENSE
ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER AND RESERVE AFFAIRS)
DIRECTOR OF THE JOINT STAFF
DEPUTY ASSISTANT SECRETARY OF DEFENSE (CLINICAL AND PROGRAM POLICY)
DIRECTORS OF THE DEFENSE AGENCIES
DIRECTORS OF THE DOD FIELD ACTIVITIES
DIRECTOR, NATIONAL CAPITAL REGION MEDICAL DIRECTORATE

SUBJECT: Pre-Deployment, Deployment, and Post-Deployment Training, Screening, and Monitoring Guidance for Department of Defense Personnel Deployed to Ebola Outbreak Areas

Department of Defense (DoD) personnel (Service members and civilian employees) deployed to Centers for Disease Control and Prevention defined Ebola outbreak areas will complete pre and post-deployment screening and training requirements outlined in this memorandum and supplemented by United States Africa Command (USAFRICOM) guidance. All DoD personnel will be monitored for exposure to Ebola Virus Disease (EVD) on an ongoing basis throughout their deployment, to any country defined as an Ebola outbreak area, and then for 21 days thereafter. This policy provides the minimum required level of surveillance for individuals deployed in Ebola outbreak areas. Operational requirements may require additional measures. Individuals who report exposure to EVD while deployed will be evaluated by a healthcare professional to determine their level of exposure. Healthcare professionals must evaluate all DoD personnel before they depart the USAFRICOM area of responsibility (AOR).

Pre-Deployment Training and Force Health Protection Guidance:

Deployment in support of Operation UNITED ASSISTANCE requires training in personal protection for DoD personnel based on exposure probability related to the specific missions they will execute. Attachment 1 outlines the levels of training.

Protection of the Force will be in accordance with (IAW) USAFRICOM OPERATION UNITED ASSISTANCE BASE ORDER, ANNEX Q, APPENDIX 6, TAB C, DTG: 051804Z OCT 14, Subject: "Pre-Deployment Force Health Protection Training Requirements." All deploying personnel will receive a medical threat briefing that includes health threats and

countermeasures. Attachment 2 contains specific excerpts pertaining to preventive measures for malaria, dengue, and yellow fever, along with information on required immunizations.

Deployment Monitoring:

During deployment to an Ebola outbreak area, all DoD personnel will be monitored for EVD exposure. Supervisors (or their designees), after receipt of appropriate training, will monitor temperatures, and review exposure risk factors and clinical symptoms (Attachment 3) with their personnel twice each day (unit monitoring).

1. DoD personnel who do not report a potential exposure, but are experiencing symptoms of illness, must be evaluated by a DoD-designated medical authority.

2. DoD personnel who report a potential exposure, even if they are asymptomatic, must be evaluated by a DoD-designated medical authority.

3. Healthcare personnel will use the "*Ebola Virus Disease Exposure Risk Evaluation Form*" (Attachment 4) and interview the DoD member to determine risk category.

    a. Asymptomatic DoD personnel who meet the criteria for "no known exposure" will return to work and continue twice-a-day unit monitoring.

    b. Asymptomatic DoD personnel who meet the criteria for "some risk" (defined as personnel who have had household contact with an EVD patient or being within a EVD patient's room or care area for a prolonged period while not wearing recommended Personal Protective Equipment (PPE) or if PPE was compromised) will be evaluated by healthcare personnel for potential evacuation by regulated movement. If evacuation is declared to be unnecessary and the member is determined to be either in the "no known exposure" category or determined to be "minimal risk" by designated medical authority, the individual can return to duty and be monitored twice-a-day for 21 days by healthcare personnel.

    c. Asymptomatic DoD personnel who meet the criteria for "high risk" (defined as personnel who have had direct contact with blood or body fluids from an EVD patient or dead body while not wearing PPE or if PPE was compromised) will be evaluated by a DoD-designated medical authority, quarantined, and evacuated by regulated movement IAW DoD policy to a DoD facility designated to monitor for signs and symptoms and/or care for EVD patients.

4. Personnel who report a potential exposure, regardless of risk and are symptomatic will be referred immediately to the DoD-designated medical authority for evaluation,

isolation, and evacuation IAW DoD policy to a facility designated to monitor for signs and symptoms and/or care for EVD patients.

Within 10 days of projected departure from the USAFRICOM AOR, delegated Commanders have the authority, based on their assessment of unit exposure to EVD, to hold their personnel in a controlled environment designated by the Commander, Joint Forces Command (JFC). Criteria for this assessment will be provided by JFC Commander. Medical monitoring by DoD healthcare personnel will be provided in the controlled environment.

Within 12 hours prior to departure from the Ebola outbreak area, trained DoD healthcare personnel will interview and assess DoD individuals by using the "*Ebola Virus Disease Redeployment Risk Assessment and Medical Clearance Form*" (Attachment 5) to determine the individual's exposure status.

1. If determined to be at risk (i.e., "some" or "high") for EVD exposure, individuals will be evaluated IAW the guidance above and evaluated for regulated movement IAW DoD policy.

2. If cleared for departure, individuals will continue Unit monitoring for symptoms and temperature until departure from the Ebola outbreak area, during transit, and upon arrival at the point of debarkation.

3. If individuals become symptomatic during transit, they should be segregated, as much as feasible, from the rest of the passengers and crew.

DoD transient personnel (e.g., Aircrew) who have no known exposure as defined in Attachment 6, will have a temperature check prior to departure from the Ebola outbreak area. Post-departure monitoring will consist of twice daily self-monitoring of temperature and symptoms for 21 days.

DoD civilian employees deployed to West Africa in support of Operation UNITED ASSISTANCE are eligible for medical evacuation.

<u>Post-Deployment Monitoring:</u>

Once individuals depart the Ebola outbreak area, regardless of any previous monitoring in theater, they will be monitored for 21 days IAW the following guidance:

1. **No known exposure** – Appropriately trained DoD personnel (e.g., unit leaders, healthcare personnel) will conduct a face-to-face interview to review clinical symptoms and perform a temperature check twice daily during the 21-day monitoring period. As long as individuals remain asymptomatic, they may return to work and routine daily activities with family members. During the 21-day monitoring period,

no leave or Temporary Duty/Temporary Additional Duty will be authorized outside the local area to assure continued face-to-face monitoring.

2. **Regulated movement secondary to exposure risk** – All DoD personnel moved out of theater due to elevated exposure risk will be quarantined for 21 days at a DoD facility (reference DoDI 6200.03) designated to monitor for signs and symptoms and/or care for EVD patients.

The Services will establish procedures for local authorities to carry out monitoring and evaluation of returning individuals. Additionally, the pre-deployment health assessment, post-deployment health assessment, and post-deployment health re-assessment will be accomplished IAW DoDI 6490.03. Components shall comply with labor management obligations, as applicable.

Emergency leave while deployed or following deployment will be handled on a case-by-case basis. This will require monitoring for symptoms and twice daily self-monitoring of temperature for 21 days.

Protecting the health of our personnel and their families is our first priority. My point of contact for this action is Colonel (Col) Carol A. Fisher, Chief, Public Health Division, Defense Health Agency. Col Fisher may be reached at (703) 681-2274, or carol.a.fisher18.mil@mail.mil.

Jessica L. Wright

Attachments:
As stated

cc:
Assistant Secretary of Defense (Health Affairs)
Assistant Secretary of Defense (Reserve Affairs)
Assistant Secretary of Defense (Readiness and Force Management)
Director, Defense Health Agency
Director, Department of Defense Human Resources Activity
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Joint Staff Surgeon
Director, Defense Supply Center Philadelphia
Director of Health, Safety and Work-Life, U.S. Coast Guard
Director, Marine Corps Staff
National Guard Bureau

ATTACHMENT 1

PRE-DEPLOYMENT TRAINING

1. The Level I minimally required training for all deploying Service members includes:

    a. Basic disease process, transmission and symptoms
    b. Avoidance awareness of treatment and population centers
    c. Avoidance of individuals with an Ebola Virus Disease (EVD) contact
    d. EVD symptom recognition
    e. Contact decontamination
    f. Adherence to safe encounter distances
    g. Instruction on proper hand washing
    h. Use of approved food and water sources
    i. Donning and removal of personal protective equipment (PPE)
    j. Procedures on responding to a breach in PPE
    k. Leader tasks and responsibilities
    l. Daily symptom and temperature screening
    m. Carried and on-hand PPE requirements

2. The Level II Training for personnel required to interact with the local populace includes Level I Training and equipment plus the following:

    a. Training on non-lethal methods with those providing Force Protection
    b. Training on when and how to use readily available protective suits

3. The Level III Training for personnel assigned to supporting medical units or expected to handle exposed remains includes Level I Training plus Level II Training and equipment plus the following:

    a. Training in clinical care, outbreak epidemiology, control measures and safety within an Ebola Treatment Unit (ETU)
    b. Cleaning and disinfection procedures training
    c. Psychological support training for patients and staff
    d. Training in full PPE in provision of care, patient or body transport
    e. Training in waste disposal

f. Response to a breach in PPE

g. Training on indications and use of equipment: impermeable suit, boots, heavy apron, face shield and surgical gloves over surgical scrubs, with no jewelry

h. Training on proper use of air-purifying respirators used during aerosol generating procedures or suspicion of airborne droplet spread diseases such as tuberculosis

4. Level IV Training required for Ebola Testing Laboratory Workers must adhere to U.S. Army Medical Research Institute of Infectious Disease Bio-level 3 protocols.

ATTACHMENT 2

FORCE HEALTH PROTECTION

1. Malaria and dengue fever are high risk to U.S. personnel without implementing and adhering to force health protection (FHP) measures.

2. Yellow fever disease is relatively low risk for deployed personnel who received the required immunization.

3. At a minimum, FHP measures include wearing permethrin-treated uniforms/clothing, using insect-repellent (DEET) on exposed skin, and taking anti-malarial medications as prescribed.

   a. Malarone will be the primary anti-malarial medication unless contraindicated (e.g., Aircrew)

4. Immunizations required to enter the United States Africa Command Area of Responsibility include:

   a. Hepatitis A (Series Complete or First Dose at least 14 days prior to travel)
   b. Hepatitis B (Series Complete or First Dose at least 14 days prior to travel)
   c. Tetanus-Diphtheria (Every 10 years; one time adult booster of TDAP if not previously received)
   d. Measles, Mumps, Rubella (Single adult booster is required)
   e. Poliovirus (Series complete, plus single adult booster is required)
   f. Seasonal Influenza (Current annual vaccine)
   g. Varicella (Documented immunity or vaccination)
   h. Typhoid (Injectable every 2 years; oral vaccine every 5 years)
   i. Meningococcal (Every 5 years)
   j. Yellow fever (Every 10 years; last dose must be within 10 days prior to arrival in Africa)
   k. Rabies/Pneumococcal (If high risk and as needed for occupational exposure)

EBOLA VIRUS DISEASE [EVD]

Source: Centers for Disease Control and Prevention

Report to medical authorities immediately if you have any of the following EVD Symptoms:

- ✓ Fever (greater 38.6°C or 101.5 °F)
- ✓ Severe headache
- ✓ Muscle pain
- ✓ Weakness
- ✓ Vomiting
- ✓ Diarrhea
- ✓ Abdominal (stomach) pain
- ✓ Unexplained hemorrhage (bleeding or bruising)

Ebola can only be spread to others after symptoms begin. Symptoms can appear from 2 to 21 days after exposure.

EBOLA VIRUS DISEASE [EVD]: PREVENTION & EXPOSURE RISK

PREVENTION:

- Practice careful hygiene. Avoid contact with blood and bodily fluids.
- Do not handle items that may have come in contact with an infected person's blood or bodily fluids.
- Avoid funeral or burial rituals that require handling the body of someone who has died from Ebola.
- Avoid contact with bats and nonhuman primates or blood, fluids, and raw meat prepared from these animals (bushmeat).
- Avoid hospitals where Ebola patients are being treated unless assigned and instructed on proper use and wear of personal protective equipment (PPE) and infection control measures.
- After you return, monitor your health for 21 days and seek medical care immediately if you develop symptoms of Ebola.

SOME RISK:

- Household-type contact with an EVD patient.
- Other close contact with an EVD patient in healthcare facilities or community settings.
- Contact with EVD patients while not wearing PPE.
- Direct brief contact with an EVD patient (e.g., shaking hands).

HIGH RISK:

- Needle stick or mucus membrane (e.g., eyes, mouth, etc.) exposure to EVD-infected blood or bodily fluids.
- Direct contact with blood or body fluids of a confirmed EVD patient without appropriate PPE.
- Direct contact with a dead body in a country where an EVD outbreak is occurring.

This form must be completed electronically when possible. Handwritten forms will be accepted. DRAFT 10_OCT_14, v2.1

EBOLA VIRUS DISEASE EXPOSURE RISK EVALUATION FORM [IN THEATER USE ONLY]

PRIVACY ACT STATEMENT

This statement serves to inform you of the purpose for collecting the personal information requested by this form and how it may be used.

AUTHORITY: 10 U.S.C. 1074f, Medical Tracking System for Members Deployed Overseas; 10 U.S.C. 1074m, Executive Order 13295, Revised List of Quarantinable Communicable Diseases; DoDI 6490.03, Deployment Health; and E.O. 9397 (SSN), as amended.

PURPOSE: Your information may be used for the purpose of collecting certain communicable disease(s) data IAW regulations providing for the apprehension, detention, or conditional release of individuals to prevent the introduction, transmission, or spread of suspected communicable diseases, pursuant to section 361(b) of the Public Health Service Act. Your information will be collected in order to identify any health concerns and, if necessary, refer you for additional assessment and/or care.

ROUTINE USES: Use and disclosure of you records outside of DoD may occur in accordance with the DoD Blanket Routine Uses published at: http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html and as permitted by the Privacy Act of 1974, as amended (5 U.S.C. 552a(b)).

Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD. Permitted uses and discloses of PHI include, but are not limited to, treatment, payment, healthcare operations, and the containment of certain communicable diseases.

DISCLOSURE: Mandatory. To protect the health of the public from Ebola, a highly infectious virus of significant public health threat, you are hereby required to provide the requested information. Care will not be denied if you decline to provide the requested information, but you may not receive the care you deserve and may face administrative delays.

INSTRUCTIONS: **DoD personnel must IMMEDIATELY report any potential Ebola Virus Disease [EVD] exposure while deployed in an Ebola outbreak country or region. Prompt medical evaluation is critical.** You are required to truthfully answer all questions. Failure to disclose the requested medical information regarding potential EVD contact or exposure risks while deployed to an Ebola outbreak area may result in UCMJ and/or criminal punishment. If you do not understand a question, please discuss the question with a healthcare provider.

DEMOGRAPHICS

Last Name: **First Name:** **Middle Initial:**

Social Security Number: **Today's Date** (dd/mmm/yyyy):

Date of Birth (dd/mmm/yyyy): **Gender:** ◯ Male ◯ Female

Service Branch:
- ◯ Air Force
- ◯ Army
- ◯ Navy
- ◯ Marine Corps
- ◯ Coast Guard
- ◯ Civilian Expeditionary Workforce
- ◯ USPHS
- ◯ Other Defense Agency (List):
- ◯ Other (List):

Component:
- ◯ Active Duty
- ◯ National Guard
- ◯ Reserves
- ◯ Civilian Government Employee
- ◯ Contractor

Pay Grade:
- ◯ E1
- ◯ E2
- ◯ E3
- ◯ E4
- ◯ E5
- ◯ E6
- ◯ E7
- ◯ E8
- ◯ E9
- ◯ O1
- ◯ O2
- ◯ O3
- ◯ O4
- ◯ O5
- ◯ O6
- ◯ O7
- ◯ O8
- ◯ O9
- ◯ O10
- ◯ W1
- ◯ W2
- ◯ W3
- ◯ W4
- ◯ W5
- ◯ Other

Home Station/Unit:

Current Contact Information:

Phone:

Cell:

DSN:

Email:

Address:

Point of contact who can always reach you:

Name:

Phone:

Email:

Address:

Deployment location(s): ◯ Liberia ◯ Sierra Leone ◯ Guinea ◯ Senegal ◯ Nigeria ◯ Other:

Deployed Station/Unit: **Duties while deployed:**

Date arrived in theater (dd/mmm/yyyy):

EBOLA VIRUS DISEASE EXPOSURE RISK EVALUATION FORM [IN THEATER USE ONLY]

Deployer's SSN (Last 4 digits):

COMPLETED BY DESIGNATED MEDICAL PROVIDER ONLY – Provider Review, Interview, Exposure Risk Evaluation

PART I-A: Ebola Virus Disease Risk Assessment [Mark all that apply. If "Yes" document date, time & type of MOST recent exposure.]			
	SOME RISK OF EXPOSURE: One or more of the following within the past 21 days.	**Yes**	**No**
1.	**Close contact with an Ebola Virus Disease (EVD) patient in any of the following settings: household, living quarters, work, or community? If yes, document date, time and type of contact and/or exposure.** Date (dd/mmm/yyyy): Time: Type: **Close contact is defined as:** a. Being within approximately 3 feet (1 meter) of an EVD patient for a prolonged period of time while not wearing recommended personal protective equipment (PPE) or PPE was compromised. b. Having direct brief contact (e.g., shaking hands) with an EVD patient while not wearing recommended personal protective equipment (PPE) or PPE was compromised. **(Brief interactions, such as walking by a person, do not constitute close contact.)**	○	○
2.	**Other close contact with EVD patients in healthcare facilities or community settings? If yes, document date, time and type of contact and/or exposure.** Date (dd/mmm/yyyy): Time: Type: **Close contact is defined as:** c. Being within approximately 3 feet (1 meter) of an EVD patient or within the patient's room or care area for a prolonged period of time (e.g., health care personnel, household members) while not wearing recommended personal protective equipment (PPE) (standard droplet and contact precautions) or PPE was compromised. d. Having direct brief contact (e.g., shaking hands) with an EVD patient while not wearing recommended personal protective equipment (PPE) or PPE was compromised. **(Brief interactions, such as walking by a person or moving through a hospital, do not constitute close contact.)**	○	○
	HIGH RISK OF EXPOSURE: One or more of the following within the past 21 days.	**Yes**	**No**
3.	**Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids of an EVD patient? If yes, document date, time and type of contact and/or exposure.** Date (dd/mmm/yyyy): Time: Type:	○	○
4.	**Direct skin contact with, or exposed to, blood or body fluids of an EVD patient without appropriate personal protective equipment (PPE) or PPE was compromised? If yes, document date, time and type of contact and/or exposure.** Date (dd/mmm/yyyy): Time: Type:	○	○
5.	**Processing blood or body fluids of a confirmed EVD patient without appropriate personal protective equipment (PPE), standard biosafety precautions or PPE was compromised? If yes, document date, time and type of contact and/or exposure.** Date (dd/mmm/yyyy): Time: Type:	○	○
6.	**Direct contact with a dead body without appropriate personal protective equipment (PPE), or PPE was compromised in a country where an EVD outbreak is occurring? If yes, document date, time and type of contact and/or exposure.** Date (dd/mmm/yyyy): Time: Type:	○	○

EBOLA VIRUS DISEASE EXPOSURE RISK EVALUATION FORM [IN THEATER USE ONLY]

Deployer's SSN (Last 4 digits):

PART I-B: Ebola Virus Disease Clinical Evaluation [Mark all that apply.]				
1.	**Ask "Are you currently experiencing any of the following signs and symptoms?"**		**Yes**	**No**
	a. Fever (temperature of ≥ 101.5°F)	◯ **Don't Know**	◯	◯
	b. Subjective fever (e.g., chills, night sweats)		◯	◯
	c. Severe headache		◯	◯
	d. Joint and muscle aches		◯	◯
	e. Abdominal/stomach pain		◯	◯
	f. Vomiting		◯	◯
	g. Diarrhea		◯	◯
	h. Unexplained bruising or bleeding		◯	◯
	i. New skin rash		◯	◯
	j. Other (describe in block #5)		◯	◯
2.	**Ask "Have you taken any fever-reducing medications within the past twelve [12] hours?"** (e.g., aspirin, Tylenol, Motrin, Ibuprofen)		◯	◯
3.	**Conduct and record temperature check.** Temperature: Time:			
4.	**Date and time of onset of symptoms.** Date(dd/mmm/yyyy): Time: ◯ N/A			
5.	**Comments:**			

EBOLA VIRUS DISEASE EXPOSURE RISK EVALUATION FORM [IN THEATER USE ONLY]

Deployer's SSN (Last 4 digits):

PART I-C: Ebola Virus Disease Risk Category [Mark ONLY one.]	
	Disposition Guidance: Document risk category in the individual's medical record.
◯ **No Known Exposure**	**Asymptomatic:** • Return to duty and continue twice daily unit monitoring for exposure risk and clinical symptoms. **Symptomatic (Fever WITH or WITHOUT other symptoms)** • Evaluation by medical authority. • Implement infection control precautions.
◯ **Some Risk of Exposure** **("Yes" to questions 1 or 2, PART I-A)**	**Asymptomatic:** • Evaluate for potential medical evacuation IAW official policy. • If determined to be "minimal risk" return to duty and begin twice daily monitoring by medical authorities for 21 days. **Symptomatic: (Fever WITH or WITHOUT other symptoms)** • Evaluation by medical authority. • **Isolate and separate from "High Risk individuals.** Implement infection control precautions. • Evacuate from theater via regulated movement to a DoD designated medical facility capable of providing care for EVD patients IAW official policy.
◯ **High Risk Exposure** **("Yes" to questions 3, 4, 5, or 6, PART I-A)**	**Asymptomatic:** • Evaluation by medical authorities. • **Quarantine** and evacuate from theater via regulated movement to a DoD designated facility capable of monitoring for signs and symptoms and providing care for EVD patients IAW official policy. **Symptomatic: (Fever or other symptoms)** • Evaluation by medical authorities. • **Isolate and separate from "Some Risk" individuals.** Implement infection control precautions. • Evacuate from theater via regulated movement to a DoD designated facility capable of providing care for EVD patients IAW official policy.

Provider's Name: **Date (dd/mmm/yyyy):** **Time:**

Title: ◯ MD ◯ DO ◯ PA ◯ Nurse Practitioner ◯ Adv Practice Nurse ◯ Other:

◯ **I certify this assessment process has been completed.** **Provider's Signature:**

◯ RESET FORM

This form must be completed electronically when possible. Handwritten forms will be accepted. DRAFT 10_OCT_14, v2.1

EBOLA VIRUS DISEASE REDEPLOYMENT RISK ASSESSMENT AND MEDICAL CLEARANCE FORM

PRIVACY ACT STATEMENT

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PURPOSE: Your information may be used for the purpose of collecting certain communicable disease(s) data IAW regulations providing for the apprehension, detention, or conditional release of individuals to prevent the introduction, transmission, or spread of suspected communicable diseases, pursuant to section 361(b) of the Public Health Service Act. Your information will be collected in order to identify any health concerns and, if necessary, refer you for additional assessment and/or care.

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DISCLOSURE: Mandatory. To protect the health of the public from Ebola, a highly infectious virus of significant public health threat, you are hereby required to provide the requested information. Care will not be denied if you decline to provide the requested information, but you may not receive the care you deserve and may face administrative delays.

INSTRUCTIONS: **All DoD personnel are required to complete this form within 12 hours prior to departure from an Ebola outbreak country or region.** You are required to truthfully answer all questions. Failure to disclose the requested medical information regarding potential EVD contact or exposure risk while deployed to an Ebola outbreak area may result in UCMJ and/or criminal punishment. If you do not understand a question, please discuss the question with a healthcare provider.

DEMOGRAPHICS

Last Name: **First Name:** **Middle Initial:**

Social Security Number: **Today's Date** (dd/mmm/yyyy):

Date of Birth (dd/mmm/yyyy): **Gender:** ◯ Male ◯ Female

Service Branch:

- ◯ Air Force
- ◯ Army
- ◯ Navy
- ◯ Marine Corps
- ◯ Coast Guard
- ◯ Civilian Expeditionary Workforce
- ◯ USPHS
- ◯ Other Defense Agency (List):
- ◯ Other (List):

Component:

- ◯ Active Duty
- ◯ National Guard
- ◯ Reserves
- ◯ Civilian Government Employee
- ◯ Contractor

Pay Grade:

◯ E1	◯ O1	◯ W1
◯ E2	◯ O2	◯ W2
◯ E3	◯ O3	◯ W3
◯ E4	◯ O4	◯ W4
◯ E5	◯ O5	◯ W5
◯ E6	◯ O6	
◯ E7	◯ O7	
◯ E8	◯ O8	◯ Other
◯ E9	◯ O9	
	◯ O10	

Home Station/Unit:

Current Contact Information:

Phone:

Cell:

DSN:

Email:

Address:

Point of contact who can always reach you:

Name:

Phone:

Email:

Address:

Deployment location(s): ◯ Liberia ◯ Sierra Leone ◯ Guinea ◯ Senegal ◯ Nigeria ◯ Other:

Deployed Station/Unit: **Duties while deployed:**

Theater departure location (airport):

EBOLA VIRUS DISEASE REDEPLOYMENT RISK ASSESSMENT AND MEDICAL CLEARANCE FORM

Deployer's SSN (Last 4 digits):

PART I: Individual Ebola Virus Disease Exposure Questionnaire [To be completed by all redeploying DoD personnel.]				
Please respond "Yes", "No", or "Don't Know" to all questions below.		**Yes**	**No**	**Don't Know**
1.	Over the past 21 days were you deployed to an area known or suspected of having and Ebola Virus Disease outbreak?	○	○	○
2.	Over the past 21 days were you in contact with someone known or suspected of having Ebola Virus Disease?	○	○	○
3.	Over the past 21 days did you have contact with, or exposure to, the blood or body fluids (e.g., vomit, diarrhea, saliva), of someone known or suspected of having Ebola Virus Disease?	○	○	○
4.	Over the past 21 days did you handle any items that may have come in contact with an infected person's blood or body fluids?	○	○	○
5.	Over the past 21 days did you touch the body or bodies of people who died from Ebola Virus Disease?	○	○	○
6.	Over the past 21 days did you attend a funeral or burial ritual that required touching the body of someone who died from Ebola Virus Disease?	○	○	○
7.	Over the past 21 days did you have contact with bats, nonhuman primates, blood fluids, or raw meat prepared from these animals?	○	○	○
8.	Over the past 21 days were you in or assigned to a hospital where Ebola Virus Disease patients were being treated?	○	○	○
9.	While deployed did you evaluate or treat patients known or suspected of having Ebola Virus Disease?	○	○	○
10.	While deployed did your duties require the use of personal protective equipment [PPE] for the purpose of protecting against Ebola Virus Disease?	○	○	○
11.	Are you a pilot or flight crew member traveling from an Ebola endemic area?	○	○	○
12.	Are you a pilot or flight crew member involved in the transport of known or suspected Ebola Virus Disease patients from a country or region currently experiencing an Ebola outbreak?	○	○	○
13.	**If "Yes" to any of the above questions, please explain. Please be sure to detail date of last possible exposure.**			

EBOLA VIRUS DISEASE REDEPLOYMENT RISK ASSESSMENT AND MEDICAL CLEARANCE FORM

Deployer's SSN (Last 4 digits):

COMPLETED BY DESIGNATED MEDICAL PROVIDER ONLY – Provider Review, Interview, Assessment and Medical Clearance Recommendations

PART II-A: Ebola Virus Disease Clinical Evaluation [Mark all that apply.]				
1.	**Ask "Are you currently experiencing any of the following signs and symptoms?"**		**Yes**	**No**
	a. Fever (temperature of ≥ 101.5°F)	◯ **Don't Know**	◯	◯
	b. Subjective fever (e.g., chills, night sweats)		◯	◯
	c. Severe headache		◯	◯
	d. Joint and muscle aches		◯	◯
	e. Abdominal/stomach pain		◯	◯
	f. Vomiting		◯	◯
	g. Diarrhea		◯	◯
	h. Unexplained bruising or bleeding		◯	◯
	i. New skin rash		◯	◯
	j. Other		◯	◯
2.	**Ask "Have you taken any fever-reducing medications within the past twelve [12] hours?"** (e.g., aspirin, Tylenol, Motrin, Ibuprofen)		◯	◯
3.	**Conduct and record temperature check.** Temperature: Time:			
4.	**Date and time of onset of symptoms.** Date (dd/mmm/yyyy): Time:			◯ N/A
5.	**Comments:**			

EBOLA VIRUS DISEASE REDEPLOYMENT RISK ASSESSMENT AND MEDICAL CLEARANCE FORM

Deployer's SSN (Last 4 digits):

PART II-B: Ebola Virus Disease Risk Assessment (Mark all that apply. If "Yes" document date, time & type of MOST recent exposure.)			
	SOME RISK OF EXPOSURE: One or more of the following within the past 21 days.	**Yes**	**No**
1.	**Close contact with an Ebola Virus Disease (EVD) patient in any of the following settings: household, living quarters, workplace, or community? If yes, document date, time and type of contact and/or exposure.** Date (dd/mmm/yyyy): Time: Type: **Close contact is defined as:** a. Being within approximately 3 feet (1 meter) of an EVD patient for a prolonged period of time while not wearing recommended personal protective equipment (PPE) or PPE was compromised. b. Having direct brief contact (e.g., shaking hands) with an EVD patient while not wearing recommended personal protective equipment (PPE) or PPE was compromised. **(Brief interactions, such as walking by a person, do not constitute close contact.)**	○	○
2.	**Other close contact with EVD patients in healthcare facilities? If yes, document date, time and type of contact and/or exposure.** Date (dd/mmm/yyyy): Time: Type: **Close contact is defined as:** c. Being within approximately 3 feet (1 meter) of an EVD patient or within the patient's room or care area for a prolonged period of time (e.g., health care personnel, household members) while not wearing recommended personal protective equipment (PPE) (standard droplet and contact precautions) or PPE was compromised. d. Having direct brief contact (e.g., shaking hands) with an EVD patient while not wearing recommended personal protective equipment (PPE) or PPE was compromised. **(Brief interactions, such as walking by a person or moving through a hospital, do not constitute close contact.)**	○	○
	HIGH RISK OF EXPOSURE: One or more of the following within the past 21 days.	**Yes**	**No**
3.	**Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids of an EVD patient? If yes, document date, time and type of contact and/or exposure.** Date (dd/mmm/yyyy): Time: Type:	○	○
4.	**Direct skin contact with, or exposed to, blood or body fluids of an EVD patient without appropriate personal protective equipment (PPE) or PPE was compromised? If yes, document date, time and type of contact and/or exposure.** Date (dd/mmm/yyyy): Time: Type:	○	○
5.	**Processing blood or body fluids of a confirmed EVD patient without appropriate personal protective equipment (PPE), standard biosafety precautions, or PPE was compromised? If yes, document date, time and type of contact and/or exposure.** Date (dd/mmm/yyyy): Time: Type:	○	○
6.	**Direct contact with a dead body without appropriate personal protective equipment (PPE), or PPE was compromised in a country where an EVD outbreak is occurring? If yes, document date, time and type of contact and/or exposure.** Date (dd/mmm/yyyy): Time: Type:	○	○

EBOLA VIRUS DISEASE REDEPLOYMENT RISK ASSESSMENT AND MEDICAL CLEARANCE FORM

Deployer's SSN (Last 4 digits):

PART II-C: EBOLA VIRUS DISEASE RISK CATEGORY [Mark ONLY one.]			
	Disposition Guidance: Document patient's risk category in the individual's medical record.		
○ **No Known Exposure**	**Asymptomatic:** • Trained personnel at home station must perform twice daily face-to-face review of symptoms and temperature check for 21 days. • Upon return to home station, leave or TDY/TAD is NOT authorized outside the local area during the 21 day monitoring period. **Symptomatic: (Fever WITH or WITHOUT other symptoms)** • Evaluation by medical authorities. • Implement infection control precautions.		
○ **Some Risk of Exposure** **("Yes" to questions 1 or 2, PART II-B)**	**Asymptomatic:** • Evaluation by medical authorities. • Transfer to a DoD designated facility to monitor for signs and symptoms of EVD for 21 days IAW official policy. **Symptomatic: (Fever or other symptoms)** • Evaluation by medical authorities. • **Isolate and separate from "High Risk" individuals.** Implement infection control precautions. • **Transfer via regulated movement** to a DoD designated **medical** facility capable of providing care for EVD patients IAW official policy.		
○ **High Risk Exposure** **("Yes" to questions 3, 4, 5, or 6, PART II-B)**	**Asymptomatic:** • Evaluation by medical authorities. • **Transfer via regulated movement** to a DoD designated **medical** facility capable of monitoring for signs and symptoms and/or providing care for EVD patients IAW official policy. **Symptomatic: (Fever or other symptoms)** • Evaluation by medical authorities. • **Isolate and separate from "Some Risk" individuals.** Implement infection control precautions. • **Transfer via regulated movement** to a DoD designated **medical** facility capable of providing care for EVD patients IAW official policy.		
Medical Disposition	**Patient is cleared to travel.** ○	**Patient is NOT cleared to travel. Requires further medical evaluation.** ○	**Patient must be transferred via regulated movement.** ○

Provider's Name: **Date (dd/mmm/yyyy):** **Time:**

Title: ○ MD ○ DO ○ PA ○ Nurse Practitioner ○ Adv Practice Nurse ○ Other:

○ **I certify this assessment process has been completed. Provider's Signature:**

○ RESET FORM

ATTACHMENT 6

TRANSIENT PERSONNEL MONITORING REQUIREMENTS

DoD personnel supporting Operation United Assistance who transit an airfield of a country where an Ebola Viral Disease (EVD) outbreak is occurring will be subject to guidance for DoD personnel classified as transient to the environment if they meet all of the following criteria:

- Close contact is limited to airfield operations and DoD personnel being monitored daily for signs of EVD. [Close contact is defined as being within approximately 3 feet (1 meter) of someone for a prolonged period of time or having direct brief contact (e.g. shaking hands) with someone. (Brief interactions, such as walking by a person, do not constitute close contact)]

- No contact with blood or body fluids from other individuals while in the affected country.

- No participation in the medical transport or care for individuals suspected of having EVD (not applicable if medical personnel have verified that EVD was subsequently ruled out via testing).

- Facilities used for lodging, rest, hygiene, and meals are under DoD control.

DoD personnel meeting all of the above criteria will perform self-monitoring procedures for 21 days commencing with departure from the country experiencing the outbreak. Unit medical personnel will train personnel on self-monitoring procedures that include twice daily temperature checks and review for symptoms. During the monitoring period, individuals will communicate with their unit's designated healthcare provider at least twice weekly. Personnel will notify their designated medical provider and obtain care immediately should fever or any other symptoms of EVD develop.

NOTE: Aircrew meeting the above criteria may continue in their mission duties, to include TDYs. They will follow the self-monitoring guidelines specified above.

Personnel not meeting above criteria will follow general DoD guidance for deploying personnel in support of Operation UNITED ASSISTANCE.