



Comprehensive In-home Care

## Ebola Exposure Reporting Plan

As recommended by OSHA ([https://www.osha.gov/SLTC/ebola/control\\_prevention.html](https://www.osha.gov/SLTC/ebola/control_prevention.html))

**If you are not at a client's home and believe you have been exposed to the Ebola virus through travel, assisting an ill traveller or other person, handling a contaminated object, or cleaning a contaminated environment:**

\_\_\_\_ Notify No Worries Supervisor immediately at (503) 641-4949.

\_\_\_\_ Monitor your health for 21 days. Watch for fever (temperature of 101°F/38.3°C or higher), muscle pain, headache, sore throat, diarrhea, vomiting, rash, and other symptoms consistent with Ebola.

\_\_\_\_ Seek medical attention if you develop any of these symptoms

\_\_\_\_ Before visiting a health care provider, alert the clinic or emergency room in advance about your possible exposure to Ebola virus so that arrangements can be made to prevent spreading it to others.

\_\_\_\_ When traveling to a health care provider, limit contact with other people. Avoid all other travel.

**If you are at a client's home and believe the client or family member may have been exposed to Ebola or is actively infected:**

\_\_\_\_ Immediately clean off any body fluid you have been exposed to. Wash your hands thoroughly with soap and warm water. Put on PPE – Mask, Gloves, Gown.

\_\_\_\_ Notify No Worries Supervisor immediately at (503) 641-4949. Supervisor will notify Administrator and provide further instruction at that time.

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Caregiver Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Client Name (If applicable) \_\_\_\_\_

Explanation of exposure: \_\_\_\_\_

\_\_\_\_\_

Received by: \_\_\_\_\_ Name of Administrator Notified: \_\_\_\_\_