

APPENDIX B PUBLIC HEALTH INCIDENT RISK ASSESSMENT FORM

 <small>Féilthmeannacht na Seirbhíse Sláinte Health Service Executive</small>	<p>Public Health Incident Risk Assessment Form (Airport) Aggregate Information to assist Medical Officer of Health (MOH) in initial Public Health Risk Assessment</p>	
Date <input style="width: 50px;" type="text"/>	Port <input style="width: 150px;" type="text"/>	Time <input style="width: 50px;" type="text"/>
Name and title of informant <input style="width: 250px;" type="text"/>		Phone no. <input style="width: 100px;" type="text"/>
Name of Duty Officer (if different to above) <input style="width: 200px;" type="text"/>		Phone no. <input style="width: 100px;" type="text"/>
AIRLINE <input style="width: 100px;" type="text"/>	FLIGHT NUMBER <input style="width: 100px;" type="text"/>	DATE OF JOURNEY <input style="width: 50px;" type="text"/>
Airport of Origin <input style="width: 100px;" type="text"/>	Nearest City/Town <input style="width: 100px;" type="text"/>	Country <input style="width: 50px;" type="text"/>
1st stop on route Airport <input style="width: 80px;" type="text"/>	Nearest City/Town <input style="width: 80px;" type="text"/>	Country <input style="width: 50px;" type="text"/>
2nd stop on route Airport <input style="width: 80px;" type="text"/>	Nearest City/Town <input style="width: 80px;" type="text"/>	Country <input style="width: 50px;" type="text"/>
3rd stop on route Airport <input style="width: 80px;" type="text"/>	Nearest City/Town <input style="width: 80px;" type="text"/>	Country <input style="width: 50px;" type="text"/>
4th stop on route Airport <input style="width: 80px;" type="text"/>	Nearest City/Town <input style="width: 80px;" type="text"/>	Country <input style="width: 50px;" type="text"/>
DETAILS OF SYMPTOMS OF ILL PASSENGERS - AGGREGATE INFORMATION		
Total number of crew on board <input style="width: 40px;" type="text"/>	Total number of ill crew <input style="width: 40px;" type="text"/>	
Total number of passengers on board <input style="width: 40px;" type="text"/>	Total number of ill passengers <input style="width: 40px;" type="text"/>	
Tick the symptoms associated with the illness		
Appearing obviously unwell <input type="checkbox"/> Headache <input type="checkbox"/> Runny nose <input type="checkbox"/> Jaundice <input type="checkbox"/> Confusion of recent onset <input type="checkbox"/> Loss of consciousness <input type="checkbox"/>	Diarrhoea <input type="checkbox"/> Neck stiffness <input type="checkbox"/> Cough <input type="checkbox"/> Sneezing <input type="checkbox"/> Unexplained bleeding <input type="checkbox"/> Unexplained bruising <input type="checkbox"/>	Bloody diarrhoea <input type="checkbox"/> *History of fever <input type="checkbox"/> Myalgia <input type="checkbox"/> Rash <input type="checkbox"/> Blistering Rash <input type="checkbox"/> *Temperature $\geq 38^{\circ}$ <input type="checkbox"/> Vomiting <input type="checkbox"/> Breathing difficulties <input type="checkbox"/> Dizziness <input type="checkbox"/>
Describe the rash <input style="width: 550px;" type="text"/>		
Any other symptoms: <input style="width: 550px;" type="text"/>		
Has any ill passenger travelled from an endemic area for VHF within the past 21 days? (see www.hpsc.ie for list of endemic areas) Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, and has fever, use VHF algorithm "VHF risk assessment for use by ambulance service personnel at airports"		
When and where did the first person become ill <input style="width: 350px;" type="text"/>		
Country/ies of origin of ill persons <input style="width: 450px;" type="text"/>		
Location on plane of ill persons - cabin section and seat numbers <input style="width: 300px;" type="text"/>		
Details of any relevant incident on plane <input style="width: 600px;" type="text"/>		
Any exposure of one person to another individual's body fluids on the plane? <input style="width: 600px;" type="text"/>		
Individual information can be recorded for each ill person on Patient Form: ILL PASSENGER DETAILS		