

Ebola Virus Disease (EVD) Screening Tool - Offsite

Travel/Exposure History:

In the **past 21 days** has the patient resided in or traveled to any of the following countries or had contact with a person with confirmed or suspected Ebola Virus disease?

- Guinea Liberia Sierra Leone Mali
- Patient had contact with a person with suspected or confirmed Ebola Virus Disease
- No travel to these countries or contact with person with suspected or confirmed Ebola Virus Disease

Is patient experiencing **ANY** of the following symptoms?

- Fever Joint/muscle pains Headache Weakness
- Nausea/Vomiting Fatigue Diarrhea Lack of appetite
- Abdominal pain Unexplained bleeding Not experiencing any listed symptoms

IF ONLY TRAVEL/EXPOSURE CRITERIA ARE MET:

IMMEDIATELY Notify Infection Control by paging 389-0663

IF BOTH CRITERIA ARE MET when screening over the phone:

- Ask patient to remain at home and await further instructions from the Health Department.

IMMEDIATELY report Person Under Investigation (PUI) for Ebola to:

- Infection Control pager 389-0663
AND
 Michigan Department of Community Health Communicable Disease Division at (517) 335-8165 (M-F 8 am-5pm) or (517) 335-9030 (after hours and on weekends)

IF BOTH CRITERIA ARE MET when screening in person at an Offsite Facility

- The patient should be moved to a room where they can be isolated away from other patients and staff. **STANDARD, CONTACT, and DROPLET** precautions should be followed during further assessment.
- Positive results of the screening tool should be communicated to ALL health care providers at the facility involved in the patient's care.

IMMEDIATELY report Person Under Investigation (PUI) for Ebola to:

- Infection Control pager 389-0663
AND
 Michigan Department of Community Health Communicable Disease Division at (517) 335-8165 (M-F 8 am-5pm) or (517) 335-9030 (after hours and on weekends)
AND
 Immediate Supervisor

Person completing screening tool:

Signature

Name

Date

