## **Ebola Virus Disease (EVD) Screening Tool - Hospital**

Travel/Exposure History:

☐ Abdominal pain	☐ Unexplained bleeding	□ Not experiencing	g any listed symptoms
IF ONLY TRAVEL/EXP	OSURE CRITERIA ARE MET:		
	Infection Control by paging 38	39-0663	
IF BOTH CRITERIA AR	E MET when screening in pers	on:	
•	e moved to a private room with e followed during further asses		IDARD, CONTACT, and AIRBORNE
<ul> <li>Notification of the patient's</li> </ul>	•	y displayed and commu	inicated to anyone who might enter
<ul> <li>Positive resul the patient's</li> </ul>	_	be communicated to A	ALL health care providers involved in
IMMEDIATELY report	t Person Under Investigation (	PUI) for Ebola to:	
☐ Nursing Supervisor	<sup>-</sup> 342-5056 or 342-2177		
Nursing Supe	rvisor is to contact the following	ng:	
☐ Administra	tor on Call ☐ Infection Control pager 389-0663 ☐ Security 342-3333		
_	☐ 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 AR	E MET when screening a patie	ent over the phone:	
Ask the patie	nt to remain at home and awa	it further instructions f	rom the Health Department
IMMEDIATELY report	: Person Under Investigation (	PUI) for Ebola to:	
☐ Infection C	Control pager 389-0663		
_	Department of Community Hea 65 (M-F 8 am-5pm) or (517) 3		
Person completing so	reening tool:		
	<del></del>		
Signature	Na	mo	Date

EBOLA VIRUS DISEASE (EVD) SCREENING TOOL 17900 (2/5/15)



PT.

M.R.#/RM.

DR.