

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
- 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.

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AND
 Michigan Department of Community Health Communicable Disease Division at
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AND
 Immediate Supervisor

Person completing screening tool:

Signature

Name

Date

