

Screening Patients for Suspected Ebola in Outpatient Healthcare Settings

The screening algorithm is intended to help guide ambulatory care sites in properly assessing patients and protecting their staff. This guidance is not intended for use by non-healthcare sites. Patients who are thought to be at risk of Ebola infection should be identified by screening at the earliest practical point in patient flow. This might be at reception or triage.

- Screening consists of asking patients for the presence of symptoms PLUS travel from an Ebola-affected country (currently defined as Sierra Leone, Guinea, and to a lesser extent Liberia) within 21 days of illness onset.
 - Symptoms include fever $>100.4^{\circ}$ F and/or headache, muscle aches, headache, vomiting, diarrhea, abnormal bleeding
 - Exposure to a traveler from an endemic region is only relevant if there was direct contact between the patient and a traveler who was ill with Ebola within 21 days.
- It is important to remember that these are screening criteria, useful in identifying persons who require additional evaluation. These are not diagnostic criteria for Ebola. Patients arriving from West Africa might have any number of other conditions, including malaria, or acute respiratory or gastrointestinal illness.
- If a patient is suspected of having Ebola based on clinical symptoms and epidemiological history, s/he should be escorted to a private examination room. Ideally, the private room would contain a sink and be adjacent to or near a bathroom.
- The clinician should don appropriate Personal Protective Equipment (PPE)
 - For travelers from Guinea and Sierra Leone *with* vomiting, diarrhea, or obvious bleeding PPE includes: Single-use, impermeable gown or coverall; PAPR hood or NIOSH certified N-95 respirator with a disposable surgical hood and disposable full face shield; Two pairs of disposable examination gloves with extended cuffs; Disposable boot covers ; Disposable apron (optional)
 - For travelers from Guinea and Sierra Leone *who do not* have vomiting, diarrhea, or obvious bleeding PPE includes: Single-use, fluid-resistant gown; Face shield; Face mask; Two pairs of examination gloves where the outer gloves have extended cuffs
 - For travelers from Liberia PPE consists of standard infection control procedures (e.g. standard, contact, droplet, and/or airborne) on the basis of clinical presentation¹

- Upon clinical, health history, travel, and Ebola virus exposure evaluation, if the patient is confirmed by the clinician to be an Ebola-risk (e.g., Person Under Investigation-PUI²), Emergency Medical Transport should be requested.
- Report the patient to the Division of Disease Control (DDC) at 215-685-6740 or 215-686-4514 (after hours). Please also provide names of persons known to be in direct contact (without PPE) with the suspected Ebola case, including household contacts, attendants, and clinic staff, so that appropriate follow-up can be implemented.
- DDC may be able to assist with arranging patient transport. However, if the patient needs to be transported immediately and DDC is unable to assist, the facility should call 9-1-1 to have the patient immediately transported, making sure to mention the suspicion of Ebola to the 9-1-1 call center.
- The examination room should be terminally cleaned before re-use. All used PPE should be treated as infectious waste. Environmental cleanup and disinfection of contaminated areas should use an EPA registered disinfectant appropriate for non-enveloped viruses. Ensure that custodial staff use shoe covers, leg coverings, and double gloves in addition to standard PPE.³

¹ http://www.cdc.gov/hicpac/2007IP/2007ip_appendA.html

² <http://www.cdc.gov/vhf/ebola/healthcare-us/evaluating-patients/case-definition.html>

³ <http://www.cdc.gov/vhf/ebola/healthcare-us/cleaning/hospitals.html>