

Infection Prevention & Control TRIAGE— EVD Travel Screening

Version 1.3: 18-02-2015

and

Ebola Viral Disease Screening Tool

Version 1.3: 18-02-2015

Approval:

- Provincial EVD Preparedness Task Group: 29-Oct-2014

Consultations:

- Infection Prevention and Control Team (Horizon Health Network, Vitalité Health Network, Ambulance New Brunswick, Department of Health)

Infection Prevention & Control TRIAGE—EVD Travel Screening

History of Travel OR Contact with An Ill Person Who Has Travelled Within 21 Days Before the Onset of Symptoms From *Guinea, Liberia, or Sierra Leone*

Signs / symptoms compatible with EVD

YES

NO

Continue with Usual Triage Practice

AND

Refer to Appendix A: Asymptomatic with Positive Travel History

Have Patient Perform Hand Hygiene
 Patient Dons Surgical Mask
 Initiate Facility's EVD Precautions
 Complete EVD Screening Tool
 Facilitate Rapid Medical Assessment

 DO NOT Collect Specimens for Testing Unless Directed to Do So by the RMOH and/or Infectious Diseases Specialist

 Contact the Laboratory Before Collecting Specimens

EVD Signs and Symptoms

- Fever $\geq 38^{\circ}\text{C}$
- Subjective fever
- Malaise
- Myalgia
- Headache
- Arthralgia
- Fatigue
- Loss of appetite
- Conjunctival redness
- Sore throat
- Chest pain
- Abdominal pain
- Nausea
- Vomiting
- Diarrhea that can be bloody
- Haemorrhage
- Erythematous maculopapular rash on trunk

Notifications

Regional Medical Officer of Health (RMOH) IMMEDIATELY (Beeper # 506-557-0441)

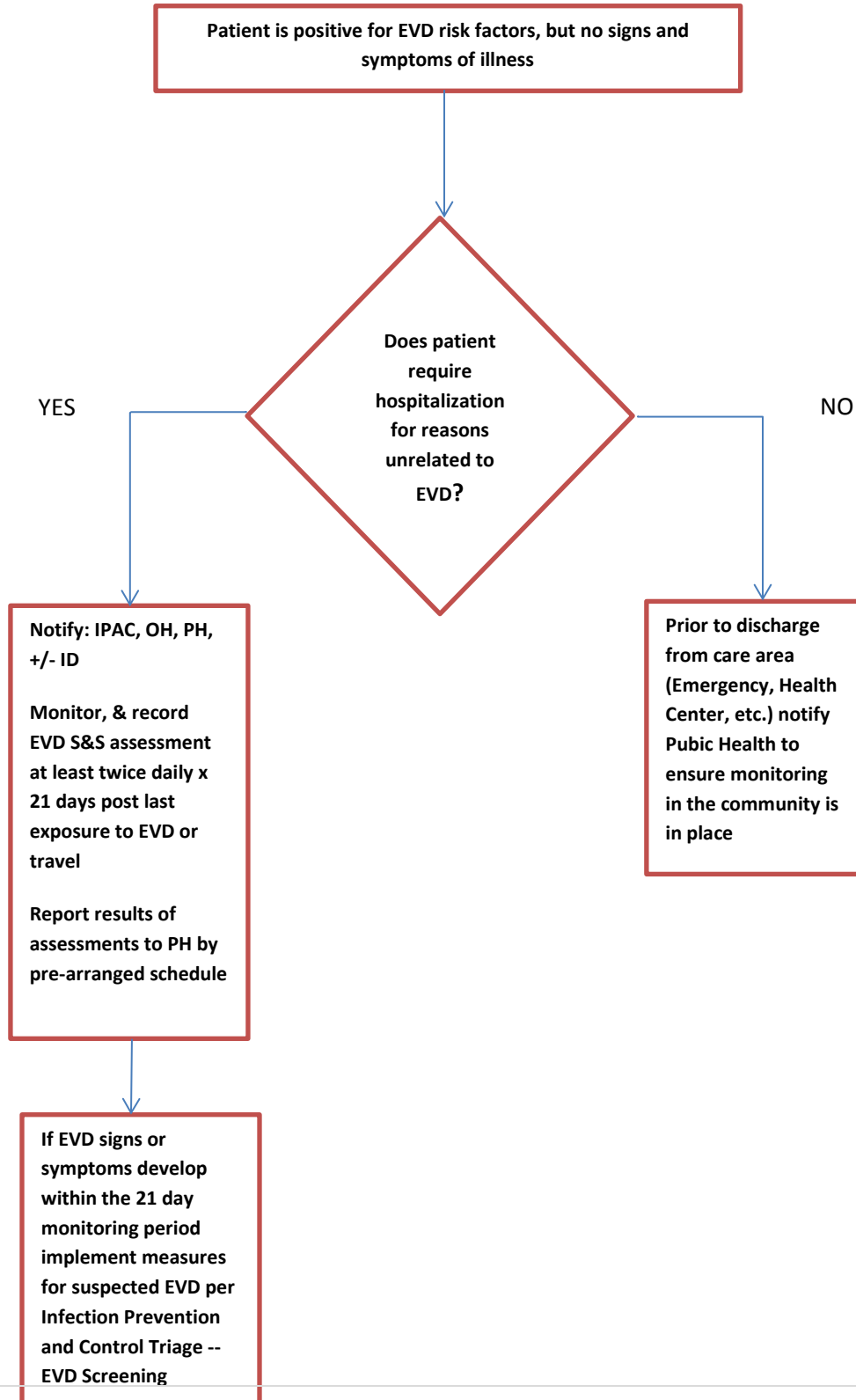
Infectious Diseases Consultation

Infection Prevention & Control, Nursing Supervisor, and Employee Health

Designated Hospitals for EVD must also notify the Laboratory of Suspected EVD Patient

Infection Prevention & Control TRIAGE—EVD Travel Screening

Appendix A: Asymptomatic Patient with Positive Travel History



Ebola Viral Disease Screening Tool

Date and Time _____

Patient Name: _____ Date of birth: _____

Patient ID # if available: _____ Medicare #: _____

EVD suspect signs and symptoms include:

- | | |
|--|---|
| <input type="checkbox"/> Fever \geq 38°C | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Subjective fever | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Malaise | <input type="checkbox"/> Loss of appetite |
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Diarrhea that can be bloody |
| <input type="checkbox"/> Myalgia | <input type="checkbox"/> Conjunctival redness |
| <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Haemorrhage |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Erythematous maculopapular rash on trunk |
| <input type="checkbox"/> Arthralgia | |

EVD Countries

- Guinea
- Liberia
- Sierra Leone

AND at least one of the following

- Has traveled to an Ebola-affected area within the last 21 days **OR**
- Had contact with an individual with onset of symptoms within 21 days of travel to an Ebola-affected area (includes healthcare workers with occupational exposure)

EVD-compatible?

- YES**
- NO**
- If YES EVD compatible, persons accompanying the patient screened for symptoms

Signature of triage employee: _____

If YES, person is EVD-compatible:

- EVD Isolation Precautions in place
- Regional Medical Officer of Health notified
- Infectious Diseases Specialist consulted
- Supervisor notified
- Infection Prevention & Control Notified

Patient Disposition

- EVD ruled out
- Patient transferred to EVD Designated Hospital

Signature: _____

Laboratory specimens are NOT to be collected unless authorized by the Regional Medical Officer of Health or Infectious Disease Specialist
