

Ebola Virus Disease (EVD) Clinical Assessment Tool for Emergency Departments and Urgent Care (ED and UC) Physicians and Nurse Practitioners

Patient identifier label

Place form on chart once completed

A Travel	B Clinical Presentation	C Epidemiological Risk Factors
<p>A1</p> <p>In the previous 3 weeks, has patient traveled to or resided in an area with active EVD transmission*?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes: Country: _____</p> <p>Date of departure from affected region (dd/mm/yy): _____</p> <p><small>*Affected countries/regions include Guinea, Liberia and Sierra Leone as of October 20, 2014.</small></p> <p><small>For the most up-to-date list, see: http://www.who.int/csr/don/en/ www.albertahealthservices.ca/ebola</small></p>	<p>B1</p> <p>Fever $\geq 38.0^{\circ}\text{C}$ \pm malaise or history of fever \pm malaise in past 24 hours</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date and time of onset of fever \pm malaise Date _____ Time _____</p> <p>B2</p> <p>Abdominal pain, vomiting and/or diarrhea (may be bloody), pharyngitis, conjunctival injection, severe headaches, lymphadenopathy, myalgia, arthralgia</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B3</p> <p>Bruise-like rash, extensive bruising and/or unexplained bleeding</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>C1</p> <p>Regardless of travel, has patient:</p> <p>Cared for or come into contact with body fluids of; OR Handled clinical specimens from;</p> <p>An individual or laboratory animal known or strongly suspected to have EVD?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C2</p> <p>Has patient participated in burial or funeral rites while in an affected region*?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C3</p> <p>Has patient visited caves or had contact with primates, rodents, or bats in an affected region*?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

If Yes for Travel History (A1) and Fever (B1) regardless of other clinical presentations (B2 - B3):

- Ensure patient is in a private room with, if possible, negative pressure capabilities
- Ensure Contact and Droplet precautions are in place:
 - Wear N95 respirator when performing AGMP†
 - Wear fluid impermeable gown
- Keep a log of individuals who enter and exit the room
- **Notify Zone Medical Health Officer of Health (MOH) On-call**
- Notify site Infection Prevention and Control

If Yes for contact with body fluids or specimens (C1) regardless of Travel History (A1), and No to any symptoms (B1-B3):

- **Notify Zone MOH On-call**

Disposition of patient to:

- Home
- Assessment in local ED – phone call made to Public Health to inform of patient/client referral
- Transferred to designated hospital

Screening Tool Completed by: _____ Date: (dd/mm/yy) _____
(Signature and printed name)

Zone MOH Contact Information

North Zone During Office Hours: 1-855-513-7530
 North Zone After Hours: 1-800-732-8981
 Edmonton Zone: 780-433-3940
 Central Zone: 403-356-6430
 Calgary Zone: 403-264-5615
 South Zone: 403-388-6111

† AGMPs = aerosol generating medical procedures; examples include (but are not limited to) intubation, open tracheal suctioning, CPR, bronchoscopy, sputum induction, BiPAP, high frequency oscillatory ventilation, tracheostomy care, and aerosolized medication administration