



Checklist for Patients Being Evaluated for Ebola Virus Disease (EVD) in the United States

Upon arrival to clinical setting/triage

- Does patient have fever (subjective or $\geq 101.5^{\circ}\text{F}$)?
- Does patient have compatible EVD symptoms such as headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain or hemorrhage?
- Has the patient traveled to an Ebola-affected area in the 21 days before illness onset?

Upon initial assessment

- Isolate patient in single room with a private bathroom and with the door to hallway closed
- Implement standard, contact, & droplet precautions
- Notify the hospital Infection Control Program at _____
- Report to the health department at _____

Conduct a risk assessment for: High-risk exposures

- Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids from an EVD patient
- Direct skin contact with skin, blood or body fluids from an EVD patient
- Processing blood or body fluids from an EVD patient without appropriate PPE
- Direct contact with a dead body in an Ebola-affected area without appropriate PPE

Low-risk exposures

- Household members of an EVD patient or others who had brief direct contact (e.g., shaking hands) with an EVD patient without appropriate PPE
- Healthcare personnel in facilities with EVD patients who have been in care areas of EVD patients without recommended PPE

Use of personal protective equipment (PPE)

- Use a buddy system to ensure that PPE is put on and removed safely

Before entering patient room, wear:

- Gown (fluid resistant or impermeable)
- Facemask
- Eye protection (goggles or face shield)
- Gloves

If likely to be exposed to blood or body fluids, additional PPE may include but isn't limited to:

- Double gloving
- Disposable shoe covers
- Leg coverings

Upon exiting patient room

- PPE should be carefully removed without contaminating one's eyes, mucous membranes, or clothing with potentially infectious materials
- Discard disposable PPE
- Re-useable PPE should be cleaned and disinfected per the manufacturer's reprocessing instructions
- Hand hygiene should be performed immediately after removal of PPE

During aerosol-generating procedures

- Limit number of personnel present
- Conduct in an airborne infection isolation room
- Don PPE as described above except use a NIOSH certified fit-tested N95 filtering facepiece respirator for respiratory protection or alternative (e.g., PAPR) instead of a facemask

Patient placement and care considerations

- Maintain log of all persons entering patient's room
- Use dedicated disposable medical equipment (if possible)
- Limit the use of needles and other sharps
- Limit phlebotomy and laboratory testing to those procedures essential for diagnostics and medical care
- Carefully dispose of all needles and sharps in puncture-proof sealed containers
- Avoid aerosol-generating procedures if possible
- Wear PPE (detailed in center box) during environmental cleaning and use an EPA-registered hospital disinfectant with a label claim for non-enveloped viruses*

Initial patient management

- Consult with health department about diagnostic EVD RT-PCR testing**
- Consider, test for, and treat (when appropriate) other possible infectious causes of symptoms (e.g., malaria, bacterial infections)
- Provide aggressive supportive care including aggressive IV fluid resuscitation if warranted
- Assess for electrolyte abnormalities and replete
- Evaluate for evidence of bleeding and assess hematologic and coagulation parameters
- Symptomatic management of fever, nausea, vomiting, diarrhea, and abdominal pain
- Consult health department regarding other treatment options

This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.

* see <http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html> for more information

** see <http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html>