

Ebola Virus Screening and Risk Assessment Form

Revised: Oct. 23, 2014 10 a.m.

PART A: SCREENING

Ask the following questions for every patient at any entry point to a BSWH facility:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. In the last 21 days, have you traveled to any of the following countries in Africa? | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Guinea • Liberia • Sierra Leone • Democratic Republic of the Congo | | |
| 2. In the last 21 days, have you had contact with a person with known or suspected Ebola virus? | <input type="checkbox"/> | <input type="checkbox"/> |

NO

Nothing further required

YES

to either question

- DO NOT TOUCH THE PATIENT!**
- Have the patient put on a mask.
- Escort the patient to your designated room, maintaining a three-foot zone between escort and patient. You may don Screening PPE, per protocol, during the escort. If you cannot maintain the three-foot zone, you *must* don Screening PPE, per protocol. Have someone secure the area. Instruct patient to remain in room.
- Have your Clinical Screener don their Screening PPE and ask the questions on Part B.
- Please note that if you can speak to the patient through two-way communication methods (phones, etc.) you can do so and will not have to don PPE.

Screener signature _____

Date _____

PART A: SCREENING

PART B: RISK ASSESSMENT

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Enter the room donned in Screening PPE. During the following interaction DO NOT touch the patient! | | |
| 2. Give the patient a disposable thermometer and ask them to place under their tongue. Have patient read their temperature. Have patient return thermometer to its container and lay it down. | | |
| 3. Record their temperature _____ | | |
| 4. Ask the patient if they have any of the following symptoms: | <input type="checkbox"/> | <input type="checkbox"/> |
| • Fever? | | |
| • Headache? | | |
| • Weakness? | | |
| • Muscle Pain? | | |
| • Vomiting? | | |
| • Diarrhea? | | |
| • Bleeding? | | |
| • Abdominal Pain? | | |
| 5. Ask the patient the following questions to determine their level of risk: | | |

High Risk Exposures:

- | | | |
|--|--------------------------|--------------------------|
| • Have you had a needle stick or mucous membrane exposure to blood or any body fluids? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you had direct skin contact with, or exposure to, blood or body fluids of an Ebola patient without appropriate personal protective equipment (PPE)? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you processed blood or body fluids of a confirmed Ebola patient without appropriate PPE or standard biosafety precautions? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you had direct contact with a dead body without appropriate PPE in a country where an Ebola outbreak is occurring? | <input type="checkbox"/> | <input type="checkbox"/> |

Low Risk Exposures:

- | | | |
|---|--------------------------|--------------------------|
| • Have you had household contact with an Ebola patient? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you had other close contact with an Ebola patient in a health care facility or community setting? (brief interactions such as walking beside a person or moving through a hospital, do not constitute close contact) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you directly handled bats, rodents, primates or raw bushmeat from the countries listed in the first screening question? | <input type="checkbox"/> | <input type="checkbox"/> |

Before leaving the room, remove PPE, per Screening PPE protocol.

Clinical screener signature _____

Date _____

PART B: RISK ASSESSMENT