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:

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

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**Signs / symptoms compatible with EVD**

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**YES**

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

**NO**

Continue with Usual Triage Practice
AND
Refer to Appendix A: Asymptomatic with Positive Travel History

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**EVD Signs and Symptoms**

- Fever ≥ 38°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

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**Notifications**

Regional Medical Officer of Health (RMOH) IMMEDIATELY (Beep # 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
Appendix A: Asymptomatic Patient with Positive Travel History

Patient is positive for EVD risk factors, but no signs and symptoms of illness

Does patient require hospitalization for reasons unrelated to EVD?

YES

Notify: IPAC, OH, PH, +/- ID
Monitor, & record EVD S&S assessment at least twice daily x 21 days post last exposure to EVD or travel
Report results of assessments to PH by pre-arranged schedule

NO

Prior to discharge from care area (Emergency, Health Center, etc.) notify Public Health to ensure monitoring in the community is in place

If EVD signs or symptoms develop within the 21 day monitoring period implement measures for suspected EVD per Infection Prevention and Control Triage -- EVD Screening
Ebola Viral Disease
Screening Tool

Date and Time ______________________________

Patient Name: _______________________________________ Date of birth: ____________________

Patient ID # if available: _______________________ Medicare #: ____________________________

EVD suspect signs and symptoms include:

- Fever ≥ 38°C
- Subjective fever
- Malaise
- Chest pain
- Myalgia
- Abdominal pain
- Headache
- Nausea
- Arthralgia
- Fatigue
- Vomiting
- Loss of appetite
- Diarrhea that can be bloody
- Conjunctival redness
- Haemorrhage
- Sore throat
- Erythematous maculopapular rash on trunk

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