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

<table>
<thead>
<tr>
<th><strong>A</strong> Travel</th>
<th><strong>B</strong> Clinical Presentation</th>
<th><strong>C</strong> Epidemiological Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A1</strong> In the previous 3 weeks, has patient traveled to or resided in an area with active EVD transmission**?</td>
<td><strong>B1</strong> Fever ≥ 38.0°C ± malaise or history of fever ± malaise in past 24 hours</td>
<td><strong>C1</strong> Regardless of travel, has patient:</td>
</tr>
<tr>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
<td>Cared for or come into contact with body fluids of;</td>
</tr>
<tr>
<td>If yes: Country:</td>
<td>Date and time of onset of fever ± malaise</td>
<td>OR Handled clinical specimens from;</td>
</tr>
<tr>
<td>Date of departure from affected region (dd/mm/yy):</td>
<td>Date __________ Time __________</td>
<td>An individual or laboratory animal known or strongly suspected to have EVD?</td>
</tr>
</tbody>
</table>

*Affected countries/regions include Guinea, Liberia and Sierra Leone as of October 20, 2014. For the most up-to-date list, see: http://www.who.int/csr/don/en/ www.albertahealthservices.ca/ebola

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)

† 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

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

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