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 ≥101.5°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

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

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](http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html) for more information