

## Ebola Suspect Screening and Treatment

1. Every Inmate coming into the facility will have an Ebola Screening Form completed in booking. See Attached.
2. If the inmate answers Yes to questions #1 or #2 and have one or more of the symptoms listed in #3, #4 or #5 place the inmate in contact isolation with a private bathroom. Put a mask on the inmate and have personnel don PPE (personal protective equipment). Post a sign on the inmate's cell door.
3. Keep a log of all personnel that enters the inmate's cell.
4. Don PPE; Gloves, shoe covers, mask with eye shield and impermeable gowns (additional equipment such as leg coverings may be necessary depending on amounts body fluids) when having contact with suspect Ebola inmate.
5. Remove PPE without contaminating yourself.
6. Use disposal medical equipment if possible, if not designate equipment to this inmate.
7. Do Not Use Aerosol generating procedures if possible. If necessary wear protective eye goggles along with other PPE including a N95 mask in a negative pressure cell if available.
8. Get complete history from inmate, type of exposure, date of exposure and if any treatment has been received.
9. Notify the Site Medical Director (SMD) and Regional Medical Director (RMD).
10. Contact your Department of Health contact person: Dr. Paul Behme  
@ telephone #: 386.274.0500 ext 0618.
11. Follow the recommendations from Florida Department of Health contact.
12. Notify SMD and RMD of the Florida DOH recommendations.
13. Collect specimens **ONLY** when instructed by Florida DOH.
14. Florida DOH will give you information on the procedure for collection and shipment of specimens. At this time (10/6/14) only FL DOH can approve testing for Ebola.
15. Document in the Medical Record the date, time, person for each contact with the FL DOH and the recommendations received.
16. If/When you receive phone calls from outside of the facility, if you can not verify that it is your contact from the FL DOH notify your manager that a call was received and the manager will follow up.
17. Remember this is a contact/droplet isolation. There is no risk that the Ebola virus is airborne. It is transmitted through sweat and saliva.
18. As additional information becomes available we will notify staff.

## Intake Screening for Ebola Virus

Facility:	Location Seen:	Date Seen:	Time Seen:	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Patient's Name	Last	First	MI	ID #	DOB
Med Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes If YES List Med (s) and Reaction→					
Chronic Care Clinics <input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> DM	<input type="checkbox"/> Asthma	<input type="checkbox"/> COPD	<input type="checkbox"/> CAD	<input type="checkbox"/> Dyslipidemia
Check All that Apply	<input type="checkbox"/> Seizures	<input type="checkbox"/> HTN	<input type="checkbox"/> ESRD	<input type="checkbox"/> ESLD	<input type="checkbox"/> Cancer

### Ebola Virus Disease (EVD) Screening

1. Have you traveled to Africa or neighboring Countries in the last 21 days? Guinea, Liberia, Sierra Leone and Lagos Nigeria	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. Have you had contact with anyone who has traveled from Africa neighboring Countries in the last 21 days?	<input type="checkbox"/> No <input type="checkbox"/> Yes
3. Do you have a severe headache, muscle pain, hiccups or any unexplained hemorrhage or bleeding?	<input type="checkbox"/> No <input type="checkbox"/> Yes
4. Do you have a fever ( $\geq 38.6^{\circ}$ C or $101.5^{\circ}$ F)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
5. Do you have any vomiting, diarrhea, abdominal pain?	<input type="checkbox"/> No <input type="checkbox"/> Yes
6. Information on Ebola given to patient	<input type="checkbox"/> No <input type="checkbox"/> Yes

### Intervention(s):

1. If patient answers YES to question #1 or #2, and has one or more of the symptoms in #3, #4, or #5 place in contact isolation and contact SMD. Staff is recommended to wear a mask, negative pressure is not necessary.
2. If patient answers Yes to Questions # 3, # 4 or # 5; COMPLETE Influenza NET

_____	_____	_____
Screener's Signature	Print/Stamp Name	Title