**REPORT TO DOHMH ANY PATIENT WHO HAS:**

1. Measured or subjective fever or compatible signs or symptoms*
   **AND**
2. Traveled to an Ebola affected area** or had contact with a confirmed EVD case in the 21 days before illness onset.

* Including headache, myalgia, weakness, vomiting, diarrhea, abdominal pain or unexplained hemorrhage
** CDC website to check currently affected areas: www.cdc.gov/ebola

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**Yes**

1. **ISOLATE** patient in single room with private bathroom or covered bedside commode. Only essential personnel with designated roles should evaluate and care for patient using designated equipment.
2. **IMMEDIATELY NOTIFY** appropriate hospital staff, including Infection Control Program.
3. **QUESTION PATIENT** about potential exposures to EVD (see below).

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**Is patient exhibiting obvious bleeding, vomiting, copious diarrhea or a clinical condition that warrants invasive or aerosol-generating procedures (e.g. intubation, suction, active resuscitation)?**

**No**

1. If patient clinically stable, implement standard, contact and droplet precautions including at a minimum;
   a. **Face Shield and surgical face mask**
   b. **Impermeable gown**

   *If patient’s condition changes, reevaluate PPE needs*

**Yes**

1. **Use PPE** designated for the care of hospitalized EVD patients (www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html).
2. If patient requires active resuscitation, use pre-designated area using pre-designated equipment.

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**IMMEDIATELY REPORT** to DOHMH at 1-866-692-3641

1. DOHMH will offer guidance on the management of the patient. Depending on the patient’s clinical presentation and exposure history, DOHMH may recommend laboratory tests that may help identify a likely alternative diagnosis (e.g., malaria, typhoid fever, viral respiratory infection) or may recommended deferring phlebotomy until transfer to an EVD-Designated Hospital.
2. DOHMH will work with hospitals and EMS to arrange the transfers of a patient to an EVD-Designated Hospital.
3. Perform routine interventions (e.g., placement of peripheral IV) as indicated by clinical status.

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**Questions to identify a potential EVD exposure**

*During the past 21 days did the patient:***

1. Serve as a health care worker who cared for confirmed or suspect EVD patients?
2. Work in a laboratory that processes specimens from confirmed or suspect EVD patients?
3. Have direct contact with a confirmed or suspect EVD patient and/or their blood or bodily fluids?
4. Participate in funeral rites or have contact with human remains in a location with EVD transmission?
5. Live with an EVD patient?

*If yes, to any of the above determine, when and where.*