

EMS EBOLA SCREENING QUESTIONNAIRE AND RESPONSE TOOL

ASK EVERY PATIENT

DURING THE PAST 21 DAYS (3 WEEKS) HAVE YOU:

- + Traveled to a country in West Africa (Guinea, Liberia or Sierra Leone)?
- + Had contact with a person known or suspected of having Ebola?

YES

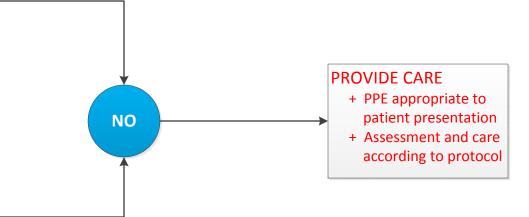
DO YOU HAVE AT LEAST ONE OF THE **FOLLOWING SYMPTOMS?**

- + Fever or chills
- + Headache, joint or muscle aches
- + Weakness or fatigue
- + Stomach pain, diarrhea or vomiting
- + Abnormal bleeding

YES

IMMEDIATELY

- + Establish blood and body fluid precautions
- + If possible, avoid invasive procedures or those likely to cause blood or body fluid splatter (IV, airway, suctioning, nebulized medications)
- + Report to the Southern Nevada Health District Office of Epidemiology at 702-759-1300 (Option2) for further direction
- + Inform the receiving facility that patient screened positive for Ebola



This tool is subject to updates as new information is made available. Original tool developed by American Medical Response and revised with permission 2/12/2015 by SNHD.