Outpatient Facility Triage Guidance

Find the most recent documentation for the Health Evaluation of Returning Travelers at https://www.tn.gov/health/cedep/health-evaluation-of-returning-travelers.html

05 AUG 2019

Patient presents

ASK “Have you been outside the United States in the last month?”

YES

ASK “What countries have you been in in the last month?”

If answers include countries in the Middle East, specifically:
- Saudi Arabia
- United Arab Emirates (UAE)
- Qatar
- Oman
- Jordan
- Kuwait
- Yemen
- Lebanon
- Iran

- Place facemask on patient (if tolerated)
- Move the patient into a private room with a door (ideally, a negative pressure airborne infection isolation room).

NO

ASK “Have you had any close contact within the last month with anyone who was sick and who has recently been overseas?”

YES

ASK “What countries was the sick contact in?”

If answers include countries with widespread transmission of Ebola or areas with uncertain control measures

- Place facemask on patient (if tolerated)
- Move the patient into a designated room with a closed door and private bathroom or dedicated covered commode (ideally, a negative pressure airborne infection isolation room).

If answers include countries not with widespread transmission of Ebola or areas with certain control measures

- Answers do not include any of the listed countries

- Continue with Patient Assessment for MERS Co-V

NO

DONE

Any family members or friends who accompanied the patient should be assessed using this document as well.

Contact your regional or metro health department (https://www.tn.gov/health/health-program-areas/localdepartments.html) or contact TDH by calling 615-741-7247 (24/7)

1. For up-to-date list of MERS-CoV-affected countries, see map here: http://tdh.maps.arcgis.com/apps/MapJournal/index.html?appid=98adb8b0e81e4b26bb23ae5d4fd9ab02
2. As of 8/5/2019: Democratic Republic of the Congo (DRC). While Ebola is not currently active in Uganda, Rwanda, or South Sudan, provinces in the DRC with current Ebola transmission border these countries, with frequent cross-border movement.
• Place facemask on patient (if tolerated) and move the patient into a designated room with a closed door and private bathroom or dedicated covered commode (ideally, a negative pressure airborne infection isolation room).

• Continue the interview from outside the room to obtain details of travel and symptoms (or continue interview from outside the room through cracked door/telephone/intercom/video-chat). If must enter the room, wear PPE.

• Ask the patient “Are or were you having vomiting, diarrhea, unexplained bleeding, fever, severe headache, muscle pain, weakness, or abdominal (stomach) pain?”

• Obtain onset dates for each symptom
• Obtain travel details: Include countries visited and exact dates of arrival/departure. Use travel documents (passport, itinerary, boarding passes) if available.
• Obtain exposure details: Ask the patient about any known exposure to healthcare (e.g., healthcare worker, visit or admission to clinics, hospitals, emergency departments) or suspected Ebola patients, or attendance at a funeral.
• Obtain vaccination status: Determine if the patient has received an Ebola vaccine, the date of vaccination, and the type of vaccine.
• For Ebola to be considered, person must have been in Ebola affected country or had contact with sick Ebola patient within 21 days of symptom onset.

• Contact Public Health if confirmed travel to Ebola affected country or contact with Ebola patient within 21 days of symptom onset
• If transport to alternate facility is recommended, request for international vaccination records (e.g., yellow fever) and travel documents (passport, itinerary, boarding passes, etc.) be brought to facility for review.

If patient reports none of the above symptoms, but has confirmed travel to Ebola affected country and arrival less than 21 days, contact Public Health to ensure completion of 21 days of symptom monitoring.

1. Wear High-level PPE and apron if vomit/diarrhea/bleeding. CDC’s High-level PPE guidelines here: http://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance.html. If no vomit/diarrhea/bleeding wear Mid-level PPE (impermeable gowns, 2 pairs of gloves, face shield, and surgical mask)
2. For up-to-date list of Ebola-affected countries, please see http://tdh.maps.arcgis.com/apps/MapJournal/index.html?appid=98adb8b0e81e4b26bb23ae5d4fd9ab02
3. Contact your regional or metro health department (https://www.tn.gov/health/health-program-areas/localdepartments.html) or contact TDH by calling 615-741-7247 (24/7)
Screen for MERS Coronavirus (MERS-CoV) Infection

1. Obtain onset dates of symptoms.
2. Obtain travel details: include countries visited and exact dates of arrival/departure. Use travel documents (passport, itinerary, boarding passes) if available.
3. Obtain exposure details: Ask the patient about any known exposure to healthcare (e.g., healthcare worker, visit or admission to clinics, hospitals, emergency departments) or exposure to camels, camel milk, or camel meat.
4. For the diagnosis of MERS-CoV to be considered, person must have been in MERS-CoV affected country or had contact with MERS patient within 14 days of symptom onset.

Contact Infection Control & Public Health, if patient was in MERS-CoV affected country or had contact with MERS patient within 14 days of symptom onset.

If transport to alternate facility is recommended, request travel documents (passport, itinerary, boarding passes, etc.) be brought to facility for review.

1. MERS-CoV screening tool and specimen submission form is available at: https://www.tn.gov/content/tn/health/cedep/reportable-diseases/middle-east-respiratory-syndrome-mers.html
2. For up-to-date info on MERS-CoV affected countries, please click here: https://www.cdc.gov/coronavirus/mers/index.html
3. To locate regional and metro health departments, click here: https://www.tn.gov/health/health-program-areas/localdepartments.html

Contact your regional or metro health department, or contact TDH by calling 615-741-7247 (24/7)