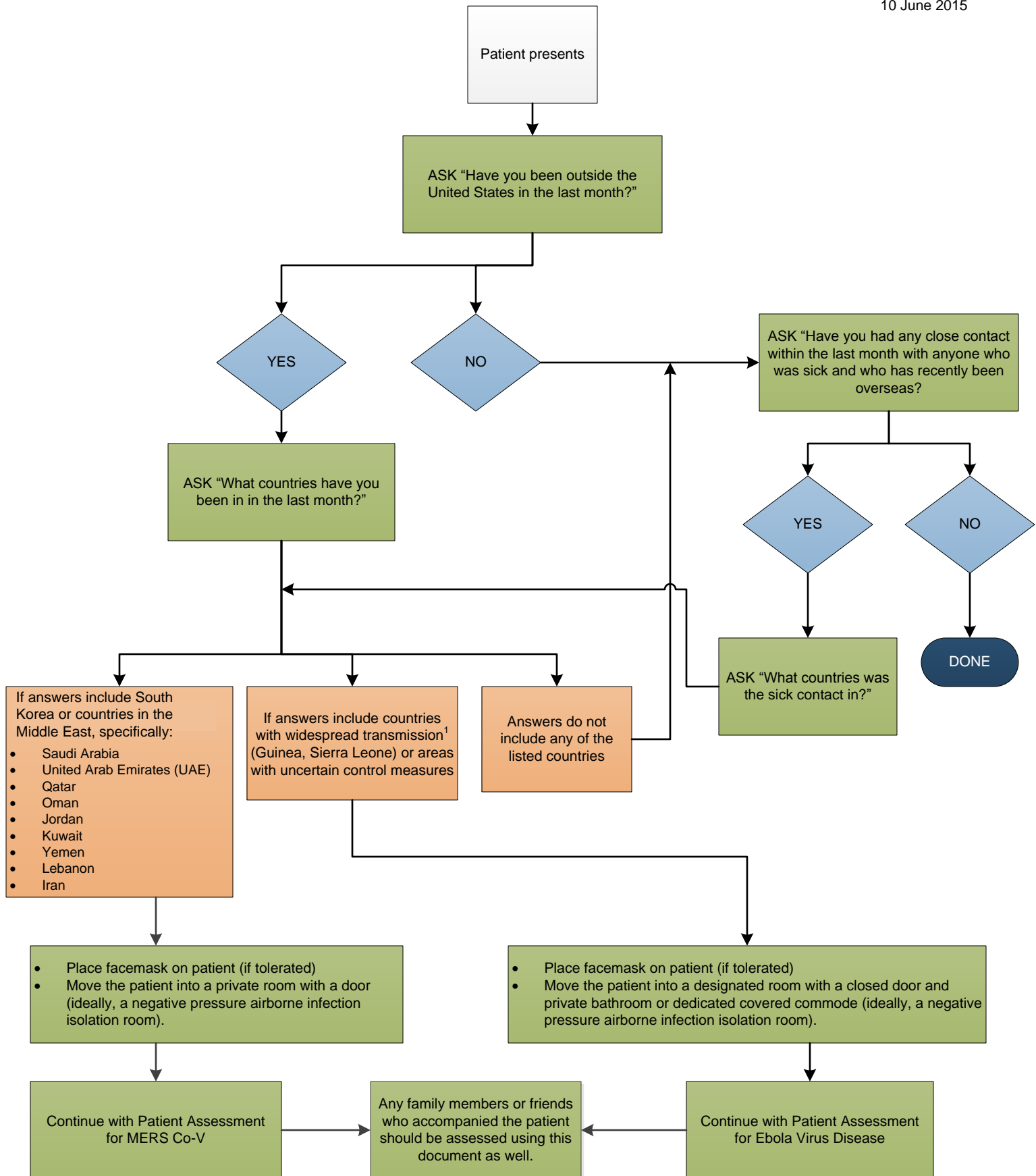


Outpatient Facility Triage Guidance

10 June 2015



1. For an up-to-date list of MERS-CoV-affected countries, please see map here: <http://www.cdc.gov/coronavirus/mers/index.html>

2. For an up-to-date list of Ebola-affected countries, please see map here: <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html>

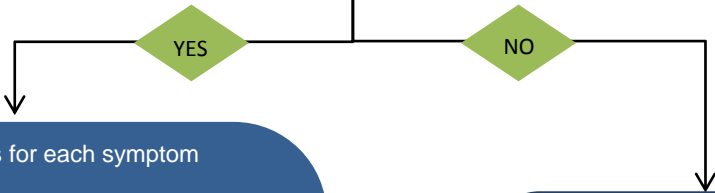
To contact your regional or metro health department (<http://health.state.tn.us/localdepartments.htm>) or contact TDH by calling 615-741-7247 (24/7)

Outpatient Facility Patient Assessment for Ebola

This guidance should be used in combination with the triage guidance document.

- 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 PPE¹.
- 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, attendance at funeral or consumption of bushmeat.
- For Ebola to be considered, person must have been in Ebola affected country² or had contact with sick Ebola patient within 21 days of symptom onset.

If patient reports none of the above symptoms, but has confirmed travel to Ebola affected country and arrival less than 21 days, **contact Public Health³** to ensure completion of 21 days of symptom monitoring.

- Contact Public Health³** if confirmed travel to Ebola affected country or contact with Ebola patient within 21 days of onset of symptoms
- 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.

1. Wear High-level PPE and apron if vomit/diarrhea/bleeding. CDC’s High-level PPE guidelines here: <http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>. If no vomit/diarrhea/bleeding wear Mid-level PPE (impermeable gowns, 2 pairs of gloves, face shield, and surgical mask)

2. For an up-to-date list of countries, please see map here: <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html>

3. Contact your regional or metro health department (<http://health.state.tn.us/localdepartments.htm>) or contact TDH by calling 615-741-7247 (24/7)

Outpatient Facility Patient Assessment for Middle East Respiratory Syndrome (MERS)

Updated
10 JUN
2015



This guidance should be used in combination with the triage guidance document.

- Place facemask on patient (if tolerated) and move the patient into a private room with a door (ideally, a negative pressure airborne infection isolation room).
- Consider continuing the interview from outside the room (through cracked door/telephone/intercom/video-chat) to obtain details of travel and symptoms.

- Keep patient in isolation.
- If entering room, staff should wear gowns, gloves, face shield, and an N-95 or higher respirator.
- Ask the patient “Are or were you having a fever, cough, shortness of breath, or other respiratory symptoms?”



Screen for MERS Coronavirus (MERS-CoV) Infection¹

- **Obtain onset dates of symptoms.**
- **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 exposure to camels, camel milk, or camel meat.
- **For the diagnosis of MERS-CoV to be considered, person must have been in MERS-CoV affected country² or had contact with MERS patient within 14 days of symptom onset¹**

Contact Infection Control & Public Health³, if patient was in MERS-CoV affected country ² or had contact with MERS patient within 14 days of symptom onset¹

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://tnhan.tn.gov/default.aspx>
2. For up to date info on MERS-CoV affected countries, please see map here: <http://health.state.tn.us/Ceds/ebolaMap.htm>
3. For a map of regional and metro health departments, click here: <http://health.state.tn.us/localdepartments.htm>. Contact your regional or metro health department, or contact TDH by calling 615-741-7247 (24/7)