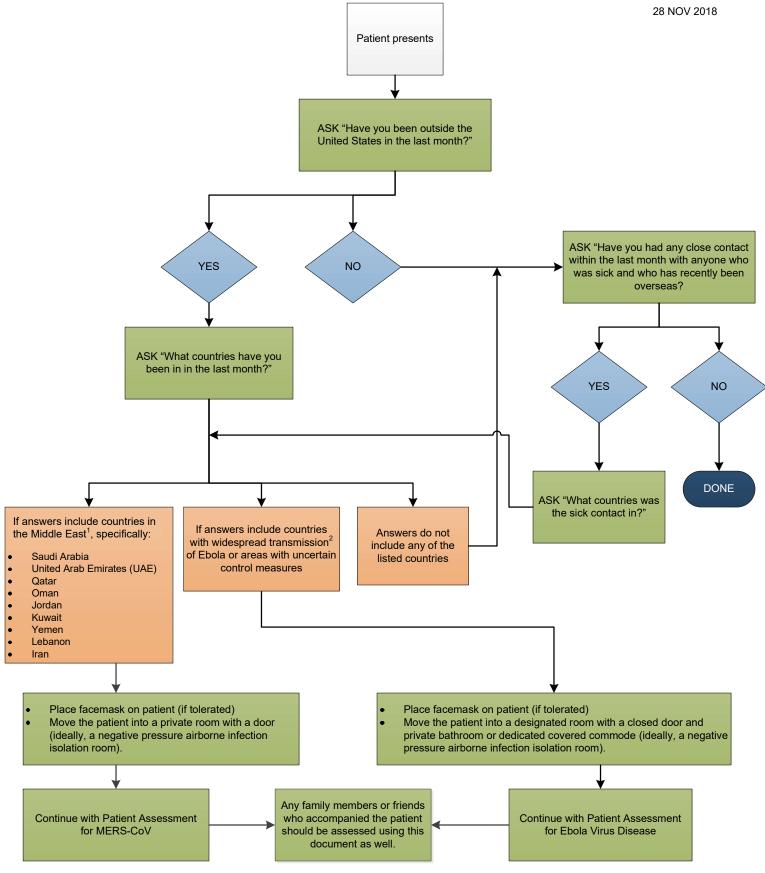
Emergency Department Triage Guidance

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



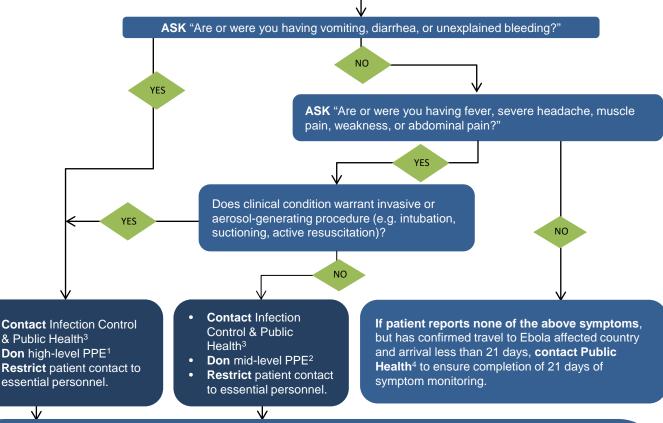


1. For up-to-date list of MERS-CoV-affected countries, see map here: http://tdh.maps.arcgis.com/apps/MapJournal/index.html?appid=98adb8b0e81e4b26bb23ae5d4fd9ab02 2. As of 11/28/18: **Democratic Republic of the Congo** (DRC). While Ebola is not currently active in Uganda, provinces in the DRC with current Ebola transmission border Uganda, with frequent cross-border movement.



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).
- Consider continuing the interview from outside the room (through cracked door/telephone/intercom/video-chat) to obtain details of travel and symptoms.



- Only after appropriate PPE is on (use buddy), enter designated room (or continue interview from outside the room through cracked door/telephone/intercom/video-chat):
 - Obtain details of symptoms (fever, headache, muscle aches, weakness, abdominal pain, nausea, vomiting, diarrhea) including onset dates. Measure temperature.
 - Obtain travel details: countries visited, and accurate dates of arrival and departure, Review passport and other travel documents (ticket, boarding pass) if possible to confirm dates of travel; request family/friends to bring travel documents and international vaccination records to facility. For the diagnosis of Ebola to be considered, person must have been in an Ebola affected country within 21 days of symptom onset
 - Obtain information about exposure: 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.
- If confirmed travel to Ebola affected countries within 21 days of onset of symptoms, ensure that high-level PPE¹ is worn before examination.
- For Ebola to be considered, person must have been in Ebola affected country⁴ or had contact with sick Ebola patient within 21 days of symptom onset.
- Contact Public Health³ and infection Control (if not already contacted); request an ID consult.
- Do not draw blood unless absolutely necessary or perform any non-urgent tests or procedures until consultation with Public Health.
- 1. CDC's High-level PPE guidelines here: <u>http://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance.html</u> Wear apron if vomit/diarrhea/bleeding.
- 2. Mid-level PPE: personnel wearing impermeable gowns, 2 pairs of gloves, face shield, and surgical mask
- 3. Contact your regional or metro health department (<u>https://www.tn.gov/health/health-program-areas/localdepartments.html</u>) or contact TDH by calling 615-741-7247 (24/7)

4. For up-to-date list of Ebola-affected countries, please see

http://tdh.maps.arcgis.com/apps/MapJournal/index.html?appid=98adb8b0e81e4b26bb23ae5d4fd9ab02

Emergency Department Patient Assessment for Middle East Respiratory Syndrome (MERS)

YES



DONE



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?"

NO

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 infection 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, and request an ID consult if patient was in MERS -CoV affected country or had contact with MERS patient within 14 days of symptom onset¹

- 1. MERS-CoV screening tool and specimen submission form is available at: <u>https://www.tn.gov/content/tn/health/cedep/reportable-diseases/middle-east-respiratory-syndrome-mers.html</u>
- 2. For up-to-date info on MERS-CoV-affected countries, please click here: <u>https://www.cdc.gov/coronavirus/mers/index.html</u>
- 3. To locate regional and metro health departments, click here: <u>https://www.tn.gov/health/health-program-areas/localdepartments.html</u> .
 - Contact your regional or metro health department, or contact TDH by calling 615-741-7247 (24/7)