

# EBOLA VIRUS DISEASE CHECKLIST

(Administrator on Duty [AOD] use only)

AOD Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reporter Name: \_\_\_\_\_ Reporter Phone: (\_\_\_\_) \_\_\_\_\_ Facility Name: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: (\_\_\_\_) \_\_\_\_\_ Physician Pager: (\_\_\_\_) \_\_\_\_\_

## PATIENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Friend/Family Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## OUT OF JURISDICTION REPORTS

- Pasadena Resident - Refer to Pasadena HD at (626) 744-6005 General, (626) 744-6089 PH Nursing, (626) 744-6043 After-hours  
 Long Beach Resident - Refer to Long Beach HD at (562) 570-4000 General, (562) 570-4302 Epidemiology

**For Los Angeles County reports, complete the Ebola Virus Disease Screening Form (acd-ebolascreeen) before completing this form.**

## EXPOSURE AND CASE CLASSIFICATION (determined on screening form)

- Exposure level:  No identified risk factors:  Asymptomatic OR  Symptomatic  
 High risk exposure:  Asymptomatic OR  Symptomatic  
 Low risk exposure:  Asymptomatic OR  Symptomatic

Case Status:  Contact to Case  Probable Case  Confirmed Case

## ACTIONS TAKEN (check boxes when completed) (Discuss with CDC)

### Control Measures

#### No identified risk factors

- Symptomatic:**  *Hospitalized:* No Ebola testing required now. Continue isolation until alternate diagnosis confirmed. If patient worsens, consider Ebola testing.  
 *Discharged:* ACDC to follow for daily check-in. Patient to take temperature twice daily.  
**Asymptomatic:**  *Patient to self-monitor for fever/symptoms.* No ACDC follow up.

#### High risk exposure

- Symptomatic:**  *Hospitalized:* Admit and isolate patient according to procedures outlined below; perform Ebola virus testing.  
**Asymptomatic:**  *Conditional release home isolation for 21 days post last known exposure with monitoring by ACDC:* Patient may not travel commercially (bus, plane, etc). Twice-daily self-monitoring for fever. ACDC to coordinate for daily check in. Must notify ACDC of any fever or other symptoms.

#### Low risk exposure

- Symptomatic:**  *Hospitalized:* Admit and isolate patient according to procedures outlined below; perform Ebola virus testing  
 *Conditional release with monitoring by ACDC and consideration of home isolation:* Twice-daily self-monitoring for fever for daily check in. Must notify ACDC of any fever or other symptoms. Only controlled movement until 21 days after last known exposure and must notify ACDC. No travel by commercial conveyances.  
**Asymptomatic:**  *Conditional release with monitoring by ACDC:* Self-monitor of fever twice-daily for 21 days after last known exposure. ACDC to monitor for daily check in. Must notify ACDC of any fever or other symptoms. Controlled movement for 21 days after last exposure with notification of ACDC. No travel by commercial conveyances.

**Specimen Testing**

Arrange for specimen collection and testing by Public Health Laboratory (PHL), (562) 658-1300 or 658-1360, Fax (562) 401-5999.

PHL Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Specimen sent for Ebola Testing?	Yes	No	Date	Results
Blood for PCR				
Blood for antibody				
Blood for virus isolation				
EIA for antigen				
Tissue for IHC				
Other: Specify.				

Specimen tracking information: Tracking number(s): \_\_\_\_\_  
 Date and time Shipped \_\_\_\_\_  
 Laboratory:  PHL  CDC  Other: Specify. \_\_\_\_\_

**Provider Education/Recommendations**

Educate physician on the standard, contact, and droplet precautions for managing suspect or known Ebola cases.

Infection Control Measures	Not Applicable	Recommendation Given Date/Time	Implemented Date/Time
Isolate patient (private room, private bath, door closed)	<input type="checkbox"/>		
Standard precautions	<input type="checkbox"/>		
Contact precautions	<input type="checkbox"/>		
Droplet precautions	<input type="checkbox"/>		
Airborne precautions	<input type="checkbox"/>		
Log all staff/visitors entering/exiting room	<input type="checkbox"/>		

Does the hospital have airborne isolation units?  Yes  No  
 (If No, may need to consider transport—no commercial transport, private medical transport only)

Refer to the Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals (<http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>).

Inform physician on the safe specimen handling for routine laboratory diagnostics.

Minimize routine blood and specimen draws.

Clean equipment according to manufacturer's instructions.

Further information: Interim Guidance for Specimen Collection, Transport, Testing, and Submission for Patients with Suspected Infection with Ebola Virus Disease (<http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html>).

Obtain the names of all persons in contact with patient prior to isolation (ex. emergency medical services, emergency room personnel, family members, other patient contacts, etc).

Use CDC contact tracing form.

Begin process for contact tracing and notify Community Health Services (CHS) for assistance if needed.

**Internal/External Notification**

- Notify Chief of ACDC (Dr. Mascola).**
- Notify CDC Emergency Operations Center at (770) 488-7100.**
- Notify appropriate ACDC staff** (cc: all ACDC physicians on initial information sent to the state)
- Notify PHL staff about which specimens to expect from the hospital** (Nicole Green, Robert Tran, David Jensen).
- Notify CA Dept. of PH Division of Communicable Disease Control (CDPH DCDC) by calling the Duty Officer at (510) 620-3434/After-hours pager (800) 971-9631.**

Duty Officer Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

- Summarize case in email to Duc Vugia ([Duc.Vugia@cdph.ca.gov](mailto:Duc.Vugia@cdph.ca.gov)) and Janice Louie ([Janice.Louie@cdph.ca.gov](mailto:Janice.Louie@cdph.ca.gov)).
- Fax the Ebola Virus Disease Screening Form (acd-ebolascreeen) to DCDC at (916) 552-8973 or send via secure email to [cder@cdph.ca.gov](mailto:cder@cdph.ca.gov).

**vCMR Entry and Outbreak Log**

- Case entered into vCMR as an "EBOLA VIRUS" on next business day** vCMR ID #: \_\_\_\_\_
- Create a new situation for the ACDC outbreak log using initial information sent to the State. Update as needed.**

**CONCLUSION OF INVESTIGATION**

- Complete the Viral Hemorrhagic Fever Case Report form (CDPH 8527) and attach all laboratory results and progress notes.**
- Scan all outside documents and attach to vCMR record [regardless if case confirmed or not].**
- Update vCMR record, including final vCMR comment and close situation in ACDC outbreak log.**
- DO NOT CLOSE the vCMR record yourself. Turn in all hard copies to Dr. M. Kim for final review and vCMR closure.**

**NOTES**

Date	Time	Notes