SCOPE: The Travel Well clinic will be prepared to see staff from the CDC with possible travel related illnesses. All other clinic locations will also be prepared to see patients with possible travel illnesses.

PURPOSE: To establish a set of procedures for Persons Under Investigation (PUIs) seen within Emory Healthcare and University, including Travel Well and other clinic locations, the Emergency Departments, and Labor and Delivery.

POLICY STATEMENT: It is vital to have plans in place to prevent the spread of serious communicable diseases. All points of entry within Emory Healthcare will follow the public health recommendations for prevention, control and surveillance of serious communicable diseases. The three main prevention strategies are early identification of high risk patients and isolation, correct donning and doffing of personal protective equipment and transport to the SCDU.

PROCEDURE:

- Physician staff at Emory Travel Well Center (TW) will be available 24/7 to CDC Occupational Health providers or other authorized CDC representatives to provide clinical consultations on CDC staff or others (contractors, visiting researchers, students, or any individuals designated by CDC) requiring medical evaluation or treatment. If the individual is determined to require clinical evaluation, TW staff will triage the patient to the appropriate Emory facility (TW, emergency department, SCDU, or other specialty clinics) and arrange for appropriate referrals. Evaluation of ambulatory patients with probable infectious illness not requiring inpatient, ED, or SCDU care will be performed at TW.
- All clinic areas and frontline locations will follow the screening tool to determine if someone is a possible PUI and needs further evaluation by clinical staff.

1. Identify
   a. Immediately upon a person’s entrance to the ED or other points of entry, a relevant exposure history should be taken including exposure criteria of whether the patient has traveled internationally or had contact with an individual with Ebola or other special pathogen within the previous 21 days.
   b. Because the signs and symptoms of Ebola or other special pathogens may be nonspecific and are present in other infectious and noninfectious conditions that are more frequently encountered in the United States, relevant exposure history should be first elicited to determine whether Ebola or other special pathogen should be considered further.
c. If the patient is unable to provide history due to clinical condition or other communication barrier, history should be elicited from the next most reliable source (family, friend, EMS provider).

d. Patients who meet the exposure criteria should be further questioned regarding the presence of signs or symptoms compatible with Ebola or other special pathogen. These include but are not limited to: fever (subjective or ≥100.4°F or 38.0°C) or headache, fatigue, weakness, muscle pain, vomiting, diarrhea, abdominal pain, or hemorrhage (bleeding gums, blood in urine, nose bleeds, coffee ground emesis or melena).

e. All patients should be routinely managed using precautions to prevent any contact with blood or body fluids. If an exposure history is unavailable, clinical judgment should be used to determine whether to empirically implement the following protocol.

2. Isolate

a. If a relevant exposure history is reported and signs or symptoms consistent with Ebola or other special pathogen are present, the patient should immediately be donned in a mask and isolated.

b. Isolate the patient in a private room or separate enclosed area with private bathroom or covered, bedside commode and adhere to procedures and precautions designed to prevent transmission by direct or indirect contact (dedicated equipment, hand hygiene, and restricted patient movement).

c. Airborne precautions should be implemented if the designated isolation area is a negative pressure isolation room.

d. If the patient is arriving by EMS transport, the ED should be prepared to receive the patient in a designated area (away from other patients) and have a process in place for safely transporting the patient on the stretcher to the isolation area with minimal contact with non-essential healthcare workers or the public.

e. To minimize transmission risk, only essential healthcare workers with designated roles should provide patient care.

f. A log should be maintained of all personnel who enter the patient’s room.

g. All healthcare workers who have contact with the patient should put on appropriate PPE based on the patient’s clinical status.

3. Inform

a. Notify appropriate consultants:
   i. For Emergency Department, Labor and Delivery, and inpatient units, call the Emory Infectious Disease physician on-call for your entity
   ii. For clinic, ESA, ambulatory care, and all other outpatient areas: on-call Infection Prevention and Control Nurse at pic # 30168
   iii. If patient is at high risk based on the IP or infectious disease consultation, the on-call SCDU physician will be notified.
   iv. The SCDU on-call physician will evaluate the patient and determine if testing is required. The SCDU physician will notify Georgia Department of Public Health at 1-866-PUB-HLTH.

b. Family or accompanying parties of a high risk patient with respiratory symptoms will be asked to wear a surgical/procedural mask and escorted to a separate, designated family waiting area/separate exam room until further directions from the physician/provider or clinical leader.

PUI Guidelines and Roles for ED Staff:
### Emergency Department Staff & Support Roles

<table>
<thead>
<tr>
<th>ED physician</th>
<th>ID physician</th>
<th>Charge Nurse</th>
<th>Staff RN Direct Care</th>
<th>Staff Tech Direct Care</th>
<th>Resource Tech</th>
<th>Other ED Staff (as needed)</th>
<th>Registration</th>
<th>Public Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performs clinical risk assessment combining exposure risk with clinical findings.</td>
<td>Performs ED MD</td>
<td>Notifies ED MD</td>
<td>Assigns Staff Roles</td>
<td>Performs PPE as directed</td>
<td>Does PPE</td>
<td>Assesses room readiness</td>
<td>Maintains PPE</td>
<td>When alerted, remains posted at station to receive patient information.</td>
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<td>Performs initial screen is ED to confirm that patient was in country where Ebola is present or had contact with person with known Ebola.</td>
<td>Coordinates Room availability (directs for patient to be moved out of designated isolation room and anteroom)</td>
<td>Receives patient's verbal consent for treatment, basic information for Quick Bag and calls Registration</td>
<td>Receives patient at EMS entrance (if applicable) and transport to designated isolation room</td>
<td>Completes initial and ongoing assessment, completes treatment as prescribed by MD</td>
<td>Receives PI ID band from Buddy, verifies with patient and places armband</td>
<td>Preps PPE and Does PPE as directed</td>
<td>Prepares patients for transport to CDC as applicable</td>
<td>Hands off patient ID label to the Buddy ensuring no direct contact and remains outside the designated area.</td>
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<tr>
<td>Performs symptom screen, assesses severity of illness and begins resuscitation as needed.</td>
<td>Communicates with public health authorities</td>
<td>Arranges for out of hospital follow-up if that is disposition</td>
<td>Notifies Shift Manager or Designee</td>
<td>Receives PPE for the Buddy, verifies with patient and places armband</td>
<td>Obtains lab specimens as ordered by MD</td>
<td>Prepares PPE for the Buddy, verifies with patient and places armband</td>
<td>Prepares specimens for transport to CDC as applicable</td>
<td>Ensures no traffic flow</td>
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<tr>
<td>Contacts Emy ED for formal risk assessment.</td>
<td>Collaborates with the team to ensure optimal operations, safety and calm environment</td>
<td>Acquires additional resources as necessary</td>
<td>Drills PPE and Does PPE as directed</td>
<td>Drills PPE and Does PPE as directed</td>
<td>Drills PPE and Does PPE as directed</td>
<td>Drills PPE and Does PPE as directed</td>
<td>Bluffs PPE and Does PPE as directed</td>
<td>Alerts Public Safety officers on duty who are stationed at access points of pending arrival if private owned vehicle (POV) with directions to direct POV arrival to EMS entrance.</td>
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<td>Reports to the area of designated isolation room to control non-essential traffic away from the area.</td>
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<td>Zones the area (when alerted) to the event has been designated Level 2 with the Biohazard red tape.</td>
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<td>Notifies the Director of Public Safety in the event that a Level 2 alert has been declared.</td>
</tr>
</tbody>
</table>

### RELATED DOCUMENT(S)/LINK(S):

- 2809_Ebola Plan IC.020 (EJCH-Infection Control).pdf
- 8877_SCDU SD 3-TEC-ESA Potential E.png
- 8880_SCDU SD 6-TEC-ESA Potential E.png
- 8878_SCDU SD 4-TEC-ESA Potential E.png
- 8879_SCDU SD 5-TEC-ESA Potential E.png
- Travel screening flyer (8801).docx

### DEFINITIONS: (If applicable)

### REFERENCES AND SOURCES OF EVIDENCE:


KEY WORDS: Travel related illnesses, PUI, CDC, Travel Well

REVIEW/APPROVAL SUMMARY: Please select all Approving Bodies:
☐ EUH MEC  ☐ EUHM MEC  ☐ ESJH MEC  ☐ EJCH MEC  ☐ CNE Council  ☐ System Operations

REVIEW/REVISION DATES: 2/11/2018  APPROVAL DATE: Click here to enter a date.