



Philadelphia Department of Public Health  
**Division of Disease Control**

JAMES W. BUEHLER, MD  
Health Commissioner

NAN FEYLER, JD, MPH  
Deputy Commissioner for Public Health Programs

CAROLINE C. JOHNSON, MD  
Director, Division of Disease Control

**Health Advisory**  
**Screening Patients for Suspected Ebola in**  
**Outpatient Healthcare Settings in Philadelphia**  
**October 22, 2014**

The Philadelphia Department of Public Health has received numerous questions about appropriate screening and management of suspected Ebola cases in outpatient clinical care settings. The attached screening algorithm is intended to help guide non-urgent care sites in properly assessing patients and protecting their staff. This guidance is not intended for use by non-healthcare sites. The Centers for Disease Control and Prevention (CDC) has not issued specific guidance on Ebola screening or Personal Protective Equipment (PPE) in outpatient settings, so this guidance should be considered interim.

Patients who are thought to be at risk of Ebola infection should be identified by screening at the earliest practical point in patient flow. This might be at reception or triage. Screening consists of asking patients for the presence of symptoms PLUS travel from an Ebola-endemic region (Liberia, Sierra Leone, Guinea) within 21 days of illness onset. Exposure to a traveler from an endemic region is only relevant if there was direct contact between the patient and a traveler who was ill with Ebola within 21 days. It is important to remember that these are *screening* criteria, useful in identifying persons who require additional evaluation. These are not diagnostic criteria for Ebola. Patients arriving from West Africa might have any number of other conditions, including malaria, typhoid, or influenza.

If a patient is suspected of having Ebola based on clinical symptoms and epidemiological history, s/he should be handed a surgical mask to wear and be escorted to a private examination room (with sink). Ideally, the private room would be adjacent to or near a bathroom. A clinician should don appropriate Personal Protective Equipment (PPE) for standard, contact and droplet precautions and enter the examination room to assess the patient.

If the patient is confirmed by the clinician to be an Ebola-risk (e.g., Person Under Investigation-PUI), Emergency Medical Transport should be requested. Call 9-1-1 to have the patient immediately transported, making sure to mention the suspicion of Ebola to the 9-1-1 call center. Also, report the patient transport to the Division of Disease Control at 215-685-6740 or 215-686-4514 (after hours). Please also provide names of persons known to be in direct contact (without PPE) with the suspected Ebola case, including household contacts, attendants, and clinic staff, so that appropriate follow-up can be implemented.

The examination room should be terminally cleaned before re-use. All used PPE should be treated as infectious waste. Environmental cleanup and disinfection of contaminated areas should use an EPA registered disinfectant appropriate for non-enveloped viruses. Ensure that custodial staff use shoe covers, leg coverings, and double gloves in addition to standard PPE.

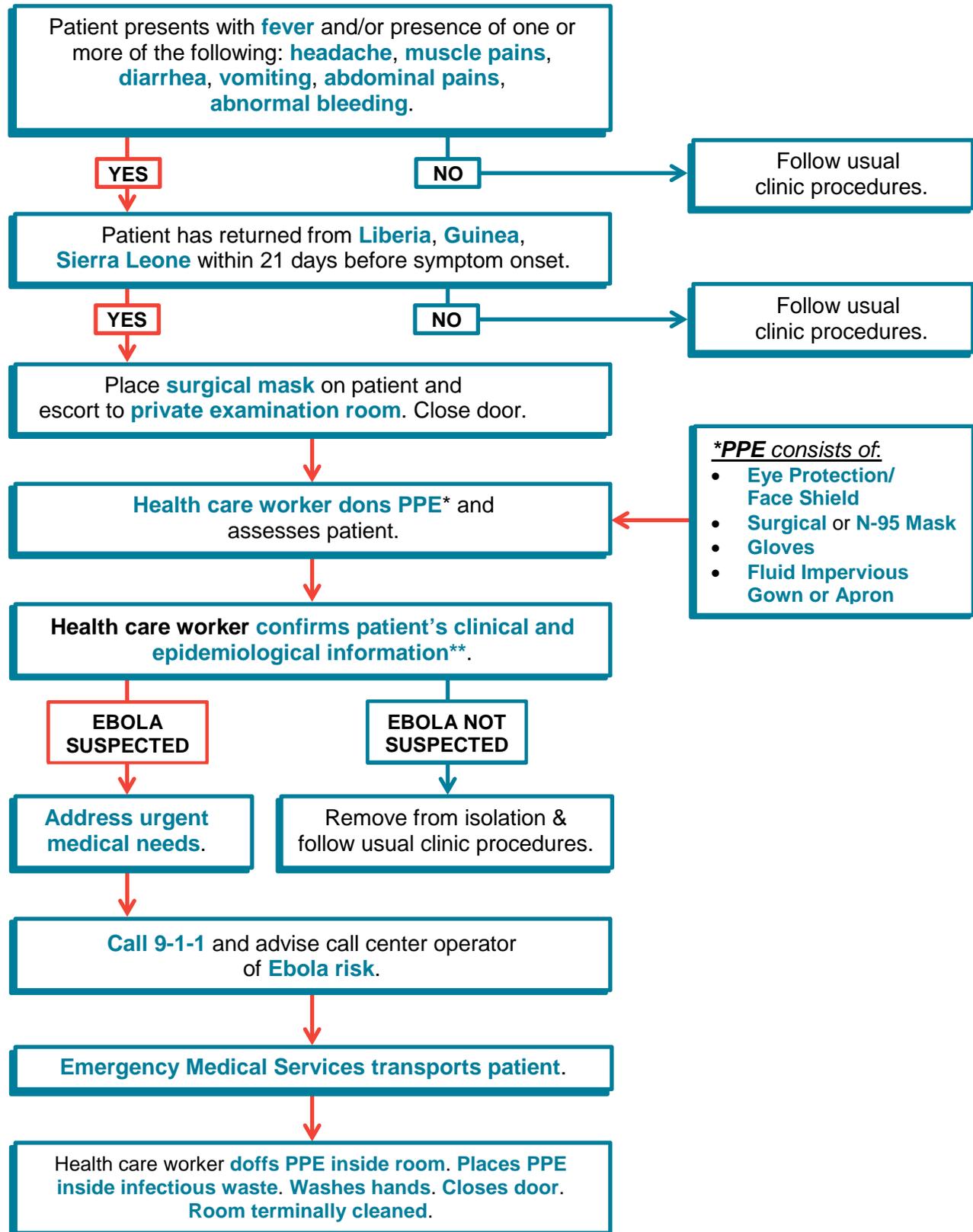
Waiting room posters encouraging patients to self-identify as Ebola risk are posted at <https://hip.phila.gov>. In addition, an editable version of the attached algorithm will be posted on this website.

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Philadelphia Department of Public Health

Division of Disease Control • 500 South Broad Street, Philadelphia, PA 19146  
215-685-6740 (phone) • 215-686-4514 (after hours) • 215-238-6947 (fax) • [www.phila.gov/health/DiseaseControl](http://www.phila.gov/health/DiseaseControl) • [hip.phila.gov/xv](http://hip.phila.gov/xv)

# Philadelphia Department of Public Health

## Screening and Personal Protective Equipment (PPE) Recommendations for Evaluation of Possible Ebola Cases in Outpatient Settings



\*\*If necessary, consult with the Division of Disease Control 215-685-6740 or 215-636-4514 (after hours)