

Health Care Actions for Ebola

Florida Health.gov • Florida Department of Health 1. IDENTIFY 2. ISOLATE 3. INFORM **Ask about Travel History** If Both Criteria ■ Did the person travel are Met: to/from an Ebola outbreak **■**Don personal area in Africa within 21 Call your protective equipment. days of symptom onset? **County Health** ■ Move the patient to a Scan the QR code to Department. private room with a see where current private bathroom. outbreaks are located. Close the door. **Look for Symptoms** ■Post isolation signs on the doors of the < FIND YOUR COUNTY Fever, headache, joint and muscle pain, patient's room. weakness, fatigue, diarrhea and vomiting. **Patient Care** A Person Under Investigation has Risk Factors & Consistent Symptoms Follow All Instructions **Risk Factors** for Donning & Doffing ☐ Traveled to/from an area where Ebola transmission is active. **Personal Protective Equipment:** ☐ Handled bats or non-human primates in an area where Ebola ■Wear water-impermeable protection from transmission is active. head to toe, to include: a gown, leg-high covers or boots, hat, face mask, face shield ☐ Within the past 21 days before symptom onset, has had contact and double gloves. with blood, other bodily fluids or human remains of a patient Follow team-based care protocol. known to have, or is suspected to have, Ebola. **Practice Infection Control Symptoms Guidelines Including:** ☐ Has a fever. ■ Washing hands frequently.

 $Local\ county\ contact\ information\ can\ be\ found\ at\ Florida Health.gov.$

diarrhea or unexplained hemorrhage.

☐ Has severe headache, abdominal pain, muscle pain, vomiting,

CDC guidelines.

■ Decontaminating surfaces and equipment.

Patient testing may be considered per