



What If Someone With Ebola Walks Into My Office?

Many Connecticut physicians are concerned about protecting their patients and staff in the event someone presents with symptoms of Ebola or other serious infections.

BE PREPARED

Before the unexpected event happens — whether it's a possible Ebola patient or someone with another serious infectious disease coming to your office — physicians should be aware of the CDC [recommendations for personal protective equipment and environmental infection control measures in ambulatory settings](#).

The CSMS Disaster Preparedness Committee urges you to review this document and ensure that your office is prepared.

FRONT LINE: YOUR PHONE

After that, protecting yourself, your staff, and your patients from Ebola starts with your telephone.

Train your office staff to ask each person who calls your office for an appointment if he or she has symptoms of a febrile illness (fever, cough, nausea, vomiting, diarrhea, etc.).

If a patient reports a fever, staff should next ask about travel history in the past 30 days ([per the U.S. Centers for Disease Control and Prevention](#)).

Does the patient's [travel history](#) include any of the following countries?

- [West Africa](#) in the **past 21 days** (give the caller the specific date). This includes Guinea, Liberia, and Sierra Leone. These patients are in an [Ebola risk group](#).
- Countries in or near the **Arabian Peninsula** in the **past 14 days**. This includes Bahrain, Iraq, Iran, Israel, the West Bank and Gaza, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Syria, the United Arab Emirates (UAE), and Yemen. These patients should be evaluated for [Middle East Respiratory Syndrome Coronavirus \(MERS-CoV\) Infection](#).

For potentially infected patients, the emergency department (ED) is the proper place for their evaluation.

Immediately contact the ED about the patient, and determine how the department wants the patient to travel to and enter the facility. If the patient is self-transporting, ask where the patient should park.

Call the patient back with specific instructions regarding how to get to and enter the ED and where to park (if applicable). ***It is important that the patient not mingle with other waiting ED patients.***

IN YOUR OFFICE

If a febrile patient has already presented in your office, have your staff obtain a travel and exposure history. If Ebola or MERS-CoV is possible:

1. Immediately **isolate** the patient as best as you can.
2. If you have a **mask**, have the patient put it on.
3. Have the patient perform **hand hygiene** with an alcohol-based product.
4. Have all staff in the room or in contact with the patient use **gloves, gowns, and masks**, if available.
5. Assess the patient's **travel history, disease history, and exposure history**.
6. Perform a **limited assessment** without drawing a blood specimen.

If you feel the patient might have either Ebola or MERS-CoV:

- Call the ED about the patient and get instructions about entering the ED and parking.
- Make a list with contact information of everyone in the office (staff, patients, other), and notify them of their potential exposure.

Immediately contact your [local health department](#) for further instructions.

*NOTE: This sheet was adapted with permission from a document created by the **Texas Medical Association (TMA)** on October 16, 2014. The information is consistent with existing CDC guidelines and current CT Department of Public Health (CT DPH) materials.*

The Ebola page on the CSMS website is updated with information from CDC and CT DPH as it becomes available: www.csms.org/ebola

For additional reading, please visit [Hot Topics Bibliography on Infection Control in the Outpatient Setting](#) from the Texas Medical Association.