

Outpatient Ebola Response: Planning for Exercise

Facility Name: _____ Person Completing this Form: _____

Screening

Who will be screened?

By Phone?

In person?

What form will you use?

Where will they be screened at your facility?

What will happen if staff gets a positive screening?

Who will your staff contact?

PPE

What PPE will your staff wear? Where is it?

Have you conducted a drill with your staff on how and when to use PPE for Ebola suspect patients? YES NO

Please share with the other providers how you conducted the drill and any suggestions.

Where will you put the suspect patient? How will they use the bathroom?

Where will staff take off their PPE if they've been in contact with a suspect patient?

Will your facility need to close if there is a suspect patient?

YES Why? _____

When would you reopen? _____

No Why? _____

How will you clean the room of the suspect patient after they have been transported?

Tracking Contacts

What instructions will you give to staff who are on duty when suspect case is detected?

Do you have the names and contact information for all staff on duty? YES NO

Are you able to provide all names and contact information for patients on site? YES NO

What additional training or protocols does your facility need? Are you ready to exercise on November 20th? YES NO