PATIENT TRIAGE AND SCREENING EXERCISE (FACILITATORS’ GUIDE)
November 11, 2014, 12:45 - 1:45 pm, RITM Auditorium
(60 minutes)

A. Objectives:
1. To practice the participants' screening and triage skills, in particular to use the DoH Interim Guidelines forms.
2. To be able to define case classification based on the current Ebola guidelines and allow the participants to apply this system on simulated cases.

B. Mechanics
1. Participants from each institution will be asked to group themselves and discuss three (3) of the six cases provided below. The facilitators will tell them which three.
2. Each group will be asked to discuss 3 cases (5-8 minutes each).
3. The cases are possible scenarios by which Ebola cases will be encountered by their institutions. They are given about 5-8 minutes to discuss each.
4. Instruct them to discuss the case and generate important questions that will help them screen and/or triage patients using the DoH Interim Guidelines.
5. For some of these cases, you will provide additional information on the cases to help them decide on the disposition.
6. During the small group discussion, each facilitator will be assigned a few group to which he/she will move around/rotate facilitating the discussion.
7. After the small group discussion, participants will be asked to group themselves into bigger pre-assigned groups. You will discuss the cases with your own respective big groups (2 or 3 institutions). A plenary session may follow to discuss interesting and important issues raised by each group.

C. Groupings (see separate sheet)

D. Cases

Your role as a facilitator is to:
• Guide the participant on how to use the Department of Health Screening and Triage Form (Appendix B-2)
• Classify cases using the Table in Appendix B-3
• Let the participant realize the importance of taking a detailed travel history (history of travel to affected countries, how much time spent, nature of activity, and potential contact with EVD)

Read the following at the start of the session:
• The following simulated cases are to encourage you to think about and discuss what you would do regarding the potential for Ebola to enter the Philippines. You should follow the Interim guidelines issued by the Department of Health. In particular see Annex B-2 and B-3.
• You will be requested to ask important questions that will help you screen and/or triage patients and decide on the proper disposition based on their risk for Ebola infection. For some of these cases, the facilitators have additional information. They will provide this if you ask the right questions.
Case 1: Amy and Gino, both 38, are a newly-wed couple who arrived home from an African adventure trip today. They started their trip 20 days ago and have visited the following countries: South Africa, Botswana, Liberia, Senegal. Amy came to the hospital seeking contraceptive advice.

Elicit the following important point (prompt if they seem to be missing this point):

- Must take a detailed travel history which includes days and activities undertaken in each country

Give these additional information if they ask:
- 3 days each in South Africa, Botswana and Senegal doing trekking and sightseeing
- 1 day stopover in a hotel in Liberia.
- Minimal contact with local people.
- Travelled between hotel and airport in hotel minibus.

Disposition:
- Is this a person under investigation (PUI), suspect or probable case? PUI
- Will you do Ebola testing? No
- What is your advice? Isolation not needed. Home quarantine for 21 days with daily check-in for health status.

Key points:
- Participants should inquire about travel to the countries with Ebola (Widespread transmission - Africa: Guinea, Sierra Leone, Liberia; Localized transmission - Mali, DRC, Spain, USA)
- Detailed travel history, including activities in each country.
- Is your facility an Ebola referral hospital?

Case 2: The Bureau of Quarantine has called your institution to tell you that a 25 year old male student from Sudan was found to be febrile upon arrival at the airport. They want to send the patient to your institution for management.

Elicit the following important point (prompt if they seem to be missing this point):

- Must take a detailed travel history which includes travel to other countries (including Ebola-affected countries) within the last 21 days
- It is okay to give advice over the phone but only accept EVD cases if you are an Ebola Referral Hospital

Give these additional information if they ask:
- Malaise and chills at the height of the fever.
- Travelled to Philippines via New York.
- Attended a seminar in Liberia on water well construction 15 days ago.
- Your institution is NOT an Ebola referral hospital.

Disposition:
- Is this a person under investigation (PUI), suspect or probable case? Suspect case
- Should Ebola testing be done? Yes.
- Should other tests be done?: Yes, malaria.
- Would you accept this patient? No.

Key points:
• Extensive travel history covering the last 21 days
• Is your institution an Ebola referral hospital?

Case 3: A Filipino man, middle-aged, was brought to the Emergency Room semi-conscious and moaning. No informant is available, just the security guard of his apartment. Physical Examination: T=38.9°C, no meningeal signs, no bleeding or signs of hemorrhage. The security guard thought that he might be working as an unregistered overseas Filipino worker.

Elicit the following important point (prompt if they seem to be missing this point):
• Has the patient been in the Philippines for more than 21 days? (Get information from a third party or documents)

Additional Information:
• You find in his a few hundred pesos, an expired Philippine Driver's License and an ID card indicating the patient's name, his position (mining engineering) and the name of a company, Entreprise de construction de Guinée.

Disposition:
• Is this a person under investigation (PUI), suspect or probable case? Suspect case
• Will you do Ebola testing? Yes.
• Will you do other tests?: Yes, including malaria.
• What is your advice? Isolate and manage as a suspect Ebola case. Notify Ebola hotline. Record the names of the staff and patients who had possible contact and the extent of exposure of each.

Key points:
• When travel and contact history are possible (but unverifiable at the moment of consult), it is better to ensure safety of health professionals.
• Check for identification documents.
• Answer question “Has he travelled to an Ebola affected country in last 21 days?” Get police to locate friends who are aware of his travel history.
• If Ebola case, health staff are at high risk. Ask the following questions: Which health staff have had contact with patient? Who are on duty? Which patients were in the receiving area? Keep a record of all the potential contacts. If the patient is positive, the record will come in handy for contact tracing and monitoring.

Case 4: A private hospital called your Emergency Room referring a 24 year old man from Guinea-Bissau complaining of right hemi-abdominal pain and vomiting for 2 days. He arrived in Manila 10 days ago.

Elicit the following important point (prompt if they seem to be missing this point):
• Take a detailed history about his activities and potential contact with Ebola patients
• Be familiar with countries that are affected by Ebola and Guinea-Bissau is not included.
Provide these additional Information if asked:
- No other history of travel to other parts of Africa including Guinea, Liberia and Sierra Leone
- Flew directly from the capital Bissau via Dubai, and then Manila

Disposition:
- Is this a person under investigation (PUI), suspect or probable case? None.
- Will you do Ebola testing? No.
- Will you do other tests?: Yes.
- What is your advice? Manage accordingly.

Key points:
- Participants should inquire about travel to the countries with Ebola
- Detailed travel history, including activities in each country.

Case 5: A 33-year old female construction supervisor assistant was part of a group that arrived back home from the Democratic Republic of the Congo (DRC) as part of government repatriation of OFWs 7 days ago. This patient consults you for 3 days of fever. Further history reveals that two of her co-workers from DRC also have nausea and abdominal pain that started at about the same time as our patient did.

Elicit the following important point (prompt if they seem to be missing this point):
- Detailed travel history including details on the places visited especially in DRC where transmission is very localized.

Give these additional Information when asked:
- Working near Kinshasa, the capital of DRC
- The province where the localized Ebola outbreak is in the Equatur Province (district of Lokolia and Boende), around 800km north east of Kinshasa. It has been 29 days since the last reported case on October 18.
- Diagnosis of co-workers unknown.

Disposition:
- Is this a person under investigation (PUI), suspect or probable case? None.
- Will you do Ebola testing? No.
- Will you do other tests?: Yes, malaria.
- What is your advice? Manage accordingly

Key points:
- Participants should inquire about travel to the countries with Ebola (Widespread transmission - Africa: Guinea, Sierra Leone, Liberia; Localized transmission - Mali, DRC, Spain, USA)
- Detailed travel history, including activities in each country.

Case 6: Rose, a 34 year old woman, who lives in Manila, presents at your ER complaining of headache and malaise. Her temperature is 37.4ºC and she has no other abnormal findings. She was instructed to go to the regular consultation area where she will be further assessed and managed. On closer questioning, she admits to working in Freetown, the capital of Sierra Leone, leaving there 10 days prior to her presentation.
Important points that this case illustrates:
• Need to ask about use of antipyretics in patients that are afebrile.
• Need to take a detailed travel and contact history for the previous 21 days, including places visited, duration of stay in countries with widespread Ebola transmission, and activities undertaken particularly those that increase likelihood of making contact with a person with EVD.

Additional information (provide this if participants ask the appropriate questions):
• Rose felt febrile over the last 24 hours, but did not take her temperature.
• She took 2 tablets of paracetamol (acetaminophen) for her headache about an hour ago
• In Freetown Rose was a manager of a boarding house.
• Two residents become sick with Ebola over the last month. Two days before she left another resident became very ill. She developed bad diarrhoea and Rose helped the cleaning staff clean up the room which was a mess. Rose did not know what this person was diagnosed with, but it could have been Ebola.

Disposition:
• How will you classify this case? Suspect
• What do you do now? Implement Ebola isolation protocols
• What would you do about the ER staff and patients? Call the infection control team to ensure that names of people who might have been exposed and the nature of any contact with the patient are recorded.

Keypoints:
• Be vigilant in soliciting travel/contact history. Realize that patients may (intentionally or unintentionally) miss providing such information. Be sensitive with "non-auditory" cues from a patient that may point out to such "hidden" history.
• A proper screening area should be in place (officer is atleast 1 meter from the incoming patients, well ventilated, etc.).
• It is critical at this stage is to get records of names and levels of contact with this patient for staff and other patients. There is no contact tracing yet (she may not be a confirmed case), but capturing information at the time when the patient becomes a suspect case gives a more reliable picture than leaving it until the case is confirmed. All health staff in the ER should be noted on a list, what their duties were and where they were working in distance from the patient. Same for other patients.