

Instructions for Initial Assessment and Isolation of Patients at Risk for Ebola Viral Disease (EVD)

Symptoms:

Common symptoms are fever (>101.5), headache, joint and muscle aches, weakness, vomiting and diarrhea

Some patients may also experience bleeding inside and outside of the body, rash, red eyes, hiccups, cough, sore throat and chest pain

Initial Assessment and Isolation:

Patient presents with symptoms noted above (including fever >101.5°F).

Patient affirms at least one of the following high risk exposures in the past 21 days:

- Travel to one of these 4 countries with a current outbreak: Guinea, Liberia, Nigeria, Sierra Leone
- Direct contact with a patient known to have the Ebola (including providing patient care or having contact with blood or body fluids from an infected patient)
- Handling animals or animal-related specimens of any type from the affected countries

Actions:

If symptoms are present but NO high risk exposure in the past 21 days, please proceed with routine assessment and evaluation for more typical infectious disease using routine infection control guidelines.

If symptoms are present AND high risk exposure in the past 21 days exists, please proceed as noted below:

- Immediately place a surgical mask on the patient and yourself
- Immediately direct and escort patient to any private room away from public areas
- Initiate Contact and Droplet Precautions (impervious gown, gloves, mask and eyeshield)
- Additional patient care details are outlined in the chart below
- Malaria should be on the differential diagnosis

Notifications:

- Notify the appropriate physician on your team immediately who will then evaluate the patient to determine if he/she meets criteria for EVD
- Notify the lab before testing is performed. Micro is the only place that has the appropriate containers to transport blood to the lab and/or send it out for viral PCR
- Notify Administrator on Call – DIAL (OPERATOR) immediately if high suspicion for Ebola
- Infection Control on call and Infectious Diseases should be notified by the Administrator on call
- Public Health (e.g. Cincinnati Communicable Disease Reporting Service (CDRS) must be notified by the diagnosing physician. The Public Health Infectious Disease Call Center is available 24/7 at (877) 774-4636.

Transportation of the patient to UC Medical Center should be considered if the patient presents to a non-emergency department site

Diagnostic testing will be made in consultation with Public Health

CDC website for Ebola information: <http://www.cdc.gov/vhf/ebola/index.html>

Adapted from: Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals <http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>

| Component | Recommendation |
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| Patient Placement | <ul style="list-style-type: none"> • Single patient room (containing a private bathroom) with the door closed • Facilities should maintain a log of all persons entering the patient's room • Consider posting personnel at the patient's door to ensure appropriate and consistent use of PPE by all persons entering the patient room |
| Personal Protective Equipment (PPE) | <ul style="list-style-type: none"> • All persons entering the patient room should wear at least: <ul style="list-style-type: none"> ○ Gloves ○ Gown (impermeable, such as blue plastic gowns) ○ Eye protection (goggles or face shield) ○ Facemask • Additional PPE might be required in certain situations (e.g., copious amounts of blood, other body fluids, vomit, or feces present in the environment), including but not limited to: <ul style="list-style-type: none"> ○ Double gloving ○ Disposable shoe covers ○ Leg coverings |
| Patient Care Equipment | <ul style="list-style-type: none"> • Dedicated medical equipment (preferably disposable, when possible) should be used for the provision of patient care • All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and hospital policies |
| Patient Care Considerations | <ul style="list-style-type: none"> • Limit the use of needles and other sharps as much as possible • Phlebotomy, procedures and laboratory testing should be limited to the minimum necessary for essential diagnostic evaluation and medical care • All needles and sharps should be handled with extreme care and disposed in puncture-proof, sealed containers |
| Aerosol Generating Procedures (AGPs) | <ul style="list-style-type: none"> • Conduct the procedures in a private room and ideally in an Airborne Infection Isolation Room (AIIR) when feasible. • HCP should wear gloves, a gown, disposable shoe covers, and either a face shield that fully covers the front and sides of the face or goggles, and respiratory protection that is at least as protective as a NIOSH certified fit-tested N95 filtering face piece respirator or higher (e.g., powered air purifying respirator or elastomeric respirator) during aerosol generating procedures. |

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| Hand Hygiene | <ul style="list-style-type: none"> • HCP should perform hand hygiene frequently, including before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. • Health care facilities should ensure that supplies for performing hand hygiene are available. |
| Environmental Infection Control | <p>Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus: http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html</p> <ul style="list-style-type: none"> • Use a U.S. Environmental Protection Agency (EPA)-registered hospital disinfectant with a label claim for a non-enveloped virus (e.g., norovirus, rotavirus, adenovirus, poliovirus) to disinfect environmental surfaces in rooms of patients with suspected or confirmed Ebola virus infection. • Avoid contamination of reusable porous surfaces that cannot be made single use. Use only a mattress and pillow with plastic or other covering that fluids cannot get through. • To reduce exposure among staff to potentially contaminated textiles (cloth products) while laundering, discard all linens, non-fluid-impermeable pillows or mattresses, and textile privacy curtains as a regulated medical waste. |
| Safe Injection practices | <ul style="list-style-type: none"> • Any injection equipment or parenteral medication container that enters the patient treatment area should be dedicated to that patient and disposed of at the point of use. |
| Duration of Precautions | <ul style="list-style-type: none"> • Duration of precautions should be determined on a case-by-case basis, in conjunction with local, state and federal health authorities. |
| Visitors | <ul style="list-style-type: none"> • Avoid entry of visitors into the patient's room • Visitors who have been in contact with the Ebola HF patient before and during hospitalization are a possible source of EHF for other patients, visitors and staff. |

Occupational Exposure

Associates with exposures to blood, body fluids, secretions or excretions from a patient with suspected Ebola HF should stop working and immediately wash the affected skin surfaces with soap and water. Mucous membranes (e.g., conjunctiva) should be irrigated with copious amounts of water or eyewash solution. After washing and/or flushing the associate is then to immediately report the exposure to the AH&W Injury Line at (513) 585-8000 and notify their supervisor. AH&W staff members are available on the Injury Line 24 hours a day, 7 days a week.