

Ebola Prevention and Response Plan

University of Louisville Physicians

The contents of this document are designed to provide the basis for a standardized response approach to the current Ebola outbreak for outpatient care areas. A sign with information concerning 2 important screening questions AND reminders about respiratory hygiene must be posted in every clinic and public areas in the building where the clinic is located. Information on the sign will include:

Questions important to screen for influenza, other respiratory illnesses, and Ebola include:

1. Do you have a fever?
2. Have you, someone in your household, or someone visiting you in your household traveled to one of the Ebola affected countries in West Africa including Sierra Leone, Liberia or Guinea within the prior 21 days?

A YES response to the question about fever indicates the possibility of a transmissible infection, but it is not definitive. Patients with a fever should be masked and moved out of the waiting area and into a room for a more rapid assessment.

If the patient has a fever AND has answered YES to the question about travel to West Africa, they must also be masked and moved immediately into the designated private room for a rapid assessment. These are the patients that must be assessed for possible Ebola infection.

Statements concerning respiratory hygiene include:

3. If you have a fever, with or without a cough, please put on a mask to prevent spread to others. Tissues are available for your use in case you need to cough, sneeze, or blow your nose. Please immediately place used tissue in a garbage can
4. Alcohol-based hand rubs are available for use in keeping your hands clean as another way of preventing the spread of illness to others.

It is important to take steps to ensure that the patient understands the questions being asked. If interpreting is needed, the language line should be used. In-person interpreters can be used unless the interaction has a recognized potential for disease transmission.

Tier One: Early Recognition

At the time of patient presentation to the reception area in a clinic, staff will ask the patient the following questions:

- **Do you have a fever?**

Fever is defined as >100.4 degrees Fahrenheit. Although we are asking the patient about fever, it is the responsibility of the reception staff to use the temporal scanning thermometer to verify. *Fever alone does not meet criteria for suspicion of Ebola.*

If a temperature >100.4 degrees Fahrenheit is demonstrated, the staff member will provide the patient with a surgical mask and request that they put it on. Staff members should use a mask with eye protection if there is the potential for contact with respiratory droplets from that patient as they cough or sneeze. This patient should return to the waiting area and keep the mask on until instructed to remove it by their healthcare provider.

- **Staff will then ask if the patient themselves or anyone staying in their household or visiting in their home has visited any of the currently affected areas in West Africa (Sierra Leone, Liberia, Guinea).**

If No AND the patient has a temperature of >100.4 degrees Fahrenheit, the patient will remain in the waiting area in the respective clinic so they can be seen quickly by their healthcare provider. *History of travel to the affected areas in West Africa without fever does not meet criteria for suspicion of Ebola.*

If Yes AND the patient has a temperature of >100.4 degrees Fahrenheit, the patient will be immediately escorted to the designated private room in the respective clinic so they can begin a priority assessment. ***History of travel to the affected areas in West African AND presence of fever constitutes suspicion of Ebola and requires immediate isolation and evaluation. This does not mean that the patient has Ebola. It means that the patient requires additional assessment.***

Ensure the patient is wearing a mask and direct them to the designated private room in the respective clinic. Family members or others accompanying the patient should accompany the patient and remain in the private room with the patient.

Instruct the patient to keep mask on and let them know you are contacting the healthcare provider responsible for clinic operations (Physician Director or Nurse Director [NP clinics]). Let them know that conversation may occur via the telephone so they are requested to answer it if it rings. Let them know that there are fluids to drink and snacks to eat in the cabinets. Let them know that they are to remain in isolation until they have spoken with the Physician or Nurse Director. If members of the family request masks, provide them.

If the patient needs to use the restroom, direct them to the closest single facility restroom. Remind them to wash hands when finished. After leaving the restroom, place an “Isolation” sign on the door to prevent others from using that area until cleaned and disinfected.

Place an “Isolation” sign on the door of the private exam room where the patient and family are waiting.

Immediately contact the Physician or Nurse Director so they can evaluate the patient. Alert clinic personnel so no one else enters the isolation room.

There are to be no laboratory tests drawn or point of care tests performed until after the Physician or Nurse Director has evaluated the patient and determines the course of action.

Immediately wipe surfaces at the reception area with hypochlorite wipes. Dispose of wipes in the regular trash.

Tier Two: Early Assessment and Notification

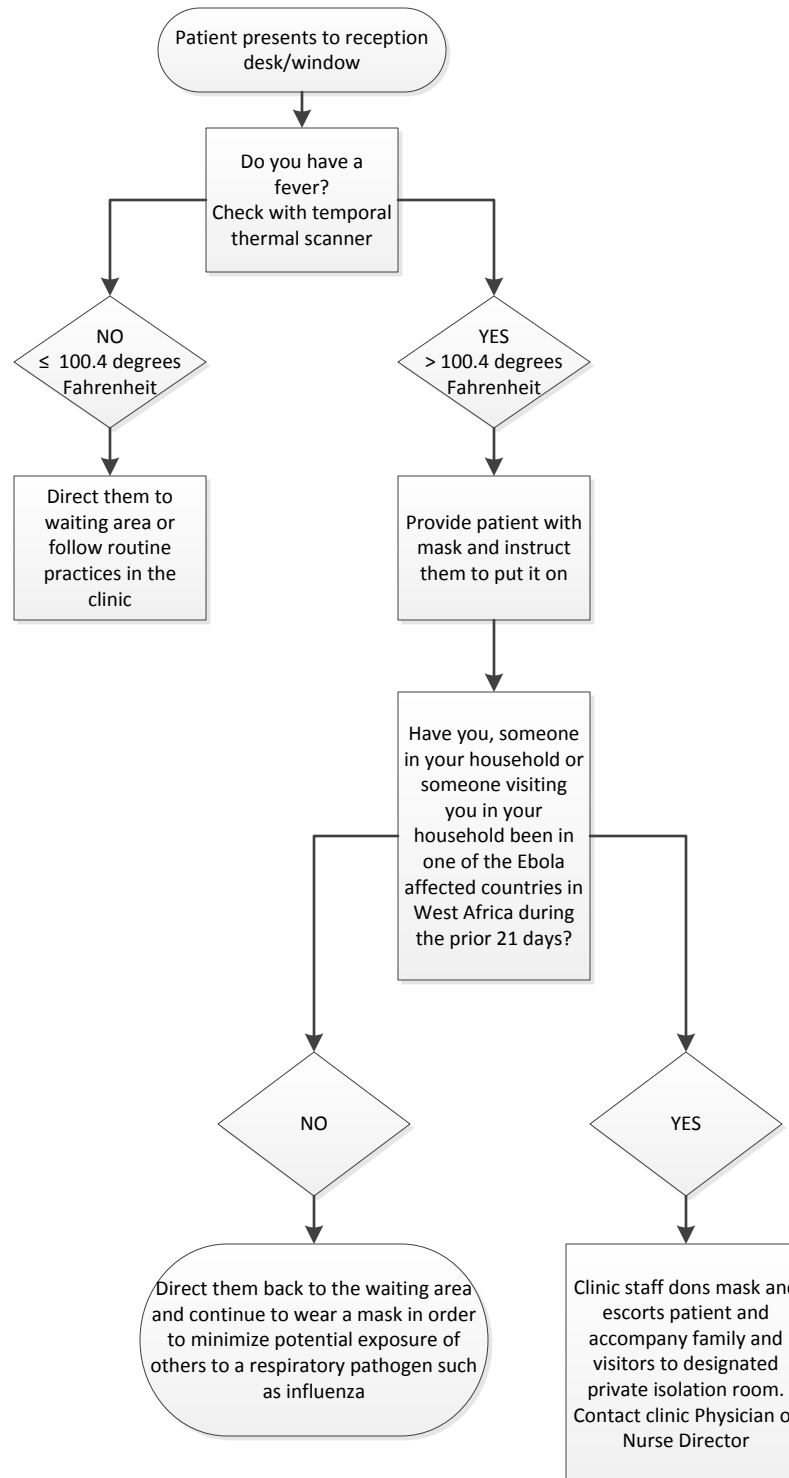
Early assessment and notification as a means of preventing transmission are primary objectives upon identification of a patient with suspicion of Ebola. The Physician or Nurse Director must be immediately notified.

- The Physician or Nurse Director should quickly make contact with the isolated patient in a manner that enables the gathering of additional information without enabling exposure. Assessment can be done in person or via a remote process such as use of the telephone connection available into the isolation room.
- If using the telephone, call into the isolation room and reassess the patient.
- If entering the isolation room, personal protective equipment (PPE) must be worn including gown, gloves, and powered air-purifying respirator (PAPR). If a PAPR is not worn, an N95 respirator and full face shield is to be used.
- The patient should be asked:
 - If they have compatible Ebola Virus Disease (EVD) symptoms such as headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain or hemorrhage;
 - If they traveled to an Ebola affected area in the 21 days before onset of fever or those symptoms making sure travel involved the affected countries as identified by CDC.
- If still concerned regarding EVD, ask the following clarifying questions to determine if the patient experienced a situation involving potential exposure to Ebola via:

- direct contact with a family member or other person being treated for EVD or evaluated for suspected EVD;
 - direct exposure to a household member or casual contact who is caring for someone with suspected or confirmed EVD;
 - direct contact with others who had direct contact (e.g., shaking hands) with an EVD patient;
 - participation in the healthcare of a person with suspected or confirmed EVD;
 - needlestick or other percutaneous or mucous membrane exposure to blood or body fluids from an EVD patient;
 - processing of blood or tissue specimens from a patient with suspected or confirmed EVD with or without the use of recommended Personal Protective Equipment;
 - participation in the care or preparation of the body of a person deceased from suspected or confirmed EVD;
 - participation in funeral rites that include the touching of the body of a person deceased from suspected or confirmed EVD.
- If Ebola remains a suspicion after this assessment, the clinic Physician or Nurse Director will be responsible for contacting the local health department for guidance. Louisville Metro Health Department can be contacted at 574-8200 24 hours a day. The local health department will contact the state (1-888-9REPORT) and the state will contact CDC as needed.
 - Direct contact with the patient should be avoided until Ebola suspicion has been ruled out or until direction from public health has been received.
 - Patients should be made aware of progress.
 - Staff should not enter the isolation area unless instructed to do so by the physician or nurse director of the respective clinic.
 - If suspicion of Ebola remains and entry into the room is needed, full protective equipment must be worn including gown, gloves, and PAPR (N95 respirator and full face shield may be worn instead of PAPR).
 - Health Sciences leadership should be made aware of any patient who meets criteria of Ebola suspicion following the Physician/Nurse Director assessment.

10/22/14

Ebola Early Recognition and Response Process for Outpatient Clinic Areas



ULP Healthcare Provider Assessment Decision Process

