GOAL: IDENTIFY, ISOLATE, INITIATE PROTOCOLS FOR POTENTIAL EBOLA PATIENT

This guidance is provided for ambulatory care facilities not subject to the New York State Department of Health (NYSDOH) Commissioner’s Order on the Prevention and Control of Ebola Virus Disease, October 16, 2014. Guidance contained herein is current as of date of publication. Care should be taken to review current guidance from the Centers for Disease Control and Prevention (CDC) and the New York State Department of Health (NYSDOH), and other recognized public health authorities.

SUNY campus health centers that are not subject to the NYSDOH Commissioner’s Order are not expected to provide ongoing care for suspected-Ebola patients, beyond the initial screening, isolation and assistive care at that time. However, since a campus health center may be the first place that persons in the college community come for medical assistance, the health center must be able to quickly identify persons with a travel history and symptoms that may be suggestive of Ebola infection. They must be able to quickly isolate the suspected-Ebola patient, and initiate the public health authority response, including calling for transfer to another facility.

Communication

Posters asking patients to identify recent travel to Liberia, Sierra Leone, Guinea, or Mali must be posted in the reception area in all appropriate languages. (See NYSDOH for international travel posters http://www.health.ny.gov/diseases/communicable/ebola/#hospitals)

Contacts

Contact information (24/7) must be written and readily available in the health center for:

- Local health department
- Ambulance service with which prior arrangements have been made for transporting suspected-Ebola patient to a receiving facility
- Receiving facility with which prior arrangements have been made to transfer suspected-Ebola patients.
- Campuses will also need to initiate internal campus emergency communication protocols. Campuses are directed to notify key System Administration offices by sending an email to emergency@suny.edu.

Personal Protective Equipment (PPE)

Adequate supplies of Personal Protective Equipment (PPE), appropriate for likely exposures, must be made available to staff with exposure potential. It must be of the appropriate sizes and types. Personnel must be trained and competent in its use. Selection of PPE should be consistent with current guidance from the CDC or NYSDOH. Currently:
If the patient is not exhibiting obvious bleeding, vomiting, copious diarrhea, and the patient is clinically stable, healthcare workers should at a minimum wear: 1) face shield, 2) surgical face mask, 3) impermeable gown and 4) two pairs of gloves. All equipment used in the care of these patients should not be used for the care of other patients.

There are current reports of shortages in supplies for PPE. A campus may need to reach out to the local health department or another healthcare facility to secure minimal supplies of necessary PPE.

**Isolation Area**

The health clinic must identify isolation space to hold patients prior to transfer. The isolation area should be chosen to minimize traffic and to facilitate transfer from the facility. The isolation area need not have negative ventilation. The current CDC recommendations are:

- The patient must be isolated in a private room or separate enclosed area with private bathroom or covered commode.
- To minimize transmission risk, only essential healthcare workers with designated roles should provide patient care. A log should be maintained of all personnel who enter the patient’s room. All healthcare workers who have contact with the patient should put on appropriate PPE based on the patient’s clinical status.

**Screening and Response Protocol**

All heath center clinics must have written protocols in place. All potentially involved staff must be trained, and competent, in their role in response.

**Initial Screening**

Screening questions and basic assessment

a. “Has the patient lived in or traveled to a country with widespread Ebola virus transmission or had contact with an individual with confirmed Ebola Virus Disease within the previous 21 days?”

b. *And if the patient has answered affirmatively:* “Does the patient have had a fever or headache, joint and muscle aches, fatigue, diarrhea, vomiting and abdominal pain?”
Examples of Initial Screenings and Response:

For a call:

If a patient calls and reports any or all of the following signs/symptoms: fever, headache, weakness, muscle aches, diarrhea, vomiting, or bleeding

ASK: “Have you lived in or traveled to Liberia, Sierra Leone, Guinea, or Mali in the past 21 days? Have you had any contact with a confirmed Ebola patient in the past 21 days?”

If the answer is NO:
Staff should schedule this person for an appointment using normal facility practices. The screening question responses should be documented in the patient file.

If the answer is YES:
Staff should get the patient’s name and phone number (in case they are disconnected), place the caller on hold, and page [Designated type of healthcare worker (HCW), e.g., RN or MD] to assess.

[Designated HCW] should instruct the patient to remain in place, and minimize exposure of body fluids to others near them. The patient should be instructed avoid contact with others, and stay near the phone for additional instructions from [Designated HCW] or the local health department. If others are with the patient, the other people should be advised to not leave (keep in isolation with the patient).

The [Designated HCW] should call the local health department for instruction.

For a visit/presentation at the clinic:

If a patient walks in and reports any or all of the following signs and symptoms: fever, headache, weakness, muscle aches, diarrhea, vomiting, or bleeding

ASK: “Have you lived in or traveled to Liberia, Sierra Leone, Guinea, or Mali in the past 21 days? Have you had any contact with a confirmed Ebola patient in the past 21 days?”

If the answer is NO:
Staff should schedule this person for an appointment using normal facility practices. The screening question responses should be documented in the patient file.

If the answer is YES:
Staff will direct the patient to the isolation room. [Designated HCW] will continue assessment of the patient. The patient must remain in the room with the door closed.

To minimize transmission risk, only essential healthcare workers with designated roles should provide patient care. Avoid unnecessary direct contact. A log should be maintained of all personnel who enter the patient’s room. All healthcare workers who have contact with the patient should put on appropriate PPE based on the patient’s clinical status.
If the history is confirmed, the [Designated HCW] will notify the local health department for instructions and coordination. *Persons under investigation for Ebola should only be sent to hospital and facilities specifically designated by public health officials. Do not transfer without first notifying the local health department.*

If patient is exhibiting obviously bleeding, vomiting, or copious diarrhea, then do not re-enter the room until EMS personnel trained to transport Patients Under Investigation for Ebola arrive.

Do not perform phlebotomy or other procedures unless they are urgently required for patient care or stabilization.

Consult with the local health department before cleaning up blood or body fluids. Any reusable equipment should not be reused until it has been appropriately cleaned and disinfected.

**Additional Guidance**

Identify, Isolate, Inform: Ambulatory Care and Evaluation of Patients with Possible Ebola Virus Disease (Ebola) CDC, November 1, 2014


*For campuses in need of international travel posters in several languages (from NYSDOH):*