

HEALTH ADVISORY

April 6, 2021

Ebola Virus Disease (EVD) in the Democratic Republic of the Congo (DRC) and Guinea

Guidance for Screening/Evaluation of patients presenting to general hospitals with emergency departments, off-campus/stand-alone emergency departments, and diagnostic and treatment centers for potential Ebola Virus Disease (EVD)

Please distribute to the Infection Control Department, Emergency Department, Infectious Disease Department, Director of Nursing, Medical Director, Director of Pharmacy, Laboratory Service, and all patient care areas.

BACKGROUND AND SUMMARY

Due to recent outbreaks of Ebola virus disease (EVD) in parts of West Africa (Guinea and the Democratic Republic of the Congo [DRC]), this advisory provides guidance to hospitals with emergency departments, stand alone emergency departments and diagnostic and treatment centers regarding screening procedures for patients presenting to their ED or outpatient facility, and the management of those patients identified as potentially being ill with EVD following initial screening. Providers also should ensure that readiness activities and patient care activities meet infection control requirements for COVID-19 due to the ongoing pandemic.

READINESS REQUIREMENTS

This guidance is consistent with the 2014 Commissioner's Order for the Prevention and Control of Ebola Virus Disease and supersedes the Department's 2015 and 2018 EVD advisories. Review this guidance with all staff and review training materials used at your facility for your required training on EVD policies, procedures and protocols, including protocols for patient registration, staff exposure, and management of regulated medical waste.

The following activities, policies and procedures are required to be performed to maintain readiness to respond to potential encounters with individuals infected with EVD:

1) Signage:

Signage asking patients to report travel history and symptoms must be posted at all entryways and at reception, and at all triage locations in at least English, French, Spanish, Chinese, Russian, Italian, Korean and Haitian Creole. (Available at: <https://www.health.ny.gov/diseases/communicable/ebola/> on the Healthcare Providers tab).

2) Communications:

Providers are required to identify and maintain in up to date status, two (2) lead points of contact in the Health Commerce System (HCS) Communications Directory in the role of

3) Training requirement:

- a. Any staff who will be responsible for ongoing contact, such as in providing definitive care for a patient who is confirmed to have EVD at NYS Special Pathogen (Ebola) Assessment and Treatment Centers (SPTCs), must be provided in-person training, with an observer, in donning and doffing of personal protective equipment (PPE). Providers are required to provide this training to these staff upon hire and at least every six (6) months, in a setting similar to where patients would be treated. This PPE training should consist of actual donning and doffing of PPE by the trainees and observers and should not be replaced by the use of a training video, lecture, or other demonstration mechanism.
 - i. The healthcare facility may limit the number of staff designated to serve in this role as long as adequate coverage is available on all shifts and in all locations where a patient with confirmed EVD or a patient under investigation (PUI) may present to them for care.
- b. For those staff who may have some contact with a person under investigation (PUI) for having EVD, or who is confirmed to have EVD, but who would not be responsible for ongoing, definitive care, of such a patient the provider should have a plan to provide just-in-time training (JIT) that includes but is not limited to, necessary infection control procedures and actual donning and doffing of PPE in a setting similar to where patients would be encountered.
- c. For staff expected to have little or no contact with a PUI or person confirmed as having EVD, the provider should have a plan in place to provide JIT that includes but is not limited to, general education about EVD and necessary infection control precautions.

4) Drills:

NYSDOH recommends that drills be performed at least every 12 months. Drills should be tailored to review all situations and staff activities that are reasonably likely to occur at the facility, considering such factors as whether a facility has an ED and, for general hospitals, whether the facility has been designated as an SPTC.

A written description of the drill, including the items reviewed, number of staff included in the drill, gaps identified, conclusions, and next steps, should be maintained and made available to NYSDOH upon request.

5) PPE Supply:

Providers must maintain a supply of (PPE) that at a minimum, meets the applicable specifications at: <https://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance.html>

Providers must equip all staff with all elements of PPE that is appropriate to their level of potential exposure to a PUI or to a person who is confirmed to have EVD.

6) Written patient registration/screening protocols:

Providers are required to have implemented a written patient registration protocol for the immediate identification, isolation, and medical evaluation of any person presenting for care based on provider setting:

- a. In settings in which providers routinely care for persons with acute communicable diseases, NYSDOH requires that a written patient registration protocol is developed, ensuring that all persons presenting for care are screened upon initial reception for recent travel history and symptoms of communicable diseases (see symptoms details in “WHAT TO DO IF YOU HAVE A PATIENT PRESENT WITH SUSPECTED EVD ILLNESS” section below).
- b. In settings in which providers do not routinely care for persons with acute communicable diseases, NYSDOH requires that a written patient registration protocol be developed, ensuring that all persons presenting for care are screened upon initial reception for symptoms of communicable diseases, and asking about travel when clinically indicated.
- c. The protocol also must include a plan for identifying those staff on all shifts who would be involved in the medical screening and evaluation and/or other care of a PUI placed in isolation for the medical evaluation of EVD.
- d. The provider is required to provide training on the patient registration protocol for identified personnel on all shifts who are involved in patient registration or triage.

7) Initial Patient Care:

- a. Isolation room: Diagnostic and Treatment Centers (D&TCs):
D&TCs must identify and designate a room for isolation that is in, or in proximity to, the area in which patients would reasonably be expected to present for care for patients in need of medical evaluation of EVD. The room must have a door, and it must have access to a private bathroom or have a portable commode.
 - i. Space must be identified adjacent to the room to be used by staff to don and doff PPE. Such space must have access to hand-washing facilities. Traffic in the area must be restricted to avoid exposure of other persons. Access to the room to be used for isolation and adjacent rooms must be restricted as much as possible to avoid exposure of other persons
 - ii. Providers must immediately notify the local health department or the New York City Department of Health and Mental Hygiene (NYCDOHMH) as appropriate, when a PUI is placed in isolation for the medical evaluation of EVD.

- b. Isolation room: General hospitals:
General hospitals having an emergency department (ED) must identify and designate one or more airborne infection isolation rooms (AIIRs) to house PUIs and patients confirmed to have EVD.

The location shall have either an anteroom with doors that close or an area outside the room where staff can doff any PPE that is not taken off in the patient room. The anteroom or PPE removal area shall also provide access to hand-washing facilities.

- i. There should be additional rooms available for staff to don PPE.
- ii. Providers should also designate a location in the facility at which staff can shower after removing all PPE, that can be accessed easily and quickly.
- iii. When in use for an active PUI, the entire area must be secured from access

by unauthorized staff and the public, with either locking doors or the continuous presence of hospital security personnel.

- ii. Providers must immediately notify the local health department or the New York City Department of Health and Mental Hygiene (NYCDOHMH) as appropriate, when a PUI is placed in isolation for the medical evaluation of EVD.

8) Staff Exposure Log:

Providers must maintain a log of all persons (staff and non-staff) coming into contact at any time with a PUI or patient confirmed to have EVD, or such patient's area or equipment, regardless of the level of PPE worn at the time of contact.

Providers should log any symptoms experienced and temperatures of these staff measured twice daily or obtain the temperatures from off-duty personnel.

"Contact" for the purposes of this provision is defined as coming in physical contact, entering a patient room, coming within three feet of a patient, or performing laboratory testing on a specimen from a patient.

9) Managing Medical Waste and Cleaning and Disinfection:

Providers are required to develop and implement written protocols to safely contain, store and dispose of regulated medical waste in all settings where patients will be cared for, and develop and implement written protocols to safely clean and disinfect any room, vehicle, or equipment with which patients have come into contact, that are in compliance with the applicable specifications at:

http://www.health.ny.gov/diseases/communicable/ebola/#commissioner_order

10) Transportation Plan:

All diagnostic and treatment centers and free-standing/off campus EDs must develop a written transport protocol for the safe transportation of such a patient to another facility for necessary testing and care.

- a. The transport protocol must identify an ambulance service as well as the receiving facility.
- b. The transport protocol must include provisions requiring prompt notification that the protocol has been initiated to the receiving facility, local health department or NYCDOHMH as appropriate, and the ambulance service. Notification to the receiving facility and the ambulance service will allow them to direct staff to use PPE and prepare vehicles and receiving areas.

11) Ongoing Patient Care:

- a. General hospitals that are not SPTCs, but function as a "frontline" hospital (see CDC guidance at: <https://www.cdc.gov/vhf/ebola/healthcare-us/preparing/frontline-healthcare-facilities.html>) should have a written plan for the isolation and care of a PUI or patient confirmed as having EVD for a 24 hour period, while preparing to transfer the patient to another facility for necessary testing and care.
 - i. General hospitals must develop a written transport protocol for the safe

- transportation of such a PUI or patient confirmed to have EVD to an SPTC.
- ii. The transport protocol must identify an ambulance service as well as the receiving facility.
 - iii. The transport protocol must include provisions requiring prompt notification that the protocol has been initiated to the receiving facility, local health department or NYCDOHMH as appropriate, and the ambulance service. Notification to the receiving facility and the ambulance service will allow them to direct staff to use PPE and prepare vehicles and receiving areas.
- b. Hospitals designated as SPTCs must develop a written plan for providing ongoing, definitive care for patients confirmed as having EVD that includes the following:
- i. Develop a roster of personnel on all shifts for the full period of care required for any patient confirmed to have EVD. The roster must include a staff member on every shift who is responsible for observing all staff providing care to the patient to assure adherence to infection control protocol and proper use of PPE.
 - ii. Maintain provisions for the full range of patient care including critical care and subspecialty services and must maintain readily available N95 respirators or powered air purifying respirators and appropriate levels of PPE including gloves for double gloving, disposable shoe coverings and leg coverings, and gowns/coveralls to be used by personnel who will care for confirmed cases.
 - iii. Maintain a readily available inventory of biohazard containers for the safe transportation of specimens to the NYSDOH or NYCDOHMH laboratory for testing for EVD. Such containers must meet applicable specifications at: http://www.health.ny.gov/diseases/communicable/ebola/#commissioner_order
 - iv. Develop a written biohazard risk assessment and protocol for the receipt, processing, and testing of any laboratory samples from patients. Safety precautions, including readily available PPE, must meet applicable specifications for the safe handling of specimens at: [Specifications required under the Commissioner's Order at: http://www.health.ny.gov/diseases/communicable/ebola/#commissioner_order](http://www.health.ny.gov/diseases/communicable/ebola/#commissioner_order)
 - v. Ensure that staff are available on every shift who are trained and certified in the packaging and shipping of infectious substances, for the purpose of submitting specimens for EVD testing. Training must cover classifying infectious substances, proper packaging of infectious substances, and labeling packages to meet regulatory requirements.

WHAT TO DO IF YOU HAVE A PATIENT PRESENT WITH SUSPECTED EVD:

Remember that in most circumstances diagnoses of other acute communicable diseases will be

much more likely than EVD, even among travelers from affected countries. Remain vigilant for EVD, but also consider COVID-19, influenza, malaria, measles, gastroenteritis, and other illnesses that affect both travelers and non-travelers. Whenever there is concern about EVD, you must discuss your patient's particular case with your local health department or New York City Department of Health (NYCDOHMH), as appropriate.

- 1) Screen any ill patient who presents with fever and additional symptoms related to EVD per the patient registration protocol outlined above with criteria outlined below. **Ensure that screening for COVID-19 continues during the pandemic.**
 - a. Clinical criteria, including
 - i. Fever > 38.6°C or 101.5° F, AND
 - ii. additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage, AND
 - b. Epidemiologic risk factors within the past 3 weeks before the onset of symptoms, such as
 - i. contact with blood or other body fluids of a patient known to have or suspected to have EVD
 - ii. residence in, or travel to (within 3 weeks prior to onset of symptoms), an area where EVD transmission is active (Currently West African countries of Guinea and the DRC) (Check the CDC travel notification website for the most up-to-date information: <http://wwwnc.cdc.gov/travel/notices>).
 - iii. the direct handling of bats, rodents, or primates from disease-endemic areas
- 2) For patients identified as potentially ill with EVD, following initial screening:
 - a. Immediately isolate the patient as stipulated above for hospitals and D&TCs.
 - b. Restrict traffic by other patients and other staff near the room/hallway in which the patient is isolated.
 - c. Provide the patient with a surgical mask and demonstrate its proper use.
 - d. Minimize the number of staff who interact with the patient and keep a list of these staff.
 - e. Staff who interact with the patient should follow standard, droplet, and contact infection control precautions.
 - f. Appropriate personal protective equipment (PPE) should be worn upon entry to the patient's room including gloves, gown (fluid resistant or impermeable), eye protection (goggles or face shield), and a facemask. If COVID-19 has not been ruled out, a NIOSH-approved N95 or equivalent or higher-level respirator should be worn. If N95 or higher-level respirators are not available, or staff have not been properly fit tested for an N95, use of a well-fitting, surgical mask is an acceptable alternative.
 - i. Additional protective equipment 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 double gloving, disposable shoe covers, and leg coverings

- ii. More detailed information on these and other infection control issues including environmental cleaning and disinfection, applicable to both the inpatient and outpatient settings, is available at:
[http://www.cdc.gov/vhf/ebola/hcp/infection- prevention-and-control-recommendations.html](http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html).
- 3) Call the local health department (LHD) in which your facility is located for consultation **(contact information is at <https://www.nyscho.org/directory/>) to determine if further evaluation is needed**
 - a. When you call the LHD, be prepared to:
 - i. Describe the patient's risk factors and travel history, including dates and locations of travel (including areas within a country of concern) and any contact with sick or deceased individuals, healthcare facilities, or animals in areas with ongoing EVD transmission
 - ii. Describe the patient's presenting symptoms, signs, and duration of illness
 - b. When you call the LHD, you can expect to:
 - i. Discuss the case and possible recommendations for testing
 - ii. Be provided consultation on the need to refer the patient to an SPTC for further workup and testing
 - iii. Receive assistance to arrange patient transport if deemed needed
 - c. **Do NOT refer the patient to an Emergency Department, hospital, or other facility without consulting with the LHD.**
 - i. This includes situations in which you speak to the patient on the phone but do not see him/her in person.
 - ii. If the patient must be immediately referred to an Emergency Department, at a minimum please alert the ED and the LHD.
 - iii. Providers who are unable to reach their LHD can contact the NYSDOH Bureau of Communicable Disease Control at 518-473-4439 during business hours or 1-866-881-2809 evenings, weekends, and holidays.
- 4) For EVD staff exposures: Maintain a log of all personnel coming into contact with a patient or a patient's area or equipment, regardless of the level of PPE worn at the time of contact as outlined above.

Additional references:

- The NYSDOH Ebola website:
<https://www.health.ny.gov/diseases/communicable/ebola/>
- [CDC Ebola website for clinicians](#)
- [Standard, Contact and Droplet Precautions](#)