

Essential Checklist for Ebola Response in Hospitals

Pima County Health Department
(520) 724-7797

This checklist tool is designed to identify key planning considerations that should be addressed as part of the plans and procedures intended to be utilized by healthcare system partners during their response to a suspected or confirmed case of Ebola Virus Disease within Pima County.

ADMINISTRATIVE CONSIDERATIONS

- Designate points of contact who are responsible for:
 - providing internal updates about Ebola response planning for staff
 - communicating with Pima County and state public health officials
 - initiating training and education for staff (i.e. tabletop and walkthrough exercises, refresher training for donning and doffing personal protective equipment (PPE))
 - procuring appropriate PPE and infection control supplies (i.e. EPA registered hospital disinfectants, single-use supplies)
 - list contact information for the points of contact

SCREEN

- Screening tool must document:
 1. Travel history (last 21 days) to Sierra Leone, Guinea, Liberia or Mali and/or close contact with someone who has traveled there; **AND**
 2. Presence of symptoms /signs suspicious for Ebola virus disease (EVD)

Early signs, non-specific	Gastrointestinal signs (3-5 days post fever)	Late signs (5-7 days post fever)
Fever Headache Muscle pain Weakness Fatigue Malaise Unexplained bleeding, bruising	Diarrhea Vomiting Stomach pain Nausea	Bleeding from eyes, ears, nose, mouth, rectum Organ dysfunction, failure

- Be familiar with different exposure categories and risk levels of returned travelers

RISK LEVEL	DEGREE OF EXPOSURE
NO RISK	Contact with a person sick with Ebola before any symptoms appeared Left an Ebola outbreak country MORE than 3 weeks ago Travel to country with Ebola cases, but not an outbreak (Spain, USA)
LOW (but not zero) RISK	Been in an Ebola outbreak country with no known exposure (no direct contact with body fluids of a person sick with Ebola) Been in the same room as someone sick with Ebola Brief contact (shaking hands) with someone sick with Ebola Direct contact with a person sick with Ebola in the United States while wearing correct personal protective equipment (PPE) Travel on an airplane with a person sick with Ebola
SOME RISK	Close contact with a person sick with Ebola without wearing PPE (in same household, healthcare facility, community) Direct contact with a person sick with Ebola in an outbreak-affected country while wearing correct PPE
HIGH RISK	Direct contact with body fluids of person sick with Ebola Touching a dead body in an outbreak country, with or without correct PPE Living with and taking care of a person sick with Ebola

ISOLATE

Situation 1 - Positive in-person screen:

- Move patient to isolation unit: single room, private bathroom, closed doors
- Prepare to stabilize the suspect patient in the facility while pending confirmation of Ebola from the state lab

Visitor protocols:

- Assign personnel (case manager, social worker) to anticipate the needs of any family member or visitor who accompanies the patient
- Mitigate risk to others by having suspect case enter isolation **alone**
- Document family member/visitor's name and contact information
 - Report to Pima County Health Department who will follow up with the visitor
- Assign a social worker to:
 - Coordinate the food and shelter needs of any minors who have accompanied a suspect case
 - Review and familiarize triage staff with policies for the event that a suspect case is a minor and enters isolation with parent/guardian

Situation 2 - Positive telephone screen:

- Instruct patient to stay home and await further contact from Pima County Health Department
- Document patient travel and symptom history and contact information
- Call Pima County Health Department for guidance and provide the above information

PROTECT

- Follow national standards for personal protective equipment (PPE) guidance, including donning and doffing procedures that follow a clean-to-dirty work flow → <http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>
- Instruct staff interacting with patient to follow **STANDARD, CONTACT,** and **DROPLET** procedures to prevent transmission of infectious agents → http://www.cdc.gov/hicpac/2007IP/2007ip_part3.html
- Designate trained observer to ensure these protocols are followed

REPORT

- Activate Hospital Infection Control, Rapid Response Team, or Incident Management Team as soon as the suspect case is identified
- Contact Pima County Health Department as soon as patient travel history and/or symptomology of Ebola is confirmed by the response team
- Keep regular records of patients and health care staff who may have had contact with suspect case in reception or another area– in the event of a confirmed Ebola case, these records may be needed for contact tracing

COLLECT and TRANSPORT SPECIMENS

- Ensure all laboratory personnel are familiar with guidelines for suspect Ebola specimen collection, transport, and testing
- Follow **OSHA bloodborne pathogens standard precautions** for personnel performing phlebotomy
- Suspect Ebola specimens must be packaged as a US Department of Transportation (DOT) **Category A Infectious Substance**
 - Contact Pima County Health Department for Specimen Collection Kit materials and guidance
- <http://www.azdhs.gov/lab/ebola/index.php?pg=home>

TRANSPORT PATIENT

- Identify a protocol for transport of a confirmed Ebola patient to a designated Infectious Disease Treatment Center of Excellence
 - Transport should be non-emergent to mitigate risk to public, healthcare workers and emergency transport personnel
 - Coordinate with Pima County Health Department and emergency management partners before transport

MANAGE WASTE

- Treat all Ebola-associated waste as DOT **Category A infectious substance**
- Inactivation and disposal of Ebola-associated waste may be subject to state, local and OSHA recommendations – consult Pima County Health Department for guidance
- Review detailed recommendations →
<http://www.cdc.gov/vhf/ebola/hcp/medical-waste-management.html>

DECONTAMINATE

- Implement standard environmental infection control measures
- Ensure that environmental services staff wear recommended PPE
- Use EPA registered hospital disinfectant with a label claim for a non-enveloped virus (e.g. norovirus, rotavirus, adenovirus, poliovirus) on surfaces
- Avoid contamination of *porous* surfaces unless made for single use
- Review detailed recommendations →
<http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>

Be prepared to **RECEIVE** an Ebola patient

- Identify where a patient will be received by personnel with PPE
- Establish a route to isolation which avoids other patients/staff in waiting areas, hallways
- Partner with local emergency transport agencies to agree on protocol for decontaminating ambulance or other vehicle used to transport patient