Outpatient Clinic Ebola Guidelines

Background

Because of the epidemic in West Africa and the handful of cases identified in the U.S., there is growing concern about the possibility of patients who may have Ebola Virus Disease (EVD) presenting to Indiana healthcare institutions. Although this is very unlikely, because of the serious nature of the disease healthcare workers in the outpatient setting should be aware of the signs and symptoms and history of exposure in a patient presenting with potential EVD.

The Indiana State Department of Health (ISDH), in collaboration with local health departments, is currently conducting direct, active monitoring of all returning travelers considered at risk: those arriving from Guinea, Liberia, Sierra Leone, and Mali. Local health departments (LHD) are contacting these individuals twice daily for 21 days, observing temperatures, screening for symptoms of Ebola virus disease, and reminding the travelers to contact the local health department immediately with any change in their temperature or symptoms noted in between the twice-daily contacts. Monitoring is conducted in person, via Skype, or a combination of both. Temperature and symptoms are reported to ISDH twice daily, in the morning and evening.

With direct, active monitoring, patients at risk for Ebola who develop symptoms or febrile illness will most likely be identified by state and local health departments and transported in a controlled fashion to an appropriate facility where they can be assessed and tested, if necessary. The possibility that an at-risk patient might present to the Emergency Department (ED) or an outpatient clinic, or be transported by EMS to the hospital without the knowledge of public health officials cannot, however, be entirely ruled out. It is important to note that most febrile patients presenting to the ED or to the outpatient setting will *not* have EVD and the risk of transmission to healthcare workers is low in patients with early and/or limited symptoms. However, because EVD is similar in presentation to many other febrile illnesses, it is prudent for healthcare workers to approach these patients systematically in order to protect themselves and to appropriately treat the patient.

There is a low, but appreciable risk that at-risk patients in the early stages of EVD with mild, nonspecific symptoms may present to an outpatient clinic. The CDC has developed guidelines to address ambulatory patients who present to outpatient clinics and who potentially have EVD (http://www.cdc.gov/vhf/ebola/pdf/ambulatory-care-evaluation-of-patients-with-possible-ebola.pdf). The guidelines outline an **Identify, Isolate,** and **Inform** approach to these patients to allow for appropriate risk stratification of the patients as well as adequate protection of the healthcare providers involved.

Quick Facts

- Individuals **MUST** have a history of travel to Guinea, Liberia, Sierra Leone, or Mali (no other countries) within the past 21 days OR **MUST** have a history of direct contact with an Ebola patient AND have symptoms to warrant further investigation
- EVD is transmitted by direct contact with blood and body fluids of someone who has symptoms of disease, including fever, headache, body aches, abdominal pain, vomiting, and diarrhea.
- Ebola virus infection can **only** be spread by contact with blood or body fluids of someone with EVD symptoms.
- Those infected may start showing symptoms ranging from 2 to 21 days from when they were infected. The average time for symptoms to begin is 8-10 days.
- Early in the course of EVD when patients have minimal symptoms of disease, the risk that they can infect someone else is very low.
- EVD is **NOT** transmitted by food, water, or airborne routes.

Identify

The most important step in managing patients with potential EVD is identifying patients at high risk for being infected by the virus. Assessment of a patient's risk for EVD should occur at patient intake or during triage by personnel who are trained on this process ahead of time. Identification of potential EVD patients is a two-step process: identify signs and symptoms and identify exposure history.

1. *Identify signs and symptoms.* Signs and symptoms of EVD include fever, feeling feverish, headache, weakness, muscle pain (myalgias), vomiting, diarrhea, abdominal pain, or hemorrhage. While most patients with EVD have fever, some patients in the early stages of disease may be afebrile initially. A high index of suspicion is important.
2. *Identify exposure history*. Ask patients with any of the signs and symptoms above about exposure history. Has the patient lived in or traveled to a country with widespread Ebola transmission or had contact with an individual with confirmed EVD in the past 21 days? If no, it is highly unlikely that the patient has EVD. Currently the countries with widespread Ebola transmission are:

   Liberia **Sierra Leone** **Guinea** **Mali**

If a patient has not traveled to one of these countries and has no exposure to a person with *confirmed* EVD in the past 21 days, he is NOT at risk for EVD and may be triaged and treated normally. If a patient has traveled to one of these countries but does not have any of signs or symptoms of EVD, he can be triaged and treated normally. Notify the ISDH about the patient while the patient is in the office so ISDH staff can begin the monitoring process.

Isolate

Patients with suspected EVD (appropriate symptoms AND exposure history) should be immediately isolated in a previously identified private room. Healthcare workers and other staff should avoid contact with the patient as much as possible. Patients may be instructed to take their own temperatures to confirm fever. Healthcare workers should refrain from blood

draws or other procedures unless absolutely necessary. Hang a sign-in sheet on the outside of the patient door and have everyone who enters the room sign in. Remember, in the outpatient setting patients are not likely to be floridly ill and are unlikely to transmit the virus.

If it is necessary for the healthcare worker to have contact with the patient, then generally speaking the highest level of personal protective equipment (PPE) should be used. The CDC recommends using the following PPE:

- Face shield and surgical face mask,
- Impermeable gown, and
- Two pairs of gloves.

If these are not available in the outpatient setting, healthcare workers should use the highest level of PPE available and avoid any unnecessary contact with the patient. Personnel should train in the proper donning and doffing of the PPE prior to working with patients with potential EVD (http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html).

If procedures are necessary, dedicated equipment must be used to avoid contamination of other areas of the clinic. All disposable equipment used should be discarded in double-layered biohazard bags and kept in the room until it can be disposed of properly. Reusable equipment should be thoroughly cleaned with a hospital-grade disinfectant and, if possible, autoclaved prior to being used again.

If a patient is exhibiting florid symptoms such as vomiting, copious diarrhea, or obvious bleeding, avoid all contact with the patient, maintain the patient in isolation, keep other people away from areas that are contaminated, and **immediately** notify the Indiana State Health Department (ISDH) at **844-257-0052**.

Inform

If a patient presents to an outpatient setting with suspected EVD, healthcare workers should **immediately** notify the clinic manager or medical director and then **immediately** report the suspected case to the ISDH at **844-257-0052**. The ISDH will work with the local health department to recommend further steps and assist in further evaluation, treatment, and transportation recommendations.

Do not call EMS or arrange transportation to the Emergency Department until the health department has been contacted, unless the patient is experiencing life-threatening symptoms. If you do have to call EMS, it is important to **clearly communicate** your concern for EVD in the patient being transported with the transporting units and the receiving hospital facility.

One of the most important mechanisms for preventing further spread of EVD is tracing anyone who has had high-risk contact with patients with EVD. Therefore, in the outpatient setting, once a patient suspected of having EVD has been isolated and the health department has been informed, the office should begin to identify anyone who has had contact with that patient. These contacts and the log-in sheet on the patient door should be provided to the health department to aid in their efforts of contact tracing.