

Ebola Preparedness and Response for Outpatient Health Care Providers

Detecting Ebola and Reducing the Risk to Patients and Staff

The likelihood of a patient with Ebola presenting to an outpatient facility in Los Angeles County is now extremely low because national tracking protocols have been implemented to identify and monitor all travelers returning from Ebola-affected countries. It is important, however, to continue to be prepared in the unlikely event of an unmonitored patient with Ebola presenting for care at an outpatient facility.

The purpose of this communication is to provide guidance to outpatient health care providers on how to prepare to safely and effectively identify, isolate and, if appropriate, transfer a patient who may have Ebola, while preventing exposures to patients and staff. We encourage you to develop a plan, communicate the plan with all staff, and conduct occasional “walk through” exercises in your office/clinic to ensure that the plan can be effectively implemented. It is recommended that the plan include the following:

General preparedness

- Ensure that your office/clinic has adequate supplies of personal protective equipment (PPE) for standard, contact and droplet precautions (surgical facemasks¹, face shields, gloves, and impermeable gowns).
- Consider your office/clinic layout and plan the best place to isolate a patient suspected to have Ebola; this should be a single room with a door and a nearby restroom that could be dedicated for the patient (alternately, bedpans could be available so the patient does not need to leave the room).
- Practice appropriate use of PPE including how to remove it without becoming contaminated (see resource box).
- Keep the phone number for Los Angeles County Department of Public Health (LACDPH) Acute Communicable Diseases Program (ACDC) available to report a suspected Ebola case 24/7 or ask questions - business hours 213-240-7941, after hours 213-974-1234. For suspected cases in Pasadena or Long Beach, call your local Health Department (see resource box).

Screening of patients for travel history and fever on arrival

- Display [posters](#) in the waiting room and near the reception desk asking patients to tell reception or nursing staff immediately if they have a fever and, in the last 21 days, have traveled from an Ebola-affected country in West Africa (Guinea, Liberia, Sierra Leone as of 1/6/15; check the CDC [website](#) for updates on the outbreak area).
- If the patient reports a history of travel to one of these Ebola-affected countries and fever or other symptoms consistent with Ebola (headache, joint and muscle aches, abdominal pain, weakness, diarrhea, vomiting, rash, bleeding), consider the patient a suspect Ebola case and take action according to your plan.

¹Note: use of an N95 respirator may be considered in lieu of the surgical mask if the outpatient/ambulatory care setting has established a respiratory protection program and has screened and fit tested staff for use.

- As a second layer of screening, the receptionist or clinical staff should ask all patients who report fever, or who have a documented fever, if they have travelled from an Ebola-affected country in the last 21 days.
- If a patient calls your office/clinic and reports having traveled from an Ebola-affected country in the last 21 days and has fever or other symptoms consistent with Ebola, ask the patient to remain in place and obtain their location and contact information; call ACDC; and follow guidance to have the patient transported to a hospital Emergency Department for evaluation.

Isolation of a suspected Ebola case

- Put the patient in a single room with the door closed.
- Limit the number of staff entering the room to the minimum that are needed for patient care. Put a sign-in sheet on the door to identify all staff entering the room for any reason.
- Post a notice on the door restricting entry of staff and indicating that PPE is needed for anyone who enters the room. LACDPH has created a combination [sign-in sheet/restricted entry notice](#).
- Ensure that all equipment and supplies that are in the room stay in the room and are not used with other patients; keep all materials, including used PPE, in the room so the hall is not potentially contaminated.

Management of persons who accompanied the suspected Ebola case to the facility

- Put accompanying persons in a single room separate from the suspected Ebola case until the evaluation of the suspected Ebola case is complete and LACDPH-ACDC has been consulted. If a single room is not available, separate the accompanying persons from others in the waiting area.

Use of Personal Protective Equipment (PPE)

- Ensure that anyone entering the patient's room use PPE appropriate for standard, contact and droplet precautions – surgical facemask², face shield, impermeable gown and 2 pairs of gloves.
- Ensure that PPE is removed without contaminating the wearer and that hand hygiene is performed immediately after removal of PPE.
- Post a [sign](#) on the patient's door reminding staff how to put on and take off PPE. Have another staff member observe when PPE is removed to ensure it is done safely.
- Encourage frequent hand hygiene by all staff, by the patient, and by persons who accompanied them to reduce potential risk of contamination or infection.

Evaluation of the patient

- Evaluate the risk of exposure to Ebola
 - Confirm travel within the last 21 days to an Ebola-affected country

² Note: use of an N95 respirator may be considered in lieu of the surgical mask if the outpatient/ambulatory care setting has established a respiratory protection program and has screened and fit tested staff for use.

- Ask about potential exposures to known or suspected Ebola patients, corpses or specimens in health care facilities, at home, at funerals and in laboratories.
- If there was potential exposure to Ebola, ask about the type, duration, and proximity of contact (e.g. less or greater than 3 feet, direct contact, percutaneous or mucous membrane exposure) and use of PPE.
- Take additional history, including symptoms consistent with Ebola, and information relevant to other potential diagnoses (e.g. use of malaria chemoprophylaxis).
- Do not draw blood or conduct a physical exam or medical procedures, unless absolutely needed for the patient's immediate care, until after consulting with LACDPH-ACDC.
- Contact LACDPH-ACDC, available 24/7 (see resource box). ACDC will advise on the management of the patient including, if indicated, diagnostic testing, initial management, transport and admission to hospital. If ACDC recommends that the patient be tested for Ebola, they will arrange for specimen collection and transport of the specimen to the LACDPH Public Health Laboratory and to CDC. The result will be available from the Public Health Laboratory in one day and you will be notified of the result by ACDC.

Disinfection and correct management of medical waste

- Put used PPE and all medical waste in a leak-proof container; use a rigid waste receptacle designed to support a leak-proof bag to help minimize contamination of the bag's exterior (See CDC guidance on [waste management](#) and [environmental infection control](#)).
- Waste management and cleaning/disinfection of the room depend on the ultimate diagnosis of the patient (including laboratory testing for Ebola, if performed). Restrict entry into the room and do not remove the waste from the room or dispose of the waste or clean/disinfect the room until ACDC provides instruction on how to do so safely.

Identification of staff, patients and visitors who may have been exposed at your facility

- Make a list of all staff, patients and visitors who were in the waiting room with the potential Ebola patient and obtain their contact information for any necessary follow-up.
- Save the sign-in sheet that was posted on the patient's door until the patient is cleared by ACDC.
- List other staff members present who may have been exposed, and include their contact information.

Staying up-to-date

- Stay current on the [outbreak situation](#) in West Africa as the countries affected by Ebola may change.
- Sign up for alerts from the [Los Angeles Health Alert Network](#).
- Visit the DPH Health Care Provider Ebola website for CDC, California DPH and LAC DPH updates on Ebola: <http://publichealth.lacounty.gov/media/ebola-HealthCare.htm>

Resources

Print Materials	
Waiting room poster/flyer (English, Spanish & French)	http://publichealth.lacounty.gov/media/docs/WaitRoom.pdf
Sign-in sheet for patient room	http://publichealth.lacounty.gov/media/docs/EbolaSignIn.pdf
Personal Protective Equipment (PPE) Training Resources	
HEROES training video - use of health care PPE	http://www.drc-group.com/project/jitt-ppe.html
CDC training videos - use of PPE to manage Patients with Ebola in U.S. Hospitals	http://www.cdc.gov/vhf/ebola/hcp/ppe-training/index.html
CDC Safe Donning & Removal of PPE	http://www.cdc.gov/hicpac/2007IP/2007ip_fig.html
Local Consultation and Guidance	
LA County Department of Public Health	Acute Communicable Disease Program (ACDC) Business hours 213-240-7941 After hours/weekends/holidays 213-974-1234 ask for the AOD http://publichealth.lacounty.gov/media/ebola-HealthCare.htm
Long Beach Health and Human Services	Week days 8-5PM call 562-570-4302 After hours call 562-435-6711 and ask for Communicable Disease Lead
Pasadena Public Health Department	626-744-6043
General questions about Ebola for the general public	2-1-1
Los Angeles Health Alert Network	Sign up and see archived alerts at www.publichealth.lacounty.gov/LAHAN
CDC Resources	
Main Ebola website for Health Care Providers	http://www.cdc.gov/vhf/ebola/hcp/index.html
Countries affected by Ebola	http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/index.html
California Department of Public Health Ebola page	http://cdph.ca.gov/programs/cder/Pages/Ebola.aspx