

**UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE
USF PHYSICIANS GROUP**

Policy and Procedures	Supersedes:	File Code Number:
Approvals: Dr. Charles Paidas, MD, MBA Dr. Terri Ashmeade, MD,MSMS,CPHQ Dr. Ana P. Velez, MD, Infectious Disease Linda R. Lennerth, RN, MSN		Sections: Infection Prevention & Control Subject: Ebola Virus Disease Patient Care Protocol USF HEALTH Ambulatory Care Clinics
Reviewed/Revised: New Oct 2014		

Purpose:

To provide a written guideline for care elements of patients suspect or infected with Ebola Virus Disease (EVD) seen in any USF HEALTH Ambulatory Care Clinic.

Ebola:

Ebola is a Virus that is spread from person to person via body fluids that contain cells with the virus. Ebola requires direct contact with the body fluids or close contact, within 3 feet, where you could get the body fluids on you. In Africa, contact with fruit bats or eating “bush meat” from an infected monkey can infect someone.

Procedure:

Early recognition is critical for infection control. Attachment A is an Ebola Virus Disease (EVD) Screening tool. If the patient answers yes to both 1 and 2, the patient should be moved to a private room with Standard, Contact, and Droplet precautions followed during further assessment. Only imperative staff should enter the room.

Front Desk Personnel:

Front desk personnel should be aware of steps to take for a patient who presents to the clinic and is suspect for or has Ebola Virus Disease.

- If a patient/visitor presents to the desk and informs the staff that they think they may have Ebola or may have been exposed to Ebola, notify the clinic staff immediately so the person can be isolated from the general population in a private room with the door closed.
- Do not handle any body fluids.
- Wear gloves and immediately wipe the desk with an approved cleaner/disinfectant (bleach based product) as well as any chairs the person was sitting in.
- Dispose of cleaning materials and gloves in a biohazard bag and have the bag removed from the area.
- Immediately wash your hands with soap and water.

Healthcare Workers:

Limit access to the patient. Only imperative staff should enter the room.

Personal Protective Equipment (PPE) - Healthcare workers will wear the indicated PPE when in contact with the patient. At a minimum gloves, gown and medical mask should be used. Follow Standard, Contact, and Droplet Precautions. A buddy must be present to observe the doffing (removing) of PPE to ensure proper removal to reduce the risk of exposure.

- Correctly sized gloves (non-sterile examination gloves) when entering the patient care area.
- A disposable, impermeable gown to cover clothing and exposed skin.
- A medical mask to prevent splashes to the nose and mouth
- Eye protection (eye visor, goggles or face shield), if indicated by blood and body fluid exposure, to prevent splashes to the eyes.
- Shoe covers, if indicated by blood and body fluid exposure, to avoid contamination with blood or other body fluids.

Screening Criteria:

The patient should be screened for the following:

1. Fever, headache, joint and muscle aches, weakness, fatigue, diarrhea, vomiting, stomach pain and lack of appetite, and in some cases bleeding.
- AND**
2. Travel to West Africa (Guinea, Liberia, Nigeria, Senegal, Sierra Leone, Democratic Republic of Congo, or other countries where EVD transmission has been reported by the World Health Organization within 21 days (3 weeks) of symptom onset.

If both criteria are met:

- Isolate the patient in a private room with the door closed door.
- Don appropriate PPE
- Only designated persons should enter the room
- Immediately contact the County Health Department at:
 - Hillsborough County Daytime – 813-307-8010, After Hours – 813-307-8000
 - Pasco County Daytime – 352-521-1450 x344, After Hours – Pager: 727-257-1177 or 727-815-4088
 - Pinellas County Daytime or After Hours – 727-507-4346
- Immediately contact Medical Health Administration Infection Control at 813-974-3163 for assistance.
- If directed, complete the Ebola Virus Disease Consultation Form (attachment B)

Post Discharge:

- Keep the room empty for terminal cleaning.
- If surfaces are heavily soiled with vomit or blood, wear heavy duty/rubber gloves, impermeable gown and closed shoes, (e.g. boots) when cleaning the environment and handling infectious waste.

- If there is no visible soil, wear gloves, impermeable gown and mask to reduce the risk of splashes when cleaning.
- Cleaning should be done using an approved bleach based cleaner/disinfectant.
 - Clorox Healthcare® Bleach Germicidal Cleaner
 - Clorox Healthcare® Bleach Germicidal Wipes
 - Clorox Healthcare® Hydrogen Peroxide Cleaner Disinfectant
 - Clorox Healthcare® Hydrogen Peroxide Disinfectant Wipes
- Cleaning should always be carried out from “clean areas” to “dirty areas”.
- Waste should be segregated at point of generation to enable appropriate and safe handling.
- All waste should be collected in biohazard red bags or covered bins. Bags and bins should never be carried against the body.



Ebola Virus Disease (EVD) Screening

Emergency Department screening criteria for patient isolation and notification:

1. Fever, headache, joint and muscle aches, weakness, fatigue, diarrhea, vomiting, stomach pain and lack of appetite, and in some cases bleeding.

AND

2. Travel to West Africa (Guinea, Liberia, Nigeria, Senegal, Sierra Leone or other countries where EVD transmission has been reported by WHO) or the Democratic Republic of Congo within 21 days (3 weeks) of symptom onset.

If both criteria are met, then the patient should be moved to a private room with a bathroom, and STANDARD, CONTACT, and DROPLET precautions followed during further assessment.

IMMEDIATELY Report Person Under Investigation (PUI) for Ebola to Discuss EVD Testing:

1. Leadership: Dr. Charles Paidas, MD, MBA, Vice Dean Clinical Affairs & GME – 813-974-4478
2. Hillsborough County Daytime – 813-307-8010, After Hours – 813-307-8000
Pasco County Daytime – 352-521-1450 x344, After Hours – Pager: 727-257-1177 or 727-815-4088
Pinellas County Daytime or After Hours – 727-507-4346
3. Medical Health Administration Infection Control at 813-974-3163 or Pager: 813-216-0153

Attachment B: (Complete only if Instructed to do so.)

Ebola Virus Disease (EVD) Consultation Record

Identifier#: _____ - _____

(Use the following convention: State Abbreviation + sequential numbering)

Date: Day ____ Month ____ Year 2014 Time: ____ HRS (AM / PM)

Background:

Age: Sex: M / F Citizenship: _____
Background/Ethnicity (optional): _____
Occupation/Avocation: _____

Travel History:

Travel (in /to/ from) (circle country)

Guinea Liberia Sierra Leone Nigeria Other _____
Area/Countries/Districts if known: _____

Travel in rural areas? Y N UNKNOWN

Travel in areas with known Ebola cases? Y N UNKNOWN

Arrival Date in US: Month: Day:

Interim Stop(s) and Dates (as applicable): _____

Symptoms developed during travel (details): Y N UNK Location:
While on aircraft/at airport (details): Y N UNK Details: _____

Activities in country(ies) of travel/residence: (circle)

Medical Provider
Care Provider for Ill Patient
Laboratory Worker
Administrative/Organizational Other (specify):

Seen for same symptoms prior to being seen at/admitted (e.g. another medical facility – provide details): Y N UNKNOWN
Details/Location: _____

Medical Details: Travel medicine preparations pre-travel: _____

Pre-travel Yellow Fever vaccinated: Y N UNK
Pre-travel typhoid vaccination: Y N UNK

Medications taken while on travel (include malaria chemoprophylaxis): _____

Compliance with medications: (Poor Fair Good Excellent UNK)

Significant Past Medical History (e.g., illnesses/conditions): _____

Any illnesses while abroad and treatments: _____

Date of current symptom onset: _____

Typical symptoms:

- Fever (& How high if documented):	Y	N	UNK	Oral	°F	°C
- Intense Weakness	Y	N	UNK			
- Muscle Pain	Y	N	UNK			
- Headache	Y	N	UNK			
- Sore Throat	Y	N	UNK			
- Vomiting	Y	N	UNK			
- Diarrhea	Y	N	UNK			
- Any hemorrhagic manifestations (specify below)	Y	N	UNK			

Other symptoms:

Rashes (specify) _____	Y	N	UNK
Red Eyes (conjunctival hemorrhage)	Y	N	UNK
Hiccups	Y	N	UNK
Cough	Y	N	UNK
Chest Pain	Y	N	UNK
Difficulty Breathing/SOB	Y	N	UNK
Difficulty Swallowing	Y	N	UNK

BP: Pulse: Respirations:

General Appearance: (Healthy Mildly Distressed Toxic)

Exposures of Interest: (In the 21 days prior to symptom onset)

Exposure to known or suspected Ebola patients: Y N UNK

Direct contact with known Ebola patients without PPE: Y N UNK

Exposure to blood products or bodily fluids from known Ebola patients: Y N UNK

Exposure to hospital settings known for treating Ebola patients: Y N UNK

Exposure to dead animals/“Bushmeat” preparation or consumption (details): Y N UNK
Details:

Visitation of caves inhabited by bats in country of concern: Y N UNK

Care provider to anyone in [from] affected area: Y N UNK

Participation in dead body preparation or funeral (specify details): Y N UNK
Details:

Infection Control:

Conveyance used to bring patient to hospital/clinic:

Private Vehicle Other: Current location of patient:

To be admitted: (Y N) to Facility name:

Name, date, and type (e.g., outpatient clinic, emergency room) of facilities visited while symptomatic with this illness: _____

Infection control procedures in place (check all that apply): Standard Contact Droplet

Above procedures put in place when:

Upon Arrival After ___ Hours Other: _____

Personal Protective Equipment required for entering patient’s room (check all that apply):

Gowns Gloves Eye Protection Facemask Goggles

Other, please list: _____

Have any personnel had unprotected exposures (e.g. recommended PPE not worn, percutaneous or mucous membrane exposure) to the patient (elaborate)? Y N UNK

Describe if yes:

Reporting:

Case discussed with CDC: Y N

Case discussed with State HD: Y N

Can we discuss your case with State HD: Y N

Comments:

Submitted by: Last Name:

First Name:

MI:

Title:

Contact Info: Phone:

Email:

For additional reference if additional laboratory testing considered:

<http://www.cdc.gov/ncezid/dhcpp/vspb/specimens.html>

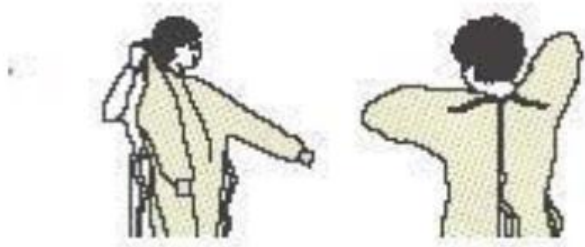
Attachment C:

Example of Safe Donning and Removal of Personal Protective Equipment (PPE)

DONNING PPE

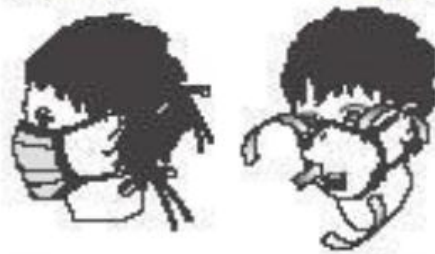
GOWN

- Fully cover torso from neck to knees, arms to end of wrist, and wrap around the back
- Fasten in back at neck and waist



MASK OR RESPIRATOR

- Secure ties or elastic band at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



GOGGLES/FACE SHIELD

- Put on face and adjust to fit



GLOVES

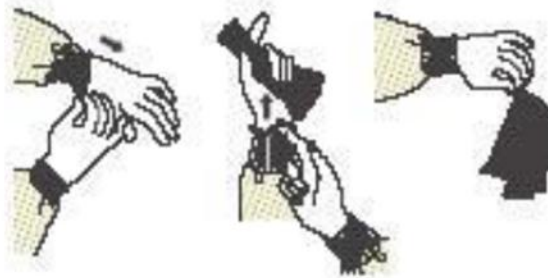
- Use non-sterile for isolation
- Select according to hand size
- Extend to cover wrist of isolation gown



Remove PPE at doorway before leaving patient room or in anteroom

GLOVES

- Outside of gloves are contaminated!
- Grasp outside of glove with opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist



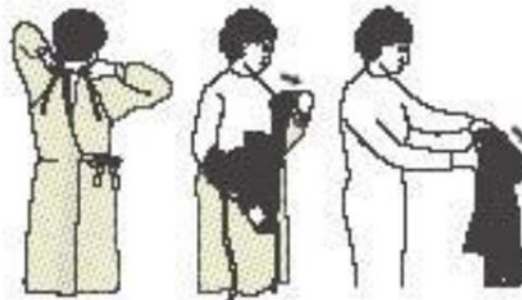
GOGGLES/FACE SHIELD

- Outside of goggles or face shield are contaminated!
- To remove, handle by "clean" head band or ear pieces
- Place in designated receptacle for reprocessing or in waste container



GOWN

- Gown front and sleeves are contaminated!
- Unfasten neck, then waist ties
- Remove gown using a peeling motion; pull gown from each shoulder toward the same hand
- Gown will turn inside out
- Hold removed gown away from body, roll into a bundle and discard into waste or linen receptacle



MASK OR RESPIRATOR

- Front of mask/respirator is contaminated – DO NOT TOUCH!
- Grasp ONLY bottom then top ties/elastic and remove
- Discard in waste container

