

Ebola Preparedness for Outpatient Healthcare Settings

Interim Guidance updated January 9, 2015 (changes/new info in **RED**)

The NH Division of Public Health Services (DPHS) recognizes the need for specific guidance for outpatient healthcare settings, as these settings may have contact with a possible Ebola virus disease (EVD) patient. This document should be applied to all healthcare settings that are not a hospital emergency room or an inpatient medical facility. This includes outpatient provider offices, urgent care settings, ambulatory surgical centers, etc.

Because federal guidance is evolving, this document should be considered as interim NH guidance. One aspect that will never change, however, is that our providers and healthcare workers must be protected. If there is a call to render care to a possible EVD patient, no matter the patient condition, your first priority must be to ensure that you are properly trained, equipped, and protected. Taking steps now to prepare for a suspect EVD patient will allow you to manage a suspect EVD patient safely and effectively.

Key Actions for outpatient settings to *take now*:

- Implement appropriate screening questions for possible Ebola patients in phone triage scripts and patient registration procedures.
- Post screening guidance in your setting for frequent review.
- Post signage in your facility and at reception areas to alert patients to notify the receptionist if they have any travel to **Sierra Leone, Liberia, or Guinea** ~~or~~ **Mali** within 21 days of symptom onset.
- Review the signs and symptoms of EVD with staff, which may include fever, headache, muscle pain, vomiting, diarrhea, abdominal pain, fatigue, or unexplained hemorrhage
- Identify a room (preferably with a private bathroom) where a suspect EVD patient can be isolated.
- Review and update infection control plans.
- Complete the CDC Ebola preparedness checklist for outpatient settings at:
<http://www.cdc.gov/vhf/ebola/pdf/healthcare-facility-checklist-for-ebola.pdf>

Screening and Suspect Case Identification

- Review NH DPHS clinical guidance for healthcare providers available at: <http://www.dhhs.nh.gov/dphs/cdcs/alerts/documents/ebola-in-usa.pdf>
- To support early identification, outpatient settings should "Identify, Isolate and Inform"
 - Ask all patients presenting for care if they are not feeling well or have any symptoms of EVD.
 - Ask all patients presenting with symptoms consistent with EVD about travel to Liberia, Sierra Leone, or Guinea ~~or Mali~~ within the 21 days before illness onset.
- If a suspect EVD case is identified during the registration and triage process in a patient that has physically presented to the outpatient healthcare setting:
 - The receptionist or other healthcare worker should provide a face mask to the patient to be placed over his/her nose and mouth, and instruct the patient to avoid contact with any person or the physical environment.
 - The receptionist or other healthcare worker should escort the patient to the previously identified isolation room and close the door to isolate the patient from other people. The staff member escorting the patient does **not** need any specific PPE, but should avoid direct contact with the patient and maintain at least a 3 feet distance at all times.
 - This healthcare worker should then immediately notify other staff and healthcare providers of a suspect EVD patient. Direct contact with the patient should be avoided, but patient should be notified of what is occurring.
 - Prior to entering the room, the healthcare provider who is primarily responsible for the patient should notify the NH Division of Public Health Services at 271-4496 (271-5300 after hours). If NH DPHS agrees the patient is suspect for EVD, DPHS will help arrange for transport to a hospital emergency department for further patient evaluation, testing and clinical management with appropriate PPE.
 - DPHS may ask for more clarification to better triage the patient, which the onsite healthcare provider can safely obtain at a distance from the patient without donning full PPE as long as the patient is not contaminated with body fluids. If the patient is not contained (e.g. active vomiting, diarrhea, or bleeding present), the provider must wear full PPE (listed below) to enter the room, or can elicit further information through the closed door.
 - If DPHS determines that the patient does not warrant further evaluation for EVD, the healthcare provider can proceed as per normal patient encounter.
- If a suspect case is identified during phone triage with a patient, the outpatient healthcare provider should:
 - Instruct patient not to have further contact with household members or other people.
 - Notify the NH Division of Public Health Services at 271-4496 (271-5300 after hours) to arrange for further evaluation at a local hospital emergency room.

Personal Protective Equipment (PPE) Recommendations

Healthcare providers in the outpatient setting are not expected to have full PPE available or training provided to adequately deal with a suspect EVD patient. If a healthcare facility is planning on contact with a suspect EVD patient, they should have at a minimum the following PPE available (preferably disposable) to ensure no skin is showing, and appropriate training in donning and doffing of the PPE:

- Fluid-resistant or impermeable gown that extends at least to mid-calf
- Two pairs of nitrile gloves with extended cuffs
- Fluid-resistant or impermeable boot covers that extend to mid-calf (fluid-resistant or impermeable shoe covers can be used instead if used in combination with a suit with integrated socks)
- Surgical hood that covers the head and extends to shoulders
- Full face shield (goggles are no longer recommended)
- NIOSH-certified fit-tested N95 mask

Additional PPE can also include:

- Impermeable suit (coverall) with shoe covers. The suit should NOT include a hood. If a suit with hood is used, the hood should be rolled up and tucked inside the collar to minimize steps while doffing the PPE.
- NIOSH-certified Powered Air Purifying Respirator (PAPR) that consists of a built-in full face shield and headpiece. If a reusable helmet or headpiece is used, the PAPR must be covered with an additional disposable surgical hood that extends to the shoulders and is compatible with the selected PAPR.
- A fluid-resistant or impermeable apron that covers the torso to mid-calf

Decontamination

Following an encounter with a suspect or confirmed EVD patient, appropriate environmental cleaning of the patient care area and medical equipment is critical.

- Personnel performing decontamination must wear appropriate EVD PPE as described above.
- If the facility does not have appropriate PPE, the patient room and any bathroom the patient used, should be isolated with doors closed until appropriate decontamination can be arranged.
- Facilities should plan ahead of time for establishing a mechanism to clean the room and other areas, if needed, after a suspect EVD patient leaves. If a mechanism is not established at the time a suspect case is identified, NH DPHS will work with the facility to help arrange appropriate decontamination.
- Ambulatory offices should contact local hospitals to coordinate sharing of resources and management of potentially infectious waste.
- Medical equipment used on EVD patients should be disposable whenever possible.
- All linens and non-fluid-impermeable pillows or mattresses, medical waste and any other materials that secretions from the suspect patient may have contaminated should be placed in leak-proof containment, clearly labeled "Ebola Waste", and set aside in a secure location until EVD test results are complete or until arrangements can be made to safely dispose of it.
 - If test results are negative, the waste can be disposed of normally using standard medical waste disposal procedures.
 - If test results are positive, NH DPHS will arrange for removal of the waste in accordance with all applicable guidelines for managing medical waste from EVD patients.

- All non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and the healthcare organizations policies.
 - Standard environmental cleaning with U.S. Environmental Protection Agency (EPA)-registered hospital approved disinfectant is effective for non-critical patient care equipment and environmental surfaces. The U.S. EPA-registered hospital disinfectant should have a label claim for a non-enveloped virus (e.g., norovirus, rotavirus, adenovirus, poliovirus) and used in accordance with the manufacturer's instructions.
- A blood spill or spill of other body fluid or substance (e.g., feces or vomit) should be managed through removal of bulk spill matter, cleaning the site, and then disinfecting the site. For large spills, a chemical disinfectant with sufficient potency is needed to overcome the tendency of proteins in blood and other body substances to neutralize the disinfectant's active ingredient.
- If PPE appropriate for Ebola is donned during the encounter, PPE should be doffed using a second trained observer to guide the person doffing the PPE through specific removal and decontamination steps per CDC guidance: <http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>
- The trained observer and assistant should also wear the following minimum PPE to assist with removal of specific components of PPE:
 - Fluid-resistant or impermeable gown
 - Full face shield
 - Two pairs of nitrile gloves with extended cuffs
 - Fluid-resistant or impermeable shoe covers
- Once PPE has been doffed, healthcare personnel should shower and change garments. All removed uniforms or garments should be laundered.

PPE Breaches

If there is a break in PPE during patient care, decontamination, or PPE removal, the provider should stop working and immediately wash the affected skin surfaces with soap and water. Mucous membranes (e.g., conjunctiva) should be irrigated with copious amounts of water or eyewash solution. Persons with percutaneous exposures to blood or body fluids (e.g. needlestick) should immediately contact occupational /employee health and his or her supervisor for assessment and access to postexposure management services for all appropriate pathogens (e.g., Human Immunodeficiency Virus, Hepatitis C, etc.). An asymptomatic healthcare provider who had exposure should receive medical evaluation and follow-up care including fever and symptom monitoring for 21 days after the exposure. Any potential PPE or infection control breach should be reported to NH DPHS at (603) 271-4496 (after hours 603-271-5300).

Additional Resources

NH Department of Health and Human Services, Division of Public Health Services
 Telephone: 603-271-4496 (after hours 603-271-5300)
<http://www.dhhs.nh.gov/>

CDC Ebola Information for Healthcare Workers and Settings
<http://www.cdc.gov/vhf/ebola/hcp/index.html>

CDC Ebola Infection Control Recommendations
<http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.htm>

CDC Ebola Personal Protective Equipment Recommendations
<http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>

CDC/Medscape Ebola PPE Demonstration Video
<http://www.medscape.com/viewarticle/833907>

CDC Guidance for Environmental Infection Control
<http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>

Selected EPA-registered Disinfectants
<http://www.epa.gov/oppad001/chemregindex.htm>