



## Preparing for Ebola response in U.S. health care facilities

### Issue:

Due to the recent Ebola Virus Disease (EVD) outbreak in West Africa, there is an increased risk of individuals traveling from affected countries to the U.S. and subsequently seeking health care in American hospitals, clinics, and physician offices. Ebola is a highly virulent virus; health care workers must use utmost caution in treating patients suspected or confirmed with EVD, and a health care facility must use all available resources to ensure the safety of its patients and staff. As of this writing, the Centers for Disease Control and Prevention (CDC) announced that EVD has been confirmed in at least one patient in Texas.

### Safety Actions to Consider:

Now is the time to assess the readiness of your organization's Ebola response. The following information can help in preparing for Ebola (or any other highly infectious outbreak) response in your facility.

- Determine that all staff and clinicians who may care for or come into contact with EVD patients or persons under investigation for EVD are educated and trained on current Ebola guidance to safely care for patients, while minimizing the risk of transmission to themselves and others, including other patients and visitors.
- If the training provided previously to all staff did not include enough detail on handling EVD, initiate a mandatory educational overview of EVD, which would include the roles and responsibilities of staff. Consider “phasing in” additional education as more external guidelines and resources become available.
- Reevaluate the key domains in your current infection control plan to ensure your health care organization has ample guidelines, requirements, and components to deal with a potential EVD patient.
- Early recognition of any patient suspected of having EVD includes:
  - Signs and symptoms, including:
    - Fever greater than 38.6° C or 101.5° F
    - Severe headache
    - Muscle pain
    - Weakness
    - Diarrhea
    - Vomiting
    - Abdominal (stomach) pain
    - Unexplained hemorrhage (bleeding or bruising)Symptoms may appear anywhere from 2 to 21 days after exposure to Ebola, but the average is 8 to 10 days.
  - Travel history (residence in, or travel to, an area where EVD transmission is active)
  - Isolation precautions (isolate the patient in a private room with their own bathroom and implement standard, contact, and droplet precautions)
  - Proper use and removal of personal protective equipment (PPE)

### Signs and symptoms of Ebola Virus Disease (EVD)

- Fever greater than 38.6° C or 101.5° F
- Severe headache
- Muscle pain
- Weakness
- Diarrhea
- Vomiting
- Abdominal (stomach) pain
- Unexplained hemorrhage (bleeding or bruising)

Symptoms may appear anywhere from 2 to 21 days after exposure to Ebola, but the average is 8 to 10 days.

(Cont.)



Legal disclaimer: This material is meant as an information piece only; it is not a standard or a *Sentinel Event Alert*. The intent of *Quick Safety* is to raise awareness and to be helpful to Joint Commission-accredited organizations. The information in this publication is derived from actual events that occur in health care.

- Safe and secure specimen collection, adequate labeling, transport and packaging (which includes sending specimens outside your laboratory for confirmation or additional analysis), testing, and submission
- Per CDC recommendations, infection prevention and control precautions to be implemented with a known or suspected EVD patient include but are not limited to the following:
  - Isolate the patient
  - Wear appropriate PPE
  - Restrict visitors
  - Avoid aerosol-generating procedures
  - Implement environmental infection control measures
- In addition to reviewing the infection control mechanisms in your health care organization, review your organization's emergency operations plan (EOP).
  - Consider whether an incident command should be activated if a possible EVD case is suspected. This could facilitate communication with other staff on elevating safe protocols and procedures.
  - It is always good practice to review previous drills on EOP activation and how the organization responded to external situations.
  - Verify that sufficient resources are available for handling special infectious disease situations.
  - Your EOP review and actions to consider can also include touching base with your local governments to verify you are congruent with a community-wide approach, as a "just in case" scenario.

Resources:

Centers for Disease Control and Prevention:

- [Ebola Virus Disease Information for Healthcare Workers](#)
- [Health Care Facility Preparedness Checklist for Ebola Virus Disease \(EVD\)](#)
- [Fact Sheet: CDC Ebola Surge – 2014](#)
- [How U.S. Clinical Laboratories Can Safely Manage Specimens from Persons Under Investigation for Ebola Virus Disease](#)

American Society of Microbiology: [Interim Laboratory Guidelines for Handling/Testing Specimens from Cases or Suspected Cases of Hemorrhagic Fever Virus \(HFV\)](#). September 10, 2014.

*Note: This is not an all-inclusive list.*



Legal disclaimer: This material is meant as an information piece only; it is not a standard or a *Sentinel Event Alert*. The intent of *Quick Safety* is to raise awareness and to be helpful to Joint Commission-accredited organizations. The information in this publication is derived from actual events that occur in health care.