

# Guidelines for the Initial Management of Patients in Emergency Departments Who May Have Ebola Virus Disease (EVD)

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For further guidance refer to;

1. DOHMH Ebola Virus Disease Evaluation Algorithm at <http://www.nyc.gov/html/doh/downloads/pdf/cd/ebola-eval-algorithm.pdf> and
2. Centers for Disease Control and Prevention (CDC) Emergency Department Evaluation and Management Guidelines: [www.cdc.gov/vhf/ebola/hcp/ed-management-patients-possible-ebola.html](http://www.cdc.gov/vhf/ebola/hcp/ed-management-patients-possible-ebola.html)

**Ensure that a protocol is in place to rapidly identify a potential EVD patient and immediately isolate that patient in a private room. This will reduce potential risks to staff, visitors and other patients.**

- Place posters in entrances, triage areas and patient care areas to remind patients to report travel history
- Health Department posters in many languages are available by calling [311](tel:311). The posters ask patients to immediately inform office staff if they are ill and recently traveled internationally. Posters can also be downloaded at [nyc.gov/ebola](http://nyc.gov/ebola).
- Stamps, stickers and screening forms can be used throughout the triage, registration and patient evaluation processes to prompt administrative, triage and clinical staff to ask EVD screening questions.



- **Have you traveled from a West African country recently?**  
If "Yes,":
  - From which African country or countries did you travel?
- **If returning from an Ebola-affected area, did your symptoms begin within 21 days after you left the Ebola-affected area?**
  - Do your symptoms include fever, weakness, headache, muscle aches, vomiting, diarrhea or bleeding?

**Prompt staff to identify patients with EVD risk factors and relevant travel history**

- Triage and clinical staff should be familiar with the West African countries currently affected by the EVD outbreak: An updated map is available at [www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html](http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html). When evaluating potential EVD patients, take a thorough travel history. Any symptomatic patient identified with travel to an affected country within 21 days of illness onset should be immediately isolated in a private room with private bathroom or covered bedside commode, and clinical staff and infection control should be immediately notified. Standard, contact and droplet infection control measures should be implemented. Only essential personnel with

designated roles should evaluate patient and provide care to minimize transmission risk. Staff should be prepared to use the appropriate PPE as recommended by CDC (see below)

- Ask whether the potential EVD patients had any of the following exposures that could increase risk:
  - 1. Serve as a health care worker who cared for confirmed or suspect EVD patients?
  - 2. Work in a laboratory that processes specimens from confirmed or suspect EVD patients?
  - 3. Have direct contact with a confirmed or suspect EVD patient and/or their blood or bodily fluids?
  - 4. Participate in funeral rites or have contact with human remains in a location with EVD transmission?
  - 5. Live with an EVD patient?

### **Infection Control and the Use of personal protective equipment (PPE)**

- Have on-hand an ample supply of required PPE. For clinically stable patients, healthcare workers should at a minimum wear face shield and surgical face mask, impermeable gown, and 2 pairs of gloves. For more information, visit <http://www.cdc.gov/vhf/ebola/hcp/ed-management-patients-possible-ebola.html>. For patients with obvious bleeding, vomiting, copious diarrhea or a clinical condition that warrants invasive or aerosol-generating procedures (e.g. intubation, suction, active resuscitation) more restrictive PPE should be worn. For more information, visit <http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>
- Use continuous safety checks to maintain proficiency in the proper donning and doffing of PPE. For more information, visit [www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html](http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html)
- Follow CDC recommendations on Environmental Infection Control ([www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html](http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html))

### **If the EVD reporting criteria below are met, contact the Health Department at 866-692-3641 immediately**

- A Health Department medical epidemiologist will review the clinical and risk factor information with the clinician who has evaluated the patient to determine appropriate next steps.

**FEVER OR SYMPTOMS: Subjective or measured fever OR Compatible symptoms for EVD (headache, weakness, myalgia, vomiting, diarrhea, abdominal pain or unexplained hemorrhage)**

**AND**

**TRAVEL OR CLOSE CONTACT: Travel in the 21 days before illness onset to an affected area\* OR Had close contact with a confirmed EVD patient**

*\*For an updated map of affected areas, visit [www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html](http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html)*

*(Note: Emergency departments should follow their institution's internal notification protocol for reportable diseases before calling the Health Department, including notification of Infection Control staff)*