

## Cover Sheet

**DATE:** October 28, 2014

**SUBJECT:** Identify, Isolate, Inform: Emergency Department Evaluation and Management for Patients Who Present with Possible Ebola Virus Disease

### INSTRUCTIONS:

**DISTRIBUTE** to your local HAN contacts. This HAN is intended for general sharing of information.

**Forwarding of this HAN Message will be tracked by DPHHS:**

- Time for Forwarding: **3 Business Days**
- Forwarding to DPHHS is required
- **Remove this cover sheet before redistributing and replace it with your own**

**For LOCAL HEALTH DEPARTMENT reference only**

DPHHS Subject Matter Resource for more information regarding this HAN, contact:

**DPHHS CDCP  
Epidemiology Section  
1-406-444-0273**

**DPHHS Health Alert Hotline:  
1-800-701-5769**

**DPHHS HAN Website:  
[www.han.mt.gov](http://www.han.mt.gov)**

**REMOVE THIS COVER SHEET BEFORE REDISTRIBUTING  
AND REPLACE IT WITH YOUR OWN**

**Ensure that local providers have your 24/7 emergency contact information by including that information in your HAN**

**Review your 24/7 procedures with appropriate staff involved in operational aspects**

**Please ensure that DPHHS is included on your HAN distribution list.**

### Categories of Health Alert Messages:

**Health Alert:** conveys the highest level of importance; warrants immediate action or attention.

**Health Advisory:** provides important information for a specific incident or situation; may not require immediate action.

**Health Update:** provides updated information regarding an incident or situation; unlikely to require immediate action.

**Information Service:** passes along low level priority messages that do not fit other HAN categories and are for informational purposes only.

**Please call DPHHS to update contact information at 444-0919**

# Information Sheet

**Date:** October 28, 2014

**Subject:** Identify, Isolate, Inform: Emergency Department Evaluation and Management for Patients Who Present with Possible Ebola Virus Disease

**Background:** The Montana Department of Public Health and Human Services (DHPHS) is providing specific guidance (attached) to emergency departments and urgent care settings on evaluation of possible Ebola Virus Disease (EVD) patients who might present in Montana healthcare facilities.

**Information:** In general, the majority of febrile patients presenting to the Emergency Department (ED) do not have EVD, and the risk posed by patients with early, limited symptoms is lower than that from a patient hospitalized with severe EVD. Nevertheless, because early symptoms of EVD are similar to other febrile illnesses, triage and evaluation processes in the ED should consider and systematically assess patients for the possibility of EVD.

## Recommendations:

### Providers:

- 1) Please review the updated guidance related Evaluation and Management of Patients with Possible EVD and PPE guidance
- 2) Note notification numbers for local and state health department consultation regarding consultation and access to testing

### Local Health Jurisdictions:

Local health departments and DPHHS play a key role to ensure prompt notification, access to testing, and monitoring of individuals with possible exposures. The DPHHS CDEpi program will work with your jurisdiction regarding active monitoring of individuals with possible exposures.

- 1) Insert your contact information (business and after hours numbers) in the block on the bottom of the flowchart
- 2) Review the flow-chart closely noting the role of your health department in the processes related to monitoring and consultation regarding testing
- 3) Distribute to urgent cares and EDs and encourage them to share widely with relevant partners
- 4) Notify DPHHS of anyone reporting a valid possible exposure such as travel within the last 21 days to Sierra Leone, Guinea, or Liberia or possible exposure to an Ebola patient.



## Identify, Isolate, Inform: Emergency Department Evaluation and Management for Patients Who Present with Possible Ebola Virus Disease

**Background:** The procedures in the accompanying algorithm provide guidance on the Emergency Department (ED) evaluation and management of patients who present with possible Ebola Virus Disease. The guidance in this document reflects lessons learned from the recent experiences of U.S. hospitals caring for Ebola patients.

The risk of transmission of Ebola virus from a patient to a healthcare worker depends upon the likelihood that the patient will have confirmed Ebola Virus Disease combined with the likelihood and degree of exposure to infectious blood or body fluids. That risk depends on the severity of disease; severe illness is strongly associated with high levels of virus production. In addition, close contact with the patient and invasive medical care can increase opportunities for transmission.

In general, the majority of febrile patients presenting to the ED do not have Ebola Virus Disease, and the risk posed by patients with early, limited symptoms is lower than that from a patient hospitalized with severe Ebola Virus Disease. Nevertheless, because early symptoms of Ebola Virus Disease are similar to other febrile illnesses, triage and evaluation processes in the ED should consider and systematically assess patients for the possibility of Ebola Virus Disease. Healthcare facilities must implement administrative and environmental controls (e.g., designated area for further evaluation of patient with possible Ebola Virus Disease), and provide onsite management and oversight on the safe use of PPE. Best practice would include continuous safety checks through direct observation of healthcare workers during the process of putting on (donning) and taking off (doffing) PPE.

### Triage Recommendations:

1. Immediately upon entrance to the ED, or in advance of entry if possible, a relevant exposure history should be taken including exposure criteria of whether the patient has resided in or traveled to a country with widespread Ebola transmission (<http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html#areas>)



### Algorithm – Identify, Isolate, Inform: Emergency Department Evaluation and Management of Patients with Possible Ebola Virus Disease

[PDF - 975 KB]

or had contact with an individual with confirmed Ebola Virus Disease within the previous 21 days. Because the signs and symptoms of Ebola Virus Disease may be nonspecific and are present in other infectious and noninfectious conditions that are more frequently encountered in the United States, relevant exposure history should be first elicited to determine whether Ebola Virus Disease should be considered further. If the patient is unable to provide history due to clinical condition or other communication barrier, history should be elicited from the next most reliable source (e.g. family, friend or EMS provider).

2. Patients who meet the exposure criteria should be further questioned regarding the presence of signs or symptoms compatible with Ebola Virus Disease. These include: fever (subjective or  $\geq 100.4^{\circ}\text{F}$  or  $38.0^{\circ}\text{C}$ ) or headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, or hemorrhage (e.g., bleeding gums, blood in urine, nose bleeds, coffee ground emesis or melena).

All patients should be routinely managed using precautions to prevent any contact with blood or body fluids. If an exposure history is unavailable, clinical judgment should be used to determine whether to empirically implement the following protocol. If a relevant exposure history is reported and signs or symptoms consistent with Ebola Virus Disease are present, the following measures should be implemented IMMEDIATELY:

3. Isolate the patient in a private room or separate enclosed area with private bathroom or covered, bedside commode and adhere to procedures and precautions designed to prevent transmission by direct or indirect contact (e.g. dedicated equipment, hand hygiene, and restricted patient movement). If the patient is arriving by EMS transport, the ED should be prepared to receive the patient in a designated area (away from other patients) and have a process in place for safely transporting the patient on the stretcher to the isolation area with minimal contact with non-essential healthcare workers or the public.

To minimize transmission risk, only essential healthcare workers with designated roles should provide patient care. A log should be maintained of all personnel who enter the patient's room. All healthcare workers who have contact with the patient should put on appropriate PPE based on the patient's clinical status. If the patient is exhibiting obvious bleeding, vomiting, copious diarrhea or a clinical condition that warrants invasive or aerosol-generating procedures (e.g., intubation, suctioning, active resuscitation), PPE designated for the care of hospitalized patients as outlined in CDC guidance (<http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>)\* should be used. If the patient requires active resuscitation, this should be done in a pre-designated area using equipment dedicated to the patient. If these signs and symptoms are not present and the patient is clinically stable, healthcare workers should at a minimum wear: 1) face shield, 2) surgical face mask, 3) impermeable gown and 4) two pairs of gloves. All equipment used in the care of these patients should not be used for the care of other patients until appropriate evaluation and decontamination (<http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>).

4. Notify the Hospital Infection Control Program and other appropriate staff and report to the relevant local health department immediately of patients with Ebola Virus Disease exposure history regardless of symptoms.
5. Once appropriate PPE has been put on, continue obtaining additional history and performing physical examination and routine diagnostics and interventions which may include placement of peripheral IV and phlebotomy. The decision to test patient for Ebola Virus Disease should be made in consultation with the relevant local health department. Patient evaluation should be conducted with dedicated equipment as required for patients on transmission-based precautions.

\* *[CDC Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting On \(Donning\) and Removing \(Doffing\)](http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html)* (<http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>)

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#### **File Formats Help:**

How do I view different file formats (PDF, DOC, PPT, MPEG) on this site?

(<http://www.cdc.gov/Other/plugins/>)

(<http://www.cdc.gov/Other/plugins/#pdf>)

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Page last reviewed: October 25, 2014

Page last updated: October 25, 2014

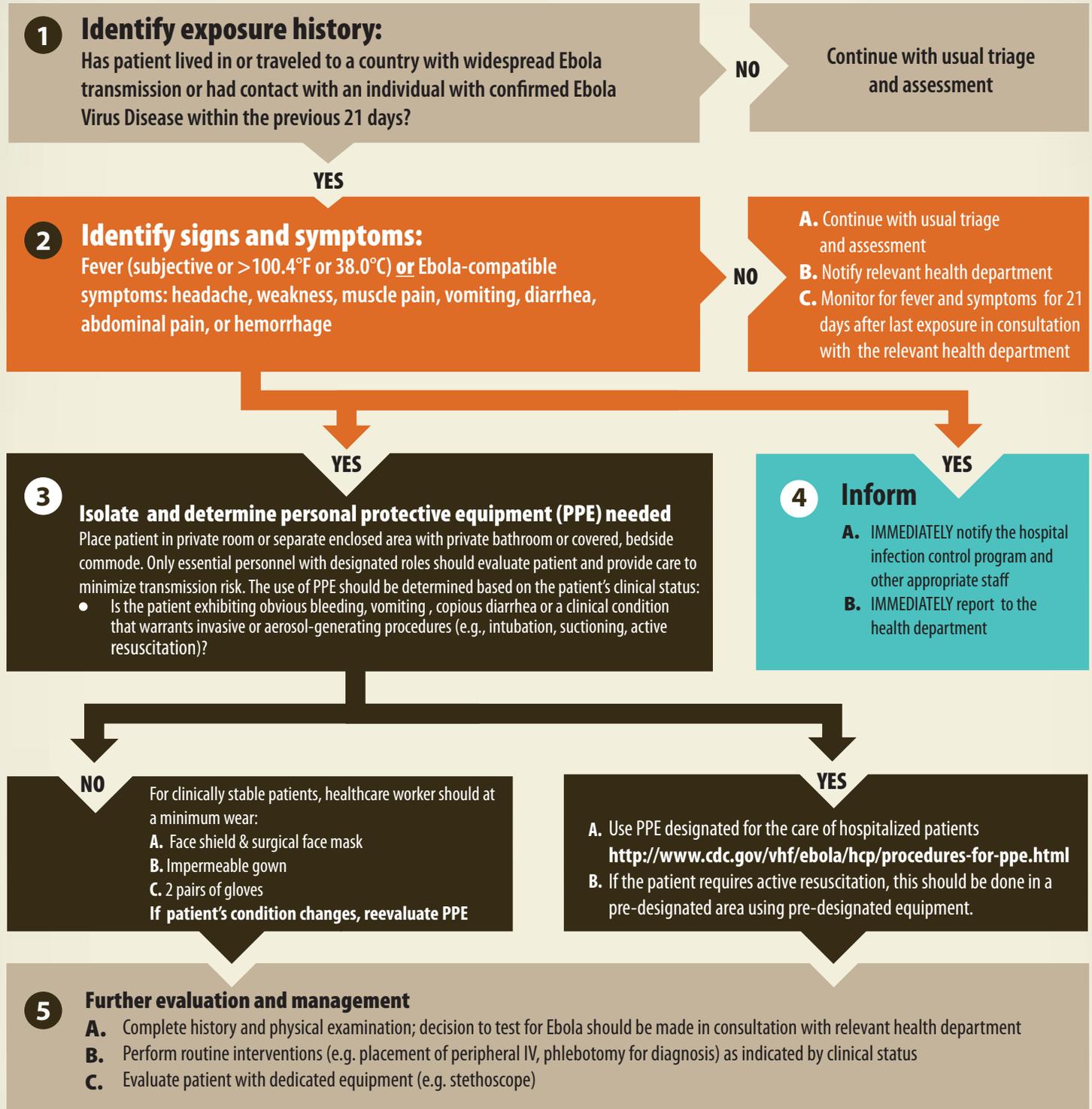
Content source: Centers for Disease Control and Prevention (/index.htm)

National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) (/ncezid/index.html)

Division of High-Consequence Pathogens and Pathology (DHCPP) (/ncezid/dhcpp/index.html)

Viral Special Pathogens Branch (VSPB) (/ncezid/dhcpp/vspb/index.html)

# Identify, Isolate, Inform: Emergency Department Evaluation and Management of Patients with Possible Ebola Virus Disease



**Notify your local public health department at:**



**U.S. Department of Health and Human Services**  
Centers for Disease Control and Prevention

24/7  
If unable to reach local health, call DPHHS at:  
444-0273 (24/7)