



Ebola: Emergency Preparedness – Ask the Experts Panel

October 24, 2014



<http://www.worldatlas.com/webimage/countrys/africa/africaa.htm>

October 10th, 2014



<http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html>

2014 Ebola Outbreak in West Africa - Outbreak Distribution Map



PLEASE NOTIFY MEDICAL STAFF
ON ENTRY

IF YOU HAVE TRAVELED FROM THE BELOW
COUNTRIES IN THE **PAST 21 DAYS:**



GUINEA
LIBERIA
SIERRA LEONE

THESE COUNTRIES ARE CURRENTLY EXPERIENCING AN EBOLA VIRUS OUTBREAK

2014.1027

**AL ENTRAR
POR FAVOR NOTIFIQUE AL
PERSONAL MÉDICO**

SI USTED HA VIAJADO DE LOS SIGUIENTES
PAÍSES EN LOS ÚLTIMOS 21 DÍAS:



**GUINEA
LIBERIA
SIERRA LEONA**

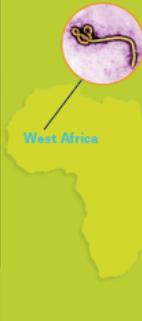
ESTOS PAÍSES ESTÁN EXPERIMENTANDO UN BROTE DEL VIRUS DEL ÉBOLA

2014.1027

Could it be **EBOLA?**



Think Ebola



Evaluate the patient



- Do they have:
 - Fever (subjective or $\geq 100.4^{\circ}\text{F}$ or $\geq 38^{\circ}\text{C}$)
- Other symptoms, including:
 - Severe headache
 - Muscle pain
 - Weakness
 - Diarrhea
 - Vomiting
 - Abdominal (stomach) pain
 - Unexplained hemorrhage (bleeding or bruising)
- Take a detailed travel and exposure history. In the past 21 days, has the patient been:
 - To an area with Ebola
 - Exposed to an Ebola patient

Consult with public health



- Do you have a question about a possible case of Ebola?
 - For a list of state and local health department numbers, visit: <http://www.cdc.gov/vhf/ebola/outbreaks/state-local-health-department-contacts.html>
- Do I need to test?
 - You, the health department, and CDC will work together to determine if testing is necessary

Care Carefully



What **SHOULD** be done for a patient under investigation (PUI) for Ebola virus disease?

1. Activate the hospital preparedness plan for Ebola.
2. Isolate the patient in a separate room with a private bathroom.
3. Ensure standardized protocols are in place for PPE use and disposal.
4. Interview the patient for symptoms, contacts and travel history.
5. Consider and evaluate for all potential alternative diagnoses.
6. Ensure patient has the ability to communicate with family.

What **SHOULD NOT** be done for a patient under investigation (PUI) for Ebola virus disease?

1. Don't have any physical contact with the patient without putting on appropriate PPE.
2. Don't neglect the patient's medical needs.
3. Don't forget to evaluate for alternative diagnoses.
4. Don't perform elective tests or procedures.
5. Don't allow visitors without putting on appropriate PPE.

For more information on how to care for a person under investigation for Ebola, please visit: <http://www.cdc.gov/vhf/ebola/index.html>



<http://www.cdc.gov/vhf/ebola/pdf/could-it-be-ebola.pdf>



Ebola Virus Disease

Algorithm for Evaluation of the Returned Traveler



For 24/7 consultation, contact the Arkansas Department of Health: (501-661-2136)

FEVER (subjective or $\geq 100.4^{\circ}\text{F}$ or 38.0°C) or compatible Ebola symptoms* in a patient who has resided in or traveled to a country with wide-spread Ebola transmission** in the 21 days before illness onset
* headache, weakness, muscle-pain, vomiting, diarrhea, abdominal pain, or hemorrhage

NO

Report asymptomatic patients with high- or low-risk exposures (see below) in the past 21 days to the health department

YES

1. Isolate patient in single room with a private bathroom and with the door to hallway closed
2. Implement standard, contact, and droplet precautions (gown, facemask, eye protection, and gloves)
3. Notify the hospital Infection Control Program and other appropriate staff
4. Evaluate for any risk exposures for Ebola
5. IMMEDIATELY report to the health department

HIGH-RISK EXPOSURE

Percutaneous (e.g., needle stick) or mucous membrane contact with blood or body fluids from an Ebola patient

OR

Direct skin contact with, or exposure to blood or body fluids of, an Ebola patient

OR

Processing blood or body fluids from an Ebola patient without appropriate personal protective equipment (PPE) or biosafety precautions

OR

Direct contact with a dead body (including during funeral rites) in a country with wide-spread Ebola transmission** without appropriate PPE

LOW-RISK EXPOSURE

Household members of an Ebola patient and others who had brief direct contact (e.g., shaking hands) with an Ebola patient without appropriate PPE

OR

Healthcare personnel in facilities with confirmed or probable Ebola patients who have been in the care area for a prolonged period of time while not wearing recommended PPE

NO KNOWN EXPOSURE

Residence in or travel to a country with wide-spread Ebola transmission** without HIGH- or LOW-risk exposure

Review Case with Health Department Including:

- Severity of illness
- Laboratory findings (e.g., platelet counts)
- Alternative diagnoses

Ebola suspected

Ebola not suspected

TESTING IS INDICATED

The health department will arrange specimen transport and testing at a Public Health Laboratory and CDC

The health department, in consultation with CDC, will provide guidance to the hospital on all aspects of patient care and management



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

** CDC Website to check current countries with wide-spread transmission:
<http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/case-counts.html>

This algorithm is a tool to assist healthcare providers identify and triage patients who may have Ebola. The clinical criteria used in this algorithm (a single symptom consistent with Ebola) differ from the CDC case definition of a Person Under Investigation (PUI) for Ebola, which is more specific. Public health consultation alone does not imply that Ebola testing is necessary. More information on the PUI case definition: <http://www.cdc.gov/vhf/ebola/hcp/case-definition.html>

TESTING IS NOT INDICATED

If patient requires in-hospital management:

- Decisions regarding infection control precautions should be based on the patient's clinical situation and in consultation with hospital infection control and the health department
- If patient's symptoms progress or change, re-assess need for testing with the health department

If patient does not require in-hospital management:

- Alert the health department before discharge to arrange appropriate discharge instructions and to determine if the patient should self-monitor for illness
- Self-monitoring includes taking their temperature twice a day for 21 days after their last exposure to an Ebola patient

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<http://www.cdc.gov/vhf/ebola/pdf/ebola-algorithm.pdf>





DONNING BIOLOGICAL PPE - EBOLA PATIENTS



EQUIPMENT: 1 SURGICAL GOWN, 2 SURGICAL CAP/HAIR COVER, 3 FACE SHIELD, 4 STANDARD PATIENT GLOVES, 5 DOFFING PAD (LARGE FLUID REPELLENT FABRIC OR PLASTIC DRAPE), 6 SURGICAL BOOT COVERS, 7 N95 RESPIRATOR, 8 LONG CUFF KC500 PURPLE NITRILE GLOVES, 9 TRASH RECEPTACLE, 10 DUCT TAPE, 11 APRON.



12 Perform hand hygiene. 13 Apply scrubs and plastic washable footwear (such as Crocs). 14 Remove all jewelry. 15 Take and record vital signs. 16 Hydrate.





DOFFING BIOLOGICAL PPE - EBOLA PATIENTS



- 1 Bleach wipe the long cuff KC500 Purple Nitrile Gloves before opening the door to the patient room.
- 2 Step out of room onto the doffing pad with trash receptacle nearby.

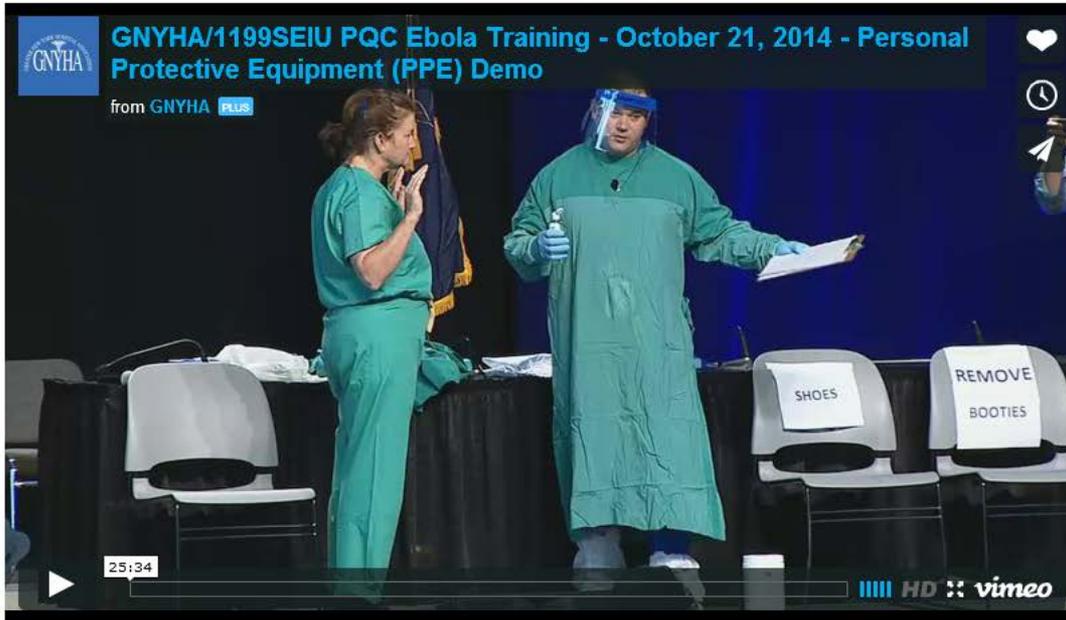


- 3 Once on the doffing pad, if you taped the gloves to the gown, remove the tape gently and discard it before removing the gloves.
- 4 Remove the long cuff KC500 Purple Nitrile Gloves using glove-in-glove technique and discard them in the trash.

If the inner standard patient care gloves are accidentally removed during the doffing of the nitrile gloves, additional clean gloves are available on the doffing pad.



Personal Protective Equipment (PPE) Training Demonstration



Download the PPE Demo

To download the PPE Demo, [click here](#). The Download button is located directly below the video.

Presentations from Ebola Training

View Healthcare Personnel Preparedness for Ebola in the U.S. presentation by Arjun Srinivasan, MD, CDC.

For more important Ebola related links and resources, visit the [GNYHA Ebola webpage](#).

<http://www.gnyha.org/ebolatraining>



Arkansas Department of Health



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Nathaniel Smith,
MD, MPH
Director, State Health Officer



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I Want To

Ebola Virus Disease

Guidance for health care facilities, emergency medical services, colleges and universities, and businesses about the Ebola Virus Disease outbreak in West Africa.

[Learn More](#)

Top Stories

October 15 Arkansas Department of Health Continues to Provide Ebola Guidance, Training to Health Care Facilities

October 9 Latino HIV/AIDS Awareness Event to be Held Oct. 11

October 6 Arkansas Awarded Suicide Prevention Grant

September 22 CDC Confirms Enterovirus D68 in Arkansas

Health & Safety Topics



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Ebola

The Arkansas Department of Health (ADH) is providing this guidance in an effort to inform to health care facilities, emergency medical services, colleges and universities, and businesses about the Ebola Virus Disease (EVD) outbreak in West Africa and the best methods to protect fellow health care workers (HCWs) and patients.

Ebola Virus Disease poses an extremely low risk to Arkansas and our healthcare system. However, the frequency of international travel demonstrates that everyone should be prepared to respond to the task of treating potential EVD patients.

These documents are intended for health care facilities, educational institutions, emergency medical services and businesses.

Downloads

Update Regarding Ebola Virus Disease Guidelines - 09.04.14

Ebola Guidance for Business

Ebola Guidance for Colleges and Business

Ebola Guidance for Health Care Facilities

MEMO Ebola Guidance for EMS

Ebola Signage

Questions and Answers on Ebola

<http://www.healthy.arkansas.gov/programsServices/communications/features/Pages/Ebola.aspx>

Ebola (Ebola Virus Disease)

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Language: English ▾



Ebola Signs and Symptoms

SIGNS AND SYMPTOMS Symptoms may appear anywhere from 2 to 21 days after exposure to ebolavirus...	FOR HEALTHCARE WORKERS Updated guidance for managing or preparing for Ebola in the U.S. and abroad...
TRANSMISSION Spread through bodily fluids of a person who is sick with or has died from Ebola...	PREVENTION Those at highest risk include health care workers and the family and friends of an infected individual...
RISK OF EXPOSURE During outbreaks of Ebola, those at highest risk include health care workers and family...	DIAGNOSIS Diagnosing Ebola in an individual who has been infected for only a few days is difficult...
OUTBREAKS List of all current and past outbreaks, outbreak chronology and references...	TREATMENT The treatment of Ebola presents many challenges... there are few established prevention measures...

2014 West Africa Outbreak

The 2014 Ebola epidemic is the largest in history, affecting [multiple countries](#) in West Africa. One imported case from Liberia and associated locally acquired cases in healthcare workers have been [reported in the United States](#). CDC and partners are taking precautions to prevent the further spread of Ebola within the United States.

[Latest CDC Outbreak Information](#)
Updated October 16, 2014

What's New

October 19, 2014: [When Caring for Suspect or Confirmed Patients with Ebola](#)

October 17, 2014: [Frequently Asked Questions about Dallas and Ohio Flights](#)

October 17, 2014: [Interim Guidance for Healthcare Workers Providing Care in West African Countries Affected by the Ebola Outbreak: Limiting Heat Burden While Wearing Personal Protective Equipment \(PPE\)](#)

October 17, 2014: [Factsheet: Prevent Heat-Related Illness](#) [PDF - 1 page]

October 17, 2014: [Review of Human-to-Human Transmission of Ebola Virus](#)

October 16, 2014: [CDC Expands Passenger Notification - Media Statement](#)

October 15, 2014: [CDC and Frontier Airlines Announce Passenger Notification Underway](#)

What's New (Continued) >

Most Popular Materials

- Q & A on 2014 West Africa Outbreak
- Infection Prevention and Control Recommendations for Hospitalized Patients with Ebola
- Virus Ecology Graphic
- Facts About Ebola in the U.S. Infographic

www.cdc.gov/ebola

Contact Info

FOR 24/7 CONSULTATION:

ADH: (501) 661-2136

CDC: (770) 488-7100