

Ebola Virus Disease: Identify, Isolate, Inform

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Identify – EVD Person Under Investigation

- What makes an EVD Person Under Investigation (PUI) recognizable?
- Case Definition – A uniform set of criteria that defines a disease
 - **Clinical Criteria** – Signs and Symptoms
 - **Epidemiological risk factors** – travel (within known incubation period),
exposure

Identify – EVD PUI Signs and Symptoms

- **Remember – an EVD PUI is a person who has both consistent signs or symptoms AND risk factors**
 - Signs and symptoms include
 - Elevated body temperature or subjective fever
 - Fatigue
 - Muscle pain
 - Abdominal pain
 - Vomiting
 - Unexplained hemorrhage
 - Diarrhea
 - Severe headache
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Identify – EVD PUI Risk Factors

- **Remember – an EVD PUI is a person who has both consistent signs or symptoms AND risk factors**
- An epidemiologic risk factor within the 21 days prior to the onset of symptoms include
 - Contact with blood or body fluids from a person who is sick with, or has died from, EVD
 - Contact with objects contaminated with the bodily fluids of a person who is sick with, or has died from, EVD
 - Contact with infected fruit bats or nonhuman primates
 - Semen from a man who has recovered from EVD
 - Travel to the geographical area where EVD is known to be present
 - Healthcare, laboratory, or burial work in the geographical area of risk

Identify – Screening

- Screening all patients for infectious diseases immediately upon arrival is key to reducing the risk of transmission
- Signage at entry (in multiple languages!) enables patients to self-identify
- Consider what a patient may touch/come in contact with



Identify – Screening Algorithm

- Screening at the front desk
 - Electronic or manual
 - Systematic
 - Algorithm with guidance on next steps
- Symptom/travel screen during triage



Identify – Points of Entry

- A PUI may present at many points of entry at your facility
 - Emergency Department
 - Clinic
 - Ambulatory Care Centers
 - General campus
- A PUI may present by ambulance
 - Preidentified as a PUI
 - Identified en route as a PUI
 - May not be identified as a PUI until arrival



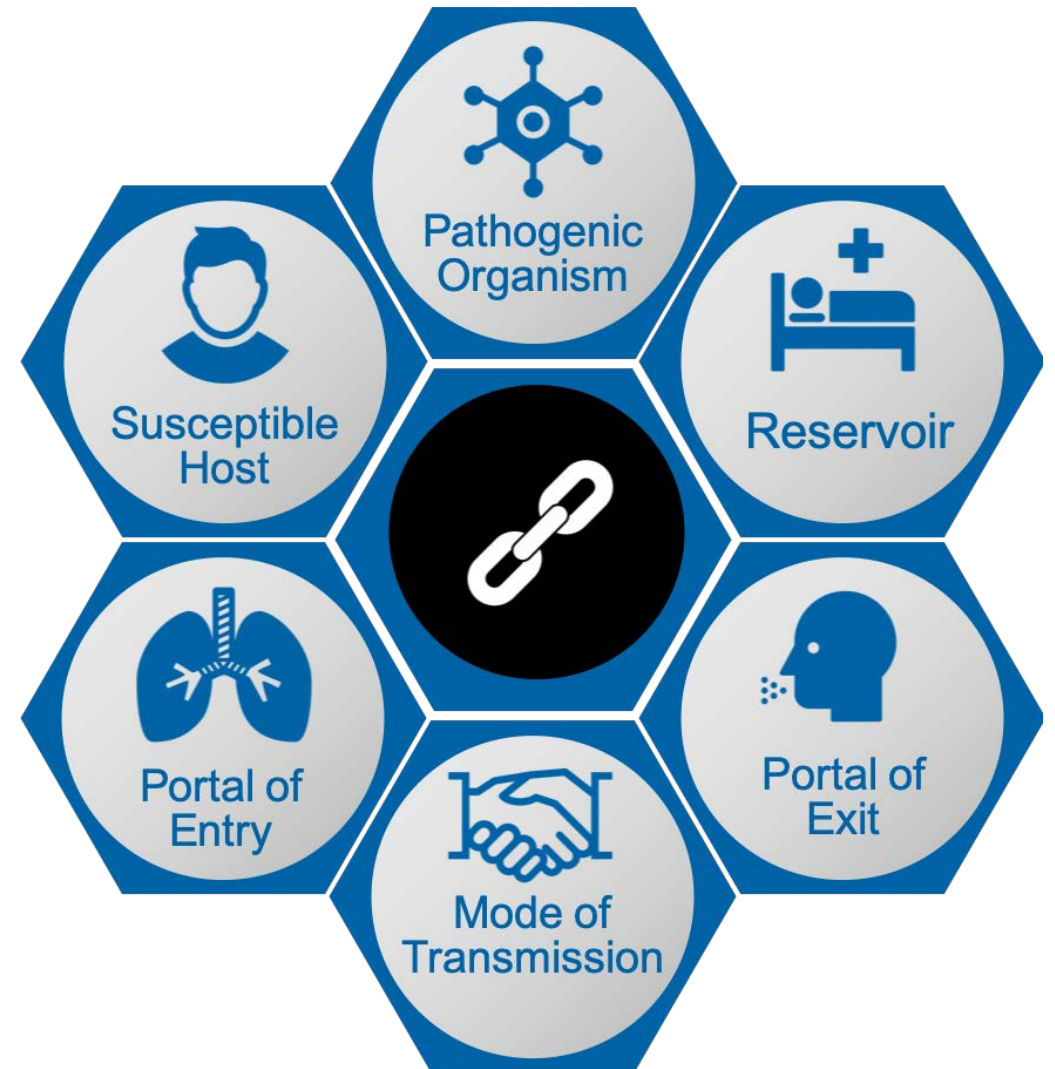
Identify – Points of Entry, cont'd

- A PUI may walk in
 - Arrive by themselves
 - Brought by another person
- A PUI may present in a wide range of clinical acuity
 - Non-emergent
 - Emergent
 - Critical
 - Expired



Isolate

- The next step after identification of a PUI is isolation
 - Separation from others
 - Containment (e.g., masking)
 - Provider personal protective equipment
- Break the chain of infection!



Isolate – Isolation Room Preparedness

- Know where your isolation room is and the steps necessary to clear the area and prepare it for your patient
 - You may need to utilize a transition area to hold the patient before transport to the patient care room
 - Small room off to the side from triage, or an area in the waiting room away from others
 - Review the physical infrastructure, plan and train ahead of time
 - What materials are necessary to prepare in advance?



Isolate – Isolation Room Preparedness, cont'd

- The isolation room should be set up to minimize content in the room
- Keep a checklist of what needs to be brought in and out of the room
- Alert personnel (techs, registration etc) to isolation status of patient




Isolate – Checklist for Room Preparation

BEFORE PATIENT IS ROOMED

- Place PPE/equipment cart in front of the room
- Remove all extra equipment
- Ensure hand hygiene stations are full and operational

AFTER PATIENT IS ROOMED

- Set up commode for the room
 - Ensure adequate waste bins
 - Isolation signage
 - Log sheet
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Isolate – Consider the route to get to the isolation room

- Sometimes the shortest route is not the best route
 - How crowded will the hallway be?
 - How can the route be secured?
 - What rooms will be passed during transport?
 - If the patient can not walk, can a stretcher navigate the route?
 - What type of containment and PPE is needed?
 - How will the route be decontaminated?

Isolate – Infection Control Precautions

- Infection control precautions and PPE are a form of isolation
- Remember that a pathogen can have more than one mode of transmission




Contact



Droplet

Isolate – Personal Protective Equipment

- Staff should be confident in the PPE they are wearing and the donning and doffing process
 - PPE donning and doffing should be reviewed and practiced at regular intervals
 - Just-in-time training on PPE when a patient presents can also be helpful
 - No one should be contacting patient without adequate training and comfort in appropriate PPE!
 - What is your plan for communication?
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Isolate – Personal Protective Equipment, cont'd

“DRY” PPE

Single Use (Disposable) Face Shield

Single Use (Disposable) Surgical Mask

Single use (disposable) fluid-resistant gown that extends to at least mid-calf or coverall without integrated hood

Single use (disposable) gloves with extended cuffs. Two pairs of gloves should be worn.

At a minimum, outer gloves should have extended cuffs and must completely cover the gown cuff.



“WET” PPE

Single use face shield, surgical hood extending to shoulders, and N95 Respirator **OR** PAPR with a full-face shield, helmet, shroud (not shown)

Single use fluid-resistant or impermeable gown that extends to at least mid-calf **OR** coverall without integrated hood (not shown)

Two pairs of single use, disposable gloves. At a minimum, outer gloves should have extended cuffs.

Single use fluid-resistant **OR** impermeable apron that covers the torso to the level of the mid-calf

Single use fluid-resistant or impermeable boot covers that extend to at least mid-calf **OR** single-use fluid-resistant or impermeable shoe covers, which are acceptable only if used with a coverall with integrated socks (not shown)

Inform – Communication is critical!

- Why is communication so important?
- Communication lessons learned from COVID-19
 - Importance of establishing relationships and protocols BEFORE an event happens!
 - Make sure you are contacting a position/role rather than a specific person since people transition jobs

Inform – Internal First Calls

- Infectious Disease Specialist
- Infection Control

- Make sure you have all the necessary details!
 - Detailed exposure risk history



Inform – Internal Communications

- Do you have all these people/departments on your list?
- Who else is on your internal phone tree that isn't listed here?
- Who makes these phone calls at your facility?
- Who will be the lead, so contacts know who to call back?
- Will any of these contacts change if the event happens at night, on a weekend or holiday?
- Will your internal incident command structure be activated? (this is a great thing to exercise!)

Important Contacts

- Charge RN
- ED MD
- Infectious Disease
- Infection Prevention/Epidemiology
- ED leadership
- Staffing
- Safety
- Security
- Environmental Services
- Supply chain
- Emergency Management
- Laboratory
- Public Relations Team
- Administration

Inform – External Communications

- Who else should you contact externally who is not listed here?
- Who makes those phone calls?
- Just like the internal phone tree, you need names and positions, multiple numbers and a plan if procedures differ depending on the time or day
- Communications is great to exercise, and consider inviting external stakeholders to your facility's exercise!

Important Contacts

Public Health (Local/State)

EMS/Transport

Specialty services not available at your facility

- Pediatrics
- Labor & Delivery

Other resources specific to your institution, region or CONOPS plan

CDC

Identify, Isolate, and Inform Summary

- Identify

- All hazard infectious risk
- Specific special pathogens based on case definition (symptoms + risk factors)

- Isolate

- Isolation room
- Infection control precautions
- PPE

- Inform

- Internal and external stakeholders, and the patient!



Identify, Isolate, and Inform Next Steps

- Document preparedness plan
- Practice, Practice, Practice
 - Communication Drills
 - Mystery Patient Drills
 - www.netec.org has special pathogen and toolkit drill and exercise template

Thank you!

