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## Ebola Guidance for Non-Hospital Healthcare Facilities

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This memo is intended to provide general guidance to North Carolina health care providers in non-hospital facilities regarding assessment for Ebola virus disease (EVD) and initial management of suspected cases. This is not intended to replace specific plans or policies that may be in place for your facility or healthcare network.

This guidance follows the acronym **SIC: Screen, Isolate and Call**.

### SCREEN for exposure and illness

- **Post signage for patients to encourage prompt notification of travel.** An example poster for triage/waiting room areas is available at <http://www.ncdhhs.gov/ebola>.
- **Obtain a travel history from all patients.** Currently, Ebola transmission is widespread in Liberia, Guinea, and Sierra Leone ([www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa](http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa)). Ask patients: "Have you been in Liberia, Guinea, or Sierra Leone within the past 21 days?" Travel to other countries does not pose a risk for Ebola infection at this time.
- **For patients with recent travel to countries with widespread Ebola transmission, assess for fever or other compatible symptoms.** Initial EVD symptoms may include fever, headache, joint and muscle aches, sore throat, and weakness, followed by diarrhea, vomiting, and stomach pain. Skin rash, red eyes, and internal and external bleeding may be seen in some patients. Fever may not be present early in the illness.

### ISOLATE any patient with recent travel to countries where Ebola transmission is widespread and fever or compatible symptoms

- **Avoid direct patient contact unless needed to meet emergent clinical need.** Efforts should be made to minimize taking vital signs and other patient contact except as absolutely needed to provide acute care. Avoid laboratory sample collection, laboratory testing, and diagnostic imaging (e.g., blood draws, X-rays).
- **Lead patient to a single patient room and then close the door.** Room should contain a private bathroom or bedside commode if available. Facilities should maintain a log of persons entering the patient's room. Persons accompanying the patient should be asked to wait in a separate, private room.

[www.ncdhhs.gov](http://www.ncdhhs.gov) • <http://epi.publichealth.nc.gov/cd/>  
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- **Implement additional infection prevention measures.**

1. If patient contact is required, all persons entering the patient's room should use the following personal protective equipment (PPE) at a minimum:
  - a. Impervious gown,
  - b. Booties,
  - c. Surgical mask,
  - d. Hair cover,
  - e. Face shield (or goggles if not available) and
  - f. Double gloves (one set under gown and one set over gown); use gloves with extended cuff if available.
2. If patient contact is required, a trained observer should monitor every step of donning and doffing of PPE. If a trained observer is not available, another healthcare provider should be present to observe donning and doffing and document any potential exposures.
3. PPE recommendations differ for the hospital vs. non-hospital setting and the corresponding level of anticipated patient care. CDC recommendations for PPE in hospital settings are available at <http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>.
4. Use a U.S. Environmental Protection Agency (EPA)-registered hospital disinfectant with a label claim for a non-enveloped virus (e.g., norovirus, rotavirus, adenovirus, poliovirus) to disinfect environmental surfaces in rooms of patients with suspected Ebola virus infection.
5. Place all used PPE in a regulated medical waste bag and store in patient's room. DO NOT reuse any medical devices (e.g., thermometers) on another patient. Seal off room.

## **CALL public health**

- **Contact your local health department or the state Communicable Disease Branch (919-733-3419; available 24/7).** Physicians are required to report as soon as Ebola is reasonably suspected. Public health officials can assist with transfer and laboratory testing, if necessary. Public health officials can also assist with control measures, including identification and management of potentially exposed healthcare workers or patients and providing advice on environmental disinfection and waste disposal.
- **Ensure that the receiving facility and transport team (EMS) are notified before transport so that appropriate precautions can be taken.** Private transport is not recommended for patients in whom Ebola is being considered.

**For any patient with recent travel to countries where Ebola transmission is widespread and NO fever or compatible symptoms:** Contact your local health department or the state Communicable Disease Branch (919-733-3419; available 24/7). Public Health officials will conduct a thorough risk assessment, initiate monitoring and recommend control measures as indicated. Remember: Ebola is not transmissible before the onset of symptoms.

This is an evolving situation and recommendations are likely to change as new information becomes available. Updated information and guidance are available from the CDC at <http://www.cdc.gov/vhf/ebola> and from the North Carolina Department of Health and Human Services at <http://www.ncdhhs.gov/ebola>.