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Ebola Preparedness and Response for Outpatient and Ambulatory Care Settings

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Although a great deal of Ebola preparedness and response activity is currently focused on acute care hospitals, the California Department of Public Health (CDPH) recognizes the importance of outpatient and ambulatory care settings (clinics, physician offices) in the healthcare system. Most travelers from Ebola-affected countries (**currently at the date of this document - Guinea, Liberia, Sierra Leone, and Mali**) are being identified and monitored and will be instructed by local health departments (LHDs) what to do if symptoms develop; while very unlikely, it is still possible that suspect Ebola patients could present to ambulatory care settings. Therefore, it is important that all outpatient and ambulatory care facilities are prepared to identify and manage such patients until they can be transferred to an appropriate identified hospital.

These guidelines are targeted for the outpatient and ambulatory care setting, including but not limited to primary care clinics, Federally Qualified Health Centers, physician offices, and urgent care settings. These guidelines do not apply to Emergency Departments and areas that deliver non-acute outpatient services (e.g., mental health centers).

The most important elements of preparedness in the outpatient and ambulatory care setting are the screening and prompt isolation of patients who have a travel history to the affected West African countries and are exhibiting symptoms of Ebola virus disease (EVD). Because early EVD symptoms are similar to those seen with other febrile illnesses, such as influenza, patients presenting to ambulatory care centers should be carefully assessed and screened for the possibility of EVD. The overwhelming majority of febrile patients in ambulatory settings will **not** have EVD.

Current screening criteria for EVD involve both clinical criteria and exposure risk as follows:

- **Exposure risk:** Travel history within the past 21 days before the onset of symptoms, from a country with widespread Ebola virus transmission (currently Guinea, Liberia, Sierra Leone, and Mali) **OR** Contact with an individual with confirmed EVD, **AND** .

- **Clinical criteria:** Fever (subjective or oral temperature of 100.4^o Fahrenheit or 38^o Celsius); **OR** any of these symptoms: severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage.

It is essential that staff receive training on these screening criteria and subsequent management of a patient at risk for EVD, including immediate placement of the patient into a designated area for isolation, preferably a private room with a door, and essential use of personal protective equipment.

To prepare for Ebola, CDPH adapted CDC guidance to develop this guidance document specific to ambulatory care settings in California. Outpatient clinic and ambulatory care providers should focus on strategies to **prepare, identify, isolate, and inform**.

Prepare, Identify, and Inform

- Maintain awareness of and review evolving information about Ebola.
 - Identify a clinician to visit the CDPH and CDC websites frequently for updated Ebola information and report information to the physician-in-charge and other key leadership/administration staff (e.g., case locations, travel restrictions, public health advisories, guidance documents, and recommendations).
 - For outpatient and ambulatory care settings that are hospital-based, notifications should include the hospital Infection Preventionist and/or designated Ebola planning lead.
 - Update triage and screening protocols to reflect the most current information.
Website links:
 - CDPH: www.cdph.ca.gov (click on the link “CDPH Ebola Page”)
 - California Department of Industrial Relations (Cal/OSHA): <http://www.dir.ca.gov/dosh/EbolaVirusInformation.htm>
 - CDC: www.cdc.gov/vhf/ebola (can also reach the CDC website from the CDPH home page)
 - Office of the Assistant Secretary for Preparedness and Response (ASPR): www.phe.gov/preparedness/responders/ebola
 - CDC Healthcare Associated Infections Program for infection prevention recommendations for outpatient settings: www.cdc.gov/hai/settings/outpatient/outpatient-care-guidelines.html.
 - Print and post the CDC algorithm for “**Ambulatory Care Evaluation of Patients with Possible Ebola Virus Disease (EVD)**” (or similar material) in reception desk and triage areas for easy staff reference. This document can be found at <http://www.cdc.gov/vhf/ebola/pdf/ambulatory-care-evaluation-of-patients-with-possible-ebola.pdf>.

- Obtain adequate supplies of PPE for **standard, contact, and droplet** precautions.
 - On October 31, 2014, the CDC released PPE recommendations (found at <http://www.cdc.gov/vhf/ebola/pdf/ambulatory-care-evaluation-of-patients-with-possible-ebola.pdf>) for ambulatory care evaluation of suspected Ebola cases that includes:
 - Face shield and surgical face mask;
 - Impermeable gown; and
 - Two pairs of gloves.
 - Note: use of an N95 respirator may be considered in lieu of the surgical mask if the outpatient/ambulatory care setting has established a respiratory protection program and has screened and fit tested staff for use.
- Assess available patient rooms and/or designated area(s) to use for isolation of a patient that meets the criteria of a suspect Ebola case.
 - Identify and designate a single patient room with a door, if available, or a designated area away from other patients for isolation;
 - Identify restroom access or alternatives for bathroom access (portable commodes, urinals, bedpans, water basins) for suspected Ebola patients.
- Post instructions on how to put on and take off PPE in any location where it will be needed, including designated patient care areas.
- Conduct staff training and drills on how to put on and take off PPE.
 - Review and update infection control procedures and guidelines.
 - Train appropriate staff on how to put on and remove PPE using safe practices to ensure they are familiar with the equipment.
 - If there is a suspect Ebola patient, the staff member wearing PPE should not have any interaction with other staff and patients in the clinic/office until PPE has been safely removed in a designated, confined area. Examples of how to safely put on and remove PPE should be reviewed and can be found at www.cdc.gov/hicpac/2007IP/2007ip_fig.html.
 - Identify staff that will monitor staff using PPE to ensure that they correctly put on and take off PPE to prevent contamination (use a “buddy system”).
 - Stress proper hand-hygiene (hand washing) for all patient contact in the care setting.
- Establish a protocol for notifying the LHD immediately about any suspect Ebola patient, including:
 - Have daytime contact numbers and after-hours numbers (including weekends and holidays) available for easy reference and notification.
 - Designate a point(s) of contact in the outpatient and ambulatory facility/care setting that is responsible for communicating with the LHD for reporting a suspected case.
- Establish an area or room (not isolation) for family/friends accompanying the patient to the outpatient and ambulatory facility/care setting.
 - These contacts should not remain in the general waiting area.

- The LHD will provide instructions on follow-up and monitoring of the persons accompanying the patient.
- Develop patient transfer protocols with these considerations:
 - Outpatient facilities will take direction from the local health department on patient transfer, as jurisdictions may have specific protocols for suspected Ebola patients.
 - The nearest hospital may not be the appropriate destination for the suspected Ebola patient.
 - The LHD will provide information about how to contact the appropriate ambulance provider.
 - The LHD will also provide direction about which hospital the individual will be transferred for evaluation and care.
 - Notify the emergency department of the hospital where the patient will be transported to report the case, if applicable.
- Develop a protocol to screen and respond to calls from the public.
 - If a fever is reported and the patient has traveled from an Ebola-affected country in the last 21 days:
 - Obtain the person's name, address of their current location and telephone number to reach them.
 - Advise the caller to remain in place in the current location and to minimize exposure of the ill person to others near them (e.g., family members).
 - Provide the caller with the number of the LHD and instruct them to call the LHD immediately.
 - **Staff will immediately notify/inform the local public health department to report the caller's information for action and follow up.**
 - Document the event, including caller's name, address, telephone number and any other information received during the call.
- Understand and make provisions for the safe and proper disposal of medical waste, including used PPE, for materials used by or for the suspect Ebola patient. This could include storing medical waste until the patient's diagnosis is known. Waste management recommendations can be found on the CDPH website at www.cdph.ca.gov.

Isolate

- Isolate the suspected Ebola patient in a pre-designated isolation area, preferably a private room with the door closed. Provide access to a private bathroom or covered commode, if available.
 - Safely isolate the patient and minimize staff contact with the individual.
 - Staff that will care for patient should don appropriate PPE. (See the CDC website at <http://www.cdc.gov/vhf/ebola/pdf/ambulatory-care-evaluation-of-patients-with-possible-ebola.pdf> and the Cal/OSHA website for proper PPE at <http://www.cdc.gov/vhf/ebola/resources/index.html#crposters>

- Do not perform phlebotomy or any other procedures unless urgently needed for patient care or stabilization.**
 - Avoid all unnecessary direct contact with the Ebola-suspected patient.
 - Only essential personnel with designated roles using appropriate PPE should evaluate the patient.
 - **It is recommended that medical interventions and treatment are minimized unless absolutely necessary for the immediate care or stabilization of the patient.**
- If the patient is exhibiting obvious bleeding, vomiting or copious diarrhea, do **not re-enter the isolation room until Emergency Medical Services (EMS) personnel trained to transport the person arrive.**
 - The LHD will arrange EMS transport of the patient to an appropriate facility/care setting.
- If direct contact is necessary, PPE and dedicated equipment must be used to minimize transmission risk.
- Ensure that PPE is removed without contaminating the wearer and that hand washing is done immediately after removal of the PPE.
- Place appropriate PPE and appropriate receptacles for removed PPE inside the patient room and contain all materials within the room. PPE should be removed in the patient room or in a designated confined area near the isolation room to decrease the chance of contamination of the hallway or other areas.
- Post a sign on the room restricting entry of staff and that PPE is required for entry. See the CDC website at <http://www.cdc.gov/vhf/ebola/resources/index.html#crposters>
- Place a sign-in sheet outside the room with name, date, and time of entry for all staff to sign in prior to *any contact* with the suspected Ebola patient for tracking and documentation.
 - In addition, capture names and contact information for all staff and volunteers, patients, family, and visitors that may have had contact with the patient. This includes those persons in environmental services that manage the medical waste and disinfect/decontaminate.
- Conduct brief, just-in-time refresher training for staff caring for the patient on the use of PPE, spill clean-up, and hand washing. Ensure the immediate notification of the LHD by the identified point of contact.
- Evaluation of the patient, after placement in isolation, will include:
 - Detailed medical history and current symptoms, focusing on symptoms consistent with Ebola.
 - Ask about past medical history and possible other potential diagnosis (e.g., use of malaria chemoprophylaxis).
 - Detailed travel history, places and dates
 - Any possible exposure to ill persons or known suspected/actual Ebola infected people in their travels. If yes:
 - Type of contact they had (e.g. contact with bodily fluids, caring for ill persons).
 - Use of any protective equipment.

- Carefully document information obtained to provide to the LHD and emergency medical services/hospital.

Return to Readiness and Staff Surveillance

Waste Management

- All medical waste from the suspected Ebola patient should remain in the isolation room until advised on cleanup by the LHD and/or until final diagnosis and confirmation/non-confirmation of Ebola virus infection of the patient.
- If Ebola is confirmed in the patient, consult with LHD on disposition of the medical waste.
- For current medical waste management guidelines, see the CDPH Ebola website at www.cdph.ca.gov and the CDC website at www.cdc.gov/vhf/ebola.
 - All supplies, medical waste, and PPE used for patient care should be double-bagged in heavy plastic bags and labeled as hazardous materials.
 - Hazardous materials bags should be placed in a leak-proof container for storage.

Disinfection/Decontamination

- Waste management and cleaning/disinfection of the patient room and common areas depend on the final diagnosis of the patient (including laboratory testing) and confirmation of an Ebola virus infection.
- Until notified by the LHD of the patient outcome and diagnosis (confirmation or non-confirmation of the Ebola virus):
 - Restrict entry into the isolation room where the patient was placed.
 - Maintain all medical waste in the isolation room.
 - Perform cleaning/disinfection of the common areas of the facility where the patient and family/friends were placed.
- Instructions on cleaning and disinfection are available at <http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>

Staff Surveillance and Monitoring

- The LHD will notify the facility/care setting point of contact of the outcome of the patient.
 - Laboratory testing for Ebola may or may not be ordered for the patient, depending on hospital evaluation and consultation with the LHD, CDPH, and CDC.
 - If the patient is laboratory tested for Ebola, the results of the test will take 1-3 days.
- The LHD will provide recommendations for the monitoring of any staff that had contact with the suspected Ebola patient.

- Monitoring may include staff taking their temperature twice per day (either monitored or self-assessed) and reporting any symptoms that may develop for a period of 21 days.
- The LHD may recommend that the staff remain at home without public contact during the 21 days of monitoring.
- If any report a fever or symptoms of Ebola, immediately notify the LHD.
- Consider providing staff counseling and assistance after the event. This could be through Employee Assistance Programs.

Staff Debriefing and Lessons Learned

- As soon as appropriate after the event, outpatient facilities should conduct an after-action briefing to capture successes, lessons learned, and needed improvements in infection control and patient management.
- These successes and lessons learned can be used to update plans, policies, and procedures.

Resources

- California Department of Public Health – www.cdph.ca.gov
- California Department of Industrial Relations (Cal/OSHA) - <http://www.dir.ca.gov/dosh/EbolaVirusInformation.htm>
- Emergency Medical Services Authority – www.emsa.ca.gov
- California Primary Care Association (CPCA) - <http://www.cPCA.org/cPCA2013/assets/File/Emergency-Preparedness/Infectious%20Diseases/2014-10-29-EbolaScreeningProceduresforCHCs.pdf>
- Centers for Disease Control and Prevention - www.cdc.gov/vhf/ebola
- CDC Healthcare Associated Infections Program for infection prevention recommendations for outpatient settings: www.cdc.gov/hai/settings/outpatient/outpatient-care-guidelines.html.