



# Ebola Interim Guidance for Outpatient and Ambulatory Care

Revised 11/18/2014



## 1. DETECT

### Identify Patients with Ebola

- ❑ Review and inform healthcare personnel of [signs and symptoms of Ebola](#) and risk of exposure.
- ❑ Review [Ebola Screening Criteria](#) (symptoms + travel history within 21 days of symptom onset) for use during patient triage/registration and [CDC Algorithm for Ambulatory Care Evaluation of Patients with Possible Ebola](#).

### Post Screening Criteria in Appropriate Triage/Registration and Patient Care Areas

- ❑ Fill-in and post [Ebola Screening Criteria](#) in triage/registration (phone & in-person) and care areas.
- ❑ For phone screening, consider an algorithm for patient transportation to, and notification of, destination Emergency Department (ED) and transport agency (EMS or other).
- ❑ Train triage/registration staff on procedures when [identifying a patient](#) in your facility (put on appropriate PPE, isolate patient, etc.).
- ❑ Conduct spot checks of triage/registration staff to determine if they are incorporating screening procedures (following standard, contact, and droplet infection control guidelines) for patients.

### Maintain Awareness of Infection Control Guidelines and Ebola Updates

- ❑ Review and distribute to your staff the [CDC Algorithm for Ebola Ambulatory Care](#), [Infection Prevention and Control Recommendations for Ebola](#) and [Guide to Infection Prevention in Outpatient Settings: Minimum Expectations for Safe Care](#)
- ❑ Maintain awareness of reported Ebola public health advisories, including travel restrictions, and update your triage guidelines accordingly.
- ❑ Review and update your [outpatient healthcare facility infection control protocol/procedures](#).
- ❑ Review and update, as necessary, procedures for isolation of patient until transportation to ED.

## 2. PROTECT

### Maintain and Use Personal Protective Equipment (PPE)

- ❑ Identify [CDC recommended PPE](#). Minimum PPE for ambulatory care: Faceshield, surgical facemask, impermeable gown, and 2 pairs of gloves.
- ❑ Ensure facility has adequate PPE supplies.
- ❑ Keep PPE and instructions for putting on/removing PPE in triage/registration and patient care areas.
- ❑ Conduct drills where staff members practice putting on/removing PPE to ensure that they are familiar with the correct [sequence](#).
- ❑ Encourage healthcare personnel to observe each other when putting on/removing PPE. At a minimum, ensure that PPE removal is monitored to check for cross-contamination.
- ❑ Remind staff of the importance of proper [hand hygiene](#) to reduce or eliminate infectious disease transmission.

### Remain Aware of Environmental Policies/Procedures

- ❑ Establish a room that can safely isolate a patient.
- ❑ Develop procedures to limit exposure of persons to the patient's temporary isolation room.
- ❑ Review [environmental cleaning procedures](#) and provide staff with education/refresher training for disinfection, including clean-up of spills.
- ❑ Review plans for special handling of contaminated linens, supplies, and equipment.

### Ensure Readiness to Report to Health Officials

- ❑ Designate point(s) of contact within your facility who are responsible for communicating with state and local public health officials.
- ❑ Ensure staff is familiar with your facility's point(s) of contact for reporting a patient with state and local public health officials.

Check [CDC's Ebola website](#) to get latest information.  
Local Health Department: \_\_\_\_\_  
Oregon Health Authority: 971-673-1111  
CDC Operations Center: 770-488-7100

## 3. RESPOND

Ensure all parties perform hand hygiene.

- ❑ Place patient in private room or area, with access to private bathroom or commode, if necessary.
- ❑ Avoid direct contact and limit exposure to staff.
- ❑ If direct contact necessary, use appropriate PPE. At a minimum: faceshield and surgical face mask; impermeable gown; and two pairs of gloves.
- ❑ If active diarrhea, vomiting, or bleeding is present, higher levels of protection are necessary.
- ❑ Do not transfer the patient without notifying public health; patients to be evaluated for Ebola must go to a designated hospital prepared for evaluation.
- ❑ Notify local and public health officials IMMEDIATELY about the patient, and carefully document and provide known exposures (family, travel history, contacts, etc.).
- ❑ Coordinate with LHD to arrange patient's transport to ED. Ensure information is shared.
- ❑ Document potentially exposed staff and/or patients.

### Ebola Guidance and Information

- [Oregon Health Authority's Ebola website](#)
- [CDC's Ebola website](#)
- [Clinician and healthcare workers](#)
- [Hospitals and Healthcare Settings](#)
- [Oregon Health Alert Network](#)
- [Clinician Outreach & Communication Activity](#)
- [National Institute for Occupational Safety & Health](#)
- [Occupational Safety & Health Administration](#)

### Outpatient/Ambulatory Care Facility Preparedness

- [Ebola Virus Disease Information for Clinicians in U.S. Healthcare Settings](#)
- [Safe Management of Patients with Ebola Virus Disease in U.S. Hospitals](#)
- [Infection Prevention and Control Recommendations for Known or Suspected Ebola Patients in U.S. Hospitals](#)
- [Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus](#)
- [Removing Personal Protective Equipment \(PPE\)](#)
- [National Guidance for Healthcare System Preparedness' Capabilities](#)
- [Interim Guidance for EMS and 9-1-1 PSAPs](#)

## FAST FACTS

- Since March 2014, there has been an outbreak of Ebola disease in parts of West Africa. Visit CDC's website to see affected areas: [www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html#areas](http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html#areas)
- Ebola is characterized by sudden onset of fever ( $\geq 100.4^{\circ}\text{F}$ ) and malaise, accompanied by muscle pain, abdominal pain, headache, vomiting, diarrhea, and rash. Some patients progress to multi-organ dysfunction. Incubation period: 2–21 days, usually 8–10 days. Treatment: supportive; in rare cases, investigational drugs. [www.cdc.gov/vhf/ebola/hcp/index.html](http://www.cdc.gov/vhf/ebola/hcp/index.html)
- *Ebola* virus is transmitted person-to-person. This requires direct contact with infected body fluids of an Ebola-positive person (e.g., blood, urine, sputum, sweat, semen, breast milk), or post-mortem contact with dead Ebola victim, such as funeral preparations.
- Ebola is not communicable to others until the infected person becomes symptomatic. Airborne transmission of Ebola between humans has not been documented.
- If your patient is an **asymptomatic** traveler returning from the one of the affected countries, inform your Local Public Health Department of the patient, and they will provide instructions on how to self-monitor for fever or symptoms, control movement, and who to notify if symptoms develop.
- Diagnostics: [public.health.oregon.gov/LaboratoryServices/SubmittingSamples/Pages/Ebola-Testing.aspx](http://public.health.oregon.gov/LaboratoryServices/SubmittingSamples/Pages/Ebola-Testing.aspx).
- Stay up-to-date on new announcements: [www.cdc.gov/ebola](http://www.cdc.gov/ebola) and sign up for COCA calls [www.bt.cdc.gov/coca](http://www.bt.cdc.gov/coca)

Outpatient/ambulatory care facilities should ensure their healthcare personnel can 1) **detect** a patient meeting the CDC [criteria for a patient](#) for Ebola, 2) **protect** their healthcare personnel so they can safely care for the patient, and 3) **respond** in a coordinated fashion.

## DEFINITIONS

**Outpatient/ambulatory care facilities** referred to in this document include, but are not limited to, facilities providing care for patients who do not remain overnight (e.g. community health centers, urgent care centers, retail clinics, hospital-based outpatient clinics, non-hospital based clinics and physician offices, ambulatory surgical centers, public health clinics, imaging centers, oncology clinics, ambulatory behavioral health and substance abuse clinics, physical therapy, and rehabilitation centers).

**Healthcare Personnel** referred to in this document include, but are not limited to, paid and unpaid persons (e.g., physicians, nurses, administrative, clerical, and house-keeping staff, and volunteers) working in outpatient/ambulatory care settings who have the potential risk of exposure to a patient with Ebola and/or infectious materials (e.g., body fluids, contaminated medical supplies and equipment, or contaminated environmental surfaces).

**Patient** demonstrates the symptoms and travel history outlined in the [Ebola Screening Criteria](#) and [CDC Algorithm for Ambulatory Care Evaluation of Patients with Possible Ebola](#).

The document does not set forth mandatory requirements or establish national standards. Each facility is different and should adapt these considerations, as appropriate.