



ORIGINATING DIVISION/ICS Section: Clinical Operations	
SUBJECT: Screening Persons for Ebola Virus Disease (EVD) at DOHMH Facilities	
Effective Date: October 27, 2014	Supersedes: New
Reviewed and Approved by: Jay Varma, MD, MPH _____ Deputy Commissioner Division of Disease Control	

Purpose

Pursuant to New York State Commissioner of Health Summary Action on Prevention and Control of Ebola Virus Disease (EVD) on October 16, 2014: This protocol applies to DOHMH Article 28 facilities and related staff and is intended to provide procedures for appropriately managing persons who present with exposure history, signs and symptoms that indicate possible EVD. The following protocol addresses steps to take to rapidly **identify, isolate, and evaluate** these persons. **It assumes that person presenting is clinically stable.**

Identification

- DOHMH Travel/Symptom 'STOP' signs¹ will be posted in multiple languages. These signs will be placed at the entrance to the facility, at the entrances (if separate) to the clinic, and near the triage area.
- All clinic staff will be given in-person training on answering basic questions from persons and responding to persons who identify him/herself as someone having had risk of exposure as defined by the DOHMH EVD Evaluation Algorithm:²
 - Measured or subjective FEVER OR compatible SIGNS or SYMPTOMS* of EVD in patient who has traveled to an Ebola affected area** or had contact with a confirmed EVD case in the 21 days before illness onset.
 - * Including headache, myalgia, vomiting, diarrhea, abdominal pain or unexplained hemorrhage
 - **CDC's list of areas currently affected by EVD
- Triage desk or designated provider group will administer a brief questionnaire to screen for symptoms and travel history (Appendix A).

Isolation (by triage or designated screening personnel)

- Persons responding yes to fever only should be brought to the attention of a clinic doctor and wait for further instruction.
- Persons responding yes to fever and travel to affected countries or acknowledge exposure to a known EVD case (indicating risk) within 21 days should be given a face mask,, escorted (remaining at a >3 feet distance) to an unused provider room, and close the door to the hallway.
- Any provider room may be safely used to isolate persons considered at risk.
- The triage or designated staff will follow infection and exposure control recommendations:

¹ Posters and evaluation algorithms can be downloaded at <http://www.nyc.gov/html/doh/html/hcp/infectious-diseases.shtml>



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- Provide person a face mask
- Remain at least 3 feet from the symptomatic person
- Ask the person to refrain from touching the doorknob of the isolation room
- Do not enter provider or “isolation” room but ask at risk person to sit in patient chair; chairs should not be made of porous/fabric material.
- Perform hand hygiene after escorting
- The triage staff will inform the Clinic Manager and Physician in Charge (PIC) physician or medical provider immediately.
- Symptomatic individuals who need isolation for possible EVD will take priority over all other patients.

Medical Evaluation

- Anyone entering the isolation room must follow standard, contact, and droplet precautions and use proper Personal Protective Equipment (PPE) including: impermeable gown, double gloves, face shield, and face mask. An N95 respirator or higher is also acceptable as required as part of standard isolation procedures.
- The PIC, physician, or medical provider will follow infection and exposure control recommendations. Observer (provider or clinic manager) will complete checklist in Appendix C prior to provider entering room.
- If PIC, physician, or provider does not follow DONNING procedures, s/he should not be allowed into the room.
- Only providers who have been trained to use PPE and who passed the performance-based competency test are cleared to enter the isolation room.
- The PIC, physician, or medical provider will do an assessment, using the protocols developed by the CDC and the DOHMH (see Appendix B. EVD Provider Screening and Evaluation Tool) and will classify the risk exposure as high-risk, low-risk, no known exposure. Evaluation includes taking the person’s temperature and description of general appearance.
- Immediately after the assessment, the PIC, physician, medical provider will call the DOHMH Provider Consultation Line (1-866-692-3641 or 347-396-2600) (while still with patient), present the case, and based on the consultation, will make a disposition of whether EVD is suspected or unlikely.
- If EVD is likely, the PIC, physician or medial provider will call 911 and identifying it as a suspect EVD case.
- The evaluation will be documented in EMR or on a paper record to avoid registering the person. The record will then be transcribed into EMR at a later time, as needed.
- An incident report will need to be submitted in Quantros (DOHMH incident reporting system) after person has been transported to an emergency room.
- If EVD is unlikely, the PIC, physician, or medical provider will continue normal medical services as indicated.
- When you call the DOHMH Provider Consultation Line (1-866-692-3641 or 347-396-2600):
 - Describe the person’s travel history and exposures that put him or her at increased risk for EVD, including contact with sick persons in areas with ongoing EVD transmission
 - Describe the person’s presenting symptoms, signs, and duration of illness
 - The doctor on call will discuss the case and possible recommendations for transferring the patient for further work-up
 - Expert Doctor on call will assist to arrange transport to another medical facility if needed



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NOTE: Do NOT refer persons to Emergency Department, hospital, or other facility without consulting the NYC Health Department by calling the Provider Consultation Line at 1-866-692-3641 or 347-396-2600.

Environmental Infection Control and Remediation

- The isolation room will be cleaned and decontaminated as per CDC guidelines:³ Environmental services and remediation workers who will be cleaning the room:
 - Must wear recommended personal protective equipment equal to the healthcare worker.
 - Use 10% sodium hypochlorite (bleach) solution or other 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 isolation rooms with suspected or confirmed Ebola virus infection.
 - Discard all linens, including textile curtains, into the waste stream and dispose of appropriately.
 - The Ebola virus is classified as a Category A infectious substance by and regulated by the U.S. Department of Transportation's (DOT) Hazardous Materials Regulations (HMR, 49 C.F.R., Parts 171-180). All waste items must be packaged and transported in accordance with the HMR, including medical equipment, sharps, PPE, byproducts of cleaning, etc. which are contaminated or suspected of being contaminated with a Category A infectious substance.

Contract Tracing

- If there was potential risk of exposure to persons or visitors in the DOHMH facility, the central office will use the EMR to develop a list of persons who may have been present in the clinic and are at risk.⁴

³ CDC Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus <http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>

⁴ Refer to DOHMH ICS Countermeasure EVD Field Investigation Protocols



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Appendix A. Triage Card

Name of Clinic: _____ Date: _____

Name: _____ DOB: _____ EMR #: _____

Address: _____ Telephone: _____

Do you having fever, headache, vomiting or diarrhea? Which ones? _____	<input type="radio"/> Yes	<input type="radio"/> No
Have you or anyone you live with been in Liberia, Sierra Leone, or Guinea, in the past 21 days? If yes, which one? _____	<input type="radio"/> Yes	<input type="radio"/> No
Have you had contact with anyone in the last 21 days who has Ebola virus?	<input type="radio"/> Yes	<input type="radio"/> No
<ul style="list-style-type: none">• If no to all questions, perform normal triage and registration procedure• If yes to fever question only, notify a clinic physician who will give immediate guidance on next steps.• If yes to travel and (fever, vomit, nausea, etc.), travel and exposure to EVD case, or fever and exposure to EVD case, isolate person and inform Physician and Clinic Manager immediately. Physician will evaluate person using EVD Provider screening and evaluation form and using appropriate PPE.		

From CDC: [Case Definition for Ebola Virus Disease \(EVD\)](#)



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Appendix B. EVD Provider Screening and Evaluation

Name of Clinic: _____ Date: _____

Name: _____ DOB: _____ EMR #: _____

Address: _____

Telephone: _____

CHIEF COMPLAINT

SYMPTOMS

Fever \geq 101.5F	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Severe Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Myalgias (muscle pains/aches)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Diarrhea	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Abdominal Pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Hemorrhage/bleeding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

TRAVEL HISTORY

Travel within 21 days to Ebola-affected region	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Contact with a confirmed EVD case in the 21 days before illness onset.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	



EXPOSURE HISTORY (If travel history positive)

HIGH-RISK EXPOSURE	Percutaneous, mucous membrane or direct skin contact with blood or body fluids from a confirmed or suspected EVD patient without appropriate PPE	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Laboratory handling of body fluids from a confirmed or suspected EVD patient without appropriate PPE or biosafety precautions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Participation in funeral rites which include direct exposure to human remains in the geographic area where outbreak is occurring without appropriate PPE	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
*LOW-RISK EXPOSURE	Healthcare, lab workers in facilities that have treated confirmed or suspected EVD patients or 1 st responders who wore the recommended PPE	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Household members or others with direct contact to confirmed or suspected EVD patient	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
NO KNOWN EXPOSURE	Residence or travel to affected areas** without HIGH or LOW-risk exposure. All other members of the public	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

PHYSICAL EXAM

General appearance	
Temperature	
Other	



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CONSULTS

DOHMH Consultation (Call 347-396-2600 Or 1-866-692-3641	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Outcome:
Contact with Medical Affairs and Clinic Operations Sent to hospital via 911	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other			

DISPOSITION

Regular clinic visit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Home isolation with DOHMH follow-up	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Referral to Emergency Room	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Referral to PCP	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	



APPENDIX C. Safety Checklist for Provider Readiness to Enter Isolation Room

Met	Not Met	Item
		Document personnel who have entered the isolation room.
		Use the buddy system to assist with PPE donning and doffing and observe doffing process.
		Contact Safety Officer to provide just-in-time coaching on safety-related issues.
		Designate area for putting on and taking off PPE. The hallway where the isolation room is must be cleared of other clinic activity to facilitate this.
		Don PPE before entering the isolation room.
		After assessment, use disinfectant wipe to open door to hallway. Remove PPE in designated area.
		Disinfect visibly-contaminated PPE before removing, using disinfectant wipe or alcohol-based hand sanitizers. ⁵
		Carefully remove PPE without contaminating one's eyes, mucous membranes, or clothing with potentially infectious materials. ⁶
		Discard PPE as regulated medical waste ("red bag").
		Perform hand hygiene between steps and immediately after removing PPE. Ideally, PPE should be removed in isolation area and discarded in red medical waste garbage bins.

NOTE:

If exposure to blood or bodily fluids occurred or is suspected:

- Stop working and wash the affected skin surfaces with soap and water. Mucous membranes (e.g., conjunctiva) should be irrigated with a large amount of water or eyewash solution;
- Notify the Employees Health Program/Occupational Safety & Health to initiate post-exposure protocols.

⁵ [CDC Tightened Guidance for U.S. Healthcare Workers on Personal Protective Equipment for Ebola.](#)

⁶ Based [CDC Sequence for Donning and Removing Personal Protective Equipment poster](#)



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APPENDIC D. Action Items to Implement EVD Policy

Task	Responsible	Date Expected
Signage- obtain through DOHMH and distribute to each clinic	Clinic Ops	
Identify isolation room in each clinics-any provider room with sink	Clinic Ops/Clinic Managers	
Contact DOHMH Operations re: training building and security staff and posting signage	Clinic Ops/	
Develop triage questions	Medical Director	
Print triage card additions and distribute to each clinic	Clinic Ops	
Develop procedures for room decontamination and disposal of personal protective equipment	DOHMH Operations in consultation with ICS Safety and Environment Ops	
Create patient chart (paper) for new patients	Clinic Ops	
Medical provider training	Medical Director in coordination with ICS Provider Communications	
Training Registration & Administrative staff on triage procedures	Clinic Ops/Clinic Managers	
Training other clinic staff	Education & Outreach with assistance from ICS Safety	
Training non-clinic staff (Operations, Health Police)	DOHMH Operations in consultation with ICS Safety	
Distribute personal protective equipment	ICS Safety Officer	
Order thermometers	Clinical Ops	



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APPENDIX E. Donning/Doffing PPEs – Observer documentation


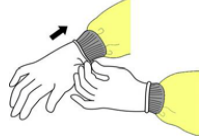
All affected employees must adhere to standard precautions when performing their assigned work tasks to minimize contact with blood or other potentially infectious fluids, contaminated surfaces or materials.

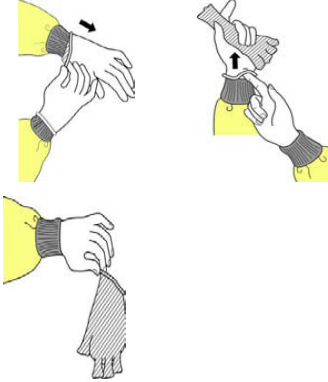

Print Employee Name: _____ **Employee's Job Title:** _____

Equipment and Supplies Needed: Gown, Coverall, faceshield, mask or (integrated faceshield/mask) and Nitrile Exam Gloves, Booties



Note: If an employee obtains an '✘' in any box, the evaluation will stop, recorded as Fail and started over. If the '✘' is repeated during the 2nd attempt employee will finish evaluation but will be required to attend the entire training program again.

Preparation	Trial 1 Date: ✓ or ✘	Trial 2 Date: ✓ or ✘	Trial 3 Date: ✓ or ✘	Comments
1. Remove all jewelry and personal items and place in designated locker. 2. Designate an area to remove gloves and perform hand hygiene near door to isolation room inside. 3. Set up receptacle (e.g. biohazard bag). 4. Position hand sanitizer in accessible location.				
Steps for Putting on PPE				Comments
5. Inspect gloves, gowns, masks for rips, tears, or soiling.				
6. Perform hand hygiene with sanitizer.				
7. Don gown and tie securely or fasten velcro.				 

<p>8. Put on face mask with integrated eye shield OR plain face mask and then goggles or complete face shield</p>			
<p>9. Don gloves, selecting correct type and size. Insert hands into gloves and extend gloves over shirt cuffs of gown to provide a continuous barrier protection.</p>			
<p>Key learning point: Use PPE safely; Keep gloved hands away from face. Remove gloves and perform hand hygiene if they become torn, limit surfaces and items touched. If open sores or skin irritation exists, cover affected area before donning gloves.</p>			

Steps for Removal of PPE			Comments
<p>1. Extend hand down and away from body while removing gloves, pinch or grasp outside edge near wrist peeling away from hand, turning glove inside-out into a ball and hold in fist. Hold in opposite gloved hand, slide ungloved finger under the wrist of the remaining glove. Peel down from inside and place in designated receptacle.</p>			
<p>2. Perform hand hygiene with sanitizer</p>			
<p>3. Grab gown from back near shoulders with both hands and pull forward away from the body. Roll down ward into a ball, trying to pull off gloves with the sleeves and rolling them inside. Dispose of in biohazard bag</p>			
<p>4. Perform hand hygiene with sanitizer</p>			



<p>5. Remove eyewear if separate from face mask, holding just back, straps or sides. Avoid touching the front. Dispose of in receptacle.</p>			
<p>6. Remove facemask just holding back straps or elastic loops. Avoid touching the front. Dispose of in receptacle.</p>			
<p>7. Perform hand hygiene with sanitizer. Wash hands as soon as possible with soap and water.</p>			
<p>GloGerm Contamination NOT present</p>			
<p>Attempt Pass (✓) or Fail (✗)</p>			

Evaluation Date One:	Evaluation Date Two:	Evaluation Date Three:
Employee's Initials:	Employee's Initials:	Employee's Initials:
Evaluator's Initials:	Evaluator's Initials:	Evaluator's Initials:

Note to Evaluator: If contamination is present, mark the location of the contamination on the pictures below with the trial number that the contamination occurred during (e.g.; 1,2, or 3)



Appendix F. Required Equipment and Supplies For Each Clinic

Supplies/References

- Triage card
- Screening questions to be attached to
- Thermometers
- Paper charts
- 'STOP' Symptom/Travel poster
- CDC – Procedures for Putting On (Donning) and Removing (Doffing)⁷
- DOHMH – Ebola FAQs
- DOHMH – EVD Evaluation Algorithm
- DOHMH PPE Don/Doff checklist
- Educational and training material for clinic staff

Equipment (based on CDC guidance for emergency departments⁸)

- Each clinic should have at least two PPE kits on hand which include:
 - Face shields
 - Face mask
 - Fluid resistant or impermeable gowns that extends to the mid-calf **or** coverall with integrated hood
 - Double gloves
 - Additional PPE if needed: boot covers (if coverall not used), disposable scrubs, head/neck cover
- Disinfectant wipes and/or alcohol-based sanitizer
- Red bags

⁷ [Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting On \(Donning\) and Removing \(Doffing\)](#)

⁸ [Identify, Isolate, Inform: Emergency Department Evaluation and Management for Patients Who Present with Possible Ebola Virus Disease](#)