

EBOLA (Ebola Virus Disease)

Frequently Asked Questions for Health Professionals

(Last Updated: December 30, 2014)

When should a case of Ebola be reported?

- Health care providers, clinical laboratories or anyone with knowledge of an Ebola diagnosis are required to report confirmed and suspect cases of Ebola to their local health department immediately, as soon as possible, day or night.
- If a report must be submitted after-hours, call the local health department's after-hours number. If the local health department cannot be contacted, call the Department's after-hours number at 1-800-782-7860.
- Please refer to the Infectious Disease Reporting webpage and Section 690.200 of the Control of Communicable Diseases Code for more details on reporting.

When should a person be suspected of Ebola?

- A relevant exposure history should be taken, including the specific exposure criteria of whether the patient has resided in or traveled to a country with widespread Ebola transmission or had contact with an individual with confirmed Ebola within the previous 21 days. Because the symptoms of Ebola may be nonspecific and are present in other infectious and noninfectious conditions that are more frequently encountered in the U.S., relevant exposure history should be collected first to determine whether Ebola should be considered further.
- Patients who meet the exposure criteria should be further questioned regarding the presence of symptoms compatible with Ebola. These include: fever (subjective or $\geq 100.4^{\circ}\text{F}$ or 38.0°C), headache, fatigue, weakness, muscle pain, vomiting, diarrhea, abdominal pain or hemorrhage (e.g., bleeding gums, blood in urine, nose bleeds, coffee ground emesis or melena).
- Refer to the case definition and CDC's Evaluation and Management Guidance for more information.

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What should hospitals do to protect their registration and/or triage staff from potential exposure to a suspected Ebola patient?

- Vigilance during the prompt screening and triage of patients is critical to stopping the spread of Ebola. Immediately upon entrance to the emergency department, or in advance of entry if possible, a relevant and thorough exposure history should be taken.
- Criteria for exposure must include travel to a country experiencing widespread Ebola transmission within the past 21 days, or contact within the past 21 days with an individual with confirmed Ebola.
- The symptoms of Ebola in the early stages of disease are non-specific. Other conditions that are much more common in West Africa may cause similar symptoms, like malaria or typhoid fever. Relevant exposure history must be collected to determine whether Ebola should be considered further.
- Registration and/or triage staff should be comfortable with the [Ebola screening algorithm](#) and their ability to [respond accordingly](#) to ensure the safety of themselves, hospital staff, patients and visitors. It is also recommended triage and/or intake forms include a question about recent travel to one of the affected countries (Liberia, Sierra Leone and Guinea) within the past 21 days.

Are screening and evaluation recommendations available for emergency departments?

- The Centers for Disease Control and Prevention (CDC) has published [evaluation/screening guidance and triage recommendations](#) for emergency departments.

If a person is suspected or confirmed to have Ebola, what should be done?

- Health care teams should follow standard, contact and droplet precautions. Facilities should adhere to procedures and precautions designed to prevent transmission by

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direct or indirect contact (e.g. dedicated equipment, hand hygiene and restricted patient movement).

- Patients should be isolated in a single-patient room, with a private bathroom. Visitors may be restricted. Only essential health care workers with designated roles should provide patient care.
- Implement environmental infection control measures: diligent environmental cleaning; and disinfection and safe handling of potentially contaminated materials, including blood, sweat, vomit, feces, urine and materials contaminated with these fluids.
- [CDC has released Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus.](#)

Who should be tested for Ebola?

- Please see [Ebola screening algorithm.](#)

Do Ebola specimens need to be handled specially?

- The Department released guidance on specimen collection and handling for patients under investigation for Ebola via the SIREN system on October 7, 2014.
- Prior to shipping specimens, please contact your nearest IDPH laboratory and ask to speak about Ebola.
 - Chicago: 312-793-4760
 - Springfield: 217-782-6562
 - Carbondale: 618-457-5131

What Personal Protective Equipment (PPE) is recommended when treating Ebola patients?

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- CDC has released updated guidance on [PPE to be Used by Healthcare Workers During the Management of Ebola Patients, Including Procedures for Donning and Doffing.](#)
- Guidelines are centered around three key principles:
 - Prior to working with an Ebola patient, staff should undergo rigorous training and practice, and demonstrate competence in safely putting on and removing PPE
 - No skin should be exposed when PPE is worn
 - A trained observer should watch every time personnel puts on and removes PPE
- Health care providers entering the patient's room should wear a PAPR or N95 respirator, single-use fluid-resistant or impermeable gown, single-use nitrile gloves with extended cuffs (double-gloving adds an additional layer of protection), single-use fluid-resistant or impermeable boot covers and single-use fluid-resistant or impermeable apron.
- Methodist Hospital for Surgery has compiled a detailed checklist for the [placement and removal of PPE.](#) It is recommended that staff become comfortable and proficient with these protocols.

Will suspect and/or confirmed Ebola patients be transferred to regional medical centers better equipped to meet their medical needs?

- All hospitals are expected to be prepared to receive, properly [screen](#) and evaluate suspect Ebola patients.
- Every hospital should ensure it can effectively **identify** exposure history and the presence of Ebola-compatible symptoms; **isolate** the patient and efficiently use the appropriate personal protective equipment (PPE) needed; and **inform** health officials in a coordinated fashion. Refer to [CDC's Evaluation and Management Guidance](#) for more information.
- Hospitals that need to transfer a patient to a higher level of care should do so in coordination with their state and/or local health department.

Hospitals outside of the City of Chicago: The Department is in the process of developing a tiered approach to the care of a suspected and confirmed Ebola patient. Each case will be handled on a case-by-case basis with patient transfers dependent upon hospital

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resources available at the time the transfer is requested. Transfers to participating hospitals will be made with input from the respective local health department, the CDC and the participating hospital. Please notify the Department's Communicable Disease Control Section at 217-782-2016 if you have a suspected Ebola patient.

Hospitals within the City of Chicago: The Chicago Department of Public Health (CDPH), in collaboration with Rush University Medical Center, Northwestern Memorial Hospital, University of Chicago Medicine and Anne and Robert H. Lurie Children's Hospital of Chicago, has established the Chicago Ebola Resource Network. In the event a non-network hospital suspects it has an Ebola patient, the facility should call '311' and ask for the 'Communicable Diseases Doctor on Call' to notify CDPH. Based on the recommendations of CDPH, the hospital should then follow its usual procedures to complete the transfer to one of the network hospitals. The sending hospital is required to provide patient information to the receiving hospital, per usual procedures.

How many total beds are available for suspect and/or confirmed Ebola patients within the Chicago Ebola Resource Network?

- An exact bed count for each of the hospitals within the Chicago Ebola Resource Network (Rush University Medical Center, Northwestern Memorial Hospital, University of Chicago Medicine and Ann and Robert H. Lurie Children's Hospital of Chicago) has not yet been released.
- The transfer of suspected Ebola patients will be determined on a case-by-case basis at the recommendation of the local health department and the receiving member of the Chicago Ebola Resource Network.

How should medical first responders (including firefighters and law enforcement) respond to a potential Ebola case?

- Before entering the scene, EMS personnel should put on appropriate PPE appropriate.

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- Use caution when approaching the patient and keep the patient separated from other persons as much as possible.
- Consider symptoms and risk factors of Ebola, including residence or travel to an affected country within the past 21 days, contact with the blood or body fluids of a patient sick with Ebola or presence of fever, headache, weakness, muscle pain, vomiting, diarrhea or abnormal bleeding.
- If the patient has no risk factors, proceed with normal EMS care.
- The CDC has issued interim guidance for first responders.

Does CDC have signage that can be posted at hospital entrances asking that patients displaying specific symptoms of Ebola AND who have relevant travel history apply appropriate PPE before entering the building?

- At this time, no such signage exists. As a general rule, the sooner a suspected Ebola patient can be screened and isolated, the better.
- It is also suggested that hospitals pre-position needed supplies to manage the initial isolation of a patient who presents with relevant travel history and symptoms consistent with Ebola. This should include appropriate Personal Protective Equipment (PPE), information about donning and doffing PPE and any other information needed for initial isolation and movement of the patient.
- This ensures that a minimal amount of time is spent identifying and gathering the proper equipment.

How have health care organizations handled caregivers who do not want to care for Ebola patients?

- It is recommended that a core team of highly experienced, dedicated staff be pre-identified to manage potential Ebola patients, as this will decrease the risk of

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transmission (*Ebola Lessons Learned from Emory University, Webinar on October 16, 2014*).

Should all be patients who think they have Ebola be sent to an emergency department for triage?

- **No.** Only people who meet the exposure criteria and have symptoms should be referred to a higher level facility based on the risk of Ebola. Contact your local health department to determine appropriate protocols for transport.
- There are many people who are afraid they have Ebola but do not meet the exposure criteria.
- It is safe to talk to someone without touching them in order to assess their level of risk. Maintain a safe distance of three feet while you assess risk.

Are all health care workers who have worked with Ebola patients being quarantined?

- All travelers returning from the outbreak-affected countries are required to take their temperature twice a day and report this information daily to their local health department. Each returning health care worker's risk level will be assessed on an individual basis and appropriate travel and quarantine recommendations will be made by public health authorities based on exposure history. In Illinois, returning health care workers are not automatically quarantined for 21 days.

Have other health care organizations provided hazard pay to staff caring for Ebola patients?

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- The clinical staff at Emory University were paid a “premium” due to the high level of nursing care that was provided and the constant 1:1 care that Ebola patients typically require (*Ebola Lessons Learned from Emory University, Webinar on October 16, 2014*).

Is there a protocol for dealing with people who falsely state they have Ebola (e.g. in an emergency department waiting room)? Is there a legal course of action?

- To the best of our knowledge, there is no legal course of action in this scenario. Please refer to your internal security policy for disruptive patients and visitors.

Additional Resources:

IDPH website: <http://www.idph.state.il.us/ebola/index.htm>

CDC website: <http://www.cdc.gov/vhf/ebola/index.html>

Travel Advisories: <http://wwwnc.cdc.gov/travel/notices>

CDC infection control recommendations: <http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>