

Ebola Guidance and FAQs for Health Center Preparedness

The New Orleans Health Department is working to make sure that all primary care sites are ready to detect, isolate and report any suspected cases of Ebola. While the Dallas case is unlikely to affect New Orleans, we may see our own travel case in the future. We understand that primary care sites **will not be treating and testing for Ebola**, however, a person with the early symptoms of Ebola may first present at a primary care clinic. Attached is the CDC's Health Alert to all health care facilities, a flyer for waiting rooms from DHH and a sample policy from DHH. Below are links to useful guidance and answers to frequently asked questions.

If a patient meets the criteria below, please isolate the individual to an exam room and call the Department of Health and Hospitals Office of Public Health at **504-568-8313** or after hours at **1-800-256-2748**.

1. Fever of greater than 38.6 degrees Celsius or 101.5 degrees Fahrenheit, **and** additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage.

AND

2. Travel to West Africa (Guinea, Liberia, Sierra Leone, Senegal, Nigeria or other countries where Ebola transmission has been reported by WHO) within 21 days (3 weeks) of symptom onset.

Guidance from the CDC and DHH

The CDC is daily updating their guidance for healthcare providers. New information can be found at <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/whats-new.html>. Below are links to a few of the most up to date and useful flyers. If you have questions about local procedures or need more information please email healthdepartment@nola.gov.

[Screening process for travelers](#) 

[Checklist for suspected cases](#) 

[Checklist for Healthcare Facility Preparedness](#) 

[Checklist for Healthcare Providers Preparedness](#)

[Interim Guidance on Environmental Infection Control of Ebola](#)

Frequently Asked Questions

1. What PPE is required for an Ebola patient?

The CDC recommends gloves, gown, eye protection and a face mask when entering the room of an Ebola patient. More PPE is required when completing procedures that increase the risk of exposure to bodily fluids. More details can be found at <http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>.

Before entering patient room, wear:

- Gown (fluid resistant or impermeable)
- Facemask
- Eye protection (goggles or face shield)
- Gloves

If likely to be exposed to blood or body fluids, additional PPE may include but isn't limited to:

- Double gloving
- Disposable shoe covers
- Leg coverings

Upon exiting patient room

- PPE should be carefully removed without contaminating one's eyes, mucous membranes, or clothing with potentially infectious materials
- Discard disposable PPE
- Re-useable PPE should be cleaned and disinfected per the manufacturer's reprocessing instructions
- Hand hygiene should be performed immediately after removal of PPE

2. What disinfectants should be used and how should potentially contaminated PPE be disposed?

Use an EPA-registered hospital disinfectant with a label claim for non-enveloped viruses to clean the surfaces and room. PPE and other materials should be placed in a separate biohazard bag. More details can be found at <http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>.

3. Can an Ebola patient be isolated in an exam room?

In a primary care site a private exam room with a closed door is sufficient for temporarily isolating a suspected Ebola case. Negative pressure rooms are not required. In a hospital setting the patient room would be required to have a restroom in it, but that may not be necessary or feasible for the temporary isolation in a primary care setting. Please note to have as few people as possible enter the room, and if they do enter the room, to wear the appropriate PPE.

4. Are their rapid tests for Ebola?

Not at this time. There are very specific guidelines for testing suspected Ebola patients which should only be done in a hospital setting by staff that have been trained in these procedures. There are only 13 approved labs for Ebola testing (none of which are in Louisiana).

5. Should we make all other patients leave the clinic if we have an Ebola patient?

There is no need to make other patients leave the clinic if you have a suspected Ebola case. As long as the patient is isolated in an exam room they are not a threat to the other patients. If you DHH Office of Public Health confirms that the patient is a suspected case, please make note of the names and contact information of anyone that may have come into contact with the patient's bodily fluids. This information will help in contact tracing if the patient tests positive for Ebola.

6. What if someone refuses to stay in isolation?

While your clinic cannot legally force a patient suspected to have Ebola to remain in isolation, both the New Orleans Health Department and the Department of Health and Hospitals can. When calling the DHH Office of Public Health inform them that the patient does not want to remain in isolation. You may also contact Sarah Babcock at the New Orleans Health Department at 504-610-7006 for assistance in isolating the individual.

7. What will happen when I call DHH Office of Public Health? Shouldn't we call 911 instead?

The Office of Public Health has trained epidemiologists that will answer these phone lines 24/7. They will determine whether or not the patient meets the criteria for a person under investigation and warrants testing. If testing is warranted, OPH will direct you to call 911 to have the patient transported to the hospital. OPH Infectious Disease Epidemiology will work with the receiving hospital to ensure that proper precautions are taken and a sample is submitted for testing.

8. Has the subject of hospitals having a commitment to providing non-common PPE (shields and Tyvek covers) for community providers that might be needed (in larger quantity) in an emergency been discussed at the cabinet or the EP level?

No. CDC does not recommend the use of Tyvek suits for Ebola patients in the United States. There are currently no plans on distributing PPE and we recommend purchasing any PPE that you believe you may need.

9. How should community health centers respond if they are hosting a health fair in the community and someone presents with the fever, symptoms and has traveled to the region or been in contact with someone who has traveled to the region? What is the responsibility of administrators to their staff and community members in this setting that is outside of the clinic's walls?

We recommend that they isolate the person as best as possible and contact the Office of Public Health just as would be done in a clinic setting. If the person meets the criteria of a suspected case then you would call 911 for EMS transport.