

Ebola-related FAQs – November 14, 2014

Submitted by health care workers and EMS providers to VTHPP@state.vt.us

Note: Federal guidance has not yet been issued for handling and disposal of suspect Ebola liquid waste. We are holding our responses to those questions until such guidance has been released.

1. What is the protocol for disinfecting areas that may be contaminated with Ebola? Are there special instructions for cleaning and disinfecting the room of a patient with suspected or confirmed Ebola virus infection?

Use a 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 rooms of patients with suspected or confirmed Ebola virus infection.

Note: While Ebola is an enveloped virus, disinfectants for non-enveloped viruses are recommended because they are stronger.

See also: <http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>

Daily cleaning and disinfection of hard, non-porous surfaces (e.g. high-touch surfaces such as bed rails and over bed tables, housekeeping surfaces such as floors and counters) should be done. Before disinfecting a surface, cleaning should be performed. In contrast to disinfection where products with specific claims are used, any cleaning product can be used for cleaning tasks.

Use cleaning and disinfecting products according to label instructions. Check the disinfectant's label for specific instructions about inactivation of non-enveloped viruses (e.g., norovirus, rotavirus, adenovirus, poliovirus), and follow label instructions. Use disposable cleaning cloths, mop cloths, and wipes, and dispose of these in leak-proof bags. Use a rigid waste receptacle designed to support the bag to help minimize contamination of the bag's exterior.

2. Will the Health Department issue guidance for cleaning /disinfecting areas after a suspect Ebola patient has visited? (exam room, lobby, upholstered chairs, etc.)

Avoid contamination of reusable porous surfaces that cannot be made single use. Use only a mattress and pillow with plastic or other covering that fluids cannot get through. Do not place patients with suspected or confirmed Ebola virus infection in carpeted rooms, and remove all upholstered furniture and decorative curtains from patient rooms before use.

Refer to interim guidance provided by CDC:

<http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>.

3. Is it safe for Ebola patients to use the bathroom?

Per CDC interim guidance (link is above): Yes. Sanitary sewers may be used for the safe disposal of patient waste. In addition, sewage handling processes in the United States are designed to inactivate infectious agents.

4. How do we handle waste products? Is waste from a suspected Ebola patient considered Category A waste?

All waste from patients with suspected or confirmed Ebola needs to be treated as Category A waste. It's our understanding that most hospitals/clinics in Vermont use Stericycle, and they are willing and able to handle the waste. Call the Health Department at 802-863-7240 or 800-640-4374 for information on how to contact Stericycle. For additional information on handling waste products, go to: <http://www.cdc.gov/vhf/ebola/hcp/medical-waste-management.html>

5. Are hospitals expected to take care of doffed Personal Protective Equipment (PPE) from EMS if EMS brings a suspected Ebola patient to the ED?

Yes. EMS has a checklist and the necessary materials to do their own decontamination, but the receiving hospital needs to provide a location for ambulance cleanup and decontamination. The hospital also needs to provide a place for the ambulance crew to safely doff their PPE, and dispose of ambulance waste and doffed PPE. As the ambulance cab is separate from the back and the driver will not be in PPE, the rig may be moved from the bay to another location at the hospital more convenient for decontamination or for disposal of waste.

6. How do we clean and disinfect the PPE doffing area?

Routine cleaning of the PPE doffing area should be performed at least once per day and after the doffing of grossly contaminated PPE. Cleaning should be performed by a health care worker wearing clean PPE. An EPA-registered hospital disinfectant with label claims against non-enveloped viruses (e.g. norovirus, rotavirus, adenovirus, poliovirus) should be used for disinfection. When cleaning and disinfection are complete, the health care worker should carefully doff PPE and perform hand hygiene. See also response to Question 1, and: <http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>

7. Are there special recommendations for first responders?

EMS providers should follow standard Vermont Statewide Emergency Medical Services Protocols. Vermont EMS has issued clear guidelines for dealing with suspect or confirmed cases of Ebola in the pre-hospital setting. The protocols address screening, preparedness and safety, PPE, transport, decontamination and communication. The protocols plus additional guidance are also available on the Vermont EMS web page: http://www.healthvermont.gov/hc/ems/ems_index.aspx

8. Was there any E911-PSAP guidance issued?

Yes, the first E911-PSAP guidance was issued in September 2014, via email to all E911-PSAP dispatch centers. When CDC revised their guidance in October, the Health Department issued new/revised E911-PSAP guidance. If you did not receive the E911-PSAP Guidance (released 10/26/14), email VTEMS@state.vt.us and we'll send it to you.

Additional information can also be found on the Health Department web page:

<http://www.healthvermont.gov/prevent/ebola/index.aspx>, click on "What's New (Continued)", and scroll to the 10/24/14 document "Interim Guidance: EMS Systems & 9-1-1..."

9. For healthcare workers, including EMS, who have treated an Ebola patient, how is the level of monitoring determined, who is responsible for doing/overseeing the monitoring, and to what risks might a health care worker in home monitoring expose their family?

Health care workers and EMS providers who provide care for a patient with Ebola in the United States while using appropriate PPE (and do not report a breach) are considered to be at **low (but not zero) risk** for exposure. These individuals will be asked to participate in Direct Active Monitoring (see definition below) for 21 days since their last potential exposure. The Health Department does not plan to recommend any restrictions on travel, work, public conveyances, or congregate gatherings as long as these individuals remain asymptomatic during the 21-day incubation period. Health care workers can go home to their families during the monitoring period.

In Direct Active Monitoring, the Health Department and/or a health care facility's occupational health program directly observes the individual at least once daily to review symptom status and monitor temperature. A second follow-up per day may be conducted by telephone in lieu of a second direct observation.

10. Where can I find information on trainings and information for providers at outpatient clinics?

Hospital Emergency Preparedness (EP) Coordinators all have access to pertinent documents in the Active Events/Ebola folder in the Document Center of the Health Alert Network (HAN).

- For the Hospital TTX Kit and other training opportunities, look in the "Training" folder at: [Document Center > Documents > Active Events > Ebola Virus Disease \(EVD\) > Training.](#)
- For Guidance, look in the "Guidance" folder: [Document Center > Documents > Active Events > Ebola Virus Disease \(EVD\) > Guidance.](#)
- The "Ebola Guidance for Outpatient Settings" Health Advisory is available on the Health Department web site at http://healthvermont.gov/advisory/2014/documents/20141031_ebola_outpatient_guidance.pdf

11. Where can I find copies of the HANs that have been sent out?

All the HANs are posted under 'News' on the home page of the Health Alert Network. If you have a HAN account, you have access to the home page where you can find the Ebola Tabletop Exercise documents (11/3/14); the Outpatient Guidance (10/31/14), Guidance for Ebola Preparedness (10/31/14), etc.

Health Advisories and Alerts for hospitals and healthcare providers are also available on the Health Department's web site at <http://healthvermont.gov/advisory/index.aspx>

12. If a health care worker returns from volunteering in one of the affected countries, is suspect and goes into quarantine for 21 days, will the Health Department tell us when it is OK to let him/her get back to work?

Health care workers who return from providing care for Ebola patients in West Africa while using appropriate PPE (and do not report a breach) are considered to be at **some risk** for exposure. These individuals will be asked to participate in Direct Active Monitoring (see definition below) for 21 days since their last potential exposure. These health care workers should not participate in direct patient care for at least 11 days after their last potential exposure. The Health Department does not plan to routinely recommend restrictions on travel, public conveyances, or congregate gatherings. However, some restrictions such as exclusion from long-distance commercial conveyances may be recommended on a case-by-case basis.

In Direct Active Monitoring, the Health Department and/or a health care facility's occupational health program directly observes the individual at least once daily to review symptom status and monitor temperature. A second follow-up per day may be conducted by telephone in lieu of a second direct observation.

13. If a patient presents with symptoms of potential Ebola, what triage protocol do we follow?

This is addressed on the Health Department's web site at:
http://healthvermont.gov/prevent/ebola/vt_hcp.aspx

Determine if: (a) the patient has a fever, or (b) the patient has symptoms consistent with Ebola (headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain or hemorrhage), AND (c) the patient traveled to an Ebola-affected area in the 21 days before illness onset.

If the patient meets a or b, AND c, then (1) isolate the patient in a private room, (2) implement standard, contact, and droplet precautions (gowns, facemask, eye protection and gloves), and (3) call the Health Department right away at 802-863-7240 or 800-640-4374. This phone line is answered 24 hours a day, 7 days a week.

14. What should we do first if our office has just seen a patient who meets the criteria for suspect Ebola (exhibits symptoms & has traveled)?

Isolate the patient in a treatment room and perform appropriate stabilization required by the patient's condition. Do not conduct any lab tests. Call the Health Department to review the patient's symptoms, travel history, and possible exposure to Ebola, and to discuss whether consultation with the University of Vermont Medical Center or Dartmouth-Hitchcock is warranted. See response to question #13.

15. If a patient calls in for an appointment due to symptoms compatible with Ebola, what protocol do I follow?

Per standard protocol, assess the patient according to the algorithm. For all patients, determine if she/he: (a) has a fever, or (b) has symptoms consistent with Ebola (headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain or hemorrhage), AND (c) traveled to an Ebola-affected area in the 21 days before illness onset.

If the patient meets the algorithm, advise him/her to temporarily self-isolate, and that you will call him/her back. Immediately call the Health Department at 802-863-7240 or 800-640-4374 to further assess and discuss next steps and, if appropriate, possible transport to a facility accepting Ebola/suspect Ebola patients.

16. What is the protocol for dealing with family members who may accompany the patient who meets the criteria for suspect Ebola?

Family members who aren't sick are NOT infectious, and do not pose a risk. They can wait in the lobby or wait with the patient in an exam room. The Emergency Department should follow their normal protocol for managing family members who accompany patients.

17. How do we advise a patient who is asymptomatic, but who has questions/concerns about his/her travel history?

Go through the standard triage questions with the patient. If the travel and symptom criteria are not met, refer them to 2-1-1 or to the Health Department web site at www.healthvermont.gov for additional information.

18. If a patient presents to the ED via ambulance and exhibits symptoms of Ebola can we assess in the ambulance or must we bring the patient into the ED for assessment?

If a patient arrives via ambulance, the patient must be brought into the facility to be assessed. (EMTALA)

19. Should all patients who request an appointment be asked about fever and travel history?

If a patient requests an appointment because they are exhibiting symptoms associated with Ebola, then yes, they should be asked about travel and elevated fever. Otherwise you do not need to ask them about travel history.

20. Is the Health Department prepared to receive lab samples from suspect patients for Ebola testing after hours and on weekends?

Yes – the Health Department Laboratory accepts samples after hours and on weekends.

21. Do I need to report suspect Ebola?

Yes – Ebola is reportable once it is suspected. Do not wait for laboratory confirmation. Early recognition is critical for infection control.

22. Will the Health Department provide our offices with PPE?

No

23. What if we don't have all of the PPE that CDC suggests or don't have the same PPE?

Use the highest level of PPE that you have available, and do your best. Make sure staff are trained to use the PPE that you have. Protect the mucous membranes of the eyes, nose and mouth. See: <http://www.cdc.gov/hai/pdfs/ppe/ppeposter8511.pdf>

24. What's the procedure for transport of a suspect Ebola patient to a larger hospital/facility that is accepting Ebola patients?

After notification, the Health Department will help coordinate plans with the receiving tertiary care hospital to utilize their specialty ground transport unit. The unit will be dispatched to the call location (hospital ED or other location) and return to the tertiary care hospital for direct admission to the specialized Ebola care unit.

25. Will FACT provide transportation from any other locations besides Emergency Rooms? (i.e. private practices and offices affiliated with hospitals)?

After notification, the Health Department will help coordinate plans with the receiving tertiary care hospital to use their specialty ground transport unit. The unit will be dispatched to the call location (hospital ED or other location including possibly clinics or the patient's home) and return to the tertiary hospital for direct admission to the specialized Ebola care unit.

In general, case-by-case evaluation will apply in direct consultation with the Health Department and the tertiary care hospital. Patients experiencing medical emergencies, for all settings

outside of hospital EDs, may require immediate attention of local EMS resources with subsequent transit to the local ED.

26. What is the plan in case a suspect patient dies at the hospital? What's the first step?

Call a Health Department epidemiologist 24/7 (802-863-7240 or 800-640-4374) to report death of a suspect case. Vermont's Chief Medical Examiner will send staff to the health care facility or field location to retrieve the body and conduct appropriate testing to determine if the patient died of or with Ebola.

27. How should EMS agencies clean transport vehicles after transporting a patient with suspected or confirmed Ebola?

Vermont EMS is utilizing the CDC's guidance for "Cleaning EMS Transport Vehicles after Transporting a Patient with Suspected or Confirmed Ebola" that can be found here:

<http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-emergency-medical-services-systems-911-public-safety-answering-points-management-patients-known-suspected-united-states.html>

A list of approved "Disinfectants for Use Against the Ebola Virus" can be found here:

<http://www.epa.gov/oppad001/list-l-ebola-virus.html>

HAN Message Type Definitions

HEALTH ALERT: CONVEYS THE HIGHEST LEVEL OF IMPORTANCE; WARRANTS IMMEDIATE ACTION OR ATTENTION.

HEALTH ADVISORY: PROVIDES IMPORTANT INFORMATION FOR A SPECIFIC INCIDENT OR SITUATION; MAY NOT REQUIRE IMMEDIATE ACTION.

HEALTH UPDATE: PROVIDES UPDATED INFORMATION REGARDING AN INCIDENT OR SITUATION; UNLIKELY TO REQUIRE IMMEDIATE ACTION.

INFO SERVICE MESSAGE: PROVIDES GENERAL CORRESPONDENCE FROM VDH, WHICH IS NOT NECESSARILY CONSIDERED TO BE OF AN EMERGENT NATURE.

You have received this message based upon the information contained within our emergency notification data base.

If you have a different or additional e-mail address or fax number that you would like us to use please contact your Health Alert Network (HAN) Coordinator at: vthan@state.vt.us or Lee.Dorf@state.vt.us.
