

Emory Healthcare Ebola Preparedness Protocols

OVERVIEW

Purpose

To standardize the risk assessment, triage, transportation, and management of patients with possible/confirmed Ebola Virus Disease (EVD) throughout Emory Healthcare (EHC) hospitals and clinics.

Introduction and Background

It is the mission of EHC to take care of those in need, regardless of their illness. With that in mind, safety always has been and will continue to be the number one priority. EHC is committed to providing a safe environment for everyone, including patients, visitors and staff in its facilities. The U.S. Centers for Disease Control and Prevention (CDC) recommends that all hospitals in the U.S. be prepared to care for patients who could have EVD.

About Ebola

- While Ebola is a dangerous virus that can be life-threatening, its spread can be contained.
 - EVD is spread by contact with blood or any other body fluid from a person with symptoms of EVD infection. Infection is spread when infected body fluids come in contact with mucous membranes, breaks in the skin or by sharps injuries.
 - EVD is not transmitted through the air unless there is exposure to body fluid droplets from an infected person (e.g., coughing, sneezing or spitting).
 - EVD is not transmitted from persons who don't have symptoms of infection (see below for symptoms of EVD infection).
- EVD usually starts with a sudden onset of fever along with symptoms, including chills, weakness, abdominal pain, joint muscle aches, headache, lack of appetite and body aches. Vomiting and diarrhea are common. In severe cases, internal and external bleeding may occur.
- The illness begins an average of 8-10 days following exposure (although it could be from 2 to 21 days).
- Some of the symptoms of EVD are similar to those of other infections that are common in West Africa, such as malaria and diarrheal illnesses.
- There currently are no FDA-approved medications specific for treating Ebola virus infection. The main way we treat EVD is through supportive care. This means providing excellent medical and nursing care, including monitoring and replacing fluids and electrolytes, as well as transfusions as necessary.
- The goal is to provide this care to the patients until their bodies can control the virus.

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- EVD spreads in Africa because of inadequate infection control and health practices and burial ceremonies that expose people to infectious body fluids. Control of EVD has been difficult because the health care systems lack resources and expertise; many villages are remote, creating geographic barriers for access to proper care, treatment and infection control practices; and because of other cultural and environmental factors. Many of these conditions do not exist to the same extent in the U.S. The CDC does not believe that EVD poses a significant risk of spreading in the U.S.

Our Commitment

- We are committed to providing a safe environment for our patients, visitors, staff and providers that meets or exceeds all CDC recommendations for taking care of patients with possible/confirmed EVD.
- We have always taken care of sick patients who come to EHC hospitals and will continue to do so.
- We provide patients with access to services without discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression, as well as source of payment for care.
- We will conduct a risk assessment of patients with recent travel to a country where EVD is present or who may have been exposed to EVD in another country.

Assumptions

1. EHC patients with confirmed EVD will be admitted to the Serious Communicable Diseases Unit (SCDU) at Emory University Hospital (EUH).
2. An essential part of a high-risk assessment will be screening by an Infectious Diseases (ID) physician.
 - a. The hospital epidemiologist/ID attending on-call at a particular hospital will be engaged to perform the initial risk assessment.
 - b. The ID attending on-call for the SCDU will be engaged whenever there is consideration for transfer of a patient to that Unit or if rapid Ebola virus testing is requested.
 - c. The State Health Department will be engaged when EVD is suspected.
3. Only patients assessed as having a high-risk of EVD, as determined by the on-call SCDU ID physician, will be admitted to the SCDU without having laboratory-confirmed infection.
4. The decision for performing rapid EVD testing needs to consider pretest probability of infection (i.e., screening) and the heightened concern about transmission of EVD in health care settings.
5. Risk assessments will need to be done for patients entering our system through numerous routes, including:
 - a. Calls to Transfer Center (i.e., Admissions from outside hospitals)
 - b. Emergency Department (ED)
 - c. Walk-ins to facility
 - d. Labor and Delivery
 - e. Ambulatory clinic setting clinics

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