

Emory Healthcare Ebola Preparedness Protocols

Risk Assessment

Because travel to high-risk areas is one of the risk factors for transmission, these guidelines address patients who are considered at high risk for EVD who meet travel criteria. In addition, exposure to a known EVD patient has also been included in the assessment. This document should be used in conjunction with the EVD screening algorithms in place for the ED, in-hospital unit, Travel and other clinics, and the Transfer Center. Upon initial arrival to one of these entry points into the system, patients will be screened for a positive travel history and symptoms consistent with EVD (see Support Documents 1 and 2). For patients with other points of entry into EHC (e.g., The Emory Clinic, Emory Specialty Associates), see Support Documents 3 through 8. Patients are stratified as high, intermediate, or low risk for EVD based on the exposure risk assessment along with clinical findings. The categories are as follows:

- High-risk of EVD (Refer to Support Document 9)
 - High-risk exposure (defined below) plus ANY symptoms suggestive of EVD (fever [subjective or ≥ 38 degrees C, 100.4 degrees F] and/or other symptoms, including severe headache, muscle pain, vomiting, diarrhea, abdominal pain, bleeding). High-risk exposure is defined by the CDC as:
 - Percutaneous (e.g., needle stick) or mucous membrane exposure to body fluids of confirmed or suspected EVD patient
 - Direct care of an EVD patient or exposure to body fluids from such a patient without appropriate personal protective equipment (PPE)
 - Processing body fluids of confirmed EVD patients without appropriate PPE or standard biosafety precautions
 - Direct contact with a dead body without appropriate PPE in a country where an EVD outbreak is occurring
 - Low-risk exposure (defined below) plus high probability of infection based on clinical assessment.
 - Low-risk exposure defined by the CDC as:
 - Household contact with an EVD patient
 - Other close contact with EVD patients in health care facilities or community settings. Close contact is defined as
 - Being within approximately 3 feet (1 meter) of an EVD patient or within the patient's room or care area for a prolonged period of time (e.g., health care personnel, household members) while not wearing recommended PPE (i.e., standard, droplet and contact precautions)
 - Having direct brief contact (e.g., shaking hands) with an EVD patient while not wearing recommended PPE

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- NOTE: Brief interactions, such as walking by a person or moving through a hospital, do not constitute close contact
 - High probability of clinical EVD is based on compatible clinical symptoms (fever; diarrhea; unexpected bleeding; laboratory findings, including low platelet count; absence of alternative diagnoses) and ID clinical assessment
- Rapid Ebola virus testing should be performed on any patient with high risk of EVD with disposition (admission to SCDU) driven by test results. If rapid testing can't be done or if symptoms have been present for < 48 hours at time of testing, admission to SCDU may be authorized by the on-call SCDU ID.
- Intermediate-risk of EVD
 - Low-risk exposure plus
 - Clinical syndrome not highly suggestive of EVD that may or may not include fever or with an alternative diagnosis (such as malaria) with ongoing symptoms or with compatible clinical illness with negative rapid Ebola virus test performed within first 48 hours of symptoms
 - Evaluation should include extensive work-up for alternative diagnoses, rapid Ebola virus test for those with any compatible symptoms or follow-up Ebola virus test for those with negative test performed early after onset of symptoms
 - Disposition of patient may require conference between screening ID clinician and on-call SCDU ID
- Low-risk of EVD
 - No known exposure to EVD plus any travel to affected country plus compatible symptoms developing in the appropriate time frame after travel/return from affected country (2-21 days, peak 8-10 days)
 - Evaluation should consider:
 - Time/duration of exposure in country with EVD
 - Updated information on transmission within countries (e.g., if no cases occur in a country for 2 incubation periods (42 days), the country can be considered EVD-free)
 - Where patient was in country with EVD, reason for stay in country (funeral of family member for example)
 - Exposure to anyone with clinical illness
 - Receipt of malaria prophylaxis
 - Low-risk patients should receive appropriate evaluation for likely cause of clinical syndrome. Necessity of performing Ebola virus testing should be considered on a case-by-case basis. Ebola virus testing requires approval of on-call SCDU ID.