EBOLA PREPAREDNESS AND PROCEDURES

University of Toledo Medical Center

And University of Toledo Main

Campus

BACKGROUND This is the largest Ebola outbreak in history The disease has infected and killed people in four West African nations Guinea, Liberia, Sierra Leone and Nigeria As well as a number of aid workers that were involved with providing healthcare from around the globe Its arrival in America was both planned and unplanned for by the CDC Spread through direct contact with body fluids (not through the air, food, or water) Infected persons are not contagious until symptoms appear UTMC has been actively meeting on Ebola since July of 2014.

INITIAL SCREENING IN LATE JULY International students were **Early Symptoms:** screened via questionnaire Ebola can only be spread to others after ▶ The screening revealed no students symptoms begin. Symptoms can appear returning from endemic areas and from 2 to 21 days after exposure. having contact with EVD patients Stomach pain Headache Lack of appetite Diarrhea Unexplained bleeding Vomiting Joint & muscle aches Weakness



SCREENING IN THE ED AND CLINICS



Instructions for Initial Assessment and Isolation of Patients at Risk for Ebola Viral Disease (EVD)

UTMC Clinics

Common EVD Signs/Symptoms	Some Patients May also experience
Fever (subjective or ≥ 100.4 °F of ≥ 38 °C)	Bleeding inside and outside of the body
Headache	Rash
Joint and muscle aches	Red eyes
Weakness	Hiccups, Cough
Vomiting	Sore throat
Diarrhea	Chest pain

Initial Assessment and Isolation:

- Immediately ask about high risk exposures in the past 21 days:
 - . Travel to Africa or
 - b. Contact with a patient known to have Ebola
- 3. If symptoms are present but NO high risk exposure in the past 21 days, please proceed with routine assessment and evaluation for more typical infectious disease using routine infection control guidelines
- 4. If symptoms are present AND high risk exposure in the past 21 days exists, please proceed as noted below:
 - a. Immediately hand a surgical mask to the patientb. Isolate the patient in a separate room.

 - c. Contact Mo Smith at 419-345-4794 (or backup Deanna Montanaro 419-350-7878 or Paul Rega at 419-779-4423). They will make the decision to call a Code Orange.
 - d. Close the clinic and take the names of everyone in the waiting room. Ask them to remain in the waiting room until further instructions are given.

 e. After additional details of the case are reviewed, decisions will be made with Toledo Lucas County Health
 - Department (TLCHD) about transportation of the patient to UTMC ED.

 f. DO NOT Clean the room or any part of the clinic. Decisions on decontamination will be determined after the
 - information on exposure is reviewed.

CODE ORANGE

- Upon notification of EVD patient, a Code Orange will be called
- Code orange procedures will be followed (w/Ebola additions)
- Triage personnel will put PPE (located in triage room) on themselves and the patient.
- Patient must remain in the triage room until relocation.
- ▶ Holding of patient takes place in Room #21 of ED for ~48hours
- Long term holding will be on 6CD

SO WHO HAS BEEN TRAINED AND WHY?

- The ED staff nurse and doctors have been trained a number of times on PPE procedures in Simulation Center
- ED residents and others have also been trained but will not care for a confirmed EVD patient.
- We have a core team of ED docs and nurses that will care for the patient in the short term in the ED
- Attending faculty and nurses (mainly the ED) have volunteered to care for patients that may be held for an extended period on 6CD.
- Volunteers will continually be accepted and training will continue for this core group on a on-going basis.
- We have plans to extend our response if a more aggressive outbreak occurs in the region.
- Drills and simulations have been conducted and will continue to be performed to test our response capabilities.





















