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TO: Infection Control Department, Emergency Department, Infectious Disease Department, Director of Nursing, Medical Director, Director of Pharmacy, Laboratory Service, and distributed to all patient care areas

FROM: NYS Department of Health (DOH)

HEALTH ADVISORY: Ebola Virus Disease (EVD) in the Uganda

Guidance for screening/evaluation of patients presenting to general hospitals with emergency departments, off-campus emergency departments, and diagnostic and treatment centers for potential Ebola Virus Disease (EVD)

BACKGROUND AND SUMMARY

Due to recent outbreaks of Ebola Virus Disease (EVD) in parts of East Africa (Uganda), this advisory provides guidance to general hospitals with emergency departments (EDs), off campus EDs, and diagnostic and treatment centers (D&TCs) regarding screening procedures for patients presenting to their facility, and the management of those patients identified as potentially being ill with EVD following initial screening. Providers also should ensure that readiness activities and patient care activities meet infection prevention and control requirements for ongoing COVID-19 transmission.

This supplants and replaces any Ebola specific guidance previously issued by the Department, including the emergency orders that were issued in response to the 2014 and 2015 outbreaks.

READINESS REQUIREMENTS

Review this guidance with all staff and review training materials used at your facility for your required training on EVD policies, procedures, and protocols, including protocols for patient registration, staff exposure, and management of regulated medical waste.

DEFINITIONS:

Persons Under Investigation (PUI)

Individuals can be classified as a PUI if they have:

- Signs and symptoms consistent with Ebola virus infection; AND
- An [epidemiological risk factor](#) within 21 days before the onset of symptoms.

Confirmed Case

Laboratory-confirmed diagnostic evidence of Ebola virus infection.

The following activities, policies, and procedures are required to be performed to respond to potential encounters with individuals infected with EVD:

- Signage

Signage asking patients to report travel history and symptoms should be posted at patient entryways and at reception, and at all triage locations in at least [English](#), [French](#), [Spanish](#), [Chinese](#), [Russian](#), [Italian](#), [Korean](#) and [Haitian Creole](#). (Available at: <https://www.health.ny.gov/diseases/communicable/ebola/> on the Healthcare Providers tab).

- Communications

Providers are required to identify and maintain in up-to-date status two (2) lead points of contact in the Health Commerce System (HCS) Communications Directory in the role of 24/7 Ebola Lead. (Instructions available at: https://apps.health.ny.gov/pub/ctrldocs/alrtview/postings/HCS_Role_Assignment.pdf)

- Training Requirement

- Any staff who will be responsible for ongoing contact, such as in providing care for a patient who is confirmed to have EVD at NYS Special Pathogen (Ebola) Assessment and Treatment Centers (SPTCs), must be provided in-person training, with an observer, in donning and doffing of personal protective equipment (PPE). Providers are required to provide this training to these staff upon hire and at least every six (6) months, in a setting like the one where patients would be treated. This PPE training should consist of actual donning and doffing of PPE by the trainees and observers and should not be replaced by a training video, lecture, or other demonstration mechanism.
 - The healthcare facility (HCF) may limit the number of staff designated to serve in this role provided adequate coverage is available on all shifts and in all locations where a patient with confirmed EVD or a patient under investigation (PUI) may present to them for care. The HCF should develop a staffing surge plan to provide additional coverage.
- For those staff who may have some contact with a PUI or confirmed to have for EVD, but who would not be responsible for ongoing care of such a patient, the provider should have a plan to provide just-in-time training (JIT) that includes but is not limited to necessary infection prevention and control procedures and actual donning and doffing of PPE in a setting like that where patients would be encountered.
- For staff expected to have no contact with a PUI or person with confirmed EVD, the provider should have a plan in place to provide JIT that includes but is not limited to general education about EVD and necessary infection control precautions.

- Drills

NYSDOH recommends that drills must be performed at least every 12 months. If one has not been conducted since the beginning of this outbreak, we recommend you complete one in the next 30 days. Drills should be tailored to review all situations and staff activities that

are reasonably likely to occur at the facility, considering such factors as whether a facility has an ED and, for general hospitals, whether the facility has been designated as an SPTC.

A written description of the drill, including the items reviewed, number of staff included in the drill, gaps identified, conclusions, and next steps for time frame for corrective actions, should be maintained and made available to NYSDOH upon request.

- PPE Supply

Providers must maintain a supply of (PPE) that at a minimum, meets the applicable specifications at: <https://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance.html>.

Providers must equip all staff with all elements of PPE that are appropriate to their level of potential exposure to a PUI or to a person who is confirmed to have EVD.

- Written Patient Registration/Screening Protocols

Providers are required to have a written patient registration protocol for the immediate identification, isolation, and medical evaluation of any person presenting for care based on provider setting:

- In settings in which providers routinely care for patients, NYSDOH requires that a written patient registration protocol that, ensures all persons presenting for care are screened upon initial reception for recent travel history and symptoms of communicable diseases (see symptoms details in “WHAT TO DO IF YOU HAVE A PATIENT PRESENT WITH SUSPECTED EVD ILLNESS” section below).
- The protocol also must include a plan for identifying those staff on all shifts who would be involved in the medical screening and evaluation and/or other care of a PUI placed in isolation for the medical evaluation of EVD.
- The provider is required to provide training on the patient registration protocol for identified personnel on all shifts who are involved in patient registration or triage.

- Initial Patient Care

- Always use Standard Precautions.
- If there are concerns that the patient could meet the criteria for Ebola, immediately separate the patient from others.
- Isolation room:

Outpatient practices must identify and designate a room for isolation that is in, or in proximity to, the area in which patients would reasonably be expected to present for care for patients in need of medical evaluation of EVD. The room must have a door, and it must have access to a private bathroom or have a portable commode.

- Space must be identified adjacent to the room to be used by staff to don and doff PPE. Such space must have access to hand-washing facilities. Traffic in the area must be restricted to avoid exposure of other persons. Access to the room to be used for isolation and adjacent rooms must be restricted as much as possible to avoid exposure of other persons.
- Isolation room, general hospitals:
General hospitals having an ED must identify and designate one or more airborne

infection isolation rooms (AIIRs) to house PUIs and patients confirmed to have EVD.

The location shall have either an anteroom with doors that close or an area outside the room where staff can doff any PPE that is not taken off in the patient room. The anteroom or PPE doffing area shall also provide access to hand-washing facilities.

- There should be additional rooms available for staff to don PPE.
- If available, providers should also designate a location in the facility in which staff can shower after removing all PPE, that can be accessed easily and quickly.
- When in use for an active PUI, the entire area must be secured from access by unauthorized staff and the public, with either locking doors or the continuous presence of hospital security personnel.
- Notification: Providers must immediately notify the local health department, as appropriate, when a PUI is placed in isolation for the medical evaluation of EVD. Providers should also notify the NYSDOH (see contact information in “WHAT TO DO IF YOU HAVE A PATIENT PRESENT WITH SUSPECTED EVD ILLNESS” section below).

- Staff Exposure Log

Providers must maintain a log of all persons (staff and non-staff) coming into close* or direct contact at any time with a PUI or patient confirmed to have EVD, or such patient’s area or equipment, regardless of the level of PPE worn at the time of contact.

Providers should maintain a 21-day log of staff who were not wearing appropriate PPE who have come in close or direct contact of a PUI or confirmed case of EVD. Logs should include symptoms and temperatures twice a day.

*‘Close contact’ means being within 3 feet (1 meter) of a person with symptomatic EVD while not wearing recommended personal protective equipment (PPE). ‘Direct Contact’ means physical contact with a person with EVD (alive or dead) or with object contaminated with the body fluids of a person with EVD (alive or dead) while not wearing recommended PPE.

- Managing Medical Waste and Cleaning and Disinfection

Providers are required to develop and implement written protocols to safely handle, contain, store and dispose of regulated medical waste in all settings where patients will be cared for. Additional guidance on Ebola medical waste can be found at NYSDOH Ebola-associated Waste Management Guidance. In addition, providers are required to develop and implement written protocols to safely clean and disinfect any room, vehicle, or equipment with which patients have come into contact, that are in compliance with the applicable specifications at: [CDC Guidance for EVD Waste Management](#).

- Transportation Plan

All outpatient practices and off campus EDs must develop a written transport protocol for the safe transportation of such a patient to another facility for necessary testing and care.

- The transport protocol must identify an ambulance service as well as the receiving facility.
- The transport protocol must include provisions requiring prompt notification that the protocol has been initiated to the receiving facility, local health department as

appropriate, and the ambulance service. Notification to the receiving facility and the ambulance service will allow them to direct staff to use PPE and prepare vehicles and receiving areas.

- Ongoing Patient Care

- General hospitals that are not SPTCs, but function as a “frontline” hospital (see CDC guidance at: <https://www.cdc.gov/vhf/ebola/healthcare-us/preparing/frontline-healthcare-facilities.html>) should have a written plan for the isolation and care of a PUI or patient confirmed as having EVD for a 24 hour period, while preparing to transfer the patient to another facility for necessary testing and care.
 - General hospitals must develop a written transport protocol for the safe transportation of such a PUI or patient confirmed to have EVD to an SPTC.
 - The transport protocol must identify an ambulance service as well as the receiving facility.
 - The transport protocol must include provisions requiring prompt notification that the protocol has been initiated to the receiving facility, local health department (s- where patient lives and hospital location) as appropriate, and the ambulance service. Notification to the receiving facility and the ambulance service will allow them to direct staff to use PPE and prepare vehicles and receiving areas.
- Hospitals designated as SPTCs, in addition to requirements outlined in 7d, must develop a written plan for providing ongoing care for patients confirmed as having EVD that includes the following:
 - Develop a roster of personnel on all shifts for the full period of care required for any patient confirmed to have EVD. The roster must include a staff member on every shift who is responsible for observing all staff providing care to the patient to assure adherence to infection control protocol and proper use of PPE.
 - Maintain provisions for the full range of patient care including critical care and subspecialty services and must maintain readily available N95 respirators or powered air purifying respirators (PAPR) and appropriate levels of PPE including gloves for double gloving, disposable shoe coverings and leg coverings, and gowns/coveralls to be used by personnel who will care for confirmed cases.
 - Maintain a readily available inventory of biohazard containers for the safe transportation of specimens to the NYSDOH-Wadsworth or NYCDOHMH Public Health laboratory for testing for EVD. Such containers must meet applicable specifications at: (<https://www.cdc.gov/vhf/ebola/laboratory-personnel/specimens.html>).
 - Develop a written biohazard risk assessment and protocol for the receipt, processing, and testing of any laboratory samples from patients. Safety precautions, including readily available PPE, must meet applicable specifications for the safe handling of specimens.
 - Ensure that staff are available on every shift who are trained and certified

in the packaging and shipping of infectious substances, for the purpose of submitting specimens for EVD testing. Training must cover classifying infectious substances, proper packaging of infectious substances, and labeling packages to meet regulatory requirements.

WHAT TO DO IF YOU HAVE A PATIENT PRESENT WITH SUSPECTED EVD

Although in most circumstances diagnoses of other acute communicable diseases will be much more likely than EVD, even among travelers from affected countries, facilities should remain vigilant for EVD, but also consider COVID-19, influenza, malaria, measles, gastroenteritis, and other illnesses that affect both travelers and non-travelers. Whenever there is concern about EVD, you must discuss your patient's particular case with your local health department or New York City Department of Health (NYCDOHMH), as appropriate.

- Screen any ill patient who presents with fever and additional symptoms related to EVD per the patient registration protocol outlined above with criteria outlined below. **Ensure that screening for COVID-19 continues.**
 - Clinical criteria, including:
 - Fever > 38 °C or 100.4° F, AND
 - Additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage, weakness and fatigue, loss of appetite, red eyes, skin rash or hiccups AND
 - Epidemiologic risk factors within the past 3 weeks before the onset of symptoms, such as:
 - Contact with blood or other body fluids of a patient known to have or suspected to have EVD;
 - Residence in, or travel to (within 3 weeks prior to onset of symptoms), an area where EVD transmission is active (currently East African country of Uganda). Check the CDC travel notification website for the most up-to-date information: <http://wwwnc.cdc.gov/travel/notices>; and
 - The direct handling of bats, rodents, or primates from disease-endemic areas.
- For patients identified as potentially ill with EVD, following initial screening:
 - Immediately isolate the patient as stipulated above for hospitals and outpatient sites.
 - Restrict traffic by other patients and other staff near the room/hallway in which the patient is isolated.
 - Provide the patient with a surgical mask and demonstrate its proper use.
 - Minimize the number of staff who interact with the patient and keep a list of these staff.
 - Staff who interact with the patient should follow standard, droplet, and contact infection control precautions.
 - Appropriate personal protective equipment (PPE) should be worn upon entry to the patient's room including gloves, gown (fluid resistant or impermeable), eye protection (goggles or face shield), and a facemask. If COVID-19 has not been

ruled out, a NIOSH-approved N95 or equivalent or higher-level respirator should be worn.

- Additional protective equipment might be required in certain situations (e.g., for unstable patients with copious amounts of blood, other body fluids, vomit, or feces present in the environment), including but not limited to double gloving, disposable shoe covers, and leg coverings.
 - More detailed information on these and other infection control issues including environmental cleaning and disinfection, applicable to both the inpatient and outpatient settings, is available at:
 - <https://www.cdc.gov/vhf/ebola/clinicians/evaluating-patients/think-ebola.html>
 - <https://www.cdc.gov/vhf/ebola/clinicians/emergency-services/emergency-departments.html>
 - <https://www.cdc.gov/vhf/ebola/clinicians/evd/infection-control.html>
 - <https://www.cdc.gov/vhf/ebola/clinicians/cleaning/hospitals.html>
- Call the local health department (LHD) in which your facility is located for consultation (**contact information is at <https://www.nyscho.org/directory>) to determine if further evaluation is needed.**
 - When you call the LHD, be prepared to:
 - Describe the patient’s risk factors and travel history, including dates and locations of travel (including areas within a country of concern) and any contact with sick or deceased individuals, healthcare facilities, or animals in areas with ongoing EVD transmission; and
 - Describe the patient’s presenting symptoms, signs, and duration of illness.
 - When you call the LHD, you can expect to:
 - Discuss the case and possible recommendations for testing;
 - Receive information on the need to refer the patient to an SPTC for further workup and testing; and
 - Receive assistance to arrange patient transport if deemed needed.
 - **Do NOT refer the patient to a hospital, or other facility without consulting with the LHD.**
 - This includes situations in which you speak to the patient on the phone but do not see him/her in person.
 - If the patient must be immediately referred to an Emergency Department, you must alert the ED and the LHD.
 - Providers who are unable to reach their LHD can contact the NYSDOH Bureau of Communicable Disease Control at 518-473-4439 during business hours or 1-866-881-2809 evenings, weekends, and holidays.
 - For EVD staff exposures: Maintain a log of all personnel coming into close (within 3 feet) or direct contact with a patient or a patient’s area or equipment, regardless of the level of PPE worn at the time of contact as outlined above in Readiness Requirements.
 - If an individual meets the PUI criteria and specimens are approved for

testing at NYSDOH Wadsworth Center or NYC DOHMH Public Health Laboratory, the following specimens should be collected: two (2) plastic lavender top blood collection tubes (EDTA anticoagulant) containing a minimum of four (4) mLs per tube per adult and 1mL for pediatric samples. Specimens should be disinfected after collection and before they are packaged for transport by wiping the outside of the tubes with a U.S. Environmental Protection Agency (EPA)-registered hospital disinfectant with a label claim for a non-enveloped virus. Ensure that the patient details (full first and last name and DOB) are still clearly visible on the label. These specimens will be transported refrigerated.

ADDITIONAL REFERENCES

- NYSDOH October 7, 2022: [HEALTH ADVISORY: OUTBREAK OF EBOLA VIRUS DISEASE \(Sudan ebolavirus\) IN CENTRAL UGANDA](#)
- The NYSDOH Ebola website: <https://www.health.ny.gov/diseases/communicable/ebola/>
- [CDC Ebola website for clinicians](#)
- [Standard, Contact and Droplet Precautions](#)