

EBOLA VIRUS DISEASE (EVD) PATIENT RISK ASSESSMENT

Updated advice for NSW in the event that a patient presents to Emergency Departments

1. Does the patient:

Report having a fever or history of fever in the past 24 hours **AND**:

- report returning from a country where there is a current EVD outbreak within 21 days of illness onset (See EVD Outbreak Country List →)
- **OR** report having had contact with a known or highly suspected case of EVD within 21 days of illness onset.

NO
EVD testing not indicated

EVD highly unlikely
Transmission based precautions based on clinical condition

YES

- **NO STAFF MEMBER TO HAVE CLINICAL CONTACT UNLESS WEARING EVD PERSONAL PROTECTIVE EQUIPMENT (PPE - See Box →)**
- **PROVIDE PATIENT WITH A SURGICAL MASK (Provide a vomit bag if vomiting)**
- **ESCORT TO FACILITY'S DESIGNATED ISOLATION ROOM FOR ASSESSMENT (single room with door closed, with own bathroom and negative pressure if available).**
- **URGENT DISCUSSION WITH LOCAL ID PHYSICIAN (OR WESTMEAD HOSPITAL ID PHYSICIAN) AND PUBLIC HEALTH UNIT (PHU)**

2. Following expert assessment by ID physician and PHU, has the patient:

- Come into contact with body fluids (blood, urine, faeces, tissues, laboratory specimens) from an individual or animal known or strongly suspected to have EVD?
- Participated in a funeral which involved direct contact with the deceased body?
- Presented with vomiting OR diarrhoea OR bruising OR bleeding?
- Otherwise been assessed by ID physician and/or PHU as having increased possibility of EVD?

Classification: NO KNOWN EXPOSURE

- Standard plus Contact and Droplet Precautions or as advised by ICP/ID physician
- Laboratory precautions and procedures as advised by clinical microbiologist

ASSESS/TREAT FOR ALTERNATIVE DIAGNOSES
Travel related (e.g. malaria) & other infections

NO TO ALL
EVD testing not indicated

YES TO ANY
EVD testing indicated

Alternative diagnosis or patient improving

Patient not improving and no alternative diagnosis

Classification: INCREASED POSSIBILITY OF EVD

- **EVD INFECTION CONTROL/ PPE (see PPE Box →)**
- **Notify your immediate manager of the situation**

URGENT TELECONFERENCE DISCUSSION WITH:

- ID PHYSICIAN, PHU, LOCAL LAB, WH/CHW (ID + ICU), CIDM-ICPMR LAB, HPNSW-CDB, LOCAL LHD EXEC, WH/CHW EXEC, NSW AMBULANCE CONTROLLER, WESTERN SYDNEY PHU
- Discussion to determine need for: transfer of patient to WH/CHW; retrieval team; specimen referral to CIDM-ICPMR for EVD testing; other testing.
- Teleconference convened by local PHU or HPNSW-CDB/MoH

PUBLIC HEALTH ACTION
Twice daily temperature monitoring and PHU follow up in accordance with *NSW Ebola Virus Public Health Surveillance and Monitoring Plan*

COMMENCE PUBLIC HEALTH ACTION

- **Work with the PHU to identify contacts**
- **Further actions depend on results of EVD testing**

EVD OUTBREAK COUNTRY LIST

WHO outbreaks at 9 Aug 2019:
DEMOCRATIC REPUBLIC OF THE CONGO (DRC)
Check WHO for updates:
www.who.int/csr/don/en/

EVD INFECTION CONTROL/ EVD PPE*

ENSURE THAT STAFF ARE:

- Rigorously and repeatedly trained
- Donning & doffing PPE in designated area outside of patient's room
- Not exposing any skin when wearing PPE
- Monitored by trained PPE observer for donning and doffing compliance; observer must not touch PPE.

Recommended PPE includes:

- Surgical scrubs
- Hand hygiene
- Disposable, fluid repellent long sleeve gown
- Disposable face shield, surgical hood to cover head and neck, and P2/N95 mask OR PAPR with disposable PAPR hood
- Disposable fluid-repellent below-knee boot covers over clogs and socks
- Double gloves (with long cuffs)
- Waterproof apron, if vomiting/diarrhoea.

NOTE WELL:

- Restrict entry to essential staff and keep a list of staff with patient contact
- Avoid aerosolising procedures
- Wipe visibly contaminated PPE using a hospital grade disinfectant; wipe before removing (do not spray disinfectant)
- Consult the NSW Contingency Plan for VHF (GL2016_002) for more information.

Standard + Contact + Droplet Precautions or as advised by ICP/ID physician/clinical microbiologist

Transmission based precautions based on clinical condition

NSW Public Health Units (PHU) 1300 066 055 (24 hours)
Westmead Hospital (WH) (02) 8890 5555; ask for ID physician
Children's Hospital Westmead (CHW) (02) 9845 0000; ask for ID physician on-call
CIDM-ICPMR Laboratory (02) 8890 6255; AH: Call WH - Ask for Clinical Micro on-call

WESTMEAD HOSPITAL (WH) and the CHILDREN'S HOSPITAL WESTMEAD (CHW) are the designated hospitals for the management of EVD patients in NSW

* Small facilities that are very unlikely to see possible EVD cases should refer to Appendix 8 of the NSW Contingency Plan for VHF (GL2016_002)

