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.

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

- Patient not improving and no alternative diagnosis
  - Classification: NO EVD TESTING
  - EVD highly unlikely
    - Transmission based precautions based on clinical condition

- EVD testing not indicated
  - 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, own bathroom and negative pressure if available).
  - Urgent discussion with local ID physician (or Westmead Hospital ID physician) and public health unit (PHU)

- EVD testing indicated
  - **YES TO ANY**
  - EVD infection control/ EVD PPE
  - Notify your immediate manager of the situation
  - Teleconference convened by local PHU or HPNSW - CDB/MoH

**Classification:**
- **INCREASED POSSIBILITY OF EVD**
  - EVD infection control/ PPE
  - Notify your immediate manager of the situation
  - 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

**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

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

**Transmission based precautions based on clinical condition**

**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.

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**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.

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