

EBOLA VIRUS DISEASE (EVD) PATIENT RISK ASSESSMENT

Advice for NSW in the event that 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 test not indicated

EVD highly unlikely

Transmission based precautions based on clinical condition

YES

- **NO STAFF MEMBER TO HAVE CLINICAL CONTACT UNLESS WEARING EVD PPE*** (See PPE 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 PHU**

2. 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?
- Been assessed by ID physician and/or PHU as having increased possibility of EVD

NO

EVD test not indicated

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 (eg malaria) & other infections

Alternative diagnosis or patient improving

Patient not improving & no alternate diagnosis

PUBLIC HEALTH ACTION

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

YES TO ANY EVD test Indicated

INCREASED POSSIBILITY OF EVD

- **EVD INFECTION CONTROL / PPE*** (see PPE Box →)
- **Notify your immediate manager of the situation**
- **URGENT DISCUSSION WITH ID PHYSICIAN, PHU, LOCAL LAB, WH/CHW (ID + ICU), CIDMLS-ICPMR LAB, CDB, STATE & LOCAL HSFAC, AMBULANCE CONTROLLER**
- **Discussion to determine need for: transfer of patient to WH/CHW; retrieval team; specimen referral to CIDMLS for EVD testing; other testing.**

COMMENCE PUBLIC HEALTH ACTION

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

Last updated: **18 Jan 2016** – Health Protection NSW – NSW HEALTH H14/71029.
*Small facilities that are very unlikely to see possible cases refer to APPENDIX 8 – PPE of NSW Contingency Plan for VHF. For updates and other publications visit: <http://www.health.nsw.gov.au/Infectious/alerts/Pages/EVD.aspx>

NSW Public Health Units (PHU) 1300 066 055 (24 hours)
Westmead Hospital (WH) (02) 9845 6609; ask for ID physician
Children's Hospital Westmead (CHW) (02) 9845 0000; ask for ID physician
CIDMLS-ICPMR Laboratory (02) 9845 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

EVD OUTBREAK COUNTRY LIST

WHO outbreaks at 15 Jan 2016:
Sierra Leone

Check WHO for recent updates:
<http://www.who.int/csr/don/en/>

EVD INFECTION CONTROL/PPE*

ENSURE THAT STAFF ARE:

- Rigorously and repeatedly trained
- Donning & doffing PPE in designated area outside of the patient's room
- Not exposing any skin when wearing PPE
- Monitored by a trained PPE observer for donning & 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** disposable PAPR hood
- Disposable fluid-repellent below-knee boot covers
- 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 VHF Plan and EVD equipment list for more information

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

Transmission based precautions based on clinical condition



Health