

Ebola Conference Call
(Rescheduled from 10/16)
October 17, 2014
3:00 – 4:00 pm

Any questions can be sent to the Ebola E-mail: Ebola@dhec.sc.gov
Or the CARE LINE @ 800-868-0404

Ebola Update – Dr. Badmus

As of Oct 12, there has been a total of approximately 9000 ebola cases in west Africa and approximately 4500 deaths. The countries with widespread Ebola transmission include Guinea, Liberia, and Sierra Leone. Cases of Ebola unrelated to the West African outbreak have been reported in regions of the Democratic Republic of Congo, therefore this area remains at a level 2-travel alert and is an area of interest for travel history.

There are a number of international Ebola cases currently being treated outside of W. Africa, that includes 1 case in Spain, 1 case in Germany, and 1 case in Norway each of those cases are epi-linked or travel-linked to the W. African outbreak.

In the United States, there have been 5 cases medically evacuated from West Africa to the U.S, 4 of those patients have fully recovered and 1 patient is currently in treatment in Nebraska.

The first patient diagnosed with Ebola in the U.S was a visitor from Liberia, this patient died on October 8. and is considered to be the index case for transmission in the United States

Two nurses who were caring for the index case have been diagnosed with Ebola, the first nurse who was diagnosed was transferred to the NIH clinical center in Bethesda, Maryland and the second nurse has been transported to Emory for treatment in Atlanta.

The CDC is currently in the process of contact tracing and monitoring anyone who was in contact with the index case as well as the two newly diagnosed cases.

They have also mobilized additional team member to Dallas to conduct a thorough hospital investigation to help identify how the healthcare workers may have become infected.

There has been increasing concern about an outbreak occurring in the U.S., the risk of an outbreak still remain very low. Ebola virus is not spread through casual contact and cannot be transmitted from a person without symptoms. The Ebola virus is spread through direct contact with blood or body fluids of a person who is sick with Ebola, contact with objects that have been contaminated with the virus, or eating the raw meat or handling the bodily fluids of an infected animal.

There have been additional counteractive measures that have recently been implemented and announced by the federal government to prevent additional transmission. Some of these measures include:

- An enhanced travel screening at five airports with that receive over 95% of the international travel traffic coming from West Africa.
- The CDC and Federal SWAT team is setting up a dedicated response team that will be on the ground within a few hours to any hospital with a confirmed patient with Ebola.
- In efforts to assist healthcare providers in their preparedness efforts they will host a series of ongoing webinars tailored to specific healthcare specialties and conference calls with professional organizations:

On Oct 21st the CDC will host an event in NYC (with the Partnership for Quality Care and New York Hospital Association) to educate 5000 frontline healthcare workers, this event is to be live streamed across the country.

SCHA Update –

- Working to gather the most current information
- Working with other hospitals to receive Ebola patients.
- Meeting on Monday @SCEMD to develop an Ebola Preparedness and Response Plan.
- Stress the importance of signage and taking proper travel histories of patients
- Updates in CDC recommendations
- They will continue giving daily updates

Why this all of a sudden?

- There is currently no evidence that new mutations in the Ebola virus are responsible for the large scale of this current outbreak.
- The status of the current outbreak is multifactorial and some of the contributing factors include: the affected regions in Africa are not only resource poor countries but these regions are also areas with civil unrest where there is a mistrust of the government and aid organizations. The mistrust combined with some cultural beliefs resulted in initial reluctance by some of the population to seek health care in a health care facility. Many received care in homes where there was no protection against exposure. Traditional cultural practices for handling remains also contributed to exposures. Health care workers were also at high risk because of inadequate infection control measures and lacking personal protective equipment. Additionally, there is some discordance in the belief system and the medical evidence of the existence of Ebola and the method of how one can become afflicted with it.

Information on Ebola Testing – Amanda Moore

- Review procedure for Ebola POI
- Specimen collection
- Shipping requirements
- Result review

The lab will help with any paperwork and assist getting specimens where they need to go for testing. Taking a patient out of isolation will be based on CDC tests and not LLR screening. Hospitals – be sure to reach out to your lab staff and keep them informed.

Testing will require the same precautions & PPE for taking samples as care giving.

COCA webinar notes and audio is now available.

Waste Management – Susan Jenkins

Disposal of medical waste and transportation of Ebola waste.

Handling a deceased Ebola patient – Safe Handling of Human Remains available on the CDC website.

- CDC guidance indicates that sanitary sewers may be used for the safe disposal of patient waste. Additionally, sewage handling processes (e.g. anaerobic digestion, composting, and disinfection) in the United States are designed to inactivate infectious agents.
- Ebola waste should be placed in leak-proof containment and discarded appropriately. To minimize contamination of the exterior of the waste bag, place this bag in a rigid waste receptacle designed for this use. Incineration or autoclaving as a waste treatment process is effective in eliminating viral infectivity and provides waste minimization. If disposal requires transport offsite then this should be done in accordance with the U.S. Department of Transportation's (DOT) Hazardous Materials Regulations (HMR, 49 C.F.R.,

Parts 171-180). Guidance from DOT has been released for Ebola. Ebola waste must be transported by a DHEC registered Infectious Waste transporter.

Barriers and Decon – Rob Wronski

There is currently no CDC guidance promulgated that suggests barriers be hung between the patient compartment and drivers area.

CDC Guidance for infection control and decon is available via <http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-emergency-medical-services-systems-911-public-safety-answering-points-management-patients-known-suspected-united-states.html>

The guidance states:

Environmental infection control

Environmental cleaning and disinfection, and safe handling of potentially contaminated materials is essential to reduce the risk of contact with blood, saliva, feces, and other body fluids that can soil the patient care environment.

EMS personnel should always practice standard environmental infection control procedures, including vehicle/equipment decontamination, hand hygiene, cough and respiratory hygiene, and proper use of U.S. Food and Drug Administration (FDA) cleared or authorized medical PPE. For additional information, see CDC's [Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus](http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html)(<http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>).

EMS personnel performing environmental cleaning and disinfection should:

- Wear recommended PPE (described above) and consider use of additional barriers (e.g., shoe and leg coverings) if needed.
- Wear face protection (facemask with goggles or face shield) when performing tasks such as liquid waste disposal that can generate splashes.
- Use an EPA-registered hospital disinfectant with a label claim for one of the non-enveloped viruses (e.g., norovirus, rotavirus, adenovirus, poliovirus) to disinfect environmental surfaces. Disinfectant should be available in spray bottles or as commercially prepared wipes for use during transport.
- Spray and wipe clean any surface that becomes potentially contaminated during transport. These surfaces should be immediately sprayed and wiped clean (if using a commercially prepared disinfectant wipe) and the process repeated to limit environmental contamination.

Cleaning EMS Transport Vehicles after Transporting a Patient with Suspected or Confirmed Ebola

The following are general guidelines for cleaning or maintaining EMS transport vehicles and equipment after transporting a patient with suspected or confirmed Ebola:

- EMS personnel performing cleaning and disinfection should wear recommended PPE (described above) and consider use of additional barriers (e.g., rubber boots or shoe and leg coverings) if needed. Face protection (facemask with goggles or face shield) should be worn since tasks such as liquid waste disposal can generate splashes.
- Patient-care surfaces (including stretchers, railings, medical equipment control panels, and adjacent flooring, walls and work surfaces) are likely to become contaminated and should be cleaned and disinfected after transport.
- A blood spill or spill of other body fluid or substance (e.g., feces or vomit) should be managed through removal of bulk spill matter, cleaning the site, and then disinfecting the site. For large spills, a chemical disinfectant with sufficient potency is needed to overcome the tendency of proteins in blood and other body substances to neutralize the disinfectant's active ingredient.
- An EPA-registered hospital disinfectant with label claims for viruses that share some technical similarities to Ebola (such as, norovirus, rotavirus, adenovirus, poliovirus) and instructions for cleaning and decontaminating surfaces or objects soiled with blood or body fluids should be used according to those instructions. After the bulk waste is wiped up, the surface should be disinfected as described in the bullet above.
- Contaminated reusable patient care equipment should be placed in biohazard bags and labeled for cleaning and disinfection according to agency policies. Reusable equipment should be cleaned and disinfected according to manufacturer's instructions by trained personnel wearing correct PPE. Avoid contamination of reusable porous surfaces that cannot be made single use.
- Use only a mattress and pillow with plastic or other covering that fluids cannot get through. To reduce exposure among staff to potentially contaminated textiles (cloth products) while laundering, discard all linens, non-fluid-impermeable pillows or mattresses as appropriate.

The Ebola virus is a Category A infectious substance regulated by the U.S. Department of Transportation's (DOT) Hazardous Materials Regulations (HMR, 49 C.F.R., Parts 171-180). Any item transported for disposal that is contaminated or suspected of being contaminated with a Category A infectious substance must be packaged and transported in accordance with the HMR. This includes medical equipment, sharps, linens, and used health care products (such as soiled absorbent pads or dressings, kidney-shaped emesis pans, portable toilets, used Personal Protection Equipment [e.g., gowns, masks, gloves, goggles, face shields, respirators, booties] or byproducts of cleaning) contaminated or suspected of being contaminated with a Category A infectious substance.

Decon guidance and PPE is available:

Search CDC, Ebola and EMS – that should take you directly to the site.

Questions:

What precautions should Dental Hygienists and Dentists take?

- There isn't any format guidance from the CDC.

- The American Dental Association (ADA) recommends delaying any routine dental procedures for 21 days for anyone traveling from Ebola affected areas.
- DHEC is currently working on guidance and recommendations for dental practitioners
- Additional information is available on ADA website and the Organization for Safety, Asepsis and Prevention (OSAP) website:
 - American Dental Association Ebola Resources: <http://www.ada.org/en/member-center/oral-health-topics/ebola-resources>
 - Guidance to Dental Professionals on the Ebola Virus: <http://www.osap.org/news/198154/Guidance-to-Dental-Professionals-on-the-Ebola-Virus-.htm>

If you have a patient with a fever and the correct travel history, what should you do?

- Notify the Regional SCDHEC office, follow Ebola EMS procedures, call 911 and give them as much information as possible. It will take a little longer to prepare the ambulance for transport and don't off-load until the receiving hospital is prepared.

How does an Outpatient Facility handle a patient with these criteria?

Post a nurse to assist the patient in isolation?

- Each facility should have triage procedures.
- If a patient presents, clinical presentation will vary by patient. If no private room with a private bathroom is available, and the patient needs access to utilize a toilet or bathroom. A portable commode can be placed in the room and utilized or a bathroom facility can be utilized with assurance that there is no entrance to or use by anyone else and the area remains restricted until it has been appropriately decontaminated.

What is the correct incubation period – 21 up to 41 days?

- Incubation period is 2 to 21 days. Forty-two days is used in reference to 2 incubation periods which serves as an epidemiological time frame for the estimate to determine the containment of an outbreak.

What should caregivers do – isolate and self-monitor?

- This will be determined on a case by case basis and will be closely monitored.

How do we get a list of LRN labs?

- There is no published list – Special Pathogens Lab at SCDHEC will help get samples out. The testing labs are in North Carolina and Florida, but SCDHEC must do communication to see where the samples will go.

With Donning and Doffing of PPE apparel, it is recommended to us the Buddy System. Any additional assistance with doffing recommended?

- The Buddy System is recommended.
- CDC has forthcoming updates on the guidance for PPE recommendations
- Hospitals need to share what they are doing
- Veterans with experience can share their experiences.

What PPE should School Nurses have?

- PPE for school health providers is the same as in a hospital setting.
- School districts are recommended to communicate with traveling families and staff to be aware of any students/staff members that will be traveling to West African regions with Ebola transmission asking students to provide information for for holiday travel arrangements, will be helpful in tracking these locations.
 - Travel screening recommendations are outlined in the school guidance documents that are forthcoming.

Clarification made during call: School Guidance for Ebola related recommendations including screening went out today.

If someone comes to the office that has traveled or been exposed to someone who has traveled – what about the others exposed to them?

- Isolate patient and give transport advanced notice
- If patient is confirmed – there will need to be contact tracing, notification, and monitoring of all close contacts, which may include patients in the waiting room. .

Should staff or multiple staff have PPE?

- You need enough PPE to cover staff needed to provide the necessary care for the patient.

There are PR campaigns for awareness of symptoms to watch for.

Travel awareness and self-monitoring – SCDHEC is receiving notification of those people traveling internationally. Check with local organizations doing mission trips.

What is the minimum PPE needed when coming into contact with a potential Ebola patient?

- PPE for healthcare workers and First Responders: gloves, fluid resistant gowns, eye protection and face masks. EMTs, paramedics, and medical first responders may need to engage in pre-hospital resuscitation procedures. Because these procedures are in a less controlled environment, it is recommended that at least a NIOSH certified fit-tested N95 filtering respirator or higher is available and ready for use on the scene. It will depend on the patient status and clinical need for resuscitative activities. availab, additional PPE may be required but not limited to items such as: double gloving and disposable shoe covers in situations that may involve presence of body fluids or excretions

What about infectious waste disposal?

- SCDHEC is compiling a list of hazardous waste transporters and what facilities are willing to accept that waste.\

Does DHEC recommend the use of any “code words” when utilizing radios to communicate with EMS and the hospitals because many people have scanners and can hear what we say?”

The CDC has not promulgated any recommended changes to normal radio traffic or recommended the use of any “code words” when communicating with the PSAP, EMS, or local hospital with regards to the transportation of possible ebola patients. DHEC recommends utilizing current approved local radio procedures when communicating between these entities.

How should nursing home facilities be preparing?

- There are no plans to have long term care facilities become treatment facilities.
- For visitors to nursing homes that are interacting with patients, it is recommended to initiate a travel history questionnaire. ******Correction/Clarification: DHEC only recommends facilities to initiate a travel history screening or questionnaire to visitors who are seeking the care or services of that facility.**

10/20/14-KP