Readiness Advisory

October 13, 2014

SECOND EBOLA CASE IN U.S. HIGHLIGHTS URGENT NEED FOR HOSPITALS TO REINFORCE PLANNING AND TRAINING

AT A GLANCE

At Issue:

An intensive care unit nurse in Dallas who cared for Thomas Eric Duncan, the first person diagnosed with Ebola in the U.S., has tested positive for Ebola, the Centers for Disease Control and Prevention (CDC) announced Oct. 12. The CDC said the nurse contracted Ebola in caring for the patient. Although specifics about the case remain unclear and the CDC is conducting an investigation, it is critical for hospitals to make sure they are prepared so that they are able to detect, protect, and respond to Ebola and properly care for patients.

Our Take:

The AHA strongly encourages hospitals and health systems to follow the <u>CDC's Detailed</u> <u>Hospital Checklist for Ebola Preparedness</u> and review their efforts in the following areas.

- <u>Detect</u>: Put procedures into place to rapidly screen arriving patients for symptoms and risk factors for Ebola, including fever of greater than 101.5 degrees Fahrenheit or other compatible symptoms and travel to West Africa (in particular, Guinea, Liberia and Sierra Leone). Patients meeting these criteria should be immediately isolated and tested for Ebola. Make sure your hospital conducts periodic spot checks and inspections to determine whether triage staff and other front-line staff are incorporating Ebola screening procedures and are able to initiate notification, isolation and personal protective equipment (PPE) procedures.
- Protect: Use CDC-recommended infection control practices that have proven to be
 effective against communicable disease. This means assuring the consistent and
 correct use of PPE, frequent hand washing, and proper decontamination of surfaces
 and equipment in order to eliminate the transmission of Ebola and other
 communicable diseases. If you have not already done so, it is critical to review,
 implement and conduct drills on the following elements with all first-contact
 personnel, clinical providers, ancillary staff, and any other staff as appropriate:
 - Appropriate infectious disease procedures and protocols, including PPE donning and removal;
 - Appropriate triage techniques and Ebola screening questions;
 - Disease identification, testing, specimen collection and transport procedures;
 - Isolation, quarantine and security procedures;
 - Communications and reporting procedures; and
 - Cleaning and disinfection procedures.

- Respond: Have an Ebola plan. All health care workers should know what to do when encountering a suspected Ebola patient. It is critical to know who to notify and to make that notification immediately. Ebola is a nationally notifiable disease and must be reported to local, state and federal public health authorities. Make sure your hospital is in contact with your local and/or state health department to confirm communication strategies and plans for working together should your hospital receive a suspected Ebola patient. Further, make sure to review plans and protocols, and exercise/test the ability to share relevant health data between key stakeholders, coalition partners, public health, emergency management and other relevant partners.
- Care for Patients: While there is, as yet, no proven treatment available for Ebola, symptoms of Ebola are treated as they appear. CDC states that basic interventions, when used early, can significantly improve the chances of survival. These include providing intravenous fluids (IV) and balancing electrolytes (body salts), maintaining oxygen status and blood pressure and treating other infections if they occur. Experimental vaccines and treatments for Ebola are under development, but they have not yet been fully tested for safety or effectiveness. Hospital clinical leadership should make sure to review resources, as they become available on the Ebola websites for CDC and the World Health Organization and in peer-reviewed medical journals, as patient treatment recommendations emerge.

What You Can Do:

- ✓ If you haven't done so recently, conduct a drill with all first-contact personnel, clinical providers, nursing staff, ancillary staff and any other staff as appropriate, on proper procedures for putting on and taking off PPE. Consult the CDC's information for health care workers and settings and the procedures for putting on and taking off PPE in conducting training of your staff.
- ✓ Carefully review and implement the <u>CDC's Detailed Hospital Checklist for Ebola</u> Preparedness.
- √ Visit the CDC's Ebola <u>website</u> and the Department of Health and Human Services
 Assistant Secretary for Preparedness <u>website</u> regularly for the latest information. CDC
 officials are available to assist 24/7 by calling the CDC Emergency Operations Center
 at 770-488-7100 or via email at <u>eocreport@cdc.gov</u>.

Further Questions:

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