



North Carolina Department of Health and Human Services  
Division of Public Health

Pat McCrory  
Governor

Aldona Z. Wos, M.D.  
Ambassador (Ret.)  
Secretary DHHS

Penelope Slade-Sawyer  
Division Director

## Ebola Guidance for Non-Hospital Healthcare Facilities

**November 21, 2014** – 2 pages (*Replaces version dated October 23, 2014*)

This memo is intended to provide general guidance for identification and initial management of suspected Ebola virus disease (EVD) cases in non-hospital facilities. This is not intended to replace specific plans or policies that may be in place for your facility or healthcare network.

This guidance follows the acronym **SIC: Screen, Isolate and Call**. Although CDC guidance uses the terms “Identify, Isolate and Inform”, the recommendations are consistent with those presented in this document.

### SCREEN for exposure and illness

- **Post signage for patients to encourage prompt notification of travel.** An example poster for triage/waiting room areas is available at <http://epi.publichealth.nc.gov/cd/ebola/TravelPosterNC.pdf>.
- **Obtain a travel history from all patients.** Determine if patients have been in a **country designated by CDC as posing a risk of Ebola exposure** within the past 21 days ([www.cdc.gov/vhf/ebola/hcp/case-definition.html](http://www.cdc.gov/vhf/ebola/hcp/case-definition.html)). **Note that the list of affected countries will change over time. Consider adding travel history to phone triage protocols.**
- **For patients with recent travel to countries designated by CDC as posing a risk of Ebola exposure, assess for fever or other compatible symptoms.** Initial EVD symptoms may include fever, headache, joint and muscle aches, sore throat, and weakness, followed by diarrhea, vomiting, and stomach pain. Skin rash, red eyes, and internal and external bleeding may be seen in some patients. Fever may not be present early in the illness.

### ISOLATE any patient with recent travel to **countries designated by CDC as posing a risk of Ebola exposure** and fever or compatible symptoms

- **Avoid direct patient contact unless needed to meet emergent clinical needs.** Efforts should be made to minimize taking vital signs and other patient contact except as absolutely needed to provide acute care. Avoid sample collection, laboratory testing, and diagnostic imaging (e.g., blood draws, X-rays).
- **Lead patient to a single patient room and then close the door.** Room should contain a private bathroom or bedside commode if available. **Consider placing a digital thermometer in the room so the patient**

www.ncdhhs.gov • <http://epi.publichealth.nc.gov/cd/>  
Tel 919-733-7301 • Fax 919-733-1020

Location: 225 N. McDowell Street • Raleigh, NC 27603  
Mailing Address: 1902 Mail Service Center • Raleigh, NC 27699-1902  
An Equal Opportunity / Affirmative Action Employer



can check his/her own temperature. Facilities should maintain a log of persons entering the patient's room. Persons accompanying the patient should be asked to wait in a separate, private room.

- **Implement additional infection prevention measures.**

1. If patient contact is required, all persons entering the patient's room should use the following personal protective equipment (PPE) at a minimum:
  - a. Impermeable gown,
  - b. Surgical mask,
  - c. Face shield (or goggles if not available),
  - d. Double gloves (extended cuffs, if available),
  - e. Hair cover (optional), and
2. **Booties/shoe covers (optional).** If patient contact is required, a trained observer should monitor every step of donning and doffing of PPE. If a trained observer is not available, another healthcare worker should be present to observe donning and doffing and document any potential exposures.
3. PPE recommendations differ for the hospital vs. non-hospital setting and the corresponding level of anticipated patient care. CDC recommendations for PPE in hospital settings are available at <http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>.
4. Use a U.S. Environmental Protection Agency (EPA)-registered hospital disinfectant with a label claim for a non-enveloped virus (e.g., norovirus, rotavirus, adenovirus, poliovirus) to disinfect environmental surfaces in rooms of patients with suspected Ebola virus infection.
5. Place all used PPE in a regulated medical waste bag and store in patient's room. DO NOT reuse any medical devices (e.g. thermometers) for other patients. Seal off room.

## CALL public health

- **Contact your local health department or the state Communicable Disease Branch (919-733-3419; available 24/7).** Physicians are required to report as soon as Ebola is reasonably suspected. Public health officials can assist with transfer and laboratory testing, if necessary. Public health officials can also assist with control measures, including identification and management of potentially exposed healthcare workers or patients and providing advice on environmental disinfection and waste disposal.
- **Ensure that the receiving facility and transport team are notified before transport so that appropriate precautions can be taken.** Private transport is not recommended for patients in whom Ebola is being considered.

**For any patient with recent travel to countries designated by CDC as posing a risk of Ebola exposure and NO fever or compatible symptoms:** Contact your local health department of the state Communicable Disease Branch (919-733-3419; available 24/7). Public health officials will conduct a thorough risk assessment, initiate active monitoring, and recommend control measures as indicated. Remember: Ebola is not transmissible before the onset of symptoms.

This is an evolving situation and recommendations are likely to change as new information becomes available. Updated information and guidance are available from the CDC at <http://www.cdc.gov/vhf/ebola> and from the North Carolina Department of Health and Human Services at <http://www.ncdhhs.gov/ebola>.