

# Emergency Department Management of Patients with Suspected Ebola in Non-quarantine Hospitals

## 1. Identify exposure risk:

Has patient lived in or travelled to a country with community transmission of Ebola (see map) or had contact with an individual with confirmed Ebola within the previous 21 days?

NO

YES

Continue with usual triage and assessment

## 2. Identify signs and symptoms:

a. Fever ( $\geq 38^{\circ}\text{C}$ ) or history of fever in previous 24 hours?  
b. Consider additional symptoms such as unexplained bleeding, severe headache, muscle pain, vomiting, diarrhoea, abdominal pain

NO

YES

a. Continue with usual triage and assessment  
b. Monitor for signs and symptoms of Ebola whilst in hospital  
c. Discuss with Communicable Disease Control Branch (CDC) 1300 232 272

## 3. Isolate:

- > Direct or escort the patient to a single room with own bathroom or dedicated commode
- > Use room \_\_\_\_\_ or if occupied, use room \_\_\_\_\_
- > Resist entry of non-essential staff or visitors
- > Keep a log of anyone who enters the room
- > Use dedicated or disposable equipment.

## 4. Inform:

- > **The CDCB urgently on 1300 232 272**
- > Infection Control on \_\_\_\_\_
- > Nurse Manager or delegate on \_\_\_\_\_
- > Infectious Disease specialist (where available) on \_\_\_\_\_

Initiate local contingency plan and urgent transfer to a quarantine hospital, if required

## 3. Determine PPE:

The use of personal protective equipment (PPE) should be determined based on the patient's clinical status:

- > Is the patient exhibiting obvious bleeding, vomiting or copious diarrhoea?
- > Does the clinical condition warrant invasive or aerosol-generating procedures (e.g. intubation, suctioning, active resuscitation)?

NO

YES

## Level 1 PPE

PPE requirements for management of patients being investigated for Ebola **without** vomiting, diarrhoea or bleeding is as for **contact and droplet precautions**:

- a. Long-sleeved gowns (disposable)
- b. Fluid-repellent surgical mask
- c. Protective eyewear (**OR** a combined visor/surgical mask)
- d. Disposable gloves.

## Level 2 PPE

- a. Disposable surgical scrubs (to replace street clothes/uniform)
- b. Disposable long-sleeved impermeable gown that extends to at least mid-calf
- c. A fit-tested N95/P2 respirator and full-face visor **OR** a PAPR (powered air-purifying respirator)
- d. Disposable fluid-resistant or impermeable leg/foot covers
- e. Disposable balaclava or suitable hood to cover head and neck
- f. Two pairs of disposable gloves, longer length to cover wrists
- g. Disposable impermeable apron.

All staff likely to be caring for such cases must be trained and able to demonstrate competency in donning (putting on) and doffing (taking off) all items of PPE in a safe manner

## 6. Other information

- > Consult CDCB (1300 232 272) and SA Pathology on call microbiologist (8222 3123 for regional hospitals and general practitioners; 8222 3601 for metro hospitals) before taking **ANY** specimens
- > Most patients with suspected Ebola will be transferred to a quarantine hospital (RAH or WCH)
- > Other causes of illness such as malaria are much more likely
- > For further information refer to [www.sahealth.sa.gov.au/Ebola](http://www.sahealth.sa.gov.au/Ebola).