Public Health England

HSE

Protecting and improving the nation's health

Ebola infection prevention and control guidance for emergency departments

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This note covers the steps practitioners in emergency departments should take in the event of a person with possible Ebola making **first contact** with their service.
This will either be by telephone call to NHS 111 or 999; or in person to a walk-in centre or an acute trust emergency department.

Principles

The following are an agreed set of principles for caring for individuals while using PPE:

i. Staff safety is paramount
ii. All clinical activity needs to be planned – healthcare workers should only proceed when it is safe to do so, and if they have the appropriate level of training
iii. Clean to dirty work flows should be maintained
iv. The need for clear instructions for putting on and removal of personal protective equipment (PPE)
v. PPE buddies must be trained
vi. Healthcare facilities need to plan in advance how they will manage suspect cases and the staffing implications, eg maximum PPE working times, need for breaks

Awareness and preparedness

All frontline staff in emergency departments including receptionists should be aware of potential risk, and of simple screening questions to ask, including *most importantly* travel history. This is vital not only to ensure that the patient receives the care they need but that **the risk to any staff who come into contact with a patient who may have Ebola is minimised, and the public health risks contained.**

In the emergency department, after either initial presentation to the emergency department or by referral as above – **separate the patient immediately** from other patients into an individual room that has an adjacent contained space in which appropriate infection control can be carried out. The separate, contained space is to be used for removal of PPE and waste disposal with clear segregation of clean and dirty

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areas in this space. Waste must be safely secured until the diagnosis can be confirmed or excluded and then disposed of in line with standard procedures. This room and the patient care room must be cleaned in line with ACDP guidance.

Household contacts who accompany the patient should remain with the patient and the local PHE health protection team should be contacted for further advice.

Only named staff, wearing appropriate PPE and trained in its use, should enter the patient's room.

ACDP advised PPE:

- double gloves with extra-long cuffs
- fluid repellent single use coveralls consistent with the current ACDP guidance
- ankle-length endoscopy apron
- surgical cap
- full face shield (visor)
- close fitting fluid repellent mask
- wellingtons

There should be nine packs of appropriate PPE made up, in sizes appropriate to the profile of staff working in the department, outside the designated room. Also emergency departments should ensure there is adequate stock of appropriate PPE available in the department to allow for a patient to be managed for 12 hours. Staff should go into the room in pairs and a third member of staff in the relevant PPE should be outside the room to assist as necessary. A fourth member of staff should act as a safety officer and should monitor time in PPE and the activity of the staff. Trusts need to maintain a register of healthcare workers who attend the patient and should engage with their occupational health department regarding the care of these staff.

In addition to the pre-prepared PPE packs, all acute trust emergency departments should make two basic treatment packs available at all times for staff who have direct contact with a suspected Ebola patient. The treatment pack should comprise:

- fluids for the patient
- paracetamol
- vomit bowls
- absorbent granules
- bin bags and ties
- phlebotomy and cannulation/peripheral IV line kit

Once personally protected, staff can provide clinical care and perform diagnostic blood tests (using protected needles) to confirm or exclude the possibility of Ebola. Staff not wearing the recommended PPE should avoid physical contact with the patient.

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Procedure

Rapid identification and isolation of Ebola cases are essential to minimise transmission and if possible “talk but don’t touch”. The initial screening questions should establish:

1. Has the individual travelled from one of the affected areas, or cared for an individual with Ebola within the last 21 days?

   AND

2. Has the individual a fever (≥37.5°C) or history of fever in past 24 hours?

   If YES:

The patients should be isolated in a single room with handwashing facilities, a telephone, if possible a private bathroom (otherwise a dedicated commode), and a bin for secure kit disposal.

A clinician trained in the use and wearing of appropriate PPE as described above should then take a full history including recent travel/exposure. They should then discuss the patient with the local consultant microbiologist, virologist or infectious disease physician and/or the national Imported Fever Service (Tel: 0844 778 8990).

The number of staff in contact with the patient at any one time should be minimised, two in the isolation room and one outside the room in case of any problems with staff member and for assistance in donning/doffing PPE.

The patient should not be moved out of isolation until the Ebola test result is known and discussed with the local infectious diseases consultant and/or PHE.

One local collection point should be identified for samples taken to cover all types of clinical tests for possible Ebola cases. Samples should be delivered in an approved HSE/ACDP agreed manner to the designated laboratory and local guidelines should be used for arranging investigations. Transport of samples for Ebola testing should be discussed with the local infection consultant and with the national Imported Fever Service who will advise and will arrange specific Ebola testing.

Training is planned for staff managing emergency departments, and especially for those who will need to wear PPE to treat patients. **Correct training in putting on and removal of PPE is critical** for emergency department staff who will have patient contact, and for the acute medical or infectious diseases team to whom the patient will be referred following initial assessment. The method for PPE kit use will be detailed in a film, which will link in with the face-to-face/simulation training.

The current ACDP guidance provides information on environmental decontamination. Infection control teams can also obtain further advice from the Government Decontamination Service.

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Organisations involved in the production of this guidance:

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