**Red Lake Ebola Screening Process**

1. Contact CEO, Clinical Director, Safety Officer, and ICP 2. ICP to Contact MDH 651-201-5414

**Attachment I**

**Red Lake Ebola Action Plan**

1. Nurse manage institutes the ‘Pre-Deployed Highly Contagious Patient Procedure (as below).
2. Communicate person under investigation to the CEO (Erdrich-x 4107), Clinical Director (Ditmanson-x 4280), Infection Preventionist (Smerud-x 4167), and Safety Officer (Ramando-x4200).
3. Escorting Nurse will immediately don 2 pair of Nitrile Gloves, then N95 mask, then impermeable gown, then face shield
4. The Escorting Nurse will then provide patient with a N95 mask for self-placement
5. The Escorting Nurse will provide patient with 1 pair of booties for self-placement
6. The Escorting Nurse will wrap the patient in 2 blankets
7. The Escorting Nurse will then escort the patient to room 108 utilizing the most direct path
8. Department personnel will place yellow tape to divert further patient or personnel from the area to minimize persons potentially becoming contaminated.
9. Safety officer, Infection preventionist, and administration will determine, depending on circumstances, whether the cleaning process can occur with Red Lake Hospital housekeeping or if a contracted service must be initiated.
10. Department personnel will cordon off the potentially contaminated area with yellow caution tape to minimize personnel or patients potentially contaminating themselves until the area can be cleaned.
11. Contact and Droplet precautions will be initiated and appropriate signage placed outside of the patient’s room.
12. Medical provider dons appropriate PPE and conducts the patient interview to include signs and symptoms as below:

* Elevated body temperature or subjective fever OR symptoms including:
* Severe headache
* Fatigue
* Muscle pain
* Vomiting
* Diarrhea
* Abdominal pain
* Unexplained hemorrhage

**AND**

* An epidemiologic risk factor within the 21 days before the onset of symptoms.

1. Epidemiologic Risk factors when evaluation a person for exposure to Ebola Virus

<http://www.cdc.gov/vhf/ebola/exposure/risk-factors-when-evaluating-person-for-exposure.html>

**High risk** includes any of the following:

* + Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids of a person with Ebola while the person was symptomatic
  + Exposure to the blood or body fluids (including but not limited to feces, saliva, sweat, urine, vomit, and semen) of a person with Ebola while the person was symptomatic without appropriate [personal protective equipment (PPE)(http://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance.html)](http://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance.html)
  + Processing blood or body fluids of a person with Ebola while the person was symptomatic without appropriate PPE or standard biosafety precautions
  + Direct contact with a dead body without appropriate PPE in a [country with widespread transmission or cases in urban areas with uncertain control measures(http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html)](http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html).
  + Having lived in the immediate household and provided direct care to a person with Ebola while the person was symptomatic

**Some risk** includes any of the following:

* + In [countries with widespread transmission or cases in urban areas with uncertain control measures(http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html)](http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html):
    - direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic or with the person's body fluids
    - any direct patient care in other healthcare settings
  + Close contact in households, healthcare facilities, or community settings with a person with Ebola while the person was symptomatic
    - Close contact is defined as being for a prolonged period of time while not wearing appropriate PPE within approximately 3 feet (1 meter) of a person with Ebola while the person was symptomatic

**Low (but not zero) risk** includes any of the following:

* + Having been in a [country with widespread transmission or cases in urban areas with uncertain control measures(http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html)](http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html) within the past 21 days and having had no known exposures
  + Having brief direct contact (e.g., shaking hands) while not wearing appropriate PPE, with a person with Ebola while the person was in the early stage of disease
  + Brief proximity, such as being in the same room (not an Ebola patient care area) for a brief period of time, with a person with Ebola while the person was symptomatic
  + In countries without widespread transmission or cases in urban settings with uncertain control measures: direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic or with the person's body fluids
  + Traveled on an aircraft with a person with Ebola while the person was symptomatic

**No identifiable risk** includes:

* + Contact with an asymptomatic person who had contact with person with Ebola
  + Contact with a person with Ebola before the person developed symptoms
  + Having been more than 21 days previously in a [country with widespread transmission or cases in urban areas with uncertain control measures(http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html)](http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html)
  + Having been in a country with Ebola cases, but without widespread transmission or cases in urban settings with uncertain control measures, and not having any other exposures as defined above
  + Having remained on or in the immediate vicinity of an aircraft or ship during the entire time that the conveyance was present in a [country with widespread transmission or cases in urban areas with uncertain control measures(http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html)](http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html), and having had no direct contact with anyone from the community.

4. Document history of exposure, signs and symptoms, and epidemiologic risk factors and physical exam.

5. Contact Minnesota Department of Health at **651-201-5414** to start testing process

* **Consultation:** Contact MDH Epidemiologists at 651-201-5414 to determine if testing is warranted and to discuss specimen submission and logistics.
* **Collection by medical provider (not lab staff):** Collect two (2) 4-mL purple top plastic EDTA tubes, labeled with patient name/ID#, date of birth, and collection date.
  + - One tube is for testing performed at MDH-PHL.
    - The 2nd tube will be sent to CDC for additional testing for other VHF viruses.
* **Packaging:** Samples can be packaged as DOT Category A.
  + - Ship samples as “Suspect Category A Infectious Substance”.
    - CDC has stated that Category B is adequate, but MDH-PHL recommends Category A.
    - Ultimately the packaging designation is up to the shipper.
    - [Federal Register: Department of Transportation: Pipeline and Hazardous Materials Safety Administration (PDF: 24 pages)](http://www.gpo.gov/fdsys/pkg/FR-2011-07-20/pdf/2011-17687.pdf)  
      Laboratories are required to comply with DOT regulations when shipping by ground and IATA regulations when shipping by air. Personnel must be certified by their institution in packaging and shipping. Attn: Non-MDH link.
    - FedEx will ship a potential Ebola specimen with the technical name of “suspected category A infectious substance”.
* **Transportation:** Specimen transport will be discussed during consultation with MDH.
  + - MDH will assist submitting laboratories with transportation.
    - Ultimately, the goal is to expedite the shipment of these specimens.  MDH has identified multiple options for sample delivery dependent on location, time of day, resource availability and transport time.
    - The following are transport options that will be discussed during the consultation: Routine courier, MDH Stat courier, FedEx, MDH employee, State Patrol
    - Any courier that normally transports Category A samples can transport to MDH for diagnostic testing to rule in or rule out Ebola. No additional training is required.
* **Test results and confirmation:** 
  + - The estimated turnaround time for presumptive results is 4- 6 hours upon receipt of sample for a single specimen and may be longer for multiple specimens.
    - All specimens tested at MDH-PHL will also be forwarded to CDC for more extensive laboratory testing.

6. Person under investigation will be admitted to observation status in room 108 with care and follow-up by HCP in appropriate PPE. Limit employee and visitor exposure. Keep a log of ALL employees and visitors who enter the patient’s room.

HHh

7. If a patient refuses admission, let the patient go and notify the Nurse Manager. The Nurse Manager will notify the other parties (CEO, CD, safety officer, and IPC). The MN Department will also be notified of the patient refusal and will follow-up.

8. If highly suspect or confirmed lab testing—contact MDH at 651-201-5414 to arrange transport via specialty EMS ambulance to pre-defined Ebola Treatment Centers.

9. Person Under Investigation with risk of Ebola Virus should have minimal procedures to reduce risk of exposure to HCP. Red Lake lab should not draw lab samples or process lab tests due to high risk of contamination.