



Office of Juvenile Justice Protocols for Suspected Case of Ebola Virus Disease (EVD)



Subject

Ebola Virus Disease (EVD) is a virus that has worldwide consequences. Confirmed or suspected cases of Ebola present special requirements for disease surveillance, public communications, allocation of medical resources, and expansion of human services.

Background

While Ebola is a dangerous virus that can be life-threatening, its spread can be contained.

- EVD is spread by contact with blood or any other body fluid from a person with symptoms of EVD infection. Infection is spread when infected body fluids come in contact with mucous membranes, breaks in the skin or by sharps injuries.
- EVD is not transmitted through the air unless there is exposure to body fluid droplets from an infected person (e.g., coughing, sneezing or spitting).
- EVD is not transmitted from persons who don't have symptoms of infection (see below for symptoms of EVD infection).
- There currently are no FDA-approved medications specific for treating Ebola virus infection. The main way we treat EVD is through supportive care. This means providing excellent medical and nursing care, including monitoring and replacing fluids and electrolytes, as well as transfusions as necessary.
- The goal is to provide this care to the affected individuals until their bodies can control the virus.

Risk Assessment

Because travel to high-risk areas is one of the risk factors for transmission, these guidelines address individuals who are considered at high risk for EVD who meet travel criteria. In addition, exposure to a known EVD patient has also been included in the assessment. The risk assessment should be used in conjunction with the EVD screening algorithms produced by the Center for Disease Control (CDC). Individuals are stratified as high or low risk for EVD based on the exposure risk assessment along with clinical findings. The categories are as follows:

High-risk exposure is defined by the CDC as:

- Percutaneous (e.g., needle stick) or mucous membrane exposure to body fluids of confirmed or suspected EVD patient
- Direct care of an EVD patient or exposure to body fluids from such a patient without appropriate personal protective equipment (PPE)
- Processing body fluids of confirmed EVD patients without appropriate PPE or standard biosafety precautions

- Direct contact with a dead body without appropriate PPE in a country where an EVD outbreak is occurring

Low-risk exposure is defined by the CDC as:

- Household contact with an EVD patient
- Other close contact with EVD patients in health care facilities or community settings.

Close contact is defined as

- Being within approximately 3 feet (1 meter) of an EVD patient or within the patient's room or care area for a prolonged period of time (e.g., health care personnel, household members) while not wearing recommended PPE (i.e., standard, droplet and contact precautions)
- Having direct brief contact (e.g., shaking hands) with an EVD patient while not wearing recommended PPE

Symptoms

- The initial signs and symptoms of Ebola are similar to many other illnesses such as, the flu, malaria and typhoid.
- Ebola should be considered in anyone with fever who has traveled to, or lived in, an area where Ebola is present.
- The incubation period for Ebola, from exposure to when signs or symptoms appear, ranges from 2 to 21 days (most commonly 8-10 days).

Initial signs and symptoms of Ebola include:

- sudden fever [subjective or > 38 degrees C, 100.4 degrees F]
- chills
- muscle aches
- diarrhea
- nausea
- vomiting
- abdominal pain, occurring after about 5 days.

Other symptoms include:

- chest pain
- shortness of breath
- severe headache
- confusion, may also develop

Symptoms may become increasingly severe and may include:

- jaundice (yellow skin)
- severe weight loss

- mental confusion
- bleeding inside and outside the body
- shock
- multi-organ failure

Prevention

The prevention of Ebola includes:

- Proper screening and triaging to appropriately identify an individual suspected of having Ebola.
- Actions to avoid exposure to blood or body fluids of infected patients through contact with skin, mucous membranes of the eyes, nose, or mouth, or injuries with contaminated needles or other sharp objects.
- Coordination with Emergency Medical Services (EMS) personnel, Healthcare facilities, and Public Health Systems when responding to patients with suspected Ebola.

Purpose

The intent of the Office of Juvenile Justice Ebola Response Protocol is to provide general guidance to the facility staff and all stakeholders in the preparation of protocols specific to an Ebola response. The specific purposes of this document are as follows:

1. Protect life and property
2. Minimize exposure in the secure facilities
3. Conduct active medical and public health vigilance so as to identify and isolate symptomatic cases.
4. Support rapid & effective response

Assumptions

1. The facility has the primary responsibility to identify and isolate symptomatic cases.
2. The facility has the responsibility to contact facility medical director, Office of Juvenile Justice executive leadership, Correct Care Solutions facility medical leadership team and emergency management services (EMS).

Concept of Operations

Early recognition is critical to controlling the spread of Ebola Virus Disease. The Office of Juvenile Justice – Secure Facilities are expected to follow this protocol for all youth entering and staff working in the facilities.

- **Increase vigilance in inquiring about a history of travel to West Africa in the 21 days before illness onset for any individual presenting with fever or other symptoms consistent with Ebola;**
 - Correct Care Solutions (CCS) has developed a questionnaire for screening of new intakes or transfers.
 - Office of Juvenile Justice (OJJ) and CCS staff should follow the travel reporting procedures as detailed in the YS Policy No. A.1.19.
 - Supervisors/Unit Heads should keep a log of staff travels, for referencing in the event of a suspected case.

- **Isolate individuals who report a travel history to an Ebola-affected country (currently Liberia, Sierra Leone, and Guinea) and who are exhibiting Ebola symptoms in a private room with a private bathroom.**
 - Office of Juvenile Justice request that an individual (staff personnel or youth) who has a travel history to an Ebola-affected country and exhibiting Ebola symptoms be assessed by the medical director or mid-level provider.
 - Medical Director or Mid-level Provider will determine if the individual should be evaluated for suspected Ebola:
 - Youth in secure facility - Medical Director or Mid-level Provider will write orders for the youth to be transported to the local Tier 1 hospital via EMS.
 - Staff Personnel in secure facility – EMS will be called for transport to a local Tier 1 hospital.
 - If the suspected case is a youth in secure custody, the youth must be accompanied by a Juvenile Justice Specialist assigned to his security.
 - All individuals who have had close contact with the suspected case individual should be monitored for signs and symptoms of Ebola.
 - If suspected case is determined to be a confirmed case, all close contact will be quarantined and monitored for signs and symptoms of Ebola.

- **Implement standard, contact, and droplet precautions (gowns, facemask, eye protection, and gloves);**
 - All staff assisting with the care and transport of a suspected case of Ebola, will be required to wear facility issued personal protective equipment (PPE).

- OJJ recommend all staff be trained on Selection and Use of PPE and Donning and Removal of PPE:
 - Use hyperlink for a CDC training on **Guidance for the Selection and Use of Personal Protective Equipment (PPE) in Healthcare Settings** : <http://www.cdc.gov/HAI/pdfs/ppe/PPEslides6-29-04.pdf>
- Facilities have identified and staged, PPE for both staff and youth.
- Sanitizing wipes are available for disinfecting hard surface areas, but bleach based disinfectants will be available in case of an actual Ebola event.
- **Immediately notify a possible exposure or report a suspected case.**
 - The Supervisor will notify the Unit Head and the Health Services Director of the suspected case of Ebola.
 - The Health Services Director shall notify the DHH/EPI Section within 24 hours via email @ IDEPI@la.gov, and the Deputy Secretary, Assistant Secretary, Chief of Operations and appropriate Regional Director.
 - The Health Services Director shall verify that the DHH/EPI Section has been notified.

NOTE: This document is subject to change based on developing epidemiology in the country. The Health Services Director will be responsible for providing information for amending and updating the policy and protocol based on guidance released by the CDC related to the Ebola Virus Disease.

Attachment 1: Ebola Virus Disease Algorithm for Evaluation of the Returned Traveler

Ebola Virus Disease (Ebola)

Algorithm for Evaluation of the Returned Traveler



FEVER (subjective or $\geq 100.4^{\circ}\text{F}$ or 38.0°C) or compatible Ebola symptoms* in a patient who has resided in or traveled to a country with wide-spread Ebola transmission** in the 21 days before illness onset

* headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, or hemorrhage

NO

Report asymptomatic patients with high- or low-risk exposures (see below) in the past 21 days to the health department

YES

1. Isolate patient in single room with a private bathroom and with the door to hallway closed
2. Implement standard, contact, and droplet precautions
3. Notify the hospital Infection Control Program and other appropriate staff
4. Evaluate for any risk exposures for Ebola
5. IMMEDIATELY report to the health department

HIGH-RISK EXPOSURE

Percutaneous (e.g., needle stick) or mucous membrane contact with blood or body fluids from an Ebola patient

OR

Direct skin contact with, or exposure to blood or body fluids of, an Ebola patient

OR

Processing blood or body fluids from an Ebola patient without appropriate personal protective equipment (PPE) or biosafety precautions

OR

Direct contact with a dead body (including during funeral rites) in a country with wide-spread Ebola transmission** without appropriate PPE

LOW-RISK EXPOSURE

Household members of an Ebola patient and others who had brief direct contact (e.g., shaking hands) with an Ebola patient without appropriate PPE

OR

Healthcare personnel in facilities with confirmed or probable Ebola patients who have been in the care area for a prolonged period of time while not wearing recommended PPE

NO KNOWN EXPOSURE

Residence in or travel to a country with wide-spread Ebola transmission** without HIGH- or LOW-risk exposure

Review Case with Health Department Including:

- Severity of illness
- Laboratory findings (e.g., platelet counts)
- Alternative diagnoses

Ebola suspected

Ebola not suspected

TESTING IS INDICATED

The health department will arrange specimen transport and testing at a Public Health Laboratory and CDC

The health department, in consultation with CDC, will provide guidance to the hospital on all aspects of patient care and management

TESTING IS NOT INDICATED

If patient requires in-hospital management:

- Decisions regarding infection control precautions should be based on the patient's clinical situation and in consultation with hospital infection control and the health department
- If patient's symptoms progress or change, re-assess need for testing with the health department

If patient does not require in-hospital management:

- Alert the health department before discharge to arrange appropriate discharge instructions and to determine if the patient should self-monitor for illness
- Self-monitoring includes taking their temperature twice a day for 21 days after their last exposure to an Ebola patient



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

** CDC Website to check current countries with wide-spread transmission:
<http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/case-counts.html>

This algorithm is a tool to assist healthcare providers identify and triage patients who may have Ebola. The clinical criteria used in this algorithm (a single symptom consistent with Ebola) differ from the CDC case definition of a Person Under Investigation (PUI) for Ebola, which is more specific. Public health consultation alone does not imply that Ebola testing is necessary. More information on the PUI case definition: <http://www.cdc.gov/vhf/ebola/hcp/case-definition.html>

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