

November 25, 2014

DAL: 14-25
Ebola Guidance

**INFORMATION AND GUIDANCE FOR ADULT CARE FACILITIES CONCERNING
THE ONGOING THREAT OF EBOLA**

This document conveys the information and guidance available as of the date above and is subject to change. The latest information can be found at <http://www.cdc.gov/vhf/ebola/>.

BACKGROUND:

- Ebola virus is the cause of an often fatal viral hemorrhagic fever disease. In addition to fever, other symptoms include headache, joint and muscle aches, abdominal pain, weakness, diarrhea, vomiting, stomach pain, lack of appetite, rash, red eyes, hiccups, cough, chest pain, difficulty breathing, difficulty swallowing, or bleeding inside and outside of the body. Symptoms may appear anywhere from 2 to 21 days after exposure to Ebola virus, but usually within 8-10 days.
- Ebola is transmitted through direct contact with the blood or bodily fluids of an infected symptomatic person or through exposure to objects (such as needles) that have been contaminated with infected secretions. It has also been transmitted in some countries by bush meat.
- While Ebola can have an impact on residents, visitors, staff and the families of staff, the persons at highest risk of developing the infection are:
 - Those who have had direct contact with the blood and body fluids of an individual diagnosed with Ebola – this includes any person who provided care for an Ebola patient, such as a healthcare provider or family member not adhering to recommended infection control precautions (i.e., not wearing recommended Personal Protective Equipment (PPE));
 - Those who have had close physical contact with an individual diagnosed with Ebola; and
 - Those who lived with or visited the Ebola-diagnosed patient while he or she was ill.

- All persons traveling from the three countries with the current outbreak, Guinea, Sierra Leone, and Liberia, are screened at the airport when arriving in the U.S., by a partnership of federal, state and local agencies, including the NYS Department of Health, and New York City Department of Health and Mental Hygiene (NYCDOHMH).
- Health care workers who have been exposed to patients with Ebola Virus Disease (EVD), EVD patient body fluids or human remains from EVD patients without appropriate PPEs are strongly advised to not return to work for 21 days after exposure, and will be requested to voluntarily quarantine. Those who have had no exposure may return to work but the employer/agency should measure the health care workers' temperature twice daily when on duty, and obtain their temperature and report any symptoms by telephone to their personal physician when off-duty.

RECOMMENDED ACTIONS:

Check HCS, DOH web and CDC daily for the most up-to-date information.

Ensure HCS roles are current and populated. Provide more than the facility phone number as a contact, such as cell phone numbers.

Report all outbreaks to the Local Health Department (LHD).

Review facility infection control policies

Train **all** staff on infection control, including cleaning and disinfecting, waste handling, glove and mask use, and use of universal precautions.

Ensure supplies of masks, gloves, disinfectants.

Review policies on sick leave.

Review policies on visitors during an outbreak.

Review good health practices with staff, residents and volunteers to combat the spread of infections. These practices include but are not limited to:

- Avoid close contact with people who are sick.
- Cover your mouth and nose. Cover your mouth and nose with a tissue when coughing or sneezing. If no tissue is available, cough or sneeze into the bend of your arm.
- Use effective hand-washing techniques (may also use an alcohol-based hand sanitizer that contains at least 60% alcohol to clean your hands.
- Avoid self-contamination by not touching your eyes, nose, or mouth. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.
- Maintain a clean working environment, including cleaning and disinfecting frequently touched surfaces, especially when someone is ill.

Posting signs to alert visitors is not required at this time, but may be used. Signage for providers can be found and accessed on the DOH website, www.health.ny.gov. It is advised that English and French versions be used at a minimum. Translations are available in Spanish, Chinese, Russian, Italian, Korean, and Haitian Creole. The NYSDOH will order a Polish translation and post it when it becomes available. Attached is a copy of the English version.

IF AN EBOLA INFECTION IS SUSPECTED IN STAFF OR RESIDENTS:

- Isolate the person immediately, and call for emergency medical services.
- Inform the emergency services personnel that an Ebola infection is suspected, so that they may take appropriate actions.
- Gather as many details as possible, including: resident name, location in the facility, and as many details regarding the resident as possible.
- If staff experience symptoms of Ebola at home, they should stay away from other people, and call their physician immediately.

Additional resources are available at:

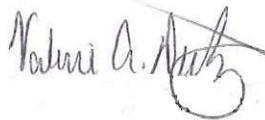
<http://www.nyc.gov/html/doh/html/em/ebola.html>

<http://wwwnc.cdc.gov/travel/notices>

(CDC travel notification website for most up-to-date information)

If you have any questions, you may send them to ebola.preparedness@health.ny.gov.

Sincerely,



Valerie A. Deetz, Director
Division of ACF and Assisted Living Surveillance

Attachment: Visitor Sign (also available at health.ny.gov)