COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
PUBLIC HEALTH DEPARTMENT

PROVIDER HEALTH ADVISORY

Date: November 17, 2022
Contact: Rick Rosen, MD, MPH, frosen@co.slo.ca.us, 805-781-5500

CDPH: Updated Guidance Amid Ebola Virus Disease Outbreak in Central Uganda

The California Department of Public Health has issued updated guidance from CDC regarding the interim use of **PPE for health care workers when managing patients suspected of Ebola**, as well as an All Facilities Letter with **specific preparedness guidance**.

See attached the two following documents:

1. Interim Guidance on Personal Protective Equipment (PPE) to Be Used by Healthcare Workers in the Inpatient Hospital Setting During Management of Patients with Suspected or Confirmed Ebola Virus Disease (EVD) in California

2. All Facilities Letter: Ebola Virus Disease Information and Preparedness

Notification: If you are concerned your patient may have Ebola virus disease (*Sudan ebolavirus*), contact the County of San Luis Obispo Public Health Department immediately by calling 805-781-5500 (M-F, 8 a.m.–5 p.m.) or 805-781-4553 (weekends and after hours).

State of California—Health and Human Services Agency
California Department of Public Health

TOMÁS J. ARAGÓN, MD, DrPH
Director and State Public Health Officer

GAVIN NEWSOM
Governor

Interim Guidance on Personal Protective Equipment (PPE) to Be Used by Healthcare Workers in the Inpatient Hospital Setting During Management of Patients with Suspected or Confirmed Ebola Virus Disease (EVD) in California

November 9, 2022

This guidance supersedes the original guidance released on November 6, 2014, and the revised guidance released on November 25, 2014 and January 12, 2015.

Updates include:

- Aligned guidance to the updated EVD CDC guidance, along with Cal/OSHA Interim Guidance on EVD and Cal/OSHA Interim Gudiance on EVD for Hospitals.
- Included PPE guidance for employees who assist other employees with the doffing of contaminated or potentially contaminated PPE.

On October 20, 2014, the Centers for Disease Control and Prevention (CDC) issued updated infection control guidance entitled: "*Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease (EVD) in U.S. Hospitals, Including Procedures for Putting On (Donning) and Removing (Doffing).*"

Key features of this guidance include recommendations for enhancement of healthcare worker protection through:

- The use of an updated ensemble of personal protective equipment (PPE), including gloves, fluid-resistant or impermeable body coverings, hood, eye and face protection (face shield, not goggles), and respiratory protection intended to prevent skin exposure and inhalation of infectious aerosols;
- The implementation of rigorous and repeated employee training on the correct use of PPE, particularly when removing (doffing) PPE;

- The use of a trained observer to ensure that PPE is donned, used, and doffed correctly; and
- The designation and management of specific areas for PPE donning and doffing.

California Department of Public Health (CDPH) recognizes that the exposure risk of a healthcare worker in ***an inpatient hospital setting*** while caring for individuals with suspected or confirmed EVD is higher than the risk to the community at large.

The CDC recommendations for infection control for the care of EVD patients in the inpatient hospital setting provide a framework for California hospitals to successfully treat EVD patients while protecting healthcare workers.

CDPH concurs with the CDC guidance, along with Cal/OSHA Interim Guidance on EVD and Cal/OSHA Interim Gudiance on EVD for Hospitals. Hospital infection control practitioners should review these documents. CDPH wishes to emphasize several important points:

- It is essential that healthcare workers receive repeated training in the use of PPE and have demonstrated competency in performing Ebola-related infection control practices and procedures.
- Donning and doffing of PPE are complex processes and require adequate and specific physical space and use of trained observers to make certain that PPE is being used correctly and that donning and doffing PPE protocols are followed.
- Respiratory protection:
  - Aerosol-generating procedures may be unexpected. Therefore, respiratory protection is recommended at all times.
  - Healthcare provider safety and comfort are very important and should be considered in choosing a PPE ensemble.
- Airborne infection isolation rooms (AIIR) are the preferred location for aerosol-generating procedures.

CDPH recognizes that the level and use of PPE for the protection of healthcare workers caring for suspected or confirmed EVD patient may change depending on the clinical symptoms and presentation of the patient. CDPH further recognizes that scientific evidence shows that early in the EVD course of illness, suspected or confirmed Ebola patients may exhibit symptoms that include: fever, headache, fatigue, weakness, stomach pain, lack of appetite, and joint and muscle aches. These patients may not yet have bleeding, vomiting, diarrhea, and may not demonstrate a clinical condition that is worsening or that may warrant invasive or aerosol-generating procedures (e.g., intubation, suctioning, resuscitation).

Therefore, CDPH makes the following California-specific recommendations:

The PPE recommendations when caring for the clinically stable, suspected or confirmed EVD patient **without symptoms of bleeding, vomiting, diarrhea, or a clinical condition that may warrant invasive or aerosol-generating procedures** include:

- PPE material that is single-use (disposable) and fluid resistant or impermeable;
- PPE that covers all surfaces of the body, including the head and neck, coverings for the eyes, mouth, nose, and skin. The hair must be completely enclosed;
- A face shield (not goggles) and surgical N95 (or higher) respirator (i.e., Powered Air-Purifying Respirator [PAPR] not required);
- An isolation gown extending to at least mid-calf (i.e., coverall not required);
- Two or more pairs of gloves with extended cuffs on outer gloves (to facilitate the doffing of PPE and decontamination); and
- Boots or coverings for the feet and lower legs.

For suspected or confirmed EVD patients who **exhibit bleeding, vomiting, diarrhea, a clinical condition that may warrant invasive or aerosol-generating procedures (e.g., intubation, suctioning, resuscitation), or overall worsening of symptoms**, the recommended level of PPE for employees caring for or moving the patient and for all employees working in the patient room should include:

- PPE material that is single-use (disposable) and fluid impermeable;
- PPE that covers all surfaces of the body, including the head and neck, coverings for the eyes, mouth, nose, and skin. The hair must be completely enclosed;
- A coverall with integrated feet;
- An apron covering torso to mid-calf;
- Two or more pairs of gloves with extended cuffs on outer gloves (to facilitate the doffing of PPE and decontamination);
- Boots or coverings for the feet and lower legs. To provide continuous fluid protection, under socks or under boots that are integrated into the coverall, or protection that is equivalent, should be provided; and
- A Powered Air-Purifying Respirator (PAPR) with full cowl or hood.

Employees who assist other employees with the doffing of contaminated or potentially contaminated PPE must use PPE with the same level of protection as the employee who is doffing PPE.

CDPH recommends that the hospital's Infectious Disease Physician and/or Infection Preventionist assess the suspected or confirmed EVD patient status and determine the appropriate level of PPE on an ongoing basis during the care of the patient.

TOMÁS J. ARAGÓN, M.D., Dr.P.H.
State Public Health Officer & Director

State of California—Health and Human Services Agency
California Department of Public Health

GAVIN NEWSOM
Governor

November 15, 2022

AFL 22-24

TO: Acute Psychiatric Hospitals
General Acute Care Hospitals

SUBJECT: Ebola Virus Disease Information and Preparedness

All Facilities Letter (AFL) Summary

This AFL notifies all hospitals about recommendations from the Centers for Disease Control and Prevention (CDC) regarding Ebola virus disease (EVD) preparedness for frontline healthcare facilities (acute care hospitals, other emergency care settings including urgent care clinics, critical access hospitals) that might see a patient with EVD-like symptoms who has a recognized potential exposure to Ebola.

Background

On September 20, 2022, Uganda declared an outbreak of EVD caused by Sudan virus (species Sudan ebolavirus). On October 7, 2022, the California Department of Public Health (CDPH) distributed a Health Alert summarizing the current situation and guiding clinicians to suspect EVD in a patient who has signs and symptoms consistent with EVD (fever, severe headache, muscle pain, weakness, fatigue, vomiting, diarrhea, stomach pain, and unexplained bleeding) and an epidemiological risk factor (e.g., travel to affected areas in Uganda) within 21 days before the onset of symptoms. If there is suspicion for EVD, healthcare providers should immediately take EVD specific infection control precautions and notify their local health department (LHD).

Guidance for Frontline Healthcare Facilities

Although CDC has indicated the risk of Ebola importation to the United States is currently low, all California frontline healthcare facilities should prepare to be able to:

- **Identify** and triage persons with relevant Ebola exposure history and signs or symptoms, and immediately
- **Isolate** the patient and ensure appropriate steps are taken to protect staff caring for the patient, and immediately
- **Inform** the facility infection control program, LHD, and your respective district office.

The LHD and CDPH will work together to determine if the patient is a patient under investigation (PUI) warranting testing for Ebola, and if so, arrange a transfer as quickly as possible to a facility that can provide further Ebola assessment. However, transfer may take up to 12-24 hours, so all facilities should have plans to manage a PUI for 24

hours as they await transfer.

Frontline healthcare facilities should prepare now to identify, isolate and inform their LHD regarding an Ebola PUI:

- Develop or re-establish Ebola-specific policies and procedures, including roles and points of contact within the facility and with the LHD.
- Implement routine triage screening for international travel for all patients presenting with potentially infectious symptoms.
- Develop processes that minimize the time in triage from identification to isolation in a private room with a dedicated bathroom or commode for any person who should be evaluated for whether they meet PUI criteria.
- Determine a method for performing detailed patient/family interviews in coordination with public health to rapidly clarify a patient's PUI status with minimal contact between healthcare personnel and the patient, such as via telephone communication while the healthcare personnel (HCP) remains outside the isolation room.
- Select and standardize the personal protective equipment (PPE) ensemble(s) the facility will use for an Ebola PUI in accordance with CDPH PPE guidance. It is unlikely that frontline healthcare facilities will be required to provide prolonged care (>12–24 hours) for a severely ill patient at high risk for EVD. Accordingly, most patients can be cared for in these hospitals using PPE in CDPH's guidance for a clinically stable PUI.
- Ensure your facility has enough appropriate PPE supplies to care for PUI while awaiting transfer.
- Identify and train a small group of volunteer staff ahead of time who will care for a PUI and provide repeated training and practice, especially for doffing PPE.
- Conduct a first-patient drill or exercise to review and practice procedures and identify potential gaps in readiness.
- Develop facility-specific protocols for safe handling of Ebola-related medical waste. CDPH has developed interim guidelines for EVD medical waste management. The interim guidelines can be found at the CDPH Medical Waste Management Program Website.

Frontline healthcare facilities should prioritize planning for the most likely scenario, not the most extreme; for example, a clinically stable patient presenting with fever and travel in Uganda but without an epidemiologic risk factor or exposure to Ebola. Symptoms of EVD are similar to other illnesses associated with international travel, including malaria, which is the most common cause of undifferentiated fever in returning travelers from sub-Saharan Africa. Because malaria can progress rapidly and severely, early diagnosis and treatment are critical and malaria testing should not be delayed. If public health determines a patient is not a PUI and not being tested for Ebola, the patient can be managed with Standard or Transmission-based Precautions (depending on other suspected diagnoses) while being tested and managed for malaria.

If you have any questions regarding this AFL, please contact the Healthcare Associated Infections Program via email at HAIprogram@cdph.ca.gov.

Sincerely,

Original signed by Cassie Dunham

Cassie Dunham

Deputy Director

Resources:

- CDPH Ebola Information for Healthcare Providers
- CDC Interim Guidance for Preparing Frontline Healthcare Facilities for PUIs for EVD

- Ebola Virus Disease Fact Sheet

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Page Last Updated : November 15, 2022