



Screening, Holding, Notification at a Healthcare Facility during an EVD outbreak





Screening

- Observing all persons entering the facility by taking noncontact temperature, a nd asking questions
- Key outcome: determine if patient is suspected EVD case
- Does not require close or physical contact

Holding

- Separation of suspect cases (to reduce risk of contact/spread)
- Place the suscept case into a holding area
- Try to minimize case contact unless patient care is required

Notification

- Facility surveillance focal people or trained clinicians should: 1) verify suspect cases using the case definition then 2) call/text Ebola Alerts Line if verified
- If these people aren't available, immediately call/text Ebola Alerts Line



Screening

Screening Prior to Healthcare Facility Entry



- Screening all persons (patients, staff, visitors, etc.) prior to healthcare facility entry is an essential first step in keeping Ebola from entering
- Currently there are challenges with screening at entry:
 - Lack of human resources
 - Lack of supplies (infrared thermometers)
 - Lack of consistent instructions to facilities
- It is important to strengthen this practice

Screening

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What is it?

 Identifies individuals that meet suspect case definition for Ebola Sudan Virus (or other VHFs)

Where should it be done?

 Before entrance into a Health Centre II or receiving care at a pharmacy

What is process?

 Assessing for symptoms (including fever) and exposures

Who should be screened?

Everyone (patients, customers, health workers, family members)



IPC Precautions during screening



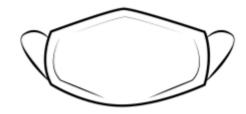
Maintain distance (at least 1 meter, 2 meters for COVID)



- Place barrier between screener and patient (table, etc.) when possible
- Screening is a no contact activity; no physical contact is needed between the screener and patient
- Perform hand hygiene often



For COVID precautions, wear a well-fitting facemask



Screening PPE

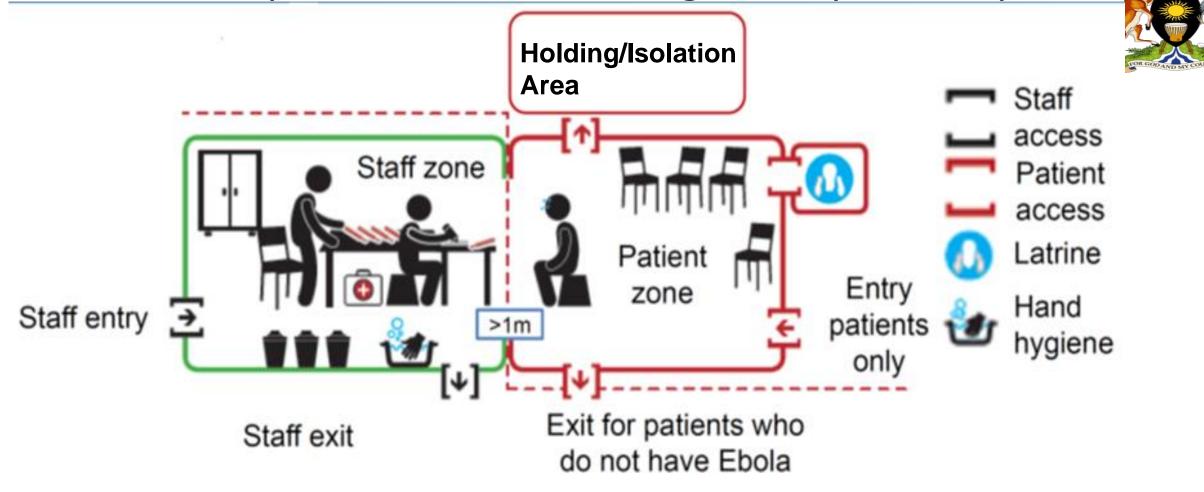


- Wear a mask for the prevention of COVID infection (not Ebola)
- Other PPE is not required if distance can be maintained
- If distance can't be maintained (for example, needs to assist the patient), then PPE should be used



- Mask
- Eye protection (goggles or face shield)
- Gloves
- Gown (ideally waterproof)

Where to perform the screening: Example set up



The implementation of the screening process does not require the construction of an infrastructure. Two chairs separated by a table (minimum 1 meter) may be sufficient.

Screening Equipment and Supplies



For people entering facility

- Hand hygiene station
- Chair, if needed (placed at 90° angle from screener)

For screeners/healthcare workers

- Hand hygiene supplies
- Physical barrier (desk)
- Infrared thermometer and spare batteries
- Algorithm, case definition
- Masks for COVID
- PPE (if distance of at least 1m cannot be maintained) and full PPE as needed for emergency and spills (recommend having a PPE kit available nearby)

For cleaning and waste management

- Cleaning materials and PPE for cleaning (to use if needed)
- Red waste bins as needed (for screening PPE)
- Regular waste bins for visitor trash if needed

How to Screen



Explain

Example: "To keep everyone safe, we are screening for Ebola Sudan Virus. We will take your temperature and ask a few questions."

Take temperature

Non-contact (infrared) thermometer



Use screening tool

Follow questions on screening tool (symptoms, exposures)



Does the person meet case definition for suspect EVD case?

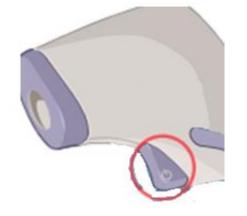
Take action

- If YES, escort to holding area
- If NO, they may enter the facility

Using an infrared thermometer



Turn on the thermometer



Instructions vary for different types/brands of infrared thermometers.

Always check the package insert or

instructions on the manufacturer's website.

Allow 15 minutes for device to warm up

(this allows for thermometer to acclimate to the temperature of the environment around it)





Confirm thermometer is has correct settings (e.g., Celsius, 'body' reading instead of 'object')



Using an infrared thermometer



- Stand to side of person whose temperature is being taken
- Ask person to push back hair or head scarf, remove hat or glasses, and wipe off perspiration

 (perspiration in pores can lead to a lower temperature reading)



- Aim for the temple, above the end of the eyebrow (NOT the forehead)
- Hold thermometer 3-5cm from person's temple and squeeze trigger

Using an infrared thermometer

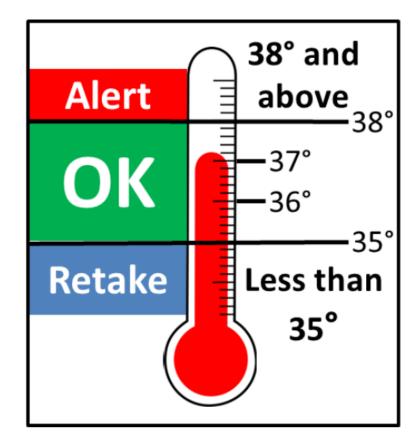


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Read thermometer screen

- If less than 35°C, take again
- If 38°C or higher, fever indicated





Infrared thermometer maintenance



- Change batteries
 - Check what type of batteries are needed
- Clean the lens regularly
 - Most delicate part of the thermometer
 - Needs to be kept free of dirt, dust, moisture, debris
 - Use a soft cloth or cotton swab with 70% alcohol (e.g., rubbing alcohol) and allow lens to dry
- Regularly check that 'body' reading rather than 'object' reading is selected
- Read instructions for calibration





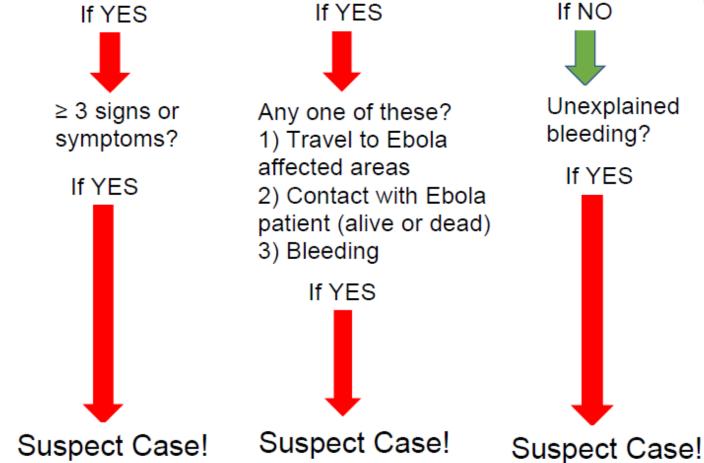
Use screening tool

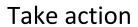
Measure for fever (≥38°C) OR ask about recent history of fever to all persons entering the facility



Ebola Signs and Symptoms

- Headache
- Vomiting
- Diarrhea
- Loss of appetite
- Lethargy
- Stomach pain
- Aching muscle
- Aching joints
- Difficulty swallowing
- Breathing difficulty
- Hiccups
- Convulsions





Is this person a suspect case?



Does the person meet case definition for suspect EVD case?

- If YES, escort to holding area without touching
 - If touching is required Full PPE is needed
 - Mask, eye protection, gown or coverall, apron if gown/coverall is not waterproof, gloves, head coverage, shoe covers
- If NO, they may enter the facility



Holding Area

Holding area



- Separated from others
 - Clearly marked with a barrier and signage
- ONLY for suspected Ebola patients
 - Discourage others from socializing/resting in the holding area
- Minimize direct physical contact
 - If care is required, Full PPE must be worn



Holding Area Supplies

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For patients

- Chairs, or bench if no chairs available
- Food and water
- Hand hygiene station

Patient care (IF REQUIRED)

- PPE for healthcare workers to don outside of area
- Hand hygiene stations for healthcare workers
- Designated equipment for holding area

Cleaning and disinfection

- 0.5% chlorine solution (for disinfection) or other disinfectant
- Soap and water
- Cleaning
 equipment
 (buckets,
 cloths, mop)

Waste

- Biohazard waste bins (red)
 - PPE doffing area outside of area (at separate exit are)

PPE in Holding Areas



- HCW should maintain physical distance unless patient care is required
- Full PPE must be donned if distance cannot be maintained



- Mask
- Eye protection (goggles or face shield)
- Examination gloves
- Waterproof gown or coveralls (add apron if not waterproof)
- Head covering
- Shoe covering



Notification



Immediately begin the notification process once the suspect case is in the holding area!

For facilities without focal surveillance people or trained clinicians



Immediately call or text the Ebola Alerts Hotline for further instructions

- Maintain physical distance (>1 meter)
- If physical distance cannot be maintained, then full PPE will be required





- 0800200043 for Mubende and Kassanda
- 0800299000 for Kampala Metropolitan Area
- 0800300043 for Masaka
- 0800355411 for Kagadi
- 0800300046 for Jinja
- 0787437139 for Bunyangabu
- Free alert SMS on 6767 starting with the 'ALERT' key word
- Free alert SMS to U-report on 8500



Post-Notification





- The suspect case will be evacuated to an isolation area which could be at the same facility (if it exists) or at different facility
- Isolation areas are intended to care for suspect cases while awaiting laboratory confirmation of Ebola





- The transferring facility will be responsible for providing immediate cleaning and disinfection of the holding area after the patient transfers
 - Notify the evacuation team if help with cleaning up body fluid spills is required (especially lower-level facilities)
- A ring IPC team will also help with decontamination if the suspect case becomes confirmed



Implementation Considerations





- Screeners must be identified for all points of entry to the facility
- Screener should be available during all hours of operation
- Screener must be trained on using the screening algorithm and required actions if a suspect case is identified as reviewed earlier
 - This must also include PPE donning and doffing in case direct contact is required





- Copies of the screening algorithm
- Copies of the current case definition
- Copies of the alert line numbers
- Infrared thermometers
- PPE supplies
- Hand hygiene stations
- Equipment to establish holding areas
- Cleaning and disinfection supplies





- Staff such as facility focal people, external supervisors or mentors, or MoH staff should verify that screening is occurring at facilities
- Likely best accomplished when facilities are not expecting an assessment of practice
- Practice "test" patients can also be used:
 - The test patient should provide answers at facility entry that would flag them as suspect
 - Watch to see what actions are taken by the facility