

Department of Behavioral Health
TRANSMITTAL LETTER

SUBJECT Management of Ebola		
POLICY NUMBER DBH Policy 650.2	DATE JUN 22 2015	TL# 284

Purpose. To provide information and enforce recommendations from the Centers for Disease Control (CDC) and the Department of Health (DOH) regarding the prevention of occupational exposure to the Ebola Virus, and to outline the Department of Behavioral Health (DBH) Ebola Response Plan.

Applicability. Applies to DBH staff (for purposes of this policy staff shall include DBH employees, interns, residents and students).

Policy Clearance. Reviewed by affected responsible staff and cleared through appropriate Behavioral Health Authority offices.

Effective Date. This policy is effective immediately.

Superseded Policies. None.

Distribution. This policy will be posted on the DBH web site at www.dbh.dc.gov under Policies and Rules. Applicable entities are required to ensure that affected staff is familiar with the contents of this policy.



Barbara J. Bazron, Ph.D.
Interim Director, DBH

<p style="text-align: center;">GOVERNMENT OF THE DISTRICT OF COLUMBIA</p> <p style="text-align: center;">***</p> <p style="text-align: center;">DEPARTMENT OF BEHAVIORAL HEALTH</p>	<p>Policy No. 650.2</p>	<p>Date JUN 22 2015</p>	<p>Page 1</p>
	<p>Supersedes None</p>		
<p>Subject: The Management of Ebola</p>			

1. **Purpose.** To provide information and enforce recommendations from the Centers for Disease Control (CDC) and the Department of Health (DOH) regarding the prevention of occupational exposure to the Ebola virus, and to outline the Department of Behavioral Health (DBH) Ebola Response Plan.

2. **Applicability.** Applies to DBH staff (for purposes of this policy staff shall include DBH employees, interns, residents, and students).

3. **Authority.** Department of Behavioral Health Establishment Act of 2013; CDC Guidelines for Ebola and 7 DCMR, Chapter 1, Public Sector Worker’s Compensation Benefits.

4. **Policy.** To minimize exposure to, and subsequent infection with, the Ebola virus, DBH shall follow the recommendations of the CDC and the DOH regarding occupational exposure and the corresponding DBH requirements in this policy.

5. **Definitions and Facts about Ebola.**

5a. **Ebola:** A severe and often fatal disease in humans; also known as Ebola virus disease (EVD) and Ebola hemorrhagic fever. Symptoms of infection include: fever, muscle and joint aches, headache, weakness, diarrhea, vomiting, stomach pain, lack of appetite, and abnormal bleeding. Symptoms may appear anywhere from 2 to 21 days after exposure to the Ebola virus, although developing symptoms 8 – 10 days after exposure is most common.

5b. **Ebola transmission methods:** Ebola can be spread to others through direct and close contact (through broken skin or mucous membranes in, for example, the eyes, nose, or mouth) with:

- Blood or body fluids (including but not limited to urine, saliva, sweat, feces, vomit, breast milk, and semen) of a person who is sick with Ebola;
- Objects (like needles, syringes, soiled linens) that have been contaminated with the virus; and
- Infected animals.

5c. **Droplet or Universal Precaution:** Procedures that reduce the risk of infection. Masks as well as standard medical precautions must be used when in contact with infected patient(s).

5d. Personal Protective Equipment or “PPE”: Equipment worn to minimize exposure to serious workplace injuries and illnesses. These injuries and illnesses may result from contact with bodily fluids or other workplace hazards. PPE may include items such as gloves, masks, fluid resistant gowns, safety glasses or face shields, and shoe covers.

5e. Active Surveillance: The process by which the DOH encourages individuals to self-monitor with routine contact and follow up by the DOH.

5f. Exposure Risk Levels: As defined by the CDC are as follows:

- (1) High risk exposure: A high risk exposure includes any of the following:
- Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids of an Ebola patient.
 - Direct skin contact with, or exposure to blood or body fluids of an Ebola patient without appropriate PPE.
 - Processing blood or body fluids of a confirmed Ebola patient without appropriate PPE or standard biosafety precautions.
 - Direct contact with a dead body without appropriate PPE in a country where an Ebola outbreak is occurring.

Individuals providing medical care in a high risk region and treated individuals with Ebola should notify DOH of travel/contact history upon their return to the District and sign a voluntary isolation agreement to include no group gathering or public contact in lieu of enforced quarantine. Also see Section 8 below regarding notifying the DBH Risk Manager and leave requirements during surveillance period.

- (2) Low risk exposure: A low risk exposure includes any of the following:
- Household contact with an Ebola patient.
 - Other close contact with an Ebola patient in health care facilities or community settings. Close contact is defined as:
 - (a) being within approximately 3 feet of an Ebola 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.
 - (b) having direct brief contact (e.g., shaking hands) with an Ebola patient while not wearing recommended PPE.

Brief interactions, such as walking by a person or moving through a hospital, do not constitute close contact.

Individuals on general travel to a high risk region should notify DOH of travel/contact history upon their return to the District and engage in an active surveillance process of self-monitoring and contact monitoring by DOH. Also see Section 8 below regarding notifying the DBH Risk Manager and leave requirements during surveillance period.

For purposes of monitoring and movement restrictions of persons with Ebola virus exposure, low risk is interpreted as some risk. See www.cdc.gov/vhf/ebola/hcp/monitoring-and-movement-of-persons-with-exposure.html.

(3) No known exposure: Having been in a country in which an Ebola outbreak occurred within the past 30 days and have had no high or low risk exposures. Individuals will be actively monitored by DOH which may include self-monitoring as well as contact by DOH.

6. **DBH Ebola Response Plan.**

6a. DBH will provide various types of educational material to staff, consumers, and visitors about the Ebola virus.

6b. DBH will provide masks, tissue, and hand sanitizer in each consumer waiting area (e.g., Saint Elizabeths Hospital, Comprehensive Psychiatric Emergency Program (CPEP), Howard Road, 35 K Street, Assessment and Referral Center (ARC) for substance use disorders, and the Assessment Center located at 300 Indiana Avenue).

6c. PPE (gloves and masks) will be provided in all treatment rooms.

6d. DBH will train staff on proper donning and removal of PPE (also see Section 10 Staff Training).

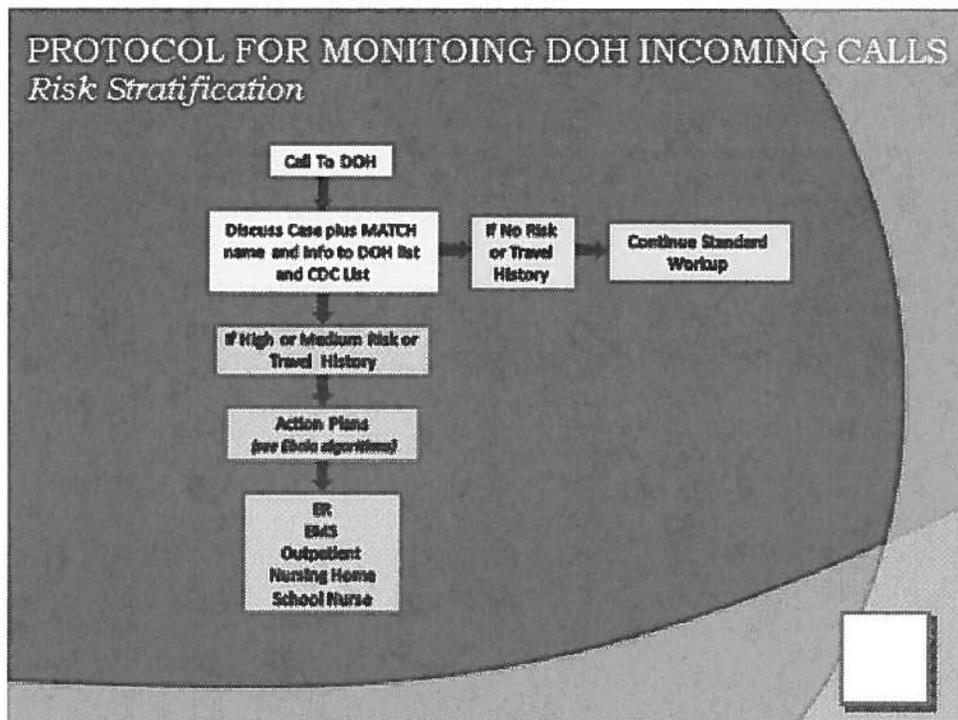
6e. Any consumer who has excessive cough and sputum production should be requested to self-mask while in the facility, regardless of travel history.

6f. Consumers should be screened for travel to Sierra Leone, Guinea, Liberia, or Mali or other areas where Ebola has been detected within the past 30 days, and/or contact with someone who was diagnosed with Ebola.

(1) If positive for travel history but appear asymptomatic, DBH staff should notify the DBH Risk Manager and call DOH advice line to report travel history at 1-844-493-2652.

(2) If consumer screens positive for travel/contact history and indicates symptomology associated with Ebola such as: Fever (subjective or 100.5°F), or vomiting, chest pain, severe headache, fatigue, muscle pain or weakness, diarrhea, abdominal (stomach) pain, or unexplained bruises or bleeding, immediately isolate individual in an exam room and instruct to self-mask and put on gloves. If an isolation room is not available, the individual shall be placed in an office and provided a facemask and gloves.

(a) Contact DOH at 1-844-493-2652 and alert of vital or visual signs of illness, recent travel history of the consumer, family or other contacts and other relevant clinical information (see DOH protocol for monitoring calls below).



(b) Based on consultation with DOH prepare individual for EMS (911) transport.

(c) Staff should avoid unnecessary direct contact. The consumer should be maintained in the exam room/office space with the door closed until they are in the custody of EMS.

(d) Limit contact as much as possible. **In the event of a medical emergency** where direct contact is necessary, a single staff/team member trained in proper donning and removal of PPE should be designated to interact with the individual and carefully don PPE of gloves, face shields, and gown. No one should have direct contact with the individual under investigation for Ebola without wearing PPE. Interaction should be limited to the medical emergency only.

(e) Disposable materials, (e.g., any single use PPE, cleaning cloths, wipes, food service) and linens, privacy curtains, and other textiles should be placed in leak-proof containment and discarded appropriately. The single staff/designated team, depending upon the site and situation, that interacts with the individual under investigation shall be responsible for disposing of any linen, used medical equipment, etc., in red biohazards bags. All red-bagged material should be doubled and sealed and labeled as potential Ebola waste and stored separately until the testing results have been received by DOH or the testing facility. To minimize contamination of the exterior of the waste bag, place this bag in a rigid waste receptacle designed for this use, and immediately wash hands with warm soap and water as soon as gloves/masks are safely removed.

(f) Any staff responding as support to the incident should immediately wash hands with warm soap and water as soon as gloves/masks are safely removed and disposed of in a red hazard waste container or bag labeled as potential Ebola waste.

(g) The single staff/team member that interacted with the individual should refrain from direct interaction with other staff and consumers in the facility until PPE has been safely removed in a designated, confined area.

(h) The isolation/examination room used must be closed and sealed from usage until DBH has the testing results for the individual under investigation.

- If the testing results are reported as negative for Ebola, the isolation/examination room must remain closed until DBH environmental/housekeeping staff has cleaned and disinfected the area. Waste materials will no longer need to be managed as if contaminated with Ebola Virus and label on each bio-hazard bag shall be removed before being disposed of.
- If the testing results are reported as positive for Ebola, the isolation/examination room must remain closed and sealed until disinfected by a certified cleaning company.

(i) Alert the lead physician or clinical administrator of vital or visual signs, recent travel history of the consumer, family or other contacts and other relevant clinical information and the action taken.

(j) An MUI report must be completed and emailed to OA and the DBH Risk Manager. The DBH Director/Chief of Staff must be notified of all cases under investigation and positive cases as soon as possible and no later than one business day.

(k) DBH will make every effort to assign staff who are appropriately trained and equipped to work with Ebola. Staff who may not wish to perform particular assignments with potential exposure to Ebola may request to be reassigned to work in other areas of the facility to ensure continuity of the agency's mission. In the event an alternate assignment cannot be found, staff will be able to choose the personal leave of choice.

7. Procedures for Workplace Exposure.

7a. Staff identified as working directly with a confirmed case of Ebola shall be reported to the DOH for active surveillance for 21 days.

7b. Any occurrence of a positive Ebola virus exposure, as indicated by DOH, will be recorded by the supervisor on the DBH Major Unusual Incident Report and provided to the Office of Accountability (OA), as well as DBH Risk Manager (RM) and others as necessary. Supervisors should verbally notify the DBH RM of the incident with as much information as possible regarding the situation within one (1) hour of learning of the exposure, with an email confirmation of the information to the DBH RM.

7c. The DBH RM shall immediately notify the DBH Chief Clinical Officer, DBH Director and Chief of Staff of the situation and plan of action to mitigate additional exposure. The DBH RM shall notify DOH of any potential workplace exposure(s). Staff that may have been exposed to Ebola shall be directed to follow recommendation provided by DOH.

7d. All staff involved with the potential exposure shall follow the direction of DOH during the contract tracing measures as required.

7e. If it is determined that the staff member was potentially exposed to the Ebola virus due to workplace contact, DOH and Workers Compensation shall be notified by the supervisor. According to DOH's current practice, the DBH staff member shall self-monitor for possible symptoms of fever, muscle and joint aches, headache, weakness, diarrhea, vomiting, stomach pain, lack of appetite, and abnormal bleeding) for 21 days. The staff member shall be required to comply with DOH guideline as directed.

7f. Staff exposed to the Ebola virus will be required to take the first three (3) days of accrued sick, annual, or compensatory leave, (or leave without pay if the staff member has no accrued leave) prior to being placed on workers compensation.

7g. If additional time off from work is required, based on information provided by the treating health care provider or DOH, the staff shall be compensated through the Worker's Compensation program.

7h. Exceptions for administrative leave may be granted if approved by the DBH Director.

7i. DBH shall work closely with the DOH to ensure all environmental infection control and facility sterilization processes and practices are in line with their protocol to mitigate additional exposure.

8. **Procedure for Non-Workplace Exposure.** Staff that has traveled to or come in contact with someone from a high risk region should notify the DBH Risk Manager and DOH, and engage in the active surveillance process for the required period. Staff shall be required to take their personal leave during the surveillance period. Exceptions for administrative leave may be granted if approved by the DBH Director.

9. **Investigative Procedures.**

9a. If diagnostic tests indicate that a staff member has Ebola, the confirmed case of occupational exposure will be immediately reported to all staff that may have been in contact with the individual by DOH as the lead agency for contact tracing.

9b. All information shared with DOH should be documented as a MUI and forwarded to the DBH Risk Manager. The DBH Risk Manager shall maintain all personal information as confidential.

9c. All staff that may have been exposed to the infected individual will be referred for monitoring by DOH and will be required to follow the directions of DOH regarding occupational exposure for the investigation, testing, referral, and follow-up.

9d. Information regarding the index and exposed staff shall be shared with DOH in response to a potential workplace illness, injury or exposure. The staff and supervisor shall follow the rules for active surveillance as directed.

9e. DOH shall complete the investigation and actively monitor the surveillance for all exposed staff. Staff must present the appropriate medical clearance documents from DOH or their treating health care provider to their supervisor before returning to work.

9f. The supervisors shall inform the DBH RM of the medical clearance information who will provide all updated information to the DBH Director and Chief of Staff.

10. **Staff Training.**

10a. DBH will provide various types of educational material to staff, consumers, and visitors about the Ebola virus.

10b. Designated staff at each facility (Saint Elizabeths Hospital, CPEP, Howard Road, 35 K Street, Assessment and Referral Center (ARC) for substance use disorders and the Assessment Center located at 300 Indiana Avenue) shall be appropriately educated on measures of detection, prevention, required PPE, proper donning and removal of PPE, disposal methods, and reporting of suspect cases of Ebola virus. Table top and functional exercises will also be included as part of routine practice for staff that has contact with consumers.

10c. DBH environmental services staff (Housekeeping) will be instructed in the proper use of PPE of gloves and masks to safely prevent contaminating themselves or others in the process of trash removal and on the proper disposal of contaminated equipment.

11. **Questions.** Questions related to this policy should be directed to the DBH Risk Manager at 202-673-7690.

12. **References.** The following websites will be updated as necessary based on information provided by the CDC and DOH:

www.cdc.gov

www.doh.dc.gov

Approved By:

Barbara J. Bazron, Ph.D.
Interim Director, DBH



Signature (Date)