

## Standard Operating Procedure for Management of patients with suspected Ebola virus

October | 2014

**Responsible Committee:** Clinical Governance committee

**Date Effective:** 15<sup>th</sup> October 2014 -15<sup>th</sup> December 2014

**Supersedes:** -

**Next Review Done:** As new updates become available from Public Health  
England

## *Introduction*

*This standard operating procedure is aimed at clinical staff undertaking direct patient care at SELDOC bases including Walk in centres.*

There is an on-going outbreak of Ebola virus affecting countries in West Africa. This is the largest ever known outbreak of this disease prompting the World Health Organization (WHO) to declare a Public Health Emergency of International Concern in August 2014.

**Countries currently affected by the disease are Guinea, Liberia and Sierra Leone (referred to as Ebola affected areas)**

It remains unlikely, but not impossible, that travellers infected in Guinea, Liberia or Sierra Leone could arrive in the UK while incubating the disease and develop symptoms after their return.

**Ebola can only be transmitted from one person to another through direct contact with blood or bodily fluids of an infected person. Hand hygiene is an important infection control measure; the Ebola virus is not a robust virus, and is readily inactivated, for example, by soap and water or by alcohol. There is no evidence of Ebola transmission through intact skin or through small droplet spread, such as coughing or sneezing.**

The incubation period of Ebola virus ranges from 2 to 21 days. Although the risk of imported cases is staff and duty doctors should remain vigilant for those who have visited areas affected by this outbreak and subsequently become unwell.

Latest guidance used:

Information for Primary Care: Managing patients who require assessment for Ebola virus disease, Public Health England, updated 17<sup>th</sup> Oct 2014

Information for Primary Care: Managing patients who require assessment for Ebola virus disease, Public Health England, updated 20<sup>th</sup> Nov 2014

Please refer to Standard Operating Procedures for the following situations on the stated pages:

<b>Standard Operating Procedure</b>	<b>Page number</b>
<b>Suspected Cases of Ebola presenting by <i>Telephone</i></b>	<b>Pages 7</b>
<b>Duty doctor Telephone assessment</b>	<b>Page 8</b>
<b>Suspected Cases of Ebola presenting to SELDOC Gracefield Gardens Walk-in service or to Dulwich base centre without prior arrangement</b>	<b>Pages 9 -10</b>
<b>Screening for duty doctor to the duty doctor <i>prior to a home visit</i></b>	<b>Page 11</b>
<b>For Suspected Cases of Ebola presenting to a duty doctor <i>whilst conducting a home visit</i></b>	<b>Page 12</b>
<b>Procedure for Isolation</b>	<b>Page 13</b>
<b>Decontamination of rooms</b>	<b>Page 14</b>
<b>LSL CCG's: contact details for hospital Infection Consultant &amp; A&amp;E Matron</b>	<b>Appendix 1 –page 15</b>
<b>Sutton CCG- contact details for hospital Infection Consultant &amp; A&amp;E Matron</b>	<b>Appendix 2- page 16</b>
<b>Patient Leaflet template (to be left in the isolation room)</b>	<b>Appendix 3-page 17</b>
<b>Guidance for healthcare staff on personal protective equipment</b>	<b>Appendix 4/ page 18</b>

## **Roles & Responsibilities**

**\*All staff should read this standard operating procedure and be familiar with its contents\***

**This SOP should be read in conjunction with SELDOC's Infection control policy**

### **i. Supervisor**

The supervisor will:

- Check that Personal Protective Equipment (PPE) is available on all sites and in each car.
- Provide PPE to those staff who need to have direct physical contact with the patient within the isolation room.
- Perform initial triage of patients who have attended SELDOC Dulwich base centres without prior arrangement if a receptionist isn't available.
- Ensure that any patient on-site who has a suspected Ebola diagnosis is isolated in a consultation room. Inform the operations manager on-call if a consultation room requires decontamination
- Ensure that the Clinical Director-on call is informed if a suspected Ebola case has been sent to hospital by SELDOC (remotely) or if a patient with suspected Ebola diagnosis has attended a SELDOC base centre

### **ii. Call Handler**

The call handler will:

- Perform initial triage of all patients calling SELDOC
- Will direct the call to the duty doctor queue on on-line clinician (see 'Actions for call handler')

### **iii. Receptionist**

The receptionist will:

- Perform initial triage of patients who have attended SELDOC Gracefield Gardens walk-in service or base centres without prior arrangement
- Lead the patients to the isolation room and inform the supervisor (refer to page 8)

#### **iv. Duty Doctor**

The duty doctor will:

- Assess the patient by telephone (or conduct a face-to-face assessment only if clinically indicated). Refer to page 7.
- Will liaise with South East London Health Protection Team 0203 764 0804 if required. Details of on-call contact details are available on voicemail
- Will call 999 and admitting hospital A&E matron to refer patient (see information in 'Actions for duty doctor')
- Will inform the supervisor and clinical director on call about any suspected Ebola patients that have been referred to hospital.
- Duty doctors on the mobile shifts should pay particular attention to page 7, page 10 & page 11

#### **v. Operations manager on-call**

The operations manager on-call will:

- Ensure that a room for isolation has been identified on each site (in case it is required)
- Obtain replacement PPE if required
- Arrange decontamination of room used for isolation (if required) by Calling South East London Health Protection Team 0203 764 0804

#### **iv. Clinical Director on-call**

The clinical director on-call will:

- Take the details of the patient name, date of birth, case number, time, date and forwarding hospital. Send this information by e-mail to the Medical Director [belindacoker@nhs.net](mailto:belindacoker@nhs.net) with cc to [seldoc.clingov@nhs.net](mailto:seldoc.clingov@nhs.net)

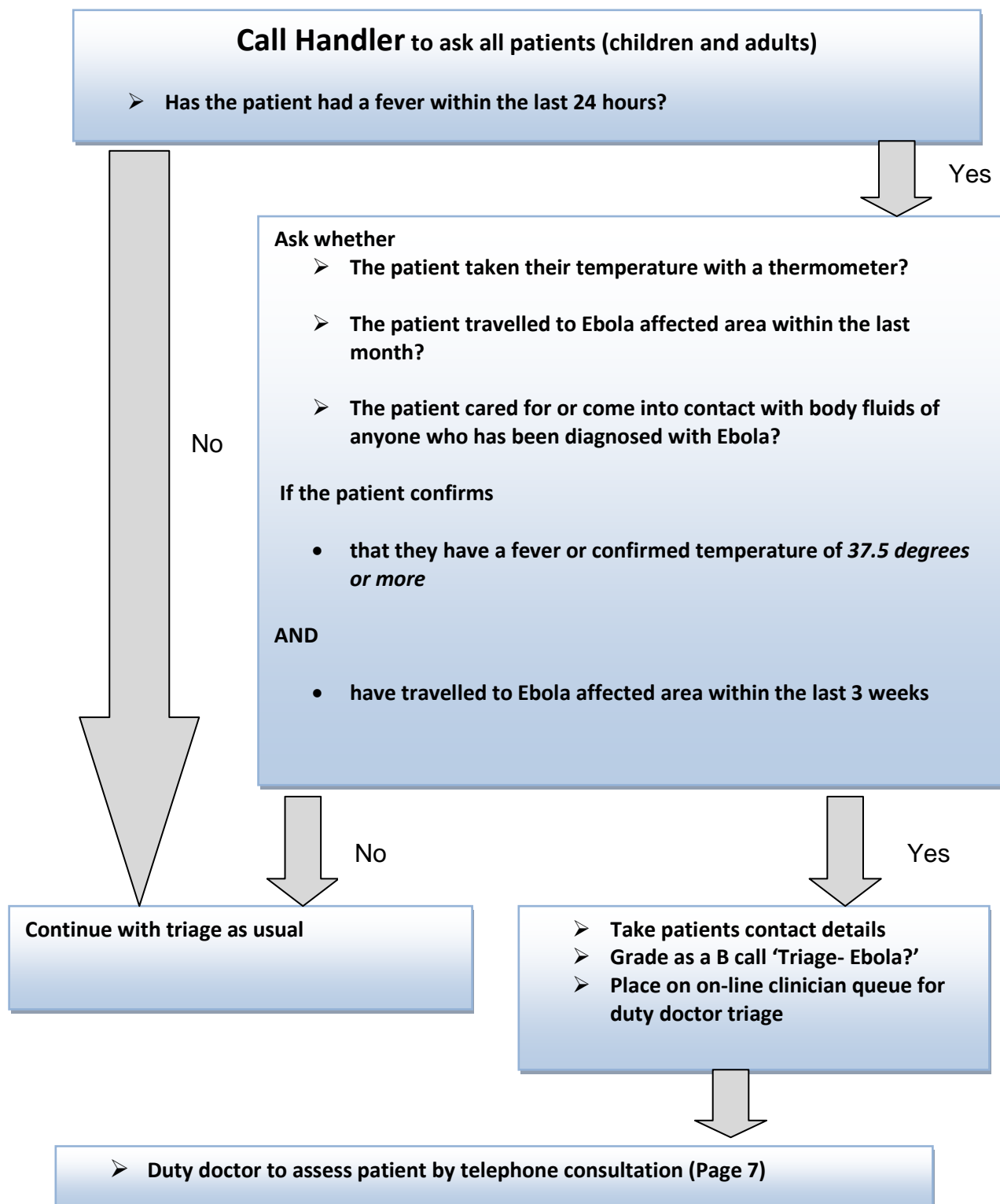
- Call South East London Health Protection Team 0203 764 0804 if required

**vi. Medical Director**

The Medical Director will:

- Ensure that updated information from Public Health England is disseminated to staff.
- Will oversee follow-up of any suspected cases.

# 1. Standard operating procedure for Suspected Cases of Ebola presenting by Telephone



## Duty Doctor: Telephone Advice Assessment and Actions

For any patient who has a history of fever within the last 24 hours the duty doctor should conduct clinical triage that assesses whether:

A) The patient has had a fever [ $\geq 37.5^{\circ}\text{C}$ ] or history of fever in past 24 hours  
AND

in the past 21 days, has the patient travelled to or transited through an affected country (Guinea, Liberia or Sierra Leone)

OR

B) Does the patient have a fever [ $\geq 37.5^{\circ}\text{C}$ ] or history of fever in past 24 hours  
AND

in the past 21 days, has the patient cared for/ had contact with a confirmed or strongly suspected case of Ebola OR handled specimens or dead body of a confirmed/suspected case of Ebola

Ebola unlikely; consider alternative diagnoses e.g. malaria and clinical review

No  
to  
A&B

Yes  
to  
A&B

**A face-to face visit (home visit or base appointment) must not be arranged for any patient who is unwell with the history above.**

Advise the patient to isolate themselves at home – they should NOT visit the surgery or walk-in centre

GP to establish symptom history eg headache, weakness, muscle pain, vomiting, diarrhoea, abdominal pain or haemorrhage

Yes

No

Patient unwell (fever, vomiting, diarrhoea, bleeding, abdominal pain) and at significant risk of Ebola infection

Is the patient relatively well? Mild or minor symptoms only?

Contact ambulance service urgently for patient transfer to hospital for clinical assessment: advise ambulance service regarding potential Ebola risk

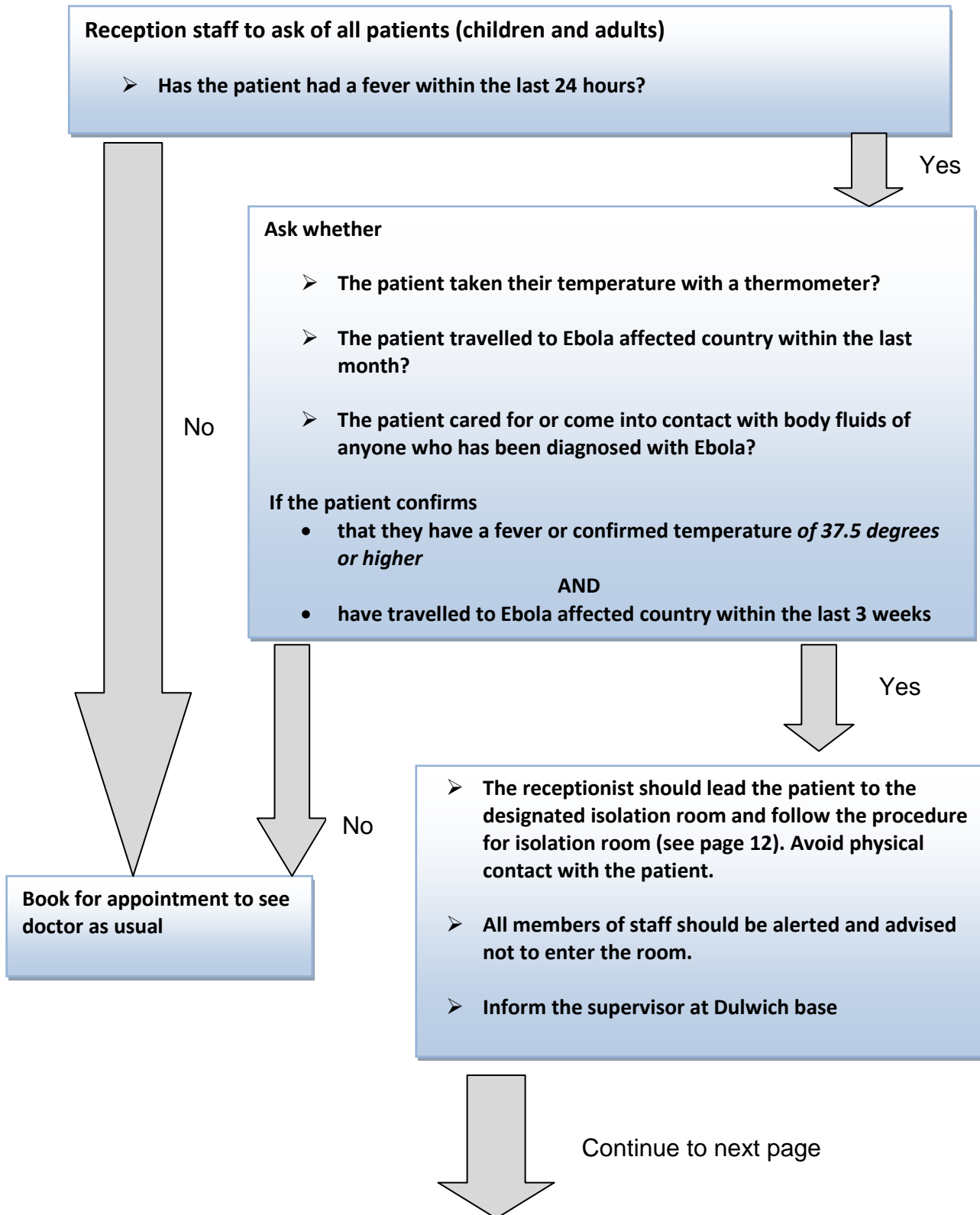
Inform Infection Consultant that patient has been referred by ambulance for further assessment

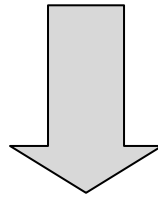
Agree with the Infection Consultant whether the patient attends local Emergency Department for assessment or has telephone consultation with the Infection Consultant; patient may use own transport (not public transport) for travel to hospital for assessment\* (inform A&E matron if required, see appendix 1)

➤ Inform clinical director on call

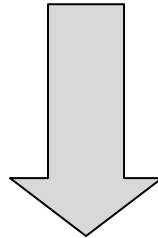


## 2. Standard operating procedure for Suspected Cases of Ebola presenting to SELDOC Gracefield Garden Walk in service or Dulwich base unannounced (Page 8 and 9)

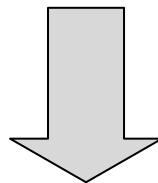




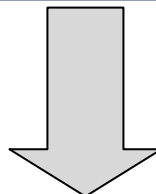
- The supervisor will request one of the call handlers to ring the patient (in the consultation room) to add the case details to adastra and instruct a duty doctor to perform the triage by phone once the patients detail are on the system.
- The supervisor will inform the Operations manager on call and close the site if the duty doctor has assessed that the patient has uncontrolled diarrhoea, uncontrolled vomiting or bleeding (contingency will be instigated)



- The call handler
- Should ring the patient in the room, take their details and enter onto adastra.
- Grade as a B call 'Triage- Ebola?'
- Place on on-line clinician queue for duty doctor triage



- The duty doctor should ring to speak to the patient in the isolation room (extension ....) and conduct telephone assessment (see page 7)  
or
- If the patient is unwell the duty doctor should assess the patient in the room (ensuring they wear appropriate PPE)
- If patient has uncontrolled diarrhoea, uncontrolled vomiting or bleeding the duty doctor should inform the supervisor



- Once the patient has left the premises. The room should not be re-used until decontamination has been completed.
- The supervisor should inform the operations manager on call who will arrange decontamination of the room

## 4. Standard operating procedure for Suspected Cases of Ebola: Screening for duty doctor to the duty doctor prior to a home visit

### 4.1 Actions for the Duty Doctor

If a duty doctor is en-route to seeing a patient (child or adult) who has reported a history of fever within the last 24 hours the duty doctor should **review the adastra** records to check whether the patient has been asked about travel history.

If the patient has not been asked about travel history the duty doctor should call the patient or relative in advance of the visit and ascertain the following questions:

- A history of fever symptoms including actual temperature (if available).
- A travel history eliciting whether the patient has travelled to any of the affected countries in the last 21 days\*
- A history to ascertain whether the patient has have cared for / come into contact with body fluids of / handled clinical specimens (blood, urine, faeces, tissues, laboratory cultures) from an individual or laboratory animal known or strongly suspected to have Viral Haemorrhagic fever.

If the patient meets the criteria above the duty doctor should proceed with telephone triage and NOT ENTER THE PATIENTS HOME

- Establish symptoms history e.g. headache, weakness, muscle pain, vomiting, diarrhoea, abdominal pain or haemorrhage
- Establish whether the patient has uncontrolled vomiting, uncontrolled diarrhoea, extensive bruising or active bleeding
- Advise the patient not to leave their home.
- Follow Duty doctor telephone assessment (Page 7)

## 5. For Suspected Cases of Ebola presenting to the duty doctor whilst conducting a home visit

### 5.1 Actions for the Duty Doctor

If during a home visit the patient identifies themselves as having:

- Had fever symptoms  $\geq 37.5$  degrees in the last 24 hours
- Travelled to an affected country in the last 21 days\*
- Cared for / come into contact with body fluids of / handled clinical specimens (blood, urine, faeces, tissues, laboratory cultures) from an individual or laboratory animal known or strongly suspected to have Viral Haemorrhagic fever.

The patient should be assessed for suspected Ebola infection. The duty doctor should

- Establish symptoms history e.g. headache, weakness, muscle pain, vomiting, diarrhoea, abdominal pain or haemorrhage
- Establish whether the patient has uncontrolled vomiting, uncontrolled diarrhoea, extensive bruising or active bleeding
- Advise the patient not to leave their home.
- Wear PPE if any contact with the patient is required
- Stay with the patient, Seek URGENT clinical advice from the local on-call microbiologist, virologist or Infectious disease consultant
  - To proceed through the Viral Haemorrhagic fever assessment and determine whether patient requires hospital admission
  - To confirm whether the duty doctor also requires isolation
- If hospital assessment is advised call ambulance service for patient transfer to hospital for clinical assessment: advise ambulance service regarding potential Ebola risk

## 6. Procedure for Isolation

- Patients with suspected Ebola should be **isolated in a side room**. Where possible the side room should be cleared of removable items to reduce cleaning requirements later if the patient is diagnosed with Ebola.
- Isolation rooms (subject to change)
  - **Dulwich site:** Patient toilet (opposite consulting room 3) At Dulwich site staff and patients should use the toilets at the rear of the building
  - **Gracefield Gardens:** Consulting room 4 & disabled toilet opposite room 4
  - **Guys UCC:** Consulting room 1 & toilet with connecting door
  - **Lewisham UCC:** Room 17 in Majors includes en-suite toilet
  - **St Helier's UCC:** Treatment room 2 includes en-suite toilet
- Inside the isolation room
  - Water should be available for the patient
  - Patient leaflet should be left in the room (appendix 3)
- There should a special warning sign on the doors informing staff and patients
  - STOP
  - Isolation room
  - PPE must be worn if entering (with list of PPE required) and a copy of Instructions (Page 18) above the PPE trolley
- **No staff or duty doctors should enter the isolation room unless absolutely necessary.**

## Personal Protective Equipment (PPE)

- **In the unlikely event that you make physical contact with any patients with suspected Ebola, personal protective equipment (PPE) should be worn (see Page 18 for instructions)**

This must include:

- Gloves
- Surgical face masks (fluid repellent)
- Visors
- Aprons

Dispose of PPE carefully in bins within the isolation room

Use alcohol gel on hands once you have left the room

- The supervisor must inform the operations manager on-call that a patient is in isolation

## 7. Decontamination of Rooms

- Once the suspected case has been transferred to secondary care, the supervisor must inform the operations manager on-call.

**Patients and staff should not use the room in which the patient has been isolated or any potentially contaminated areas until they have been decontaminated. This includes toilets and other high contact surfaces such as door handles and telephones used by the suspected case.**

- Cleaning and decontamination of any rooms in which a patient has been isolated, or any facilities used by the patient, should FIRST be discussed with the local health protection team.

## Appendix 1

# Lambeth, Southwark & Lewisham CCG's

### Infection consultants:

Contact telephone numbers (in hours and out of hours)

- GSTT
  - Out of Hours: 020 7188 7188, ask for on call virologist during OOH
  - In Hours: 020 7188 7188, bleep 0348 during in hours

(Main Virology department 020-7188 3104/3120- daytime)

- Kings
  - Out of hours: 020 3299 9000 ask for on call virologist
  - In hours: Virology registrar on call 020-3299 0298
- Lewisham
  - Out of hours: 020 8333 3000, ask for on call microbiologist
  - In hours: 020 8333 3000, bleep 7019
- St George's
  - Out of hours: 020 8725 1255, ask for on call microbiologist
  - In hours: Microbiology 020-8725 5689

### How to transfer patients

If you have spoken to virologist, the virologist will notify A&E to expect arrival of a suspected case.

If not, call the Matron in charge of A&E that a suspected Ebola patient is arriving:

- GSTT – A&E Matron 020-7188 2167 (Main A&E number 020-7188 2120/2121 )
- Kings – A&E Matron 020-3299 1880 (24 hours)
- Lewisham
  - Out of hours: 020-8333 3000 ask for A&E Matron
  - In hours: 020 8333 3000 Bleep 4806
- St George's – A&E 020-8725 2666

## **Appendix 2**

### **Sutton CCG**

On call Microbiologist at Epsom & St Helier Hospital (Sutton CCG)

Out of Hours: 020 8296 2000 (ask for the on call microbiologist)

In Hours: 020 8296 2527

This will ensure the trust has the necessary facilities and staff ready to receive the patient.



## Appendix 3



Site: xxxx

### Patient in Isolation

Dear Patient,

Because of your recent ill health and travel history we have taken the precaution of placing you in our isolation room. This is to ensure that you can be cared for safely and any possible infection is not spread further.

- One of our doctors will call you very shortly on the telephone, please pick up the receiver when it rings.
- They will want to know about your symptoms, when they started, and how they have changed.
- They will also want to know where you have travelled from, when you were there, and if you had contact with anyone who was unwell whilst there.
- In the room you will find a thermometer, please use it to take your temperature by pressing the button by the small display screen, placing the silver end in your mouth for 90 seconds and reading the number on the screen

If you need to contact us **PLEASE DO NOT LEAVE THE ROOM** but phone reception on XXX.

Should you need to use a toilet please use the toilet directly opposite this room.

The doctor who calls you will explain what will happen after they have talked with you and decided if you are potentially infectious. If the doctor decides you need to go to the hospital, they will arrange appropriate transport to get you there.

# Prepare & Protect

Guidance for healthcare staff on personal protective equipment

## PUTTING ON personal protective equipment (PPE)

The type of PPE used will vary based on the type of exposure anticipated, and not all items of PPE will be required.

The order for putting on PPE is: **APRON, SURGICAL MASK, EYE PROTECTION and GLOVES.**



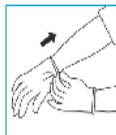
**APRON (OR GOWN)**  
• Pull over head and fasten at back of waist



**SURGICAL MASK (OR RESPIRATOR)**  
• Secure ties or elastic bands at middle of head and neck  
• Fit flexible band to nose bridge  
• Fit snug to face and below chin  
• Fit check respirator



**EYE PROTECTION (GOGGLES/FACE SHIELD)**  
• Place over face and eyes and adjust to fit



**GLOVES**  
• Extend to cover wrist

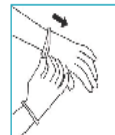
### USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF INFECTION

- Keep hands away from face
- Limit surfaces touched in the patient environment
- Change gloves if they became torn or heavily contaminated
- Regularly perform hand hygiene
- Always clean hands after removing gloves

## REMOVING personal protective equipment (PPE)

PPE should be removed in an order that minimises the potential for cross-contamination.

The order for removing PPE is **GLOVES, APRON, EYE PROTECTION and SURGICAL MASK.**



**GLOVES**  
• Grasp the outside of the glove with the opposite gloved hand; peel off  
• Hold the removed glove in the gloved hand  
• Slide the fingers of the ungloved hand under the remaining glove at the wrist  
• Peel the second glove off over the first glove  
• Discard in a lined waste bin



**APRON (OR GOWN)**  
• Unfasten or break ties  
• Pull apron away from neck and shoulders lifting over head, touching inside only  
• Fold or roll into a bundle  
• Discard in a lined waste bin



**EYE PROTECTION (GOGGLES/ FACE SHIELD)**  
• Handle only by the headband or the sides  
• Discard in a lined waste bin



**SURGICAL MASK (OR RESPIRATOR)**  
• Unfasten the ties – first the bottom, then the top  
• Pull away from the face without touching front of mask/respirator  
• Discard in a lined waste bin

### PERFORM HAND HYGIENE IMMEDIATELY AFTER REMOVING ALL PPE

All PPE should be removed before leaving the area and disposed of as healthcare waste.

FOR MORE  
INFORMATION CONTACT:



These images are for illustrative purposes only. Always follow the manufacturer's instructions.