Ebola Virus Disease (EVD) Preparedness in North American Hospitals

On September 30, 2014, CDC confirmed the first travel-associated case of Ebola to be diagnosed in the U.S. On October 10, a healthcare worker who provided care for the index patient reported a low-grade fever and tested positive for Ebola virus disease (EVD). A second healthcare worker who also provided care for the index patient reported a low-grade fever on October 14 and has now tested positive for EVD.

Additional information about the Ebola epidemic in West Africa and cases in the U.S. can be found at: http://www.cdc.gov/vhf/ebola/index.html.

The purpose of this survey is to help determine hospital readiness to safely care for suspected Ebola virus disease patients.

Please fax to 319-384-8860 OR 1-866-890-5964
EMERGING INFECTIONS NETWORK QUERY
Ebola Virus Disease (EVD) Preparedness in North American Hospitals

Name: ________________________________

☐ Do not work in inpatient setting [Stop here & submit]

If you work in >1 hospital, please respond regarding the one you consider as your primary hospital.

1. The total number of inpatient beds (including non-acute) in my primary hospital is:
   __ <200 __ 200-350 __ 351-450 __ 451-600 __ >600

2. What type of hospital is your primary inpatient facility?
   __ Community __ City/County __ Non-university teaching __ University __ VA/DOD

Ebola Testing and Patient Care
3. If an EVD patient were identified in your facility, would your current preference be for:
   __ Continued care in your facility __ Transfer to a regional Ebola facility

4a. Within the past 3 months, has your facility tested any patient(s) for EVD?
   __ Yes __ No __ Unsure

4b. If yes: For patients whose Ebola test was negative, what alternative diagnoses explained symptoms?

Protocol and Screening
5. Does your facility currently have a written protocol that is available to its healthcare workers for dealing with suspected EVD patients?
   __ Yes __ No __ Do not know [Stop here & submit]

6. If yes, does the protocol include:
   a. instructions for screening of all patients for EVD? __ Yes __ No __ Unsure
   b. arrangements for waste disposal of potentially Ebola-contaminated items? __ Yes __ No __ Unsure
   c. any required pretreatment for flushing EVD waste into sanitary sewer system? __ Yes __ No __ Unsure

7. At what point will screening at your facility be implemented?
   __ At initial intake __ Primarily during examination/provision of pt care __ Unsure

8. What is the initial “trigger” on screening? (i.e. first question asked that prompts further attention)
   __ Travel history
   __ Signs/symptoms (e.g., fever)
   __ Both travel and signs/symptoms must be present to trigger evaluation

Healthcare Worker (HCW) Personnel
9. Is there an exclusive team (a “cohort”) identified to take care of patients with EVD?
   __ Yes __ No __ Unsure

10. Is there a policy to limit the number of HCWs who can have direct patient contact?
    __ Yes __ No __ Unsure

11. Is there a policy for trainees (fellows, residents, or students) regarding involvement in direct care of a suspected/confirmed EVD patient?
    __ Yes __ No __ Unsure __ N/A (no trainees)

12. Is there a mechanism for delivery of consultative care that provides for no direct EVD patient contact? (i.e. without entering patient room) __ Yes __ No __ Unsure

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13. Are you aware of any issues with finding enough volunteer HCWs willing to care for EVD patients?
   __ Yes   __ No

14. What is the plan for following HCWs who have cared for known EVD patients?
   __ Have HCWs self-monitor and report any symptoms  [Select all that apply]
   __ Daily contact between exposed HCW and monitoring individual as designated by facility
   __ Other, specify:  

Personal Protective Equipment (PPE)

15. Does your facility have sufficient AND ready availability of the following PPE:
   a. Hoods that cover the head & neck   __ Yes   __ No   __ Unsure
   b. Full body coverall (protective suits)  __ Yes   __ No   __ Unsure
   c. Disposable fluid-resistant or impermeable aprons  __ Yes   __ No   __ Unsure
   If availability is compromised, please describe:

16. Has your facility implemented any the following:  [Select all that apply]
   __ In person training and practice donning and doffing PPE before a case appears
   __ Use of a buddy system for PPE removal
   __ Use of a trained observer or "site manager" to manage PPE removal
   __ Full-scale drills with pretend patients

Laboratory Testing and Other Issues

17. What are your facility’s plans for clinical laboratory testing for possible/confirmed EVD pts?
   __ Point of care testing at bedside (iSTAT, etc)  [Select all that apply]
   __ Additional testing in BSL3 hood or special laboratory  __ Unsure
   __ Testing in main laboratory with additional safeguards
   __ Testing offsite including arrangements for transit/shipping

18a. Does your facility have a designated individual(s) who is responsible for communicating with public health officials?  __ Yes   __ No   __ Unsure
18b. If yes, do you know who this individual is?  __ Yes   __ No

19. What additional information is needed (what gaps have been identified) in order to enable your facility to safely care for suspected EVD patients?

20. Additional comments about this survey or about Ebola in the healthcare setting:

Thank you for completing this survey!

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