

FAQ for Caregivers with Direct Ebola Patient Contact

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Because of the Ebola outbreak in Africa, Baylor Scott & White Health hospitals have been evaluating patients for several weeks per the Center for Disease Control and Prevention (CDC) guidelines. With the recent Ebola cases in the Dallas area, we have enhanced our screening efforts at all points of entry. Should we encounter any suspicious cases, the patient would be immediately placed in isolation. We are using caution with our primary goal being the safety of our patients and our staff.

Our Current Status

As of right now, there are no Ebola patients in Baylor Scott & White Health Hospitals. We have had a point of entry screening process in place for several weeks. With confirmed cases of Ebola in our community, we have intensified our screening procedures to pinpoint suspected Ebola cases even earlier in the process. We have a robust infection control system and a staff that is trained and prepared to take care of patients with a variety of infectious diseases, including Ebola.

We are currently following or exceeding all Centers for Disease Control and Prevention (CDC) protocols. Additionally, a multidisciplinary group from across the System is working together to create and refine protocols and procedures to deal with Ebola. They are prepared to respond immediately as the need arises in this changing health care situation.

Frequently Asked Questions for Caretakers with Direct Patient Contact

What exactly is Ebola?

Ebola is a virus that causes a form of hemorrhagic fever, which means it causes bleeding inside and outside the body. It was first discovered in 1976 in what is now Democratic Republic of the Congo. Researchers believe the virus is animal borne, most likely by bats. The virus has an incubation period of approximately two to 21 days. Early symptoms include fever, muscle weakness, sore throat and headaches. Patients may also develop abdominal pain, vomiting, diarrhea and bleeding symptoms.

There is currently a large outbreak of Ebola in Guinea, Sierra Leon and parts of Liberia and Nigeria. Most cases are contracted in regions with very poor health care and hygiene. There are currently two known cases of Ebola in the United States – both in the Dallas area.

What are we doing to protect patients, visitors and staff from Ebola?

We have had a point of entry screening process in place for several weeks. Should we encounter any suspicious cases (based on symptoms, travel history and/or contact history), the patient would be immediately placed in isolation. We are following CDC protocols and will exceed those protocols with our own best-practice precautions.

What are the CDC protocols for preventing the spread of Ebola?

If a patient is suspected or known to have Ebola virus disease, the CDC recommends health care teams should follow standard, contact and droplet precautions, including the following:

- Isolate the patient
- Wear personal protective equipment (PPE)
- Infection control and sterilization measures—proper measures of sterilization and infection control are practiced. (Do we need the part after the dash?)
- Notification—health officials are notified if anyone has direct contact with an Ebola-infected person.

How are we exceeding the CDC protocols?

The CDC recommends utilizing contact and droplet precautions. Because the safety of our patients and staff is of utmost importance, we have taken the extra step of using airborne precautions, despite the fact that we are extremely confident Ebola is only transmitted through direct contact of the blood or body fluids of an infected patient.

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Every Baylor Scott & White Health hospital has the capacity to isolate a patient situation where Ebola is suspected, given symptoms and travel history or contact history. This includes personal protective equipment (PPE) –including a fluid-impervious gown, face shield, the use of N95 masks and gloves – as well as designated facilities with negative pressure isolation rooms.

What steps are used to determine if a patient is suspected of having Ebola?

The CDC has a very detailed checklist for patients being evaluated for Ebola in the United States. We utilized this comprehensive checklist in the creation of our own patient screening form used at all Baylor Scott & White Health entry points.

Now that there is a confirmed Ebola case in our community, what is the risk of exposure?

The risk of exposure is very minimal. Ebola is only transmitted through direct contact with blood or body fluids from an infected person. Direct contact occurs when body fluids from an infected individual touch a person's mouth, nose, eyes or an open cut, wound or abrasion. Ebola is not spread through the air or by water or, in general, food. So while Ebola is highly infectious, it is NOT highly contagious.

How serious is Ebola?

Ebola is a very serious virus with very high mortality rates.

How long does Ebola live outside the body?

Ebola on dried surfaces such as doorknobs and countertops can survive for several hours; however, virus in body fluids (such as blood) can survive up to several days at room temperature.

It is important to note that just as there are protocols in place for the safe management of care of patients with Ebola, there are also laboratory protocols (specimen collection, transport, testing and submission for suspected patients with Ebola) in place as well as medical waste management protocols.

Can Ebola spread by coughing or sneezing?

Ebola is only transmitted by direct contact with body fluids of a person who has symptoms of Ebola disease. Coughing and sneezing are not common symptoms of Ebola, but if a patient with Ebola coughs or sneezes on someone, and saliva or mucus come into contact with that person's eyes, nose or mouth, these fluids may transmit the disease.

What if someone from the media wants to discuss Ebola with me?

As with all media inquiries, we ask that you direct them to public relations at 214-727-6633.

Where can I find more information about Ebola?

A dedicated intranet site is up on www.myBaylorScottandWhite.com that will provide you with the most up-to-date, evidence-based information, tools, resources and protocols you need. In addition, staff may email EBOLAinfo@BaylorHealth.edu with any question or concerns.

What else is Baylor Scott & White Health doing as it relates to Ebola and employee safety?

We continue to search out the latest and best information available. For example, we've reached out to Emory Hospital in Atlanta for training tools, protocols and support (they successfully treated the U.S. citizens who contracted Ebola in Liberia). We're making every effort to give you the assurance you need to know that we are not only prepared and ready for Ebola should it enter our health system, but that we will do all we can to protect and support you.

FUTURE STATE: What if we have a patient infected with Ebola?

Although the CDC and local hospitals are making every effort and taking every precaution to prevent the spread of the Ebola virus, there is still a chance that Baylor Scott & White Health hospitals may, in time, treat a patient(s) with Ebola. The situation is extremely fluid. We will provide a great deal of information should that scenario become a reality. In the meantime, as direct patient contact care providers, here are some questions and answers that may be on your mind as you consider this possibility. (In fact, some of these questions have been collected via the email EBOLAinfo@BaylorHealth.edu.)

How will the assignment of patient care for a patient with Ebola occur?

Baylor Scott & White Health's primary concern is providing the appropriate care to our patients and keeping our employees safe. All employees are expected to perform the duties of their role as scheduled and follow the established procedures and protocols for

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the safe management of patients with Ebola. With the exception of the emergency department, hospital leadership is working on a process for patient care staff to first volunteer to care for potential Ebola patients. However, should there not be adequate staffing to care for a patient on a voluntary basis, employees will be assigned based on established protocols.

What happens if an employee refuses an assignment involving an Ebola patient?

Providing safe, compassionate and quality care to patients is our primary concern. We have taken all precautions and will train employees to ensure they remain safe while caring for patients. Refusing to perform an assigned patient care task for any patient could result in corrective action, up to and including separation from employment.

Are employees who are pregnant going to be excluded from caring for an Ebola patient?

Yes.

Will employees who care for an Ebola patient receive extra pay for the increased risk?

We appreciate the commitment of the patient care teams and will pay a flat rate amount of \$250 per shift for staff providing direct care to an Ebola patient. Note – this is in addition to regular pay, shift differentials, and overtime pay. This pay will continue as long as the employee is providing direct care to the patient and for each shift.

How will staff who are normally scheduled for 12-hour shifts compensated if they only work an 8-hour shift?

If an employee normally works a longer shift than the maximum allowed to care for an Ebola patient, the balance of pay will be paid as administrative time to ensure the caregiver receives a full paycheck.

What is the maximum time allowed per shift to care for an Ebola patient?

Ideally, Baylor Scott & White Health limits shifts to 8 hours for those employees who are providing direct patient care to an Ebola patient.

Will staff be provided scrubs while caring for a patient?

Yes, staff who care for an Ebola patient will be provided scrubs as needed.

Will we be able to shower at work after finishing a shift and before going home?

Yes, we are working to identify an area for employees to shower before leaving the premises.

What is the appropriate donning and doffing protocol?

We have developed a mandatory Ebola PPE Donning and Doffing protocol for screening potential Ebola patients and for treating patients with the virus.

Will Baylor Scott & White Health provide temporary housing while taking care of an Ebola patient and for the 21-day isolation period so staff members don't have to go home?

Baylor Scott & White Health will determine if an employee is quarantined onsite during the 21-day isolation and monitoring period. Hospital leadership is currently working to identify an appropriate location.

Will employees be paid during the 21-day isolation period?

When an employee is quarantined during the 21-day isolation period they will be placed on administrative leave with pay. Additionally, the Safe Choice program will pay for any associated treatment cost resulting from direct exposure to a patient should an employee contract the virus during the course and scope of their employment at BSWH.

If an employee has a blood or body fluid exposure and requires quarantine, will BSWH provide housing, meals and continued pay?

Yes.