

December 18, 2015

TO: General Hospitals, Diagnostic and Treatment Centers, Off-Campus Emergency Departments, Ambulance and Advanced Life Support First Responder Services and Local Health Departments (LHDs)

FROM: New York State Department of Health (NYSDOH)

**HEALTH ADVISORY: UPDATE TO COMMISSIONER'S ORDER OF OCTOBER 16, 2014
REGARDING EBOLA VIRUS DISEASE (EVD)**

For healthcare facilities, please distribute immediately to the Infection Control Department, Emergency Department, Infectious Disease Department, Director of Nursing, Medical Director, Director of Pharmacy, Laboratory Service, and all Patient care areas.

Summary: The purpose of this Health Advisory is to provide guidance to healthcare facilities and ambulance services regarding the patient registration, training and drilling requirements outlined in the Commissioner's Order of October 16, 2014 regarding Ebola Virus Disease (EVD).

Background: The EVD epidemic that peaked in 2014 was one of the most challenging global public health emergencies in recent times. The size and scope of this epidemic illustrate the need for stronger, sustainable disease detection and prevention capacity worldwide. National and world-health organizations continue to work in West Africa to stop new cases and to keep EVD from spreading.

On October 16, 2014, the Commissioner issued an Order for the Prevention and Control of Ebola Virus Disease ("the Order"). The Order required specified "covered entities" to conduct activities to protect the public from the threat of an EVD outbreak in New York State.

The New York State Department of Health (NYSDOH) recognizes and appreciates the tremendous effort that has been put forth by health care providers over the last year in complying with the Order. NYSDOH also recognizes the declining threat that EVD poses in New York State, associated with the declining numbers of EVD cases in West Africa. NYSDOH is currently developing proposed regulations that will make permanent for healthcare facilities

certain activities related to preparedness for severe and emerging infectious disease threats, such as EVD.

In the interim, based on current risk levels, NYSDOH intends to exercise its enforcement discretion regarding those provisions of the Order that require general hospitals, diagnostic and treatment centers, off-campus emergency departments, and ambulance services to conduct training drilling, and institution of certain patient registration protocols. The following represents NYSDOH's current expectations for these entities.

Definitions:

All terms used below shall have the same meaning as established in the Order.

Additionally, for purposes of this document, “contact” is defined as: (a) coming within three feet of a Patient; (b) performing stabilizing care of a Patient, and/or laboratory testing on a Patient specimen; (c) cleaning and disinfecting environmental surfaces, equipment or vehicles used in Patient isolation, care and transport; (d) disposing of medical waste generated during Patient care; or (e) preparing, handling or disposing of a body of a deceased EVD Patient.

All general hospitals, diagnostic and treatment centers, off-campus emergency departments, and ambulance services:

In-person training for Covered Personnel:

1. For staff who would be responsible for ongoing care and treatment of a Patient with confirmed EVD or a Person Under Investigation (PUI) in a facility designated by the Commissioner of Health as an Ebola Assessment and/or Ebola Treatment Hospital, and who have frequent or continuous contact (as defined above) with the Patient, NYSDOH recommends that such hospitals conduct PPE training in donning and doffing upon hire, and at least every six (6) months in the unit where care to an EVD Patient will be provided. This PPE training should consist of actual donning and doffing of PPE by the trainees and observers and should not be replaced by the use of a training video, lecture, or other demonstration mechanism.
2. For staff who would not be responsible for ongoing care and treatment of a Patient with confirmed EVD or a PUI, but who may have contact (as defined above) with a

Patient, NYSDOH recommends that healthcare facilities and ambulance services conduct PPE training in donning and doffing upon hire and at least every twelve (12) months, in a setting similar to where Patients would be treated. This PPE training should consist of actual donning and doffing of PPE by the trainees and observers and should not be replaced by the use of a training video, lecture or other demonstration mechanism. The healthcare facility or ambulance service may limit the number of staff designated to serve in this role as long as adequate coverage is available on all shifts and in all locations where a Patient with confirmed EVD or a PUI may present to them for care.

3. For staff who would not be expected to have contact with a Patient with confirmed EVD or a PUI, NYSDOH recommends that general education should be performed upon hire and at the discretion of the healthcare facility or ambulance service.
4. Facilities and ambulance services are strongly encouraged to have a plan in place for implementing Just in Time (JIT) training for all staff described above, should the NYSDOH Commissioner of Health determine that there is an increased risk they would receive a Patient with confirmed EVD or a PUI.

All general hospitals diagnostic and treatment centers, and off-campus emergency departments:

Drills:

NYSDOH recommends that drills be performed at least every 12 months. Drills should be tailored to review all situations and staff activities that are reasonably likely to occur at the facility considering such factors as whether a facility has an emergency department and, for general hospitals, whether the facility has been designated as an Ebola Assessment and/or Treatment Hospital. A written description of the drill, including the items reviewed, number of staff included in the drill, gaps identified, conclusions, and next steps, should be maintained and made available to NYSDOH upon request.

Written patient registration protocols:

1. In settings in which Covered Entities routinely care for persons with acute communicable diseases, NYSDOH recommends the use of a written patient registration protocol that screens all persons presenting for care for recent international travel. If patient indicates recent travel, NYSDOH continues to recommend screening regarding travel within the

last twenty-one (21) days to countries identified by the CDC as having widespread transmission of EVD.¹

2. In settings in which Covered Entities do not routinely care for persons with acute communicable diseases, NYSDOH recommends asking about international travel when clinically indicated.

For questions, please contact:

Debra Sottolano (debra.sottolano@health.ny.gov) or the NYSDOH infection control program at: icp@health.ny.gov

Additional CDC and World Health Organization (WHO) References:

1. [Case Definition for Ebola Virus Disease](#)
2. [Interim U.S. Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure](#)
3. [Infection Prevention and Control Recommendations for Hospitalized Patients Under Investigation \(PUIs\) for Ebola Virus Disease \(EVD\) in U.S. Hospitals](#)
4. [For State/Local Health Departments: Ebola Risk Category and Clinical Infection Control Matrix for Ill Travelers](#)
5. [Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus](#)
6. [Interim Guidance on the Assessment of Persons Under Investigation \(PUIs\) having Low \(but not zero\) Risk of Exposure to Ebola—Including Travelers from Countries with Widespread Transmission and Travelers from Countries with Former Widespread Transmission and Current, Established Control Measures](#)
7. [CDC Current Outbreak List](#)
8. [For U.S. Healthcare Settings: Donning and Doffing Personal Protective Equipment \(PPE\) for Evaluating Persons Under Investigation \(PUIs\) for Ebola Who Are Clinically Stable and Do Not have Bleeding, Vomiting, or Diarrhea](#)
9. [Guidance on Personal Protective Equipment \(PPE\) To Be Used By Healthcare Workers during Management of Patients with Confirmed Ebola or Persons under Investigation \(PUIs\) for Ebola who are Clinically Unstable or Have Bleeding, Vomiting, or Diarrhea in U.S. Hospitals, Including Procedures for Donning and Doffing PP](#)
10. [World Health Organization: Outbreaks and Emergencies](#)

¹ [2014 Ebola Outbreak in West Africa - Outbreak Distribution Map](#)