

Guidance for Employers and Healthcare Personnel Working in Ebola Areas

This Guidance Is Intended For:

- a) Healthcare personnel (HCP) who plan to work in Ebola Virus Disease (EVD) outbreak areas,
- b) HCP returning from work in EVD outbreak areas, and
- c) Sponsoring organization and/or employers of HCP returning from EVD outbreak areas.

If your work puts you at risk of exposure to EVD, Los Angeles County Department of Public Health (LAC DPH) recommends the following:

Pre-deployment

- Know who to contact in your organization in event of exposure or if symptoms develop during travel and during 21 days after leaving the outbreak area.
- Receive training on correct use of personal protective equipment (PPE).
- Discuss options for Ebola vaccination with your sponsoring organization¹
- Reduce the consequences of a febrile illness developing by:^{2,3}
 - Using malaria chemoprophylaxis.
 - Getting updated vaccinations (e.g., influenza, novel Coronavirus) and travel vaccines for disease risks in the country you are visiting⁴ (e.g., typhoid, cholera and yellow fever vaccination).

During Deployment

- Wear recommended personal protective equipment (PPE) whenever you are working with risk of exposure to EVD. Recommended PPE should be sufficient to prevent skin or mucous membrane exposure to blood or bodily fluids.
- Practice proper infection control.
- Periodically assess for symptoms and potential exposures.

After Departure from an Outbreak Area

¹ <https://www.cdc.gov/quarantine/ebola/recs-organizations-sending-workers-ebola.html>

² Tan KR, Cullen KA, Koumans EH, et al. Inadequate Diagnosis and Treatment of Malaria Among Travelers Returning from Africa During the Ebola Epidemic — United States, 2014–2015. *MMWR* 2016;65:27–29.

³ Boggild AK, Esposito DH, Kozarsky PE, et al. Differential diagnosis of illness in travelers arriving from Sierra Leone, Liberia, or Guinea: a cross-sectional study from the GeoSentinel Surveillance Network. *Ann Intern Med*. 2015;162(11):757-64.

⁴ <https://wwwnc.cdc.gov/travel/destinations/list>



- Upon leaving the EVD outbreak area:
 - Monitor yourself for fever (temperature $\geq 100.4^{\circ}\text{F}/38.0^{\circ}\text{C}$), and other symptoms of EVD, which include severe headache, muscle and joint pain, weakness, fatigue, sore throat, diarrhea, vomiting, stomach pain, loss of appetite, red eyes, rash, hiccups and unexplained bleeding or bruising during the 21 days after leaving the EVD outbreak area.
 - Prior to returning to work, contact your employer's occupational health for instruction. Including but not limited to a baseline symptomatic assessment, temperature, and documentation of any known risk factors for EVD during travel.
 - LAC DPH will contact you and provide instructions on symptom monitoring and reporting to LAC DPH.
 - Notify state and local health departments of travel plans during the 21-day monitoring period, including intentions to relocate to another state or leave the United States.
 - If you have been in an area where there is active transmission of the Ebola virus and have developed symptoms of EVD, DO NOT go out in public and get care **immediately by notifying** LAC-DPH Mon-Fri 8am-5pm at (213) 240-7941 or after hours at (213) 974-1234 and ask to speak with the on-call doctor (AOD). If you have a medical emergency, call 911 and inform them about the recent travel and symptoms.

Sponsoring Organization's Occupational Health Actions for HCP returning from EVD outbreak areas:

Pre-deployment

- Educate HCP about Ebola exposure risks and symptoms, travel vaccines, healthy behaviors, personal protective equipment, and travel health insurance.
- Provide information about who HCP should contact in event of symptoms or exposure.
- Ensure HCP with higher potential occupational risk of exposure to Ebola virus have access to appropriate personal protective equipment (PPE). Provide training on the correct use of PPE and other infection control measures to prevent the spread of Ebola.

During Deployment

- Remain in contact with all HCP throughout their stay. Periodically ask about symptoms and potential exposures.
- Ensure all HCPs are aware that CDC will not allow anyone with a history of high-risk exposure to Ebola virus (without use of appropriate and effective PPE) or Ebola-like symptoms to travel to the United States unless the travel is part of a coordinated medical evacuation or until they are and determined not to have Ebola infection.
- Coordinate with the nearest U.S. embassy or health officials (country's ministry of health) to facilitate timely medical evaluation and care of any symptomatic HCP.



Before HCP Depart from Outbreak Area and Travel to the United States

- Lower Potential Occupational Risk: conduct limited pre-departure assessment that confirms the following:
 - Occupational activities did not change and increase risk of EVD exposure.
 - Worker had no known exposures to EVD or to a person with signs and symptoms of Ebola in past 21 days.
 - HCP has no signs or symptoms of EVD.
- Higher Risk⁵:
 - Conduct a comprehensive exposure and health assessment before travel to the United States.⁶
- For All HCP:
 - Contact the U.S. state or local health departments that have jurisdiction in the areas where HCP will stay during their 21-day monitoring period after leaving the outbreak area

After Arrival to the United States

- Sponsoring organization should assess HCP for any high-risk exposure and/or symptoms and notify LAC DPH.
 - If no high-risk exposure identified: notify LAC DPH Mon-Fri 8am-5pm at (213) 240-7941 of this returning HCP.
 - If high risk exposure identified and/or HCP is symptomatic: **immediately notify** LAC DPH Mon-Fri 8am-5pm at (213) 240-7941 or after hours at (213) 974-1234 and ask to speak with the on-call doctor (AOD) regarding HCP returning from an EVD outbreak area.
- LAC DPH will contact HCP and conduct symptom monitoring.
- Sponsoring organization may implement post-arrival management including but not limited to symptom monitoring per their protocol.
- Notify state and local health departments of a HCP's travel plans during the 21-day monitoring period, including if an HCP intends to relocate to another state or leave the United States.
- HCP should follow the instruction from their employer

If HCP become symptomatic and report any of the above exposures to EVD, they should be isolated, and LAC DPH should be immediately informed. LAC DPH will coordinate of medical evaluation of the HCP. They will remain isolated and stray away from others until doctors and public health officials are certain that Ebola is not a concern.

⁵ See box on Page 3 for High-Risk Exposure Definition:

⁶ CDC Ebola Recommendations for Organizations: <https://www.cdc.gov/quarantine/ebola/recs-organizations-sending-workers-ebola.html>



As outbreak situations in EVD outbreak areas and countries can rapidly evolve, consultation with LAC DPH is recommended if there is any concern regarding EVD risk and exposures in returning HCP. LAC DPH will be closely monitoring updates from the World Health Organization (WHO), Center for Disease Control and Prevention (CDC), and California Department of Public Health (CDPH) including the need for Los Angeles County Health Officer Orders for movement restrictions and active public health monitoring of returning travelers.

BOX 1. High Risk Exposure Definition

- Percutaneous (i.e., piercing the skin), mucous membrane (e.g., eye, nose, or mouth), or skin contact with blood or body fluids (include but not limited to feces, saliva, sweat, urine, vomit, sputum, breast milk, tears and semen) of a person with known or suspected Ebola
- Direct contact with person who has known or suspected Ebola
- Providing health care to a patient with known or suspected Ebola without use of recommended PPE (should be sufficient to prevent skin or mucous membrane exposure to blood or body fluids), or experiencing a breach in infection control precautions that results in the potential for percutaneous, mucous membrane, or skin contact with the blood or body fluids of a patient with Ebola while working in an Ebola treatment hospital or associated facility (e.g., laboratory) or while taking care of a patient with Ebola
- Direct contact with or the occurrence of a breach in infection control precautions while handling a dead body in an Ebola outbreak area, the body of a person who died of Ebola or had an illness compatible with Ebola, or who died of unknown cause after any potential exposure to Ebola virus
- Living in the same household as a person with symptomatic known or suspected Ebola

Resources:

- Updated information regarding EVD transmission, countries affected, and EVD prevention can be found at: www.cdc.gov/vhf/ebola/outbreaks/index-2018.html and <https://www.cdc.gov/vhf/ebola/index.html>.
- For updated CDC travel notices and WHO EVD outbreak information, refer to: <https://wwwnc.cdc.gov/travel>, www.who.int/csr/don/en/ and <https://www.afro.who.int/health-topics/disease-outbreaks/outbreaks-and-other-emergencies-updates>.
- For more information, see "Non-US Healthcare Setting" at: <https://www.cdc.gov/vhf/ebola/clinicians/index.html>
- For CDC Guidance for organizations sending U.S.-based healthcare or emergency response workers to [areas with Ebola outbreaks](#) at: <https://www.cdc.gov/quarantine/ebola/recs-organizations-sending-workers-ebola.html>
- For Guidance on Personal Protective Equipment (PPE) for Confirmed Ebola Patients or Clinically Unstable PUIs: <https://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance.html>
- For Guidance on Personal Protective Equipment (PPE) for Clinically Stable PUIs: <https://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance-clinically-stable-puis.html>