



Ebola infection prevention and control guidance for primary care

This document covers the steps primary healthcare practitioners should take in the event of a person with possible Ebola making **first contact** with the health service. This contact will either be by telephone or in person.

Principles

The following are an agreed set of principles:

- i. Staff safety is paramount
- ii. All clinical activity needs to be planned – healthcare workers should only proceed when it is safe to do so
- iii. Healthcare facilities need to plan in advance how they will manage suspect cases

Awareness

All frontline staff in GP surgeries and walk-in centres including receptionists should be aware of potential risk, and of simple screening questions to ask, including *most importantly* travel history. This is vital not only to ensure that the patient receives the care they need but that **the risk to any staff who come into contact with a patient who may have Ebola is minimised, and the public health risks contained.**

Individuals who telephone a surgery:

- individuals who telephone a surgery or walk-in centre and report that they are unwell and have visited an **affected area** in the past 21 days and/or report a fever of $\geq 37.5^{\circ}\text{C}$ or history of fever within the past 24 hours must be told **not** to visit the surgery or walk-in centre. The GP or duty doctor should:
 - call the patient immediately to confirm the travel history and gather further clinical details
 - discuss the case with the local consultant microbiologist, virologist and/or infectious disease physician

- if it is agreed with the local consultant microbiologist, virologist and/or infectious disease physician that the patient meets the criteria for possible Ebola, refer the patient to the local emergency department for clinical assessment
- notify the emergency department in advance so they can prepare a safe patient assessment area. Also notify the local Public Health England health protection team
- if the patient is reasonably well (no bleeding, vomiting, diarrhoea), they can travel in an ordinary ambulance to the agreed hospital who will be expecting them on arrival. It is important that the patient arrives at an entry point agreed with the hospital
- if the patient is unwell, they must travel by ambulance. In this case, the ambulance service **must** be alerted to the possibility of Ebola, as they will need to put special precautions in place to ensure the vehicle and personal protective equipment (PPE) are appropriate to the condition of the patient

Individuals who attend a surgery

Any patients who attend a surgery or walk in centre and who identify themselves as possible Ebola cases to reception staff (or staff are concerned after discussing with them that they are possible Ebola cases) should not sit in the general waiting room. These patients should be isolated in a single side room immediately to limit contact. If possible this room should be minimally furnished and equipped with items which are disposable, or can be cleaned with bleach, but this is not essential.

- the patient should be clinically assessed **without any physical contact** therefore no personal protective equipment is required other than hand hygiene (using alcohol hand rub) immediately after leaving the room. No clinical or diagnostic interventions should be carried out
- if it is confirmed that the patient has visited an affected area in the past 21 days, reports being unwell and/or reports a fever of $\geq 37.5^{\circ}\text{C}$ or history of fever within the past 24 hours, urgent clinical advice should be sought from the local consultant microbiologist, virologist and or infectious disease physician, providing as much detail about the travel history as possible
- if it is agreed with the local consultant microbiologist, virologist and or infectious disease physician, that the patient meets the criteria for possible Ebola, the patient should be referred to the local emergency department for clinical assessment and the emergency department **must** be notified about this by the assessing clinician. Also notify the local PHE health protection team
- for the transfer to hospital, it is essential to alert the ambulance service to the possibility of Ebola, as they will need to put special precautions in place to ensure the vehicle and PPE are appropriate to the condition of the patient. The specialist staff who are trained and equipped to manage the patient transfer

safely will be dispatched within 30 minutes of a request for transfer, arrival time will be advised depending on the location of the patient

- the room should not be used until the result is known (can be 8-12 hours). Advice on decontamination of premises can be sought from the PHE local health protection team. If the test is negative usual cleaning methods can be used

Organisations involved in the production of this guidance

Department of Health (England)
Public Health England
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College of Emergency Medicine
British Medical Association
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National Ambulance Resilience Unit
Royal College of Nursing

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