



**Procedures for
WHO Staff & Consultants:
Exposure to Ebola Virus in the Context
of the Ebola Outbreak in West Africa.**

- 18 August 2014 -

Staff Health and Wellbeing Services (SHW)

Recommendations for staff & consultants health

Prepared jointly with WHO Headquarters
and AFRO technical departments.

1. Purpose and target audience.

This document provides guidance and recommended actions for WHO Staff & Consultants in case of exposure to Ebola virus in the context of the Ebola outbreak in West Africa. It should be noted furthermore that rules, regulations, procedures and policies described in this document may be amended. In case of conflict between this document and WHO's regulatory framework, WHO's regulatory framework will take precedence

2. Case definition of exposure to Ebola virus.

The WHO definitions of exposure to Ebola virus are:

- **Percutaneous exposure:** Percutaneous injury (e.g., needle stick, cut, or laceration with sharp object) in the context of activities related to any individual suspected or confirmed to have Ebola virus disease (EVD).

- **Muco-cutaneous exposure:** Direct contact of unprotected skin or mucosa with blood or other body fluids (e.g., saliva, feces, urine, or sputum) from any individual suspected or confirmed to have EVD.

- **Undetermined exposure:** Any WHO staff or consultants meeting the criteria for suspect EVD case definition as outlined in the WHO "**Clinical Management of Patients with Viral Hemorrhagic Fever: A Pocket Guide for the Front-line Health Worker – 2014**" even without a reported exposure incident. This definition applies for up to 21 days after the date of last possible exposure.

3. Managing exposure to Ebola virus.

This section outlines general recommendations for all potential exposures.

Clinical scenarios detailing step-by-step actions in common exposure situations are provided in Appendix 2.

4.1. Percutaneous and muco-cutaneous exposures:

Any WHO staff or consultants with percutaneous or muco-cutaneous exposures to blood, body fluids, secretions, or excretions, as defined in Section 2 of this document, should:

- ✓ Immediately and safely stop any ongoing tasks;
- ✓ Leave the working area ;
- ✓ Remove personal protective equipment PPE carefully according to the steps indicated in the **“2014 Interim Infection Prevention and Control Guidance for Care of Patients with Suspected or Confirmed Filovirus Haemorrhagic Fever in Health-Care Settings, with Focus on Ebola”**.
Exposure during PPE removal can be dangerous for healthcare-related transmission of Ebola virus;
- ✓ Wash the affected skin surfaces or the percutaneous injury site with soap and water immediately after leaving the working area.
Accordingly, irrigate mucous membranes (e.g. conjunctiva) with copious amounts of water or an eyewash solution, and not with chlorine solutions or other disinfectants;
- ✓ Report to the WHO site coordinator (see Section 5 for details).

Persons with percutaneous or muco-cutaneous exposures must be medically evaluated ideally within one hour after exposure and receive prompt and individualized risk assessment for EVD and other potential exposures (e.g., HIV, Hepatitis B & C, Lassa fever) revised and discussed with a physician from SHW in Headquarters. For additional details, see Sections 5, 6, and 7.

4.2 Undetermined exposure:

Any WHO staff or consultants who present with sudden onset of fever ($T > 38^{\circ}\text{C}$), or other signs and symptoms listed in the definition of a suspect EVD case (headache, intense fatigue, generalized or articular pains, nausea, vomiting, diarrhea, hiccups, etc.), as defined in Section 2 of this document, should:

- ✓ Immediately and safely stop any ongoing tasks;
- ✓ Stay put and do not report to work;
- ✓ Immediately report to the WHO site coordinator or clinical lead of the medical team (see Section 5 for details);
- ✓ Wait until the WHO site coordination informs the appropriate plan of action and disposition.

Persons with an undetermined exposure should be medically evaluated and receive a care plan revised and discussed with a physician from SHW in Headquarters ideally within 1 hour. The care plan should include:

- ✓ recommendation on isolation and infection prevention and control practices (IPC) until definitive disposition is determined;
- ✓ investigation of differential diagnosis (e.g., malaria RDT) and supportive care as appropriate for the clinical presentation;
- ✓ immediate attempt to obtain laboratory confirmation of EVD status;
- ✓ assessment for additional post-exposure actions and prophylaxis;
- ✓ information about contact tracing and follow-up of co-workers and other persons who may have been exposed to Ebola virus through close contact with the infected HCW.

For additional details, see Sections 5, 6, and 7

4. Incident reporting of exposure.

Potential exposures (see definitions and categories in Section 2) must be immediately reported by the person concerned to the **local WHO site coordinator or in her/his absence, report it to the clinical lead of the medical team in the field.**

This is a **time-sensitive** task and should be performed **as soon as** the person with percutaneous or muco-cutaneous exposure leaves the working area and washes the affected site as recommended.

For persons with undetermined exposures, reporting by the person concerned should happen **immediately** after the first symptom or sign is noticed. The WHO site coordinator will initiate the post exposure assessment process and immediately contact the clinical lead of the medical team in the field and a physician from SHW at WHO Headquarters in Geneva. The clinical lead of the medical team in the field will, together with the WHO coordinator, fill up the “Exposure incident report – Appendix 1”. The information in the form will facilitate the discussion and exchange of information with multiple teams involved in the assessment and decision making process. These actions are significant to inform an accurate risk assessment and guide immediate and future care. Important decisions for the safety of the exposed person and other team members depend on the immediate reporting and follow-up actions. The Exposure Incident Report is sent confidentially to the physicians of SHW and the decision to report the information to others not listed in this document shall be made by SHW if required for management of the individual.

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5. Risk assessment of the Exposure.

All exposures should undergo an **individualized** risk assessment as soon as possible by the clinical team in the field (ideally within 1 hour) in collaboration with the physician of SHW and experts in Headquarters.

6. Actions following a confirmed exposure risk assessment:

The WHO site coordinator in collaboration with the clinical lead and the physician at SHW in Geneva should ensure the following actions take place for all persons with an individualized risk assessment indicating a confirmed exposure:

- ✓ Verify that **all critical steps for any exposure** case (Sections 4, 5, and 6) were completed as required.
- ✓ Enforce immediate discontinuation of duties related to the current deployment.
- ✓ Upon decision and as instructed by Director, SHW, initiate prompt arrangements to evacuate the exposed person with suitable means of transportation from the deployment area to an appropriate location/facility designated by WHO. Guidelines for timeframes and means of transportation will be placed under the responsibility of the Director, SHW.
- ✓ Facilitate, in collaboration with SHW in Geneva, proper contact tracing and follow-up of family, friends, co-workers and patients, who may be exposed to Ebola virus through close contact with the infected person.
- ✓ Request the exposed person to contact the SHW physician in order to be medically evaluated and receive appropriate follow-up care upon arrival at the designated evacuation location.

7. References.

- **Clinical Management of Patients with Viral Haemorrhagic Fever: A pocket Guide for the Front-line Health Worker. World Health Organization, Geneva, 2014.**
- **Interim Infection Prevention and Control Guidance for Care of Patients with Suspected or Confirmed Filovirus Haemorrhagic Fever in Health-Care Settings, with Focus on Ebola, World Health Organization, Geneva, 2014.**

Appendix 1

Step-by-step guide to exposure.

The following sections provide frequent scenarios and guidance on how to proceed in case an exposure happens. Scenarios are only illustrative and do not detail all of the possible exposure situations.

Scenario 1. Percutaneous injury to gloved hands within treatment center :

1. Don't panic. Safely stop what you are doing.
2. Quickly assess the situation to avoid further exposure.
3. Dispose of any sharp objects into the appropriate sharps container.
4. If another healthcare worker is close by, ask that person to immediately take over any clinical tasks that cannot be delayed.
5. Calmly and promptly leave the patient care area.
6. Respect the recommendations to remove PPE (improper PPE removal technique can be as dangerous as the exposure).
7. Immediately wash the wound with soap and water.
8. Perform hand hygiene as indicated.
9. Don't waste time, report the incident to the local WHO coordinator.

Scenario 2. Splash/contact exposure with unprotected skin or mucosa within the treatment center:

1. Don't panic. Safely stop what you are doing.
2. Quickly assess the situation to avoid further exposure.
3. If another healthcare worker is close by, ask that person to immediately take over any clinical tasks that cannot be delayed.
4. Calmly and promptly leave the patient care area.
5. Respect the recommendations to remove PPE (improper PPE removal technique can be as dangerous as the exposure).
6. Immediately wash the affected area with soap and water .

7. Immediately irrigate mucous membranes with copious amounts of water or an eyewash solution. Do not use chlorine or other disinfectants.
8. Perform hand hygiene with soap and water or alcohol hand rub.
9. Don't waste time, report the incident to the local coordinator.

Scenario 3. Splash/contact exposure with unprotected skin or mucosa outside the treatment center:

1. Don't panic. Safely stop what you are doing.
2. Quickly assess the situation to avoid further exposure.
3. If another healthcare worker is close by, ask that person to immediately take over any tasks that cannot be delayed.
4. If wearing PPE, respect the recommendations to remove PPE (improper PPE removal technique can be as dangerous as the exposure).
5. If not wearing PPE, expose the affected area and dispose of splashed dirty clothes as infected material.
6. Perform hand hygiene with soap and water or alcohol hand rub.
7. Immediately wash the affected area with soap and water(or any washing solution).
8. Immediately irrigate mucous membranes with copious amounts of water or an eyewash solution. Do not use chlorine or other disinfectants.
9. Perform hand hygiene as indicated.
10. Don't waste time, immediately return to the treatment center and report the incident to the local coordinator. This is a time sensitive action. Do not delay.

Scenario 4. Sudden onset of symptoms without reported exposure. WHO staff or consultants within the treatment center area .

1. Don't panic. Safely stop what you are doing.
2. If another healthcare worker is close by, ask that person to immediately take over any tasks that cannot be delayed.

3. If wearing PPE, immediately leave the area and respect the recommendations to remove PPE (improper PPE removal technique can be as dangerous as the symptoms).
4. If not wearing PPE, do not waste time.
5. Perform hand hygiene with soap and water or alcohol hand rub.
6. If you have a mobile phone call coordinator without delay.
7. If no mobile phone, proceed to report to coordinator in person.
8. Avoid close contact with other people (do not come within 1 meter).
9. Avoid touching any surfaces.
10. Wait until the WHO site coordination informs the appropriate assessment and plan of action.
11. Investigation of Ebola and alternative diagnosis will be done immediately.
12. Medical care may be necessary in a designated location.

Scenario 5. Sudden onset of symptoms without reported exposure. Who staff or consultant in the local hotel.

1. Don't panic. Safely stop what you are doing.
2. Do not leave the hotel room.
3. Do not let anyone in the hotel room.
4. Avoid close contact with other people including colleagues.
5. Perform hand hygiene with soap and water or alcohol hand rub regularly.
6. Call coordinator on the mobile phone without delay to report the situation.
7. Wait until the WHO site coordination informs the appropriate assessment and plan of action.
8. Investigation of Ebola and alternative diagnoses will be done immediately.
9. Medical care may be necessary in a designated location.

Appendix 2: Exposure Incident Report. Confidential

Name				
Role	Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Other			
Nationality		Gender		Age
WHO Staff	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other (Describe)				
Time of incident	Date..... Time Was the incident witnessed? Yes <input type="checkbox"/> By whom (Name, function and email):			
Place	WHO Ebola Treatment Center <input type="checkbox"/> Where Clinic or Community <input type="checkbox"/> Funeral <input type="checkbox"/> Other			
Nature of incident	<p>Muco-cutaneous: Eyes: Yes <input type="checkbox"/> No <input type="checkbox"/> Exposed to: blood <input type="checkbox"/> vomit <input type="checkbox"/> Mouth: Yes <input type="checkbox"/> No <input type="checkbox"/> urine <input type="checkbox"/> faeces <input type="checkbox"/> Nose: Yes <input type="checkbox"/> No <input type="checkbox"/> sputum <input type="checkbox"/> other <input type="checkbox"/> No splash: <input type="checkbox"/> clinical/laboratory specimen <input type="checkbox"/></p> <p>Describe:..... </p> <p>Percutaneous: Needle stick <input type="checkbox"/> Gloved hand <input type="checkbox"/> Clean gloves <input type="checkbox"/> IV needle <input type="checkbox"/> Other Percutaneous <input type="checkbox"/></p> <p>Describe (Visible blood in needle, visible blood in wound, how deep, where)..... </p> <p>Undetermined (Symptoms and duration):..... </p> <p>Extra space:..... </p>			
Name Patient Information	Name:..... Age:..... Admission date:..... Gender:.....			
Name Patient Ebola status	Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspect Case <input type="checkbox"/> Type:..... Date positive:.....			

