Protocol for Re-Entry to UC after Volunteering in Ebola Outbreak Region

Coordinated public health actions are essential to stop and reverse the spread of Ebola virus. Due to the complex nature and seriousness of the outbreak, CDC has created guidance for monitoring people exposed to Ebola virus and for evaluating their travel, including the application of movement restrictions when indicated. UC has applied these guidelines in creating the protocol for re-entry to work, but recognizes that recommendations regarding risk from exposure are subject to change.

I. Preparation prior to travel
   a. Know the exposure definitions of Ebola for Health Care Workers - this is separate from a case definition.
   b. Review the possible impact of Ebola on your own health, especially for individuals with chronic diseases and/or taking medication.
   c. Undergo a travel visit, and be sure to review and obtain the recommended immunizations and malaria prophylaxis for the areas of travel. Also review the CDC website for other travel risks and safety recommendations.
   d. Register your travel plans through iJet or your campus’ local travel insurance link.
   e. Train to provide care for Ebola patients wearing the correct personal protective equipment (PPE). Ideally, participate in CDC healthcare worker training in Atlanta.
   f. Understand the travel restrictions for "known exposures and contacts" from West Africa.

II. Preparation while travelling
   a. Keep a daily diary of your activities - clinics, units, contacts with patients, autopsies, funerals, contacts with individuals who later develop Ebola, public places, etc.
   b. Review daily, possible exposures for all your activities and note them in your diary.

III. Preparation prior to returning to UC campus
   a. Undertake an "Exit Exposure Review" for fitness to travel on commercial airlines;
      i. volunteers from UC should be aware that current CDC guidelines indicate that asymptomatic persons with “Close Contact” (defined below) should not travel by commercial conveyance (airlines, ships, trains) for 21 days after last contact, and should be prepared to remain in the region for that period of time if high or low risk exposure occurs.
      ii. Healthcare workers in Ebola facilities who observe strict infection control measures with consistent and appropriate PPE use are not considered as having “close contact”.
      iii. Brief interactions, such as walking by a person or through a hospital, do not constitute close contact.
   b. For health care workers classified as "no known Ebola exposure", there will still be medical surveillance for 21 days as follows:
      i. Self-monitoring: daily symptom review and twice daily temperature check for 21 days following return from West Africa.
      ii. daily contact with local Occupational Health Services and local Public Health on the presentation of any symptoms.
   c. Health care workers who appropriately use PPE in the presence of known cases should also understand the potential for risk that may arise from unprotected contact with asymptomatic, or individuals assumed ill with another disease, who develop EVD a few days later.
   d. Medical surveillance during the 21 days following last exposure will include risk assessment for direct patient contact. Decisions regarding fitness for duty will be locally determined
and coordinated with local Infectious Disease and Infection Control hospital/clinic personnel, and based on characteristics of patient population, scope of services and setting of services provided by clinician.

**Close contact** is defined as

a. being within approximately 3 feet (1 meter) of an EVD patient or within the patient’s room or care area for a prolonged period of time (e.g., health care personnel, household members) **while not wearing recommended personal protective equipment** (i.e., standard, droplet, and contact precautions; see *Infection Prevention and Control Recommendations*); or

b. having direct brief contact (e.g., shaking hands) with an EVD patient **while not wearing recommended personal protective equipment**.

Individuals with brief interactions, such as walking by a person or moving through a hospital, do not constitute close contact and no travel restrictions apply, however should self-monitor for 21 days following last exposure.