



M E M O R A N D U M

**Addressing Ebola Virus Concerns at Texas Community Health Centers
October 16, 2014**

While the risk for exposure to Ebola Virus Disease (EVD) is low, concern about the disease is high. We want to share the following information to support your daily work of providing excellent primary care to all of your patients. The Centers for Disease Control (CDC) and Texas Department of State Health Services (DSHS) continue to have the best information about screening, identification, and treatment of EVD. Health centers are trusted community resources. Health centers can alleviate fear and panic by educating both staff and patients about the realities of EVD.

The greatest risk, at this time, lies in those traveling from the West African countries of Sierra Leone, Guinea and Liberia. Health center leadership and medical personnel should refer to this CDC checklist for evaluating potential EVD patients:
<http://www.cdc.gov/vhf/ebola/pdf/checklist-patients-evaluated-us-evd.pdf>.

Suggested activities at this time:

1. Call your local hospitals, emergency medical services and health departments to clarify plans in the unlikely situation that a patient at a health center appears to match the criteria for EVD.
2. If your health centers serve these immigrant populations from countries with active outbreaks, please take the time to prepare the necessary workflows to safely and respectfully identify potential patients exhibiting signs of EVD. Notify TACHC if you serve these populations so that we can provide additional support.
3. Adapt existing workflows for:
 - a. Screening all patients who call to make appointments for possible signs of EVD, routing patients with positive EVD symptoms and risks to the nearest emergency department and notifying the emergency department of the referral.
 - b. Rapidly identifying walk-in or scheduled patients exhibiting signs of EVD, isolating them to a safe location in the clinic and initiating community-specific responses to transfer the patient to the appropriate facility.
4. Protecting staff by:

- a. Providing sufficient personal protective equipment (PPE) for all staff who may care for potential EVD patients. PPE includes:
 - i. Impervious surgical gown
 - ii. Surgical mask (The CDC recommends N95 masks only for high-risk procedures)
 - iii. Face shield/goggles
 - iv. Gloves
 - b. Training staff members on the proper donning and removal of PPE. See <http://www.cdc.gov/vhf/ebola/pdf/ppe-poster.pdf> for details.
 - c. Training staff members on adapted workflows to safely identify potential EVD patients.
 - d. Practicing skills from training in mock scenarios at the clinic to ensure competency.
5. Educating patients on the facts of EVD and reassuring patients of your community's ability to address the current EVD situation.

The information regarding EVD is changing almost daily at this point. We encourage each center to assign a team to monitor CDC and DSHS news along with community and internal matters related to EVD on a continuous basis. This team should huddle regularly to ensure adapted workflows, staff training and patient messaging are in line with CDC protocol and recommendations. TACHC will strive to provide notices of updated CDC or DSHS recommendations to the medical director listserv when those become available. It will be the responsibility of the assigned team to read the CDC or DSHS recommendations and apply the necessary components to your center's workflows.

Under no circumstances should your center's workflows suggest that patients come to the health center for EVD screening. Patients should seek emergent medical attention at the hospital deemed by your community as most equipped to handle EVD patients.