

Guidelines for the Medical Clearance of Designated Ebola Caregivers in US Hospitals

American College of Occupational and Environmental Medicine
Medical Center Occupational Health Section

Prepared by the MCOH Ebola Guideline Writing Group: Melanie Swift, MD, FACOEM; T. Warner Hudson, III, MD, FAAFP, FACOEM; Amy Behrman, MD, FACOEM; William G. Buchta, MD, MPH, MS, FACOEM; Lawrence D. Budnick, MD, MPH, FACOEM; Norman Quesada, MD, MPH; Lori Rolando, MD, MPH, FACOEM; Mark Russi, MD, MPH, FACOEM; Scott J. Spillmann, MD, MPH, FAADEP, FACOEM

1. Responsibility for Medical Clearance

Potential Ebola care team members require a thoughtful and balanced individual assessment by an occupational medicine professional. While initial screening may be conducted by an appropriately trained nurse or physician assistant, referral to an occupational medicine physician is indicated for those with conditions that may fall into the categories listed below.

2. Data Collection

Medical history and symptoms can be obtained with any comprehensive health questionnaire, including current and former medical conditions, prior and planned surgeries, all regular and intermittent medications whether prescribed or over-the-counter, and specific dependencies of Ebola team participation as outlined below. This could be an augmentation of the institution's respirator clearance medical questionnaire, or a separate form specific to this program.

3. Personal and Social Circumstances

Ebola care team selection should take into consideration each individual's personal circumstances and ability to comply with direct active monitoring throughout the care assignment and for the postexposure incubation period, and should consider that in the event of a high risk exposure such as a needlestick, additional restrictions on movement and travel would apply.

4. Associated Compliance Programs

All team members should be in compliance with all other relevant infectious disease prevention programs (e.g. be appropriately vaccinated) and with all elements of OSHA Standard 29 CFR 1910.134 Respiratory Protection.

5. Importance of Direct Observation

Despite a thorough medical evaluation, it is not always possible to predict an employee's ability to tolerate or safely doff Personal Protective Equipment (PPE.) Observation by trained safety or infection control personnel during PPE training and simulation exercises are of vital importance. These trained observers should consult their occupational health professional whenever they observe an employee having difficulty safely doffing or tolerating the PPE.

6. Collaboration with Treating Providers

The risk assessment depends upon many variables including current and upcoming treatment, severity of disease and adequacy of symptom control. Where feasible and with appropriate release from the patient, discussion with the employee's treating provider is often appropriate and helpful.

7. Conceptual Framework

The example conditions listed below are neither a comprehensive list of conditions to consider nor are they absolute disqualifiers. The categories are intended to provide a framework in which to evaluate the specific conditions that the employee is known to have, and the examples provided are for illustrative purposes only.

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8. Disqualification

Individuals with high risk conditions should be fully informed of their risks, including the risk of transmission through needlestick or other exposure, and may elect not to participate in the Ebola care team. Involuntary exclusion from participation in the Ebola care team may be appropriate in some cases, following an interactive process to consider whether reasonable accommodations would be indicated, in compliance with the Americans with Disabilities Act.

9. Changes in Health Status After Initial Clearance

Because the initial clearance may be distant in time from activation of the Ebola care team, it is important to complement this baseline clearance with a just-in-time health check conducted prior to each work shift. Significant changes in health status and acute symptoms should be referred to an occupational health clinician for further evaluation prior to donning PPE. This can be incorporated into the PPE pre-donning protocol (see appendix for an example of one way to conduct this.) Pending future developments in the epidemiology of hemorrhagic fevers such as Ebola worldwide, institutions maintaining an Ebola care team may wish to require annual medical clearance.

	Medical Clearance Considerations for Ebola Care Team Members	Example conditions (NOT an exhaustive list, illustrative only)
1	Conditions which may interfere with ongoing participation in Ebola team	<ul style="list-style-type: none"> • Scheduled medical treatments • Planned surgery
2	Conditions, medications or other that interfere with donning and doffing PPE	<ul style="list-style-type: none"> • Marked obesity • Musculoskeletal conditions limiting range of movement
3	Conditions, medications or other that interfere with safe wearing of the PPE for duration of shift	<ul style="list-style-type: none"> • Anxiety • Claustrophobia
4	Conditions, medications or other that may cause loss of focus, balance or consciousness while in PPE	<ul style="list-style-type: none"> • Poorly controlled diabetes • Positional vertigo • Seizure disorder
5	Conditions which may be worsened or aggravated by stress of work load of needed PPE	<ul style="list-style-type: none"> • Angina • Chronic obstructive pulmonary disease
6	Conditions, medications or other that may cause frequent or unpredictable need to exit Ebola unit and doff PPE	<ul style="list-style-type: none"> • Breast feeding • Insulin pump • Urinary frequency
7	Conditions or medications which may place the Ebola team member at increased risk of infection	<ul style="list-style-type: none"> • Immune suppression • Poorly controlled diabetes
8	Situations that interfere with completing monitoring or movement restrictions if required	<ul style="list-style-type: none"> • Sole caregiver for dependent or pet • Planned travel
9	Conditions which may be confused with early Ebola infection or make monitoring difficult	<ul style="list-style-type: none"> • Current fever • Inflammatory bowel disease
10	Conditions which may complicate treatment or cause more severe outcome if infected	<ul style="list-style-type: none"> • Pregnancy • Coagulopathy

Appendix: Ebola Donning/Doffing Health and Safety Check

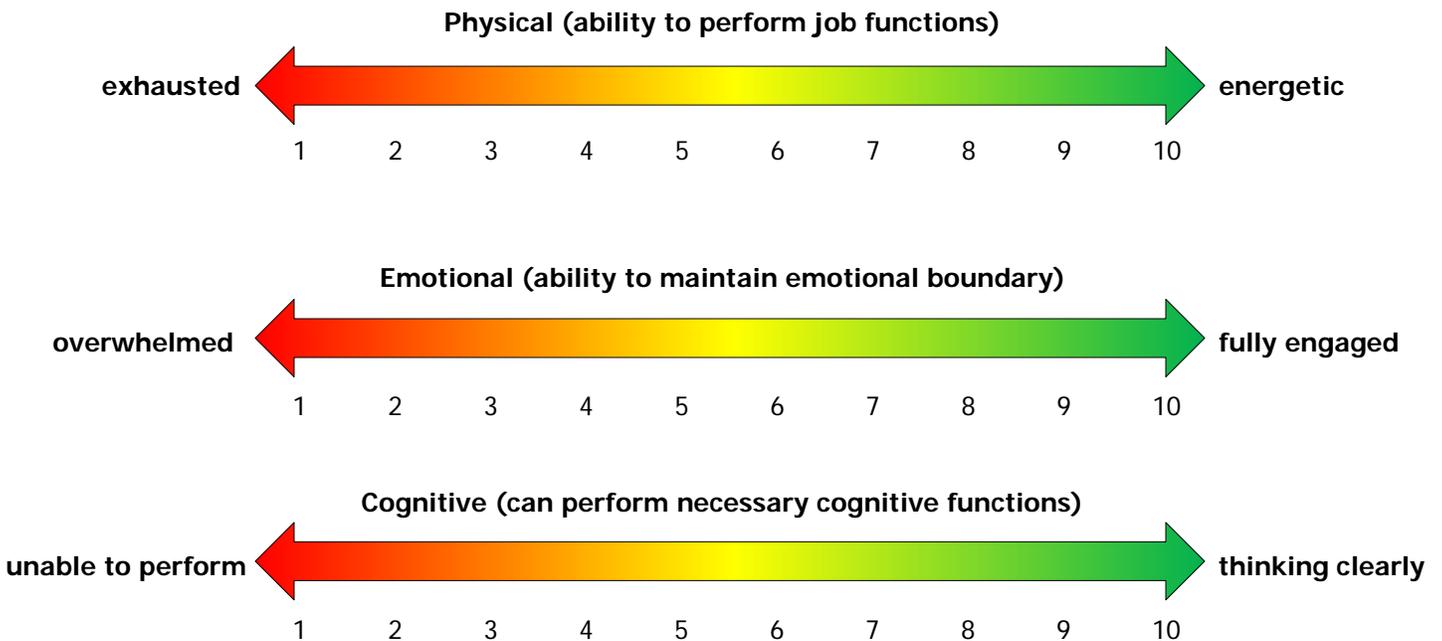
IMPORTANT NOTE: The purpose of this health and safety check is to ensure the worker's readiness to don PPE and provide care to an Ebola patient, and to identify potential safety risks resulting from the work assignment. This is **NOT** a substitute for Direct Active Monitoring. All caregivers will also participate in Direct Active Monitoring to screen for early signs of Ebola infection, which consists of twice daily temperature and symptom checks, under the supervision of the public health authority, with at least one of these checks directly observed by the public health authority or designee.

Before Donning PPE

Take temperature (immediately report to occupational health professional for temp of 100 or higher)

PPE Observer to ask:

- 1) Since you were initially cleared by Occupational Health to participate, have you had any significant changes to your health?
- 2) Do you have any current medical issue that could limit your ability to spend 2 hours in full PPE? (For example, runny nose, diarrhea, urinary frequency or urgency, wheezing or any shortness of breath, skin irritation)
- 3) Do you have any open sores or loss of skin integrity on your arms, hands, or any exposed body parts?
- 4) Are you pregnant?
- 5) Rate your level of fatigue on a scale of 1 to 10 on each of the following axes:



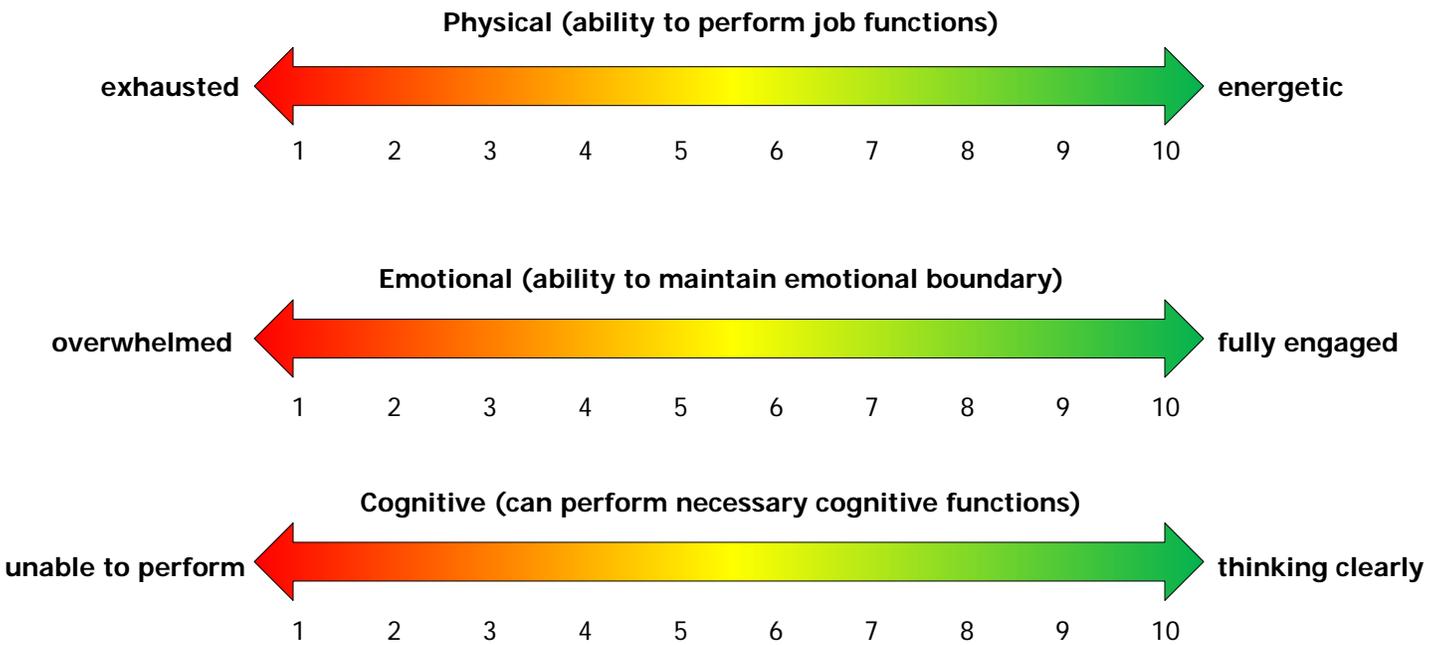
If "Yes" to any question 1 through 4, do not don PPE. Obtain back-up replacement and notify the occupational health professional who will evaluate the employee for appropriateness to continue on the Ebola team.

If any response in question 5 is lower than a 5, do not don PPE. Obtain a back-up replacement and notify supervisor to reassess schedule and advise employee of resources, i.e. Employee Assistance Program.

Appendix: Ebola Donning/Doffing Health and Safety Check

After Doffing PPE

- 1) Did you sustain a needlestick or sharps injury?
- 2) Did any body fluids touch your bare skin or mucous membranes?
- 3) Did you have any tear or malfunction of your PPE, or any potential self-contamination during doffing?
- 4) Rate your level of fatigue on a scale of 1 to 10 on each of the following axes:



If “Yes” to question 1 -3, employee should immediately wash wound/skin with soap/water or flush eye for 10 minutes while PPE Observer notifies supervisor. Supervisor immediately calls the Occupational Health on-call clinician. Exposed employee will then proceed to designated care site for coordinated postexposure management in consultation with Infectious Diseases and the Public Health Authority.

Post-shift fatigue ratings should be monitored by supervisor, as this could indicate need for adjustments to shift lengths or work assignments.

Medical Clearance for Ebola Team Caregiver

Based on the information provided, and assuming you have completed and passed your respirator medical clearance, and that your annual respirator + PPE training is current:

Name: _____ Employee # _____
From, date _____ Until , date _____ is

- Medically cleared without restrictions
- Medically cleared with the following restrictions/provisions:

- Pending medical clearance
- Not medically cleared to participate on Ebola care team

NOTE: If your medical or personal situation changes, please contact occupational health as this clearance is contingent on these factors staying the same. When things change, revision may be necessary.

Occupational Health Medical Professional Name: _____

Signature: _____ Date: _____