



Ebola & Risk Management: How will this epidemic affect your business?

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What started as a little-known virus thousands of miles away has quickly become a household word. Ebola, previously known as Ebola hemorrhagic fever, is a rare and deadly disease caused by infection with one of the Ebola virus strains which can cause disease in humans and non-human primates.

The 2014 outbreak of Ebola has set records for the number of people infected and the number of deaths it has caused in several countries in West Africa. Though previous outbreaks have occurred, this one is the most lethal yet, impacting more densely populated areas than any previous outbreak.

The outbreak has received major news coverage in the United States because of five confirmed cases of Ebola Virus Disease (EVD) within our borders. The resulting frenzy of news stories, social media, and political posturing has generated a perfect storm of misinformation and, possibly, deliberate disinformation. No wonder even the most seasoned risk manager or safety professional might be at a loss to determine the proper course of action for their organization when faced with concerns about EVD.


The best source of consistent and current information is the Centers for Disease Control, (CDC). The best way to filter and disseminate that information is

■ 724.864.8745 PHONE ■ 724.864.9265 FAX

NORWIN PROFESSIONAL BUILDING, 40 LINCOLN WAY, SUITE 201, NORTH HUNTINGDON, PA 15642

www.EastCoastRiskManagement.com

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through classic risk management techniques: develop your responses in advance while considering the risks to your organization.

Organizations at higher risk include health care facilities, first responders, and those with personnel who travel to areas of the world that have an active outbreak of EVD. Currently, these outbreaks are localized to several countries in

West Africa. If your organization falls into one of these categories, there are numerous items that you should consider and review such as PPE selection, proper treatment protocols, public communication and HIPPA regulations. Any organization that has reason to believe an employee may have been exposed to EVD should contact the CDC.

For other organizations, the main obstacle facing risk managers and safety professionals is one of education. Knowing the symptoms of EVD and the techniques used to identify potential EVD cases is key.


The CDC has guidelines for health care professionals that are easily used by safety professionals and risk managers. For education of employees, and to determine the risk factors of any given case, it is important to understand the criteria used by the CDC to classify patients with EVD or suspected EVD. They classify patients into one of three categories:

1. Person Under Investigation (PUI)

A person who has **both** symptoms of EVD **AND** epidemiologic risk factors must be considered a PUI.

Symptoms include a fever of 101.5 F (38.6C) AND additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage.

Epidemiologic risk factors include contact with blood or other body fluids or human remains of a patient known to have or suspected to have EVD; residence in—or travel to—an area where EVD transmission is active, or direct



handling of bats or non-human primates from disease-endemic areas. And these must have occurred within 21 days prior to the onset of symptoms.

Important note: if you have an employee or member of your organization that meets the criteria for a PUI, you should contact the CDC immediately. They will take charge or consult with your medical care giver. The decisions are out of your hands at this point.

2. Probable Cause Case

A person who meets all the criteria for a PUI (see above), and who has high and low risk exposures would be considered a probable cause case. Those exposures include items such as:


- Direct skin contact, or exposure to blood or body fluids of an EVD patient;
- Direct contact with a dead body in a world area with an active outbreak;
- Household contact with an EVD patient (you live with them); or
- Being within three feet of an EVD patient for an extended amount of time without wearing PPE.

Simply walking past an EVD patient is not considered either a high or low risk.

3. Confirmed Case

A person with laboratory confirmed EVD.

To protect your organization, you will also need to understand how EVD is transmitted. EVD is not an airborne virus. It is passed via contact with bodily fluids that contain the virus. Casual contact results in transmission of the virus in direct relation to how long the person is exposed to the virus. In addition, while there have been no studies with humans to conclude that the virus can be passed via nebulized aerosol body fluids, laboratory experiments with primates suggested that this is a possibility and CDC protocols for health care workers would protect those high hazard employees from this route of exposure. ^[1]




The same techniques used by organizations for prevention of flu, or other blood borne illnesses, would be appropriate for the protection of an organization not engaged in higher risk activities.

Hand washing, is the basic defense for control of any casual contact virus or bacteria. Use of alcohol-based hand sanitizers is also recommended when hand washing facilities are not available.

In the unlikely event you have a confirmed case of EVD in your facility, the area should be decontaminated as the virus can survive outside of the body for a few days. Standard decontamination of an area occupied by a person with EVD would consist of using the CDC protocols for EMS workers related to environmental cleaning, as follows:

- Wear recommended PPE and consider use of additional barriers (e.g., shoe and leg coverings) if needed.
- Wear face protection (facemask with goggles or face shield) when performing tasks such as liquid waste disposal that can generate splashes.
- Use an EPA-registered hospital disinfectant with a label claim for one of the non-enveloped viruses (e.g., norovirus, rotavirus, adenovirus, poliovirus) to disinfect environmental surfaces. Disinfectant should be available in spray bottles or as commercially-prepared wipes for use during transport.
- Spray and wipe clean any surface that becomes potentially contaminated during transport. These surfaces should be immediately sprayed and wiped clean (if using a commercially-prepared disinfectant wipe) and the process repeated to limit environmental contamination.

These protocols are consistent with those used to control any blood borne pathogen, the flu, or even the common cold.



Other concerns to keep in mind are HIPPA regulations with regards to patient confidentiality, medical monitoring of high risk employees, and good communication and education of the organization to prevent the spread of anecdotal or misinformation concerning the risks to the organization and the personnel. If you have first responders, a review of your PPE and a new PPE analysis may be in order. And don't forget retraining for the proper methods to don and doff your PPE.

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[1] Johnson E, Jaax N, White J, Jahrling P. Lethal experimental infections of rhesus monkeys by aerosolized Ebola virus. *International Journal of Experimental Pathology*. Aug 1995;76(4):227-236.