

Monitoring Health Care Workers Caring for a Patient with Ebola Virus Disease

Lessons Learned from the First NYC Case

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First NYC Case: Context for HCW Monitoring

- First NYC case admitted to Bellevue Hospital Center on October 23, 2014
 - CDC health care worker (HCW) guidance not yet released
 - NYC Department of Health and Mental Hygiene (DOHMH) planning for HCW monitoring in initial stages
 - DOHMH had not spoken to Bellevue about monitoring
- CDC interim guidance issued October 27
 - HCWs in the US who use appropriate PPE considered “low but not zero” risk; direct active monitoring recommended

HCW Monitoring: Initial Approach

- Ad hoc paper log used and retrieved by DOHMH
- Active monitoring implemented
 - HCWs self-monitored for symptoms or fever (two temps \geq 8 hrs apart); observed temps not required
 - Passive call-in system

Initial Challenges

- Defining who needed to be monitored
- Data issues
 - Log over inclusive
 - Missing or inaccurate contact information
 - Passive call-in system insufficient
- Many more HCWs involved than expected (>100)
 - Included contractors
- HCWs unaware of need for monitoring and procedures

Addressing Initial Challenges

- Communicated issues at high level
- CDC provided on-site technical assistance
- Refined criteria regarding which HCWs were at risk and required monitoring
- Set up systems to collect and transmit data
- Changed to 24/7 call center with outgoing and incoming calls
- Bellevue sent letter to HCWs explaining new system

Additional Monitoring Concerns

- Non-compliance
 - No contact for ≥ 24 hours
- Fever or symptoms
 - Thresholds: temp $\geq 100^\circ$ F, vomiting, diarrhea, or unexplained bleeding/bruising
 - Live transfer to DOHMH MD for phone evaluation
 - If residing outside of NYC, other jurisdictions need notification of HCWs under monitoring
- Travel
 - Officially no restriction but request HCWs inform daily
 - Different policies outside NYC (within US and international)

Lessons Learned

- Plan for monitoring — do not underestimate this task
- Assign responsibility for planning to senior-level staff member
- Limit staff involved with patient care or handling specimens
- Clearly define who needs to be monitored
- Create data collection logs
 - HCW roster with contact information
 - Daily record of staff who meet criteria for monitoring

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More Lessons Learned

- Identify and train staff to complete log and compile data
- Tell staff about monitoring; make it part of PPE training
- Supply thermometers to staff
- Make plan for secure data transfer
- 24/7 live answering service
- Make plan for how to address staff non-compliance

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NYC DOHMH Toolkit for Designated Hospitals

- Protocol for HCW monitoring
- Instruction for special circumstances
 - PPE breach
 - Management of illness in workers
- Checklist for hospital readiness
- Sample log
- Sample instructions for HCWs
- Symptom and fever diary for HCWs
- Mental health support for HCWs

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Thank you

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