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 ≥ 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 > 100°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

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
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

Thank you