October 6, 2014

To: Washington Health Care Providers

From: Washington State Department of Health and Washington State Medical Association

Re: Infection control and triage

You and your staff deliver care on the front lines of the health care system every day. Using proper infection control measures is crucial for preventing transmission of infectious diseases from patients to health care workers, between patients, and from health care workers to patients. Serious communicable diseases like MERS and Ebola virus disease are only a plane ride away and the upcoming flu season is right around the corner. These diseases remind us about the importance of having a system-wide approach to assure appropriate infection control precautions are taken on a daily basis for every patient.

The purpose of this letter is to ask you to do three things to protect your health care workers and patients from infectious diseases in health care settings: 1) review and ensure implementation of proper infection control procedures during all stages of the patient encounter; 2) review triage protocols for early identification to trigger appropriate infection control response; and, 3) take extra steps specifically for Ebola virus disease.

1) Infection control procedures

We ask you to make certain that your office’s infection control procedures and protocols, including hand hygiene and donning and removing personal protective equipment (PPE) safely, are up to date and that staff training and auditing occur regularly to ensure correct implementation. Since we never know what kind of illness may appear, standard infection control precautions are always appropriate, with risk-based precautions added depending on the clinical presentation and risk factors of the individual patient.

2) Triage protocols

Please have your Medical Director or designee review triage protocols to optimize early recognition of communicable diseases in order to avoid exposing health care staff and other patients unnecessarily in waiting areas and during patient encounters. Make sure your procedures include gathering appropriate information early in the patient encounter, specifically collecting the chief complaint and travel history as well as risk factors relevant to specific diseases on intake.
It may be useful to consider recent serious communicable disease threats and whether your procedures and protocols would protect staff and patients from exposure. Consider:

- Measles—many cases of measles in Washington are associated with recent overseas travel
- MERS—an ongoing risk for travelers in the Middle East
- Ebola virus disease (EVD)—the outbreak in West Africa continues to grow

3) **Steps related to Ebola virus disease (EVD)**

We request that all health care providers in Washington hospitals and outpatient settings rapidly identify potential EVD cases by following these steps:

1. Collect a travel history routinely in all patients presenting with fever or other symptoms consistent with EVD.
2. Immediately isolate in a private room—using standard, contact and droplet precautions (gowns, facemask, eye protection, and gloves)—patients who meet the following criteria:
   a. Travel within 21 days of illness onset to an EVD-affected country†, AND EITHER
   b. Fever (>38.6° C or 101.5 ° F), OR symptoms of concern for EVD (e.g., headache, muscle pain, diarrhea, vomiting, abdominal pain, or unexplained hemorrhage).
3. As a precaution, patients with suspected Ebola virus infection who have respiratory symptoms and/or who may require aerosol-generating procedures including intubation should be managed with airborne infection control measures (i.e., placed in an airborne infection isolation room; use of N95 or higher level of respiratory protection for health care workers).
4. Report all patients with suspected Ebola virus disease to your local health jurisdiction.


If you have questions, please contact your local health jurisdiction or Marcia Goldoft at the Department of Health ([marcia.goldoft@DOH.wa.gov](mailto:marcia.goldoft@DOH.wa.gov)).

Sincerely,

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