

Examples of Ebola Policies & Procedures that Some Companies Have Developed

Several AAOHN members agreed to share the Ebola policies, procedures and communications that they have put in place over the past few months. Some of these may be helpful as you review, revise or develop your employer's protocols to control and reduce the risk of contamination within your organization.

Note: The examples presented here are samples of what other occupational and environmental health nurses and their employers have done. They are not intended to provide specific medical, healthcare or legal advice. Information and recommendations about how to deal with this virus and how to protect workers and the public rapidly changes and this information may as rapidly become inconsistent with immediate and current recommended practice. Readers should consult with the [Centers for Disease Control & Prevention – The Premier Resource for Ebola prevention and control recommendations](#) and develop policies and procedures for your employer and its employees that are appropriate for the circumstance.

Example #4

United States-based Acute Hospitals, Long-term Care Facilities, Hospital-based Facilities and Post-acute Service Providers

Note: These are ancillary precautions that supplement a healthcare organization's Infection Prevention Bioterrorism Readiness Guidelines and Emergency Management Plan

VIRAL HEMORRHAGIC FEVER

Description:

Viral hemorrhagic fever (VHF) refers to a group of illnesses that are caused by several distinct families of viruses. Some of these viruses can cause relatively mild illness. For the purpose of this document, "viral hemorrhagic fevers" will refer to the viruses, which are likely to cause life-threatening disease. This will include the following viruses:

- Ebola Hemorrhagic Fever (50-90% mortality)
- Marburg Hemorrhagic Fever (23-25% mortality)
- Lassa fever (1% mortality)
- Rift Valley Fever (1% mortality; blindness in 1-10%)

Infection Control Practices for Patient Management:

Symptomatic patients with a suspected or confirmed VHF should be managed according to current guidelines (refer to [Your Organization's All Hazards Emergency Management Plan](#)). For up-to-date

information and recommendations for therapy, contact the CDC or state health department. See CDC guidelines at: <http://www.cdc.gov/ncidod/dvrd/spb/mnpages/dispages/vhf.htm>.

1) Isolation precautions

(Airborne/Contact) Patients should be immediately placed in a negative pressure room with an anteroom. The door to the room must remain closed. Immediately notify the infection control and infectious diseases. (Note Your Organization's POLICY#)

Protective clothing should be worn by:

- All doctors, nurses, and health care workers
- All support staff who clean the isolation room, handle contaminated supplies and equipment, launder reusable supplies, and collect and dispose of infectious waste from VHF patients
- All laboratory staff who handles patient specimens and body fluids from suspected VHF cases.
- Laboratory support staff who clean and disinfect laboratory equipment used to test VHF specimens
- Burial teams who remove bodies of deceased VHF patients
- Family members who care for VHF patients.

The following protective clothing should be worn in the isolation area:

- A scrub suit or inner layer of clothing (e.g. an old shirt and trousers from home)
- A pair of thin gloves
- Rubber boots or overshoes (only if the floor is soiled).
- A gown or outer layer of clothing (surgical or disposable gown with long sleeves and cuffs)
- A plastic apron worn over both layers of clothes
- A second pair of thin or thick gloves. Wearing a second pair of gloves provides an added measure of safety during patient care and when handling contaminated supplies
- Airborne Precautions require healthcare providers and others to wear respiratory protection (N-95 mask or PAPR) when entering the patient room.
- Clear eyeglasses or non-fogging goggles.
(See Your Organization's POLICY#)

Before leaving the patients room, the healthcare worker should:

- Disinfect the outer pair of gloves. Wash the gloved hands in soap and water. Dip the gloved hands in 1:100 bleach solution for 1 minute
- Disinfect the apron; spray or wipe it with 1:100 bleach solution.
- Disinfect the boots – the soles of rubber boots are difficult to clean because they are textured.
- Use a sprayer containing 1:100 bleach solution to spray boots
- OR hold the foot over a pan or basin and ask another health worker to pour 1:100 bleach solution over the boots
- OR step into a shallow pan containing 1:100 bleach solution and wipe boots on a bleach-drenched cloth

- Remove the outer pair of gloves and discard them in a bucket for disposal of contaminated waste.

After disinfecting or removing the outer layer of clothing, go into the changing room. The remaining isolation items can be removed in the changing room. Hands should then be washed with soap and water. The inner layer of clothes should then be removed. If personal shower facilities are available, shower before dressing in street clothes. Wash hands with soap and water before leaving the changing room.

2) Patient placement

Patients suspected or confirmed with VHF require placement in rooms that meet the ventilation and engineering requirements for Airborne Precautions, which include:

- Monitored negative air pressure in relation to the corridor and surrounding areas.
- Appropriate discharge of air to the outdoors, or monitored high efficiency filtration of air prior to circulation to other areas in the healthcare facility.
- A door that must remain closed.
- Negative air pressure rooms are located throughout the hospital. Follow the Organization's Infection Control Manual guidelines for activation of these rooms.

If negative air pressure rooms are not available for the amount of cases, the Hospital Epidemiologist, Infection Control Committee Chairperson, and/or Infection Prevention in consultation with administration will review plan for transfer of suspected or confirmed VHF patients to neighboring facilities with appropriate isolation rooms.

Patient placement in a private room is preferred. However, in the event of a large outbreak, patients who have active infections with the same disease (i.e., VHF) may be cohorted in rooms that meet appropriate ventilation and airflow requirements for Airborne Precautions.

3) Laboratory Testing

Agents causing viral hemorrhagic fever are highly contagious. The blood and bodily secretions from patients with this illness are highly infectious. No specimens OF ANY TYPE can be sent to any laboratory (Microbiology, Chemistry, Hematology, and Anatomic Pathology). If confirmatory testing for VHF is required, the laboratory must be consulted. They will arrange for specimen collection and obtain approval from CDC (404-639-1108) prior to shipment for testing. Infection Control MUST be notified and the Infectious Diseases Service should be consulted.

4) Patient transport

- Limit the movement and transport of patients with suspected or confirmed VHF to essential medical purposes only.
- Necessity for transport to be determined by Infectious Disease or Infection Control.

When transport is absolutely necessary, minimize the dispersal of respiratory droplets by placing a surgical mask or standard isolation mask on the patient. HCWs should don an N95 respirator or use a Powered Air-Purifying Respirator (PAPR) during transport to maintain airborne precautions.

5) Cleaning, disinfection, and sterilization of equipment and environment.

A component of Contact Precautions is careful management of potentially contaminated equipment and environmental surfaces.

- Noncritical patient care equipment will be dedicated to a single patient (or cohort of patients with the same illness).
- If use of common items is unavoidable, potentially contaminated, reusable equipment should not be used for the care of another uninfected patient until it has been appropriately cleaned and/or disinfected/sterilized. Other infection control recommendations include proper use, disinfection, and disposal of instruments and equipment used in treating or caring for patients with VHF, such as needles and thermometers.
- All linens and gowns will need to be incinerated.

6) Discharge management

In general, patients with VHF will not be discharged until it is determined they are no longer infectious. Therefore, no special discharge instructions are required.

7) Post-mortem care

Airborne and Contact Precautions should be used for post-mortem care.

Post Exposure Management

1) Decontamination of patients/environment

- Patient decontamination after exposure to VHF is not indicated.
- Items potentially contaminated by infectious lesions should be handled using Contact Precautions. (See Your Organization's POLICY #)

2) Contact Investigation

- Infection Control should be contacted immediately to determine what patient care and non-patient care employees may have been exposed.
- Infection Control will notify the County and/or State Health Department immediately. The State Health Department will notify the CDC. The Health Department and CDC will assist in the contact follow-up and investigate:
 - a. family members and household contacts
 - b. work/school contacts
 - c. all other people that have had face-to-face contact with the patient in the week before the rash began.
 - d. VHF Outbreak

With the exception of yellow fever and Argentine hemorrhagic fever, for which vaccines have been developed, no vaccines exist that can protect against these diseases. Therefore, prevention efforts must concentrate on avoiding contact with host species.

There is no specific treatment for Ebola. Preventing transmission is the major method of controlling these infections.

For those hemorrhagic fever viruses that can be transmitted from one person to another, avoiding close physical contact with infected people and their body fluids is the most important way of controlling the spread of disease. Barrier nursing or infection control techniques include isolating infected individuals and wearing protective clothing. Other infection control recommendations include proper use, disinfection, and disposal of instruments and equipment used in treating or caring for patients with VHF, such as needles and thermometers.

In this case, HCWs should wear N95 masks or PAPRs and only a limited number of HCWs should have access to the patient's room.

In order to assure that all persons entering a VHF's patient's room adhere to infection control precautions, an N95 respirator or PAPR should continue to be worn by all HCWs that perform either routine patient care or other procedures on VHF patients. (See Organization's POLICY# ___)

This measure should be maintained to:

- Provide visual assurance that all persons entering a room are maintaining airborne precautions;
- Assure that HCWs are protected
- Provide additional protection should there be any modification in the infectivity of the VHF virus.

Also see link to an extensive [Ebola Patient Management Protocol for a healthcare organization](#)