

Prevention of Ebola: Key Points

<u>COMPONENT</u>	<u>RECOMMENDATION</u>
Patient Placement	<ul style="list-style-type: none"> Immediately place patient in a single patient room with the door closed and a private single bathroom. Although not required, if a negative airflow room is available, please use that for maximum precautions.
Isolation Precautions	<ul style="list-style-type: none"> Contact, Droplet, and Airborne
Signage	<ul style="list-style-type: none"> Place appropriate signage on the door: Contact, Droplet, and Airborne Precautions. The number of people entering through the patient room should be minimized including physicians, hospital staff, and visitors.
Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> All persons entering the room must wear gloves, gown, goggles or face shield, and a mask before entering room <ul style="list-style-type: none"> N-95 masks MUST be used when available A surgical mask may be used only if an N-95 mask is NOT available and only when an aerosol-generating procedure is NOT being performed on the patient An N-95 mask must be used for all aerosol generating procedures If copious amounts of fluid are present: Double glove, use disposable shoe covers and leg coverings Carefully remove PPE before leaving room
Hand Hygiene	<ul style="list-style-type: none"> Perform hand hygiene immediately after removing PPE and per hospital policy: <ul style="list-style-type: none"> Alcohol hand-rub is acceptable for non-soiled hands Soiled hands should be washed with soap and water Avoid touching other surfaces, face or other mucous membranes prior to performing hand hygiene
Aerosol-Generating Procedures (AGPs) including intubation, bronchoscopy, sputum induction, etc.	<ul style="list-style-type: none"> Aerosol-generating procedures must be done in a negative airflow room Aerosol-generating procedures should be limited N-95 masks with goggles/face shield MUST be worn during any aerosol-generating procedure
Patient Care Equipment	<ul style="list-style-type: none"> Dedicated medical equipment (eg., stethoscope, BP cuff, etc.) should be disposable whenever possible and should be left in the room All dedicated, non-disposable medical equipment should be cleaned and disinfected according to hospital policy and manufacturer's instructions using strict blood and body fluid precautions
Environmental Infection Control	<ul style="list-style-type: none"> EVS will designate a housekeeper with additional training to clean areas potentially contaminated with Ebola. Training will include appropriately wearing PPE and any specific cleaning processes to prevent the spread of Ebola. The nursing staff caring for the patient will also be responsible for wiping down the room periodically with bleach wipes and for cleaning up spills. Use of bleach wipes for cleaning is encouraged; use of spray bottles should be minimized. Cleaning can be done using 10% sodium hypochlorite (bleach) solution, or hospital-grade quaternary ammonium or phenolic products



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Disposal of Body Fluids and Trash	<ul style="list-style-type: none"> • Urine, stool and vomitus may be flushed down the routine toilet. • RN to place regular trash bag into a second biohazard bag. • EVS will be responsible for removing trash once bagged in biohazard bag.
Dietary	<ul style="list-style-type: none"> • Dietary will NOT enter the room to deliver or collect food trays • Meals will be delivered on disposable trays with disposable items and will be given to the patient by the nurse caring for the patient • RN to place trays, food, plates and utensils into the trash.
Specimen Collection and Recommended Testing	<ul style="list-style-type: none"> • For Ebola testing: A minimum sample volume of 4 mL of blood should be shipped refrigerated or frozen on ice pack or dry ice (no glass tubes), in accordance with IATA guidelines as a Category B diagnostic specimen. • Please refer to http://www.cdc.gov/ncezid/dhcpp/vspb/specimens.html for detailed instructions and a link to the specimen submission form for CDC laboratory testing. • Malaria diagnostics should be performed, as it is a common cause of fever among returning travelers to the region.
Duration of Isolation	<ul style="list-style-type: none"> • Duration of isolation will be determined in conjunction with Columbus Public Health (CPH), Ohio Department of Health (ODH), and the U.S. Centers for Disease Control and Prevention (CDC)
Visitors	<ul style="list-style-type: none"> • Visitors will be limited and should NOT be present during aerosol-generating procedures . • Visitors who were exposed to a symptomatic patient are also a possible source of Ebola Hemorrhagic Fever. However, current research shows that individuals are not contagious prior to becoming ill/febrile.
Post-Mortem Care	<ul style="list-style-type: none"> • If a patient expires, please contact the Critical Event Officer at pager 9876 • Please contact the morgue for a special body bag • Follow routine post-mortem procedures • Autopsies will not be done at OSU on these patients. Need for autopsy will be determined in conjunction with CPH, ODH, and CDC • For additional information, please visit these below links: <ul style="list-style-type: none"> ▪ http://www.who.int/csr/bioriskreduction/interim_recommendations_flowirus.pdf?ua=1 ▪ http://www.cdc.gov/vhf/ebola/pdf/vhf-interim-guidance.pdf
Additional Resources	<ul style="list-style-type: none"> • http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html