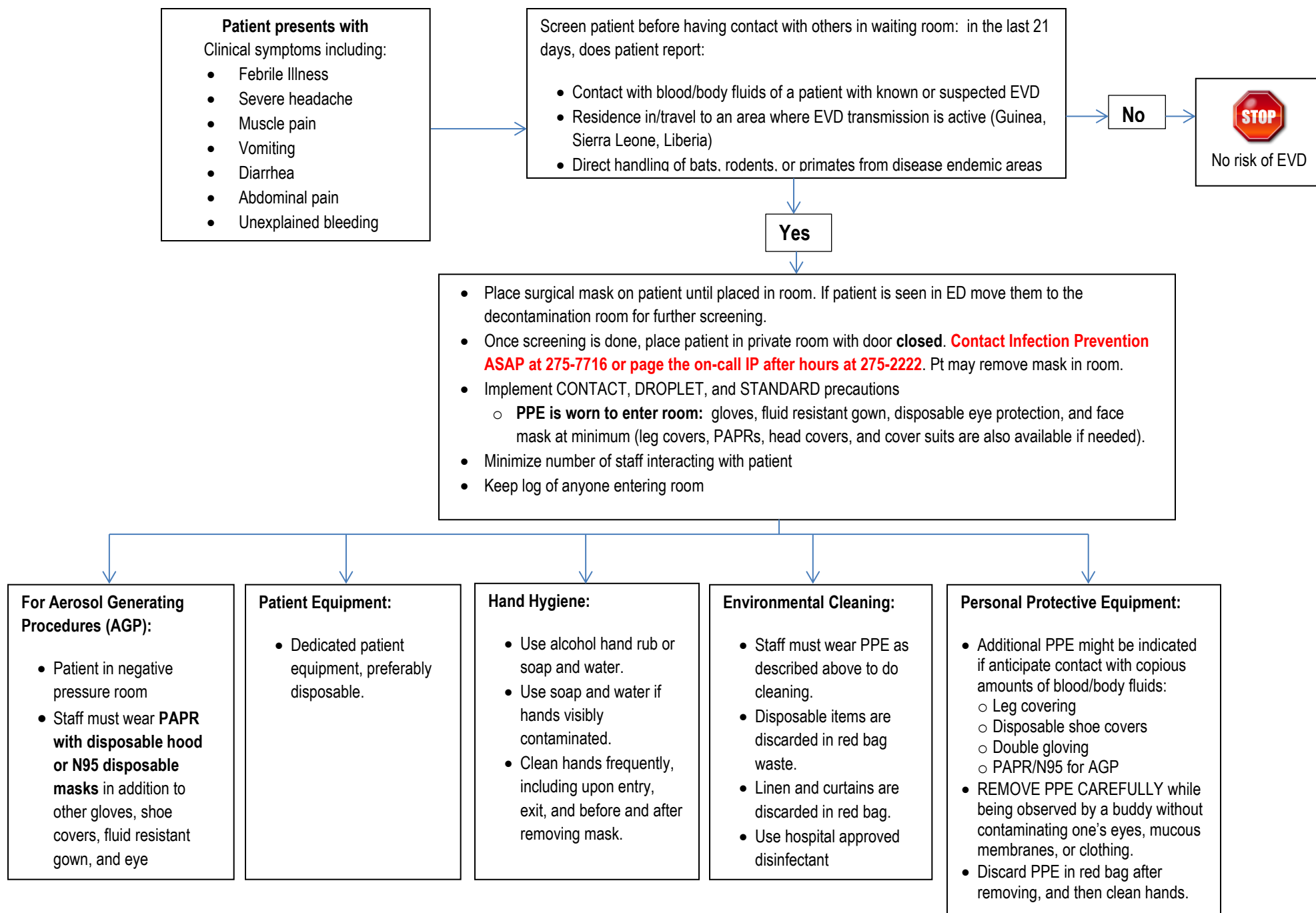


## POLICY FOR SCREENING/ISOLATING PATIENT WITH SUSPECTED EBOLA VIRUS DISEASE (EVD)



Appendix I: Key Components of Standard, Contact, and Droplet Precautions Recommended for Prevention of Ebola Viral Disease (EVD) Transmission in U.S. Hospitals

Component	Recommendation	Comments
Patient Placement	<ul style="list-style-type: none"> <li>Single patient room (containing a private bathroom) with the door closed</li> <li>Maintain a log of all persons entering the patient's room</li> <li>Place in negative pressure room.</li> </ul>	<ul style="list-style-type: none"> <li>Post personnel at the patient's door to                             <ol style="list-style-type: none"> <li>Ensure appropriate and consistent use of PPE by all entering the patient room, including appropriate removal of PPE</li> <li>Maintain log of anyone entering room</li> </ol> </li> </ul>
Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> <li>All who enter the patient room should wear at least:                             <ul style="list-style-type: none"> <li>Gloves</li> <li>Disposable gown (fluid resistant or impermeable)</li> <li>Disposable Eye protection (goggles or face shield)</li> <li>Surgical facemask</li> </ul> </li> <li>Additional PPE is required in certain situations (e.g., copious amounts of blood, other body fluids, vomit, or feces present in the environment), including but not limited to:                             <ul style="list-style-type: none"> <li>Double gloves</li> <li>Fluid resistant cover gowns</li> <li>Disposable shoe covers</li> <li>Leg covers</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Recommended PPE should be worn by HCP upon entry into patient room or care area. Upon exit from the patient room or care area, <b>PPE should be carefully removed without contaminating one's eyes, mucous membranes, or clothing</b> and discarded</li> <li>See Appendix 1 for donning and removing PPE.</li> <li>Clean hands prior to removing mask.</li> <li>Hand hygiene should be performed immediately after removal of PPE</li> <li>PPE is discarded as regulated medical waste (red bag)</li> </ul>
Patient Care Equipment	<ul style="list-style-type: none"> <li>Dedicated medical equipment (preferably disposable, when possible) should be used.</li> <li>All non-dedicated, non-disposable medical equipment used for patient care is cleaned and disinfected according to SMH policy.</li> </ul>	
Patient Care Considerations	<ul style="list-style-type: none"> <li>Limit the use of needles and other sharps as much as possible</li> <li>Phlebotomy, procedures, and laboratory testing</li> </ul>	

Component	Recommendation	Comments
	<p>should be limited to the minimum necessary for essential diagnostic evaluation and medical care.</p> <ul style="list-style-type: none"> <li>Lab specimens are double-bagged, placed in a biohazard transportation container, and hand-carried to the laboratory.</li> <li>All needles and sharps should be handled with extreme care and disposed in puncture-proof, sealed containers</li> </ul>	
Aerosol Generating Procedures (AGPs)	<ul style="list-style-type: none"> <li>Avoid AGPs for EVD patients.</li> <li>If performing AGPs, use a combination of measures to reduce exposures from aerosol-generating procedures including: <ol style="list-style-type: none"> <li>Limit the number of HCP present to only those essential for patient-care and support.</li> <li>Conduct the procedures in an Airborne Infection Isolation Room (AIIR) when feasible. Keep door closed during the procedure except when entering or leaving the room. Entry and exit should be minimized during and shortly after the procedure.</li> </ol> </li> <li>HCP should wear gloves, a fluid resistant gown, disposable shoe covers, and either a disposable PAPR or a NIOSH certified fit-tested N95 filtering face piece respirator</li> <li>Conduct environmental surface cleaning following procedures (see section below on environmental infection control).</li> </ul>	<ul style="list-style-type: none"> <li>Procedures considered to be AGP include: <ol style="list-style-type: none"> <li>Bilevel Positive Airway Pressure (BiPAP),</li> <li>Bronchoscopy</li> <li>Sputum induction</li> <li>Intubation and extubation,</li> <li>Open suctioning of airways.</li> </ol> </li> <li>Because of the potential risk to individuals reprocessing reusable respirators, disposable PAPRS or N95 with face shield are worn.</li> </ul>
Hand Hygiene	<ul style="list-style-type: none"> <li>HCP should perform hand hygiene frequently, including <ol style="list-style-type: none"> <li>Before and after all patient contact</li> <li>Contact with potentially infectious material</li> <li>Before putting on and upon removal of PPE, including gloves.</li> <li>Before removing mask</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>Hand hygiene in healthcare settings can be performed by washing with soap and water or using alcohol-based hand rubs. If hands are visibly soiled, use soap and water, not alcohol-based hand rubs.</li> </ul>

Component	Recommendation	Comments
	5. Upon exiting room	
Environmental Infection Control	<ul style="list-style-type: none"> <li>Remove any upholstered furniture from room prior to placement.</li> <li>Diligent environmental cleaning and disinfection and safe handling of potentially contaminated materials is paramount, as blood, sweat, emesis, feces and other body secretions are potentially infectious materials</li> <li>HCP performing environmental cleaning and disinfection should wear recommended PPE (described above) and consider use of additional barriers (shoe and leg coverings, etc.) if anticipate contact with copious amounts of blood/body fluids</li> <li>Disposable face protection (face shield or facemask with goggles) should be worn when performing tasks such as liquid waste disposal that can generate splashes.</li> <li>Follow SMH standard procedures for cleaning and/or disinfection of: <ul style="list-style-type: none"> <li>Environmental surfaces and equipment</li> <li>Handle textiles and laundry as regulated waste</li> </ul> </li> <li>Use disposable dishes and trays for food service. Food service items are discarded as regulated medical waste (red bag)</li> <li>Linen and curtains are not sent for cleaning. They are discarded as regulated medical waste (red bag).</li> </ul>	<ul style="list-style-type: none"> <li>Use hospital approved disinfectants (e.g. Dispatch) to disinfect hard non-porous surfaces. <ul style="list-style-type: none"> <li>Follow label instructions for use</li> </ul> </li> </ul>
Safe Injection practices	<ul style="list-style-type: none"> <li>Facilities should follow safe injection practices as specified under Standard Precautions.</li> </ul>	<ul style="list-style-type: none"> <li>Any injection equipment or parenteral medication container that enters the patient treatment area should be dedicated to that patient and disposed of at the point of use.</li> </ul>
Duration of Isolation Precautions	<ul style="list-style-type: none"> <li>Duration of precautions should be determined on a case-by-case basis, in conjunction with local, state, and federal health authorities.</li> </ul>	<ul style="list-style-type: none"> <li>Factors that should be considered include, but are not limited to: presence of symptoms related to EVD, date symptoms resolved, other conditions that would require specific</li> </ul>

Component	Recommendation	Comments
		precautions (e.g., tuberculosis, <i>Clostridium difficile</i> ) and available laboratory information
Monitoring and Management of Potentially Exposed Personnel	<ul style="list-style-type: none"> <li>• Persons with percutaneous or mucocutaneous exposures to blood, body fluids, secretions, or excretions from a patient with suspected EVD should               <ul style="list-style-type: none"> <li>○ Stop working and immediately wash the affected skin surfaces with soap and water. Mucous membranes (e.g., conjunctiva) should be irrigated with copious amounts of water or eyewash solution</li> <li>○ Immediately contact occupational health/supervisor for assessment and access to post-exposure management services for all appropriate pathogens (e.g., Human Immunodeficiency Virus, Hepatitis C, etc.)</li> </ul> </li> <li>• HCP who develop sudden onset of fever, intense weakness or muscle pains, vomiting, diarrhea, or any signs of hemorrhage after an unprotected exposure (i.e. not wearing recommended PPE at the time of patient contact or through direct contact to blood or body fluids) to a patient with EVD should               <ul style="list-style-type: none"> <li>○ Not report to work or should immediately stop working</li> <li>○ Notify their supervisor</li> <li>○ Seek prompt medical evaluation and testing</li> <li>○ Comply with work exclusion until they are deemed no longer infectious to others</li> </ul> </li> <li>• For asymptomatic HCP who had an unprotected exposure (i.e. not wearing recommended PPE at the time of patient contact or through direct contact to blood or body fluids) to a patient with EVD               <ul style="list-style-type: none"> <li>○ Should receive medical evaluation and follow-up care including fever monitoring twice daily for 21 days after the last known exposure.</li> </ul> </li> </ul>	

Component	Recommendation	Comments
	<ul style="list-style-type: none"> <li>○ May continue to work while receiving twice daily fever checks, based upon hospital policy and discussion with local, state, and federal public health authorities.</li> </ul>	
Monitoring, Management, and Training of Visitors	<ul style="list-style-type: none"> <li>• Visitors are not allowed in the patient's room               <ul style="list-style-type: none"> <li>○ Exceptions may be considered on a case by case basis only for those who are essential for the patient's wellbeing.</li> </ul> </li> <li>• Establish procedures for monitoring managing and training any visitors that are essential to the care of the patient.</li> <li>• Visits should be scheduled and controlled to allow for:               <ul style="list-style-type: none"> <li>○ Screening for EBV (e.g., fever and other symptoms) before entering or upon arrival to the hospital</li> <li>○ Evaluating risk to the health of the visitor and ability to comply with precautions</li> <li>○ providing instruction, before entry into the patient care area on hand hygiene, limiting surfaces touched, and use of PPE according to the current facility policy while in the patient's room</li> <li>○ Visitor movement within the facility should be restricted to the patient care area and an immediately adjacent waiting area.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Visitors who have been in contact with EVD patient before and during hospitalization are a possible source of EVD for other patients, visitors, and staff.</li> </ul>

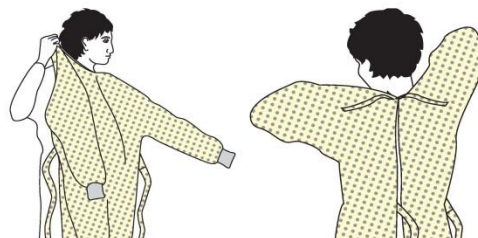
# SEQUENCE FOR **PUTTING ON** PERSONAL PROTECTIVE EQUIPMENT (PPE)



The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

## 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



## 2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



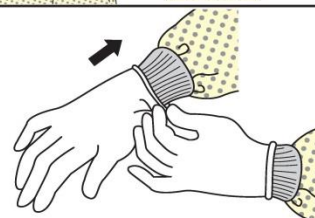
## 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



## 4. GLOVES

- Extend to cover wrist of isolation gown



## USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



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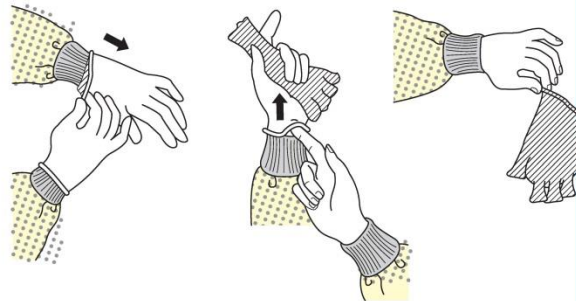
# SEQUENCE FOR REMOVING PERSONAL PROTECTIVE EQUIPMENT (PPE)



Except for respirator, remove PPE at doorway or in anteroom. Remove respirator after leaving patient room and closing door.

## 1. GLOVES

- Outside of gloves is contaminated!
- Grasp outside of glove with opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist
- Peel glove off over first glovet
- Discard gloves in waste container



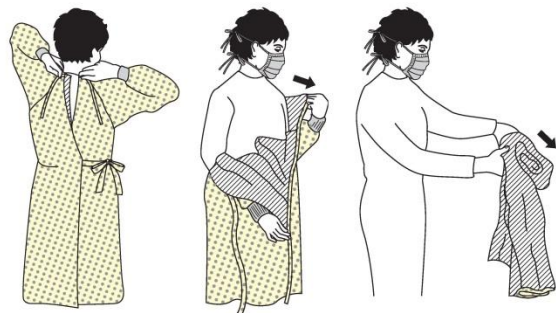
## 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield is contaminated!
- To remove, handle by head band or ear pieces
- Place in designated receptacle for reprocessing or in waste container



## 3. GOWN

- Gown front and sleeves are contaminated!
- Unfasten ties
- Pull away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard



## 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- Grasp bottom, then top ties or elastics and remove
- Discard in waste container



**PERFORM HAND HYGIENE BETWEEN STEPS  
IF HANDS BECOME CONTAMINATED AND  
IMMEDIATELY AFTER REMOVING ALL PPE**



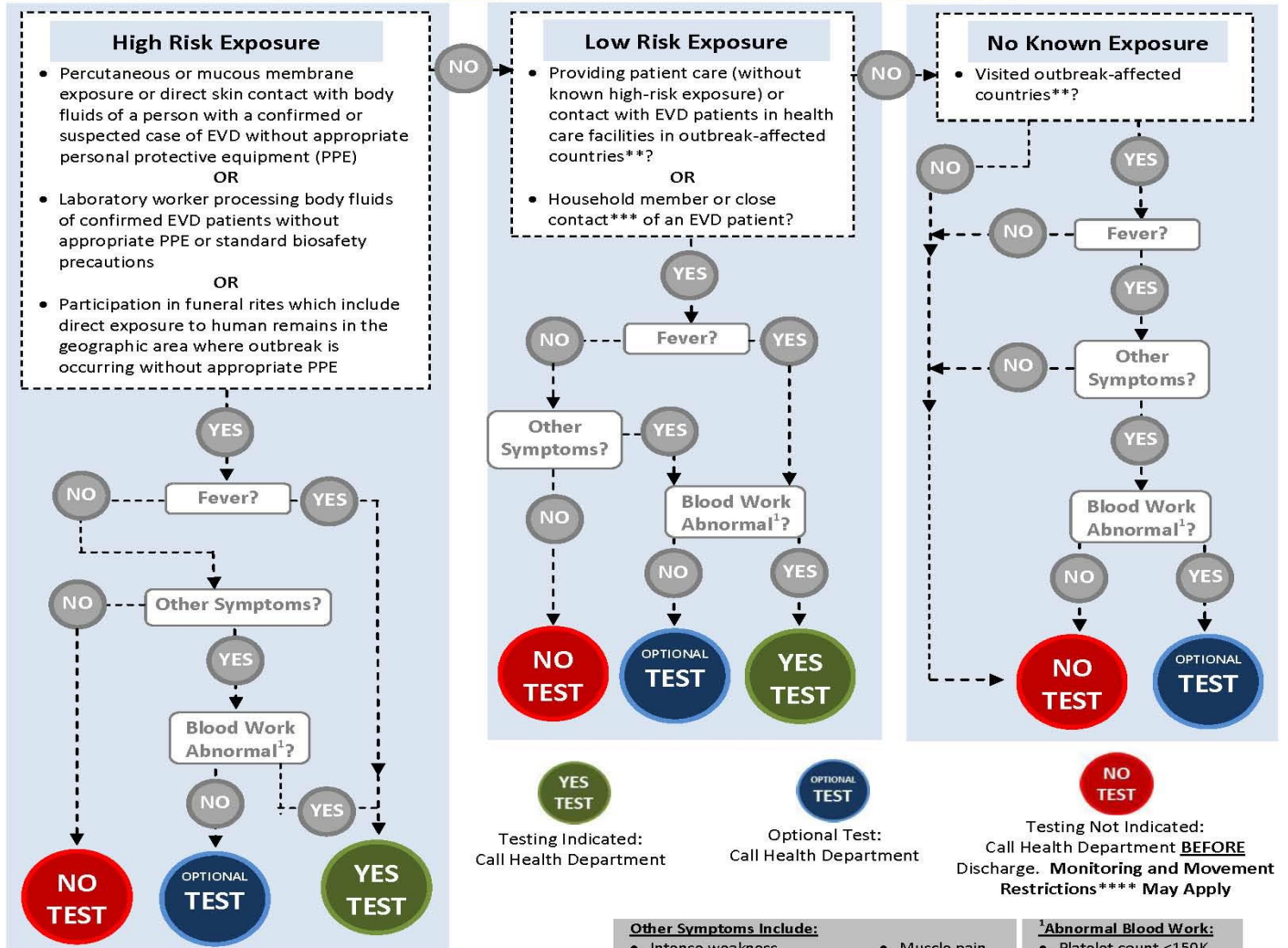
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## NYSDOH Decision Guide for Consultation and Ebola Virus Disease (EVD) Testing

**Has the patient traveled to or from an Ebola-affected area within 21 days of symptom onset, and has fever (subjective or  $\geq 101.5^{\circ}\text{F}$  or  $38.6^{\circ}\text{C}$ ) or other compatible symptoms? If so, please (1) isolate the patient in single room with a private bathroom and with the door to hallway closed, (2) Implement standard, contact, and droplet precautions (gown, facemask, eye protection, and gloves)\*, (3) Notify the hospital Infection Control Program and other appropriate staff, and then use the algorithm below to evaluate the patient for possible EVD testing.**

### What is the patient's risk of exposure to Ebola virus within 21 days of symptom onset?



### DEFINITIONS

#### Fever:

- Defined as  $\geq 101.5^{\circ}\text{F}$  ( $38.6^{\circ}\text{C}$ )

#### Other Symptoms Include:

- Intense weakness
- Headache and sore throat
- Internal or external bleeding
- Impaired kidney and liver function
- Muscle pain
- Vomiting
- Diarrhea

#### Abnormal Blood Work:

- Platelet count  $<150\text{K}$
- Prolonged PT/PTT
- AST/ALT elevation

NYSDOH (518) 473-4439

NYSDOH Duty Officer (866) 881-2809

NYCDOHMH (866) 692-3641

LHD contact information is available at <http://goo.gl/wfRgib>

Note: Malaria diagnostics should be a part of initial testing because it is the most common cause of febrile illness in persons with a travel history to the affected countries.

\* Infection Control Guidance can be found at <http://goo.gl/a3T3A3> and <http://goo.gl/u5JK6R>

\*\* A list of currently affected countries can be found at: <http://goo.gl/vUtSBB>

\*\*\* Case definitions can be found at <http://goo.gl/UDcCH2>

\*\*\*\* Monitoring and Movement Guidance can be found at <http://goo.gl/TVMKti>



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