10/21/2014 

**RAPID RESPONSE PLAN- Ebola (EVD) or MERS**

**Guidelines for Managing Suspected Cases of Ebola Virus Disease (EVD) or MERS**

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| **Initial Notification for ANY suspected case of Ebola Virus Disease (EVD) or Co-MERS** | |
| Monday through Friday 8 am-5pm: Contact OCHCA Epidemiology  **and** contact your Infection Prevention Department at Ext. 3679- See algorithm | 714 834-8180 |
| After Hours- Contact on call physician OCHCA Public Health Officer | 714-628-7008 |
| Nursing Supervisor | 714-392-1385 |
| Infection Prevention Department | 1. -824-7910 |

**Region/Countries of Interest-**

* **West Africa** -including Liberia, Sierra Leone, Guinea, ~~Nigeria, Senegal~~
* **Middle East** -including Jordan, Saudi Arabia, Yemen, Omar, Qatar, Kuwait, Bahrain, UAE

Even if testing negative, if highly suspect and within the first 3 days of illness, would likely still need to be isolated/admitted until repeat testing is done (recommendations from CDPH).

1. **Isolation:** Patient will be placed in a private room in airborne isolation.

*a. \*Airborne Isolation Room (AIIR): Although Ebola virus is not transmitted via the airborne route, patients should be placed in an airborne isolation room in the event that an aerosol-generating procedure is performed (bronchoscopy etc.).*

*b. MERS requires AIIR at all time*

c. Duration of precautions will be assessed on a case-by-case basis in conjunction with public health authorities.

d.

2. **Hand hygiene** must be performed before room entry and immediately after removal of PPE.

3. **Personal protective equipment (PPE):** All persons entering the room should wear at minimum:

a. Gloves – double glove

b. Full body suit or coverall

c. Eye protection –disposable goggles or disposable face shield (preferred) any time in patient care room. N-95 mask or PAPR

e. Use a buddy system to ensure that PPE is put on and removed safely. Buddy to observe process of donning and doffing PPE and verify all coverage is complete

f. Double gloving

h. Impervious shoe/leg covering

j. PAPR for aerosol-generating procedures

**4. Patient care equipment – Disposable equipment should be used when possible. Discuss with Infection Prevention before placing non-disposable equipment back into general use**

1. Dedicated medical equipment, e.g. stethoscopes, blood pressure cuffs, thermometers must be used for provision of patient care.
2. Disposable eating utensils, dietary trays should be used for meals if patient is able to eat.
3. All non-disposable equipment should be cleaned and disinfected according to manufacturer’s instructions and hospital policies
4. All soft sided furniture (textiles) must be removed from patient care room prior to placing patient in room
5. Any textiles left in patient care room, including privacy curtain must be destroyed upon patient discharge

**5. Patient care considerations**

a. Place patient in private room, negative airflow, with private bathroom.

b. Encourage use of bathroom vs. commode or bedpan if patient able to ambulate to reduce risk of exposure to bodily fluids when emptying receptacle. Consider use of powder to solidify liquids to reduce risk of splash (more info to follow)

e. Limit phlebotomy, procedures, and laboratory testing to the minimum necessary for patient care

f. Avoid aerosol-generating procedures when possible

g. Limit Healthcare Providers only to those essential for patient care

h. Maintain a log of persons entering the patient’s room

i. Patient may require admission without meeting admission criteria based on OCHCA assessment of risk of community exposure, until conclusive lab results.

**6. Laboratory Specimen Collection/ Labeling/ Transport**

a. Only labs essentially for diagnosis and treatment should be ordered and drawn.

b. Specimen collection: All samples should be collected wearing appropriate PPE as described above.   
c. Labeling/ Containment: All samples from a suspected or confirmed case should be labeled and contained immediately within a clear plastic biohazard bag. Please clearly label the specimen and biohazard bag with “Ebola” to alert laboratory staff. Specimen should be double bagged prior to transport.

d.Transport: All samples should be hand carried to the lab to avoid risk of contamination**. Do not use dumbwaiter or pneumatic tube. When transporting lab samples through hospital- use a durable leak proof secondary container.**

e. Testing specific for Ebola will be determined by OCHCA. They will arrange for pickup of specimen

**7. Environmental cleaning- infection prevention**

a. Employees performing environmental cleaning and disinfection should wear recommended PPE as described above (including additional PPE) if needed.

b. Follow standard procedures, per hospital policy and manufacturers’ instructions for cleaning and/or disinfection of environmental surfaces and equipment.

**c. Linens must be disposed of in red bags and incinerated. Do not place linens in regular soiled linen laundry for processing.**

d. Any soft sided equipment or textiles must be considered bio-hazardous and incinerated. If mattress has any cracks or holes, it too must be considered bio-hazardous and incinerated.

e. Routine cleaning and terminal cleaning will be per CDC guidelines directed by EVS director and the Infection Prevention Department.

**8. Employee health considerations**

a. Maintain a log of all Health Care Workers (HCW) entering the patient’s room or coming in contact with patient

b. Persons with percutaneous, mucus or skin exposure to blood, body fluids, secretions or excretions from a patient with suspected or confirmed EVD will:

* 1. immediately and safely stop any current tasks
  2. Safely remove PPE- using hand hygiene at appropriate steps, *exposure during PPE removal can be extremely dangerous- use Buddy System*
  3. Wash the affected skin surfaces or the percutaneous injury site with soap and water
  4. Accordingly, irrigate mucous membranes (e.g. conjunctiva) with copious amounts of water or an eyewash solution and not with chlorine solutions or other disinfectants
  5. Leave the patient care area.

c. Management of HCW after a potential EVD exposure:

* 1. Symptomatic – stay home from work/ immediately stop working, notify supervisor, notify Employee Well Being, notify OCHCA.
  2. Asymptomatic – fever and symptom monitoring twice daily for 21 days after last known exposure; will assess need for work exclusion on a case-by-case basis in conjunction with OCHCA

**9. Visitor monitoring**

a. Restrict all visitors into the patient’s room; may consider exceptions on a case-by-case basis. No children under the age of 18 allowed except on a case by case basis as determined by OCHCA

b. Maintain a log of all visitors entering the patient’s room.

c. Visitors should be:

* 1. Screened daily for symptoms before entering the hospital.
  2. Educated and assessed for ability to comply with precautions – all visitors MUST wear PPE and be capable and willing to adhere to the requirements
  3. Restricted to the patient room and an immediately adjacent waiting area

10. **Transport of Patient**

a.Once the decision is made to transport the patient from one patient care area to another:

* 1. Full report will be provided to the receiving unit in ample time to prepare the surrounding environment, i.e. obtain appropriate PPE
  2. The patient’s bed must be thoroughly inspected for any contamination and will be wiped down with bleach disinfectant wipes prior to transport
  3. Clean linens must be placed over the patient (soiled linens will be placed in a red bio-hazardous bag for incinerating)
  4. Any equipment that has been used to care for the patient may be carefully transported on the bed with the patient after being thoroughly cleaned with bleach wipes.
  5. The nurse and the physician caring for the patient will put on full barrier PPE and will transport patient to the new unit
  6. Place a mask over the patient’s nose and mouth. If patient is intubated a closed system will be maintained.
  7. Two Transporters will accompany the team moving the patient and will be responsible for walking ahead and behind the team ensuring no contact is made by visitors or hospital staff
  8. Patient will be placed in new location, under negative airflow on contact and droplet isolation

**11. Care of body if patient expires- Specific to Ebola**

a. **The virus becomes particularly dangerous after patient expires due to amount of virus and greater risk of leaking bodily fluids**

b. Extreme caution must be maintained when preparing body for morgue as **all body fluids remain infectious.**

**c. Contact OCHCA for further guidance on care of body after death**

d. Place tag/notification on body bag. Label “Use Extreme Caution to avoid contact with bodily fluids” on outside of body bag.

d. Autopsy of a patient who has died of Ebola should be avoided.

**References:**

http://emergency.cdc.gov/han/han00364.asp

http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html