

# 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 update your organization's Ebola policies, procedures and communications.

Note:

## 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 existing Infection Prevention and Control Program, as outlined in the CDC's 2014 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. The most common types of VHF are Ebola virus disease (EVD) and Marburg virus disease (MVD). Other types of VHF include Crimean-Congo hemorrhagic fever (CCHF), Rift Valley fever (RVF), and Dengue hemorrhagic fever (DHF).

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 [ • W K } / z •

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

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#### 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 #)

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

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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 [KŒP v\]\]Œ\]\]ŒV#•](#))

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](#)