Interim Upstate Community Campus
Ebola (EVD) Guidance

Revised: 1/2019

The goal of this document is to offer information and initial action items during the first few hours of an encounter with a suspected EVD patient. It is not intended as an all encompassing document but a collection of current guidance from other sources as well as existing policies and procedures at Upstate.

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NO REDISCLOSURE OF THE ABOVE INFORMATION IS ALLOWED.
Last Updated: January 2019
Background
Ebola Viral Disease (EVD) is one of numerous Viral Hemorrhagic Fevers. It is a severe, often fatal disease caused by infection with a virus of the family Filoviridae, genus Ebola virus.

Transmission
Direct contact (through broken skin or mucous membranes) with bodily fluids such as, but not limited to, blood, urine, feces, sweat, semen, and breast milk of an infected person. Exposure to objects that have been contaminated with infected secretions (such as needles) Direct handling of bats, rodents or primates from disease endemic areas. EVD is not spread by an airborne route: Incubation period: 5–10 days (ranges from 2–21 days)

Case Definition
1) All Triage and Registration personnel must ask the following questions per NYSDOH Commissioners Order of 10/16/14
2) Suspected Case: Travel History as well as flu like symptoms identified in the registration screens located in EPIC.
3) Confirmed Case
   (1) A suspected case with laboratory-confirmed diagnostic evidence of EVD.

Notifications/Contacts
1) Contact Nursing Supervisor & Infection Control Department
   a) Notify them of event for the immediate activation of Incident Command.
      (a) see DIS C-00
   b) Notify University Police ASAP
   c) Contact Hospital Epidemiologist: If one is unavailable call the other physician
      a) Community Campus: M. Brodey Cell only 315-382-3740, If not available call Dr. Thomas (cell 202-997-5352)
   d) Infection Control / Nursing Supervisor will notify the following as soon as possible
      i) Environmental Health and Safety
      ii) Laboratory Services
      iii) Environmental Services Supervisor - At CG Via Pager 441-2960.
   iv) Onondaga County Health Department
      (1) Business hours: 315-435-3252
      (2) Evening: 315-435-3236
   v) NYS Bureau of Communicable Disease Control if unable to reach OCHD
      (1) Business hours: 518-473-4439
      (2) Evenings, weekends, holidays: 1-866-881-2809
      (3) Follow and implement any additional recommendations

Visitors
1) Visitors who have been in contact with EVD patients before and during hospitalization are possible source of EVD for others.
2) Visitors cannot enter into a patient’s room.
3) Evaluate exceptions on a case-by-case basis with Incident Command and take in to consideration pediatric patients need to stay near parents.
4) Consult Onondaga County/ NYSDOH for management of visitors on premises
5) Assist with Onondaga County/ NYSDOH as they begin a patient history investigation to identify other people the patient may have had extended contact with.

**Risk of Exposure (per the CDC)**

1) **“High Risk” Exposure Examples**
   a) direct contact with body fluids, from a person sick with Ebola and showing symptoms, through:
      i) a needle stick
      ii) splashes to eyes, nose, or mouth
      iii) getting body fluids directly on skin
   b) touching a dead body while in a country with a large Ebola outbreak without wearing recommended personal protective equipment (PPE) or not wearing PPE correctly both living with and taking care of a person sick with Ebola
   c) If testing is believed to be required by Upstate contact the local or state health department immediately to receive direction from them regarding EVD testing

2) **“Some Risk” Exposure Examples**
   a) close contact (within 3 feet) of a person sick with Ebola for a long time
   b) Direct contact with a person sick with Ebola (such as in a hospital) in a country with a large Ebola outbreak even while wearing PPE correctly

3) **“Low (but not zero) Risk” Exposure Examples**
   a) having been in a country with a large Ebola outbreak within the past 21 days with no known exposure (such as NO direct contact with body fluids from a person sick with Ebola)
   b) being in the same room for a brief period of time with a person sick with Ebola
   c) brief direct contact, like shaking hands, with someone sick with Ebola
   d) direct contact with a person sick with Ebola in the United States while wearing PPE correctly
   e) traveling on an airplane with a person sick with Ebola

4) **“No Risk” Exposure Examples**
   a) having contact with a healthy person who had contact with a person sick with Ebola
   b) having contact with a person sick with Ebola before he or she had any symptoms
   c) someone who left a country with a large Ebola outbreak more than 21 days ago and has not been sick with Ebola since leaving that country
   d) having been in a country where there have been Ebola cases, but no large Ebola outbreak (for example, Spain)

**Identify if patient is possible case:**
   a) Public Safety or Registration staff stationed at the ED entrance will ask the risk questions to every patient presenting for care.
      i) Use language line (464-1454) for non-English speaking patient.
   b) A suspected case is considered a confirmed case until proven otherwise

**If there is a suspicion of EVD:**
   b) Have patient don regular surgical mask immediately
   c) Anyone arriving with the patient should also don a mask.
d) If anyone appears or communicates not feeling well they also should be asked to go into the vestibule and wait for medical team.

e) Employee should don a N95 mask or surgical mask and double gloves.

f) Staying at least 3 feet away from patient gently encourage them towards the vestibule.
   i) “Due to your recent travel and feeling ill we need to prepare a private area for you. Please put on this mask and return to the vestibule between the 2 glass doors. There is a chair and some personal items for you. A nurse or doctor will be out to talk with you very soon”

g) Isolate patient in the ED entrance between the 2 automatic doors.
   i) The automatic door shut off switch should be used to lock the doors to prevent further traffic. (Public Safety or registration clerk)- Pull stanchion from the front of registration desk.

h) Anyone with the patient who also has concerns about their condition, should be isolated with the patient

i) Anyone with the patient, who is not concerned, should be taken to waiting area (room 6) through the GEM Care door.

j) If the patient is a child, the adult(s) should be isolated with the patient

k) Notify the ED Charge Nurse Immediately

l) Charge Nurse, ED Physician or Administrative Supervisor (who ever arrives first) will ask the patient the three questions while still in the vestibule to determine if infection control Doctor should be called.

m) ED Charge Nurse will then notify the Administrative Supervisor to activate Incident Command as a precaution the possibility of using the GEM center

n) Admin Supervisor will notify AOC on call, EVS, Pharmacy (see DIS C-00)

o) A Public Safety officer will put a sign in front of the ED entrance directing patients to the ambulance bay entrance and will place a movable screen in front of the glass door, so patient privacy from the outside is maintained.

p) Officer will remain stationed outside of the ED to control media, public, etc.

q) NOTE : After discussion with ED Charge Nurse
   i) If visitors are not ill, escort them back to room 6 through the Gem Care door if possible.
   ii) Provide chairs as needed explaining to them that they needed to wait in there until a doctor speaks with the patient. Explain that we want to protect both the patient the family and others in the department.

r) Infection Control Doctor: Dr. Brodey (cell 382-3740),

s) If the Physician wants to isolate patient, patient will remain between doors while GEM Care is readied for the patient.

t) ED Charge Nurse will assign a staff member to sit outside vestibule and observe the patient.

u) Public safety must stand at ambulatory ED entrance to redirect patients to the EMS entrance.

v) Move any current patients from waiting room to the main lobby waiting area.

**ED Charge Nurse Action Items:**

a) Patients need to be moved out of GEM first.

b) What beds are open and what hallway areas can we use?
c) Who can get treated and discharged quickly?
d) Can anyone get moved upstairs if need be?
e) Consider who needs monitors, and close watching and who is not appropriate for hall way?
f) Can the ED staff safely help with cleaning out of equipment and still care for current ED patients? If not request more staff members for clinical care or movement of equipment.
g) Who is on staffing wise to best care for this patient? EVD PPE trained clinical staff member, volunteer etc.
h) ED STAFF should bring PPE cart to alcove outside room 6, (key is in PYXIS).
i) EVS to set up room 10 with waste management equipment for doffing
j) GEM Care mobile team or ED personnel on hand should be called to move patients and equipment.
k) The equipment to move is prioritized and listed on the GEM Care Space Checklist located on ipage.
l) Equipment will be moved to the alcove by the ED doors that lead to the Diagnostic Center.
m) Once Gem is cleared of as much as possible, the ED Charge Nurse
   i) wearing both mask and glove
   ii) Open the door to GEM from the waiting room, then open doors to vestibule.
   iii) Staying at least 3 feet away from patient will ask the patient to “please walk directly into this room. There is a recliner or a stretcher for you to sit or lie down. Make yourself comfortable. A nurse or doctor will be in as soon as possible.”

**Processes identified for the care of this patient**

a) Infection control, Clinical provider in consult with Nursing and Incident Command will plan for the care of this patient with **the goal of quickest possible transfer to the Downtown Campus.**

b) Consider who will go in and what the goal for the first encounter is; interview only or provide care, IV, ISTAT etc.

c) The donning area is designated as the area outside ED room 6 (Social Work Office)

d) Clinical provider will begin the donning with the observer reading each step and assisting with the donning.

e) Public Safety will secure area surrounding patient room to maintain log of those entering room and maintain integrity of restricted area. (see ipage for copy of log)

f) **NO VISITORS IN PATIENT ROOM**

g) Room 10 will be identified as room for doffing PPE.

**Plan for Transfer to Downtown Campus**

a) Coordinated by Incident Command after notification of DOH

b) 8M must be ready (approximate time from activation 2 hrs plus)

c) Transport is to be coordinated with AMR Syracuse via Incident Command and RN manager on 8M.
Management of Equipment and Bodily Fluids in and out of room:
   d) EVS to disinfect path taken by patient
   e) Labs: Limit to essential labs only
   f) **NO LABORATORY SPECIMENS WILL BE TRANSPORTED TO THE LAB AT THE CC CAMPUS**
   g) All testing will be Point of Care performed in the patient’s room
   h) Incident Command will coordinate the packaging and transport of any specimens which need to be transported outside the patient’s room.
   i) X-ray only when critical. If used, portable x-ray will remain in restricted area and not return to general use.
   j) EVS will manage the process for disposal of waste. Waste will be staged in room 7.

2) Plan for Transfer to Downtown Campus
   a) Coordinated by Incident Command after notification of DOH

**PPE**

*Personal Protective Equipment (PPE)*

1) All hospital personnel involved in patient care will use PPE provided by Upstate.
2) **NO SKIN EXPOSURE WHEN PPE IS WORN**
3) Each Upstate employee must be monitored for proper donning and doffing and for fatigue while wearing PPE.
4) If the normal supply chain is interrupted Upstate will seek additional PPE from other local hospitals not impacted by the EVD patient and coordinate such supplies with NYSDOH/Onondaga County Department of Emergency Management
5) Hospital has provided disposable shoes (crocs) are optional PPE intended only to those staff who do not want to wear their own personal footwear. It is recommended that staff members utilize this footwear.

1) EVD kits containing required PPE will be located:
   a) Community Campus: ED Disaster Decon closet across from the nurses’ station.
   b) Incident Command should utilize a “buddy system” to help monitor and transition staff members from hot (contamination present) to cold (no contamination) zones.
      i) An isolation cart should be moved to the location where donning/doffing takes place
2) Once PPE has been properly doffed staff should shower at the nearest location replacing clothes with scrubs provided by the hospital
Level 2 PPE

Designated for the care of an EVD patient: hot zone waste removal, bodily fluid clean-up and waste disposal.

- N95 Respirator
- Inner Gloves
- Outer Gloves
- Cowl (Hood)

TYCHEM SUIT

Trauma Gown

Level 1 PPE

Designated for the care of an EVD patient (ED/IM/GEM Care: Direct Patient care, hot zone waste removal, bodily fluid clean-up and waste disposal.

- PAPR
- Outer Glove
- Inner Gloves

TYCHEM SUIT

Trauma Gown

Level 3 PPE

PPE for the Suit Buddy Role & Laboratory Personnel and some Environmental Services Personnel under certain conditions. The "Buddy" PPE should stay in the Cold Zone and not enter the Warm Zone.

- N95 Respirator
- 2 Nitrile Gloves
- Cowl (Hood)
- Face Shield
- Boot Covers

Trauma Gown
<table>
<thead>
<tr>
<th>Role</th>
<th>Primary Staff member/ Health Care Worker (HCW)</th>
<th>Suit Buddy</th>
<th>Trained Observer (aka CDC Site Manager)</th>
<th>POC Laboratory Personnel</th>
<th>Environment Services</th>
<th>University Police/ Public Safety</th>
<th>Registration Staff</th>
<th>Outpatient/Ambulatory Clinical Staff</th>
<th>Physical Plant</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PPE</strong></td>
<td>Level 1 (PAPR) or Level 2 (N95)</td>
<td>Level 3</td>
<td>NONE</td>
<td>Level 3</td>
<td>Level 2 or 3 depending on task</td>
<td>surgical mask &amp; double glove</td>
<td>surgical mask</td>
<td>surgical mask &amp; double glove</td>
<td>Level 1 or Level 2</td>
</tr>
<tr>
<td><strong>Role</strong></td>
<td>Upstate Employee directly engaged in the care of a patient with EVD (Nurse, Physician)</td>
<td>Tasked with actively monitoring and assisting the HCW/Staff member with correctly donning and doffing PPE, observing staff members for increased fatigue or possibility of injury, breaks in PPE. Measuring vitals of the primary staff member prior to donning and after doffing.</td>
<td>To provide direct onsite management and oversight for the overall safe operation of all staff members engaged in the care of an EVD patient. The Trained observer must implement both administrative and environmental controls by continuous safety checks through direct observation. They must be able to take immediate corrective action once a breach in PPE or unsafe environment has been identified. In addition they must ensure the completion of the EVD exposure log and that information is communicated to Employee Health at the end of every shift. Ensure completion of the employee monitoring form once HCW/Staff member is out of the PPE. Ensures proper measuring and recording vital signs and looking for signs of fatigue both during donning and doffing. Also ensure appropriate personnel are on standby to assist if someone who is currently wearing PPE becomes injured.</td>
<td>Process and analyze clinically required specimens in the POC lab on 8m for an EVD patient</td>
<td>Waste removal and cleaning for an EVD patient</td>
<td>Law Enforcement and area security as it relates to an EVD patient</td>
<td>Asks all presenting patients Initial EVD Screening questions as indicated in Upstate's guidance and communicates any suspect cases to clinical staff members/ Triage Nurses.</td>
<td>Coordinates the isolation and communications per Upstate EVD guidance to ensure a minimum amount of patient contact. Must be able to integrate with local EMS as needed.</td>
<td>Repairs as needed to physical space impacted by an EVD patient.</td>
</tr>
</tbody>
</table>
### Qualifications

- **Job specific and/or PPE specific training as designated by Upstate Hospital for the role expected to be engaged in surrounding the care, transport or waste management of an EVD patient.**

The Suit Buddy will be knowledgeable about all PPE in Upstate's EVD Guidance. Specifically they should be well versed in the correct donning and doffing procedures, waste disposal and qualified to provide on the spot guidance as needed. In addition, The trained observer should be able to implement the EVD exposure management plan in the event of an unintentional break in procedure by possessing an above average awareness of the resources available to them in such a situation.

Job specific and/or PPE specific training as designated by Upstate Hospital for the role expected to be engaged in surrounding the care, transport or waste management of an EVD patient.

As indicated by Upstate's department of Human Resources and Supervisors within the Department for the screening of all patients presenting for care at Upstate.

Job specific and/or PPE specific training as designated by Upstate Hospital for the role expected to be engaged in surrounding the care, transport or waste management of an EVD patient as it occurs in an outpatient or ambulatory setting.

### Reports to:

- **Direct Supervisor or trained observer when in PPE**
- **Direct Supervisor or Safety Officer if Incident Command has been activated**
- **Direct Supervisor or others as indicated by Incident Command**

### PPE

<table>
<thead>
<tr>
<th>PPE</th>
<th>Reports to:</th>
<th>Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1 (PAPR) or Level 2 (N95)</td>
<td>Direct Supervisor or trained observer when in PPE</td>
<td>Level 3, Level 2 or 3 depending on task</td>
</tr>
<tr>
<td>Level 3</td>
<td>Direct Supervisor or Safety Officer if Incident Command has been activated</td>
<td>surgical mask &amp; double glove</td>
</tr>
<tr>
<td>NONE</td>
<td></td>
<td>surgical mask</td>
</tr>
<tr>
<td>Level 3</td>
<td></td>
<td>surgical mask &amp; double glove</td>
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<tr>
<td>Level 1 or Level 2</td>
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</table>
# EVD PPE Donning and Doffing Checklist

## Level 1

**Equipment needed:** washable clogs, suit, PAPR, HEPA cartridges, hood, trauma gown, outer gloves (green), inner gloves (Nitrile), and Chem Tape.

***for the purpose of this document “Bleach wipe” refers to Clorox Healthcare Bleach Germicidal Wipes
*** Dwell time: three minutes

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>Completed?</th>
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<tbody>
<tr>
<td>Have the 3rd person (Trained Observer) calling out each step, wait for (trained observer)</td>
<td></td>
</tr>
</tbody>
</table>

**DO NOT RUSH THIS PROCESS**

### Pre Donning Instructions:

**The COLD ZONE (Clean Area):**

1. Before donning with PPE
   - receive Safety Briefing
   - make sure to take bathroom break
   - drink fluids
   - secure belongings including jewelry, cell phone, watch, Vocera, etc. in staff locker
   - For staff with long hair, pull back with hair tie.
2. Change out of clothes into hospital scrubs.
3. Tuck shirt into waist band and tuck scrub pant legs into socks or tape.
4. Change into washable shoes (Hospital provided clogs).
5. Checking vitals: make sure to check vitals of both the person going in the room and the buddy. Document on staff tracking form.

### PAPR Assembly

1. Both the Care Provider and Suit Buddy:
   - Inspect breathing tube, connections, and body
   - Look for gaskets,
   - Look for any breaks in the tube,
   - Obtain 2 new (sealed in foil) PAPR filters
   - Inspect for expiration date
   - Pull tabs on filters to allow for airflow
   - Check threading of filters and PAPR
   - Secure filters “hand tight” **do not over tighten**
   - Make sure the battery is fully charged.
2. Air Flow
   - Insert the air flow indicator into the blower opening on the top of the PAPR
   - Turn the blower on
   - The plastic cone should rise above the minimum flow mark
   - If the indicator fails to rise to this level, check the battery, and make sure the caps are removed from the filters/cartridges
   - If still fails to rise to this level or PAPR alarms, do not use PAPR
3. PAPR hood assembly
   - Check that the breathing hose thread has the black rubber gasket seal
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>• Check the threads in the blower unit is in good condition and clear of foreign matter</td>
<td></td>
</tr>
<tr>
<td>• Screw the end of the breathing hose into the blower unit until it is hand tight</td>
<td></td>
</tr>
<tr>
<td>• <strong>Do not over tighten!</strong></td>
<td></td>
</tr>
<tr>
<td>• Connect the tube to the head piece, screw the end of the breathing hose until it is hand tight</td>
<td></td>
</tr>
<tr>
<td>• <strong>Do not over tighten!</strong></td>
<td></td>
</tr>
</tbody>
</table>

**PPE & Supplies Check**

1. Inspect ALL personal protective equipment for any rips or tears and signs of wear.
2. Position a cleanable table with a blue wrap available in the COLD ZONE for the doffing process.
3. Suit Buddy will rip (3) 12” pieces of ChemTape.
4. Suit Buddy will attach zipper tab to suit.

**Donning:**

**The COLD ZONE (Clean Area):**

1. Put washable clogs on.
2. While sitting place feet into personal protective suit.
3. Stand and Pull suit up to waist.
4. Put first set of inner gloves on (Nitrile).
5. Put arms into suit and bring suit up to shoulders.
6. Ensure the sleeve of the suit completely covers the inner glove to the wrist.
7. Buddy assists with donning the green outer gloves
   • Place the green outer gloves over first set of gloves and arms of suit
   • Ensure that inner gloves are tucked under sleeve of the suit
8. Tape green outer gloves to outside of suit and make tabs on end of Chem Tape for ease in removal.
   • Marry glove to suit and be sure to check for any exposure or gaps.
10. Partially close flap of suit
11. Buddy holds the PAPR blower unit and assists the Care Provider in securing the belt
    • Ensuring the belt holders are secured in place.
    • Adjust belt as needed for a snug fit.
12. Buddy turns the PAPR blower unit button ON.
13. Put PAPR hood over head, pulling chin strap securely under chin.
14. Tuck inner bib of the PAPR hood into the suit
15. Zip suit up completely up
16. Seal the flap of suit. Use Chem tape as needed.
17. Put Trauma gown over suit
   • Tie in back at neck and waist.
   • Ensure the trauma gown does not obstruct the PAPR blower motor by securing the trauma gown waist tie underneath the blower motor.
18. Buddy conducts visual inspection of Care Provider to ensure PPE is properly donned.

**Note:** When in Hot Zone, if any breech in PPE or Contamination occurs, the Care Provider must stop,
<table>
<thead>
<tr>
<th>TOPIC</th>
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<tbody>
<tr>
<td>disinfect with bleach wipe, come into Warm Zone, doff PPE and follow the Exposure Procedure.</td>
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</tr>
</tbody>
</table>

### Doffing Instructions:

**Have a 3rd person (Trained Observer) calling out each step, DO NOT RUSH THIS PROCESS.**

**While Care Provider is the Hot Zone (Patient Room)**

If grossly contaminated, wipe down as much contaminates using Bleach wipes as possible while still in the Hot Zone (patient room). (3 minute dwell time)

1. Carefully remove trauma gown by criss crossing arms and carefully pull gown at shoulders to breaking top attachment point
2. Turn sleeves and gown inside out while rolling gown away from your body
3. Once detached and completely rolled up place gown in rigid waste container.
4. Pause to inspect your PPE again for any gross contamination

1. Wipe hands with Bleach wipe (discard wipe) and wait Dwell time: 3 minutes
2. Wipe door knob with second Bleach wipe (do not need to wait dwell time)
3. While using the Bleach wipe to open door step into Warm Zone.
4. Discard wipe in warm zone ridged waste container.

### HOT TO WARM ZONE TRANSITION

1. The Buddy stays in the Cold Zone at all times.
2. The Care Provider is in the Warm Zone.
   - If the Buddy steps into Warm Zone, the Buddy must stay in the Warm Zone and follow decontamination doffing process.

If the Care Provider becomes contaminated at any point of this process, **STOP**, clean with Bleach wipes, document exposure and follow Exposure Procedure.

1. Care Provider in suit should stand on the blue wrap inside the Warm Zone at all times.
2. Buddy ensures the table (adjust height related to Care Provider) with blue wrap is set up in the COLD ZONE on the edge of the warm zone for placement of PAPR blower.
3. Bleach Wiping procedure:
   - Buddy hands Care Provider a new Bleach wipe to wipe gloves between select doffing steps or when a breach in protocol occurs.
   - Wait appropriate Dwell time: 3 minutes.
   - Discard wipe immediately after each step.

### DOFFING PROCESS in Warm ZONE

1. Buddy verbally assists Care Provider with backing up to the table.
2. Buddy will grasp the PAPR and instruct the Care Provider to unbuckle the PAPR belt
3. Buddy tells Care Provider they will be disconnecting the air.
4. Buddy disconnects the PAPR hose attached to the hood and places it on the table.
5. Buddy Turns PAPR off. Buddy wipes gloved hands. (3 minute dwell time)
6. Care Provider in suit leans head forward then pulls the PAPR hood off and places in rigid waste container used for bio-hazardous waste. Care Provider wipes gloved hands. (3 minute dwell time)
7. Care Provider in suit will open flap and completely unzip suit.
8. The Care Provider reaches behind and pulls suit off shoulders and down to waist.
9. With arms behind grab outer glove from behind to free inner gloved hand.
10. Use clean hand with inner glove inside of suit to free other hand from sleeve and outer glove.
<table>
<thead>
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<tbody>
<tr>
<td>11. Carefully roll suit inside out down to knees being sure not to touch outside of suit.</td>
<td></td>
</tr>
<tr>
<td>12. The Buddy will position a clean chair on edge of Cold and Warm Zones so that the Care Provider will face the Warm Zone with feet and suit in Warm Zone.</td>
<td></td>
</tr>
<tr>
<td>• The chair must always remain in the cold zone</td>
<td></td>
</tr>
<tr>
<td>13. Care provider pulls legs out of suit one leg at a time and carefully keeps feet in suit or stand in suit until both legs are out of PPE Suit.</td>
<td></td>
</tr>
<tr>
<td>Care providers feet <strong>CANNOT</strong> touch warm zone area including the blue wrap.</td>
<td></td>
</tr>
<tr>
<td>14. While still sitting in chair the Care Provider pivots and steps out into the Cold Zone.</td>
<td></td>
</tr>
<tr>
<td>15. Care Provider wipes gloved hands. (3 minute dwell time)</td>
<td></td>
</tr>
<tr>
<td>16. Care provider takes inner gloves off, discarding them in ridged waste container.</td>
<td></td>
</tr>
<tr>
<td>17. Wash hands with hand sanitizer or soap and water for at least 30 seconds.</td>
<td></td>
</tr>
<tr>
<td>18. Care Provider showers and changes into clean scrubs.</td>
<td></td>
</tr>
</tbody>
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## Cleaning up the Warm Zone (Suit Buddy)

1. Trained Observer will guide Buddy on cleaning of PAPR and warm zone

2. The Buddy should watch to make sure the chair used during donning/doffing does not become contaminated if a breach in suit, visual contamination, or the suit accidently touched the legs of the chair during the doffing process. If the chair becomes contaminated, the Buddy should wash with Bleach wipes.

3. Buddy wipes the PAPR blower unit and waist strap down with Bleach wipes and leaves on table. Buddy disinfects gloved hands with bleach wipe allowing for appropriate dwell time: 3 minutes.

4. The buddy will remove the HEPA filters from the PAPR then place in waste bin.

5. Buddy will disconnect PAPR hose from PAPR then wipe hose with disinfectant wipe. After wiping with bleach wipe place clean hose on clean surface in cold zone.

6. Buddy will disconnect the belt from the PAPR then wipe belt with disinfectant wipe and place in the cold zone.

7. Buddy will wipe PAPR with disinfectant wipe then place on clean surface in cold zone.

8. The Buddy will gather up blue wrap carefully rolling dirty surface inward, and place in rigid container. Buddy will wipe gloved hands. (dwell time 3 minutes)

9. The washable shoes worn by the Care Provider are clean and should be wiped with Bleach wipe and returned to the PPE equipment area. (dwell time 3 minutes)

10. Buddy will follow waste procedure to bag up waste in the warm zone.

11. Buddy will follow buddy doffing procedure.

12. Wash up /Shower per Protocol and change into clean clothes.

EVD PPE DONNING AND DOFFING CHECKLIST

LEVEL 2 (N95)

PPE ATTIRE NEEDED: washable clogs, suit, N95, face shield, cowl (hood), trauma gown, outer gloves (green), and inner gloves (Nitrile) and Chem Tape.

***for the purpose of this document “Bleach wipe” refers to Clorox Healthcare Bleach Germicidal Wipes
*** Dwell time: considered at least three minutes at a minimum.

<table>
<thead>
<tr>
<th>TOPIC</th>
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<tbody>
<tr>
<td>Have the 3rd person (Trained Observer) calling out each step, wait for (trained observer)</td>
<td>DO NOT RUSH THIS PROCESS</td>
</tr>
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</table>

Pre Donning Instructions:

The COLD ZONE (Clean Area):

1. Before donning with PPE
   - receive Safety Briefing
   - make sure to take bathroom break
   - drink fluids
   - secure belongings including jewelry, cell phone, watch, Vocera, etc. in staff locker
   - For staff with long hair, pull back with hair tie.
2. Change out of clothes into hospital scrubs.
3. Tuck shirt into waist band and tuck scrub pant legs into socks or tape.
4. Change into washable shoes (Hospital provided clogs).
5. Checking vitals: make sure to check vitals of both the person going in the room and the buddy. Document on staff tracking form.

PPE & Supplies Check

1. Inspect ALL personal protective equipment for any rips or tears and signs of wear.
2. Have a cleanable table with a blue wrap available in the COLD ZONE for the doffing process.
3. Suit Buddy will rip (3) 12” pieces of Chem Tape.
4. Suit Buddy will attach zipper tab to suit.

Donning:

The COLD ZONE (Clean Area):

1. Put washable clogs on.
2. Put first set of inner gloves on (Nitrile).
3. While sitting place feet into personal protective suit.
4. Stand and Pull suit up to waist.
5. Put arms into suit and bring suit up to shoulders, ensuring that the sleeve of the suit completely covers the inner glove to the wrist.
6. Trained Observer will review the proper way to put on N-95 and Employee will then put on N-95.
5. Buddy assists with donning the green outer gloves:
   - Place the green outer gloves over first set of gloves and arms of suit
   - Ensure that inner gloves are tucked under sleeve of the suit
6. Tape green outer gloves to outside of suit and make tabs on end of Chemtape for
ease in removal.
- Marry glove to suit and be sure to check for any exposure or gaps.

| 7. | Place Cowl/hood over head and N 95 mask. |
| 8. | Tuck hood inside suit. |
| 9. | Zip suit up. |
| 10. | Seal the flap of suit with Chem Tape |
| 11. | Place a 4" piece of Chem tape from the front of cowl to chest. |
| 12. | Put Trauma gown over suit and tie in back at neck and waist. |
| 13. | Put face shield on and secure shield in place with tabbed Chem Tape on each side of head. |

**Note:** No exposed skin or hair of the employee in the suit should be visible at the conclusion of the donning process.

### HOT TO WARM ZONE TRANSITION

Have a 3rd person (Trained Observer) calling out each step, wait for caller do not rush this process

- The Buddy stays in the Cold Zone at all times.
- The Care Provider is in the Warm Zone.
- If the Buddy steps into Warm Zone, the Buddy must stay in the Warm Zone and follow decontamination doffing process.

If the Care Provider becomes contaminated at any point of this process, STOP, clean with Bleach wipes, document exposure and follow Exposure Procedure.

### Doffing Instructions:

**Before leaving the Hot Zone (Patient Room) to go into the Warm Zone:**

- If grossly contaminated, wipe down as much contaminates using Bleach wipes as possible while still in the Hot Zone (patient room) (Dwell time 3 minutes)
- Carefully remove trauma gown by criss crossing arms and carefully pulling gown at shoulders, rolling gown inside out and place in rigid waste container
- Place all materials in the rigid waste container in the patient room
- Wipe hands with Bleach wipe
- Discard wipe
- Wait Dwell time: 3 minutes
- Wipe door knob with Bleach wipe and while using wipe open the door (No need to wait dwell time)
- Step into Warm Zone
- Discard wipe

1. Care Provider in PPE should be standing on the blue wrap inside the Warm Zone.

2. Bleach Wiping procedure:
   - Buddy hands person in suit a new Bleach wipe to wipe gloves between select doffing steps or when a breach in protocol occurs
   - Wait appropriate Dwell time: 3 minutes after each step
   - Discard wipe immediately after each step

3. Care Provider in suit leans head forward near rigid waste container designated for bio-hazardous waste.

4. With two hands the care provider pulls shield and cowl off by placing hands on straps on side of shield (pulling off both the face shield and cowl over head at the same time).
- Care Provider wipes hands with Bleach wipe (Dwell time 3 minutes)

5. Care Provider will open flap and completely unzip suit.

6. The Care Provider reaches behind and pulls suit off shoulders and down to waist.

7. With arms behind back grab outer glove from behind to free inner gloved hand.

8. Use clean hand with inner glove inside of suit to free other hand from sleeve and outer glove.

9. Carefully roll suit inside out down to knees being sure not to touch outside of suit.

10. The Buddy will position a clean chair on edge of Cold and Warm Zones so that the Care Provider will face the Warm Zone with feet and suit in Warm Zone.

- The chair must always remain in the cold zone

11. Care provider pulls legs out of suit one leg at a time and carefully keeps feet in suit or stand in suit until both legs are out of PPE Suit.

12. While still sitting in chair the Care Provider pivots and steps out into the Cold Zone.

13. Care Provider wipes gloved hands. (3 minute dwell time)

<table>
<thead>
<tr>
<th>Cleaning up the Warm Zone (Buddy)</th>
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<tbody>
<tr>
<td>1. The Buddy will gather up blue wrap carefully rolling dirty surface inward, and place in rigid container. Buddy will wipe gloved hands. (dwell time 3 minutes)</td>
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<tr>
<td>2. The washable shoes worn by the Care Provider are clean and should be wiped with Bleach wipe and returned to the PPE equipment area. (dwell time 3 minutes)</td>
</tr>
<tr>
<td>3. Buddy will follow waste procedure to bag up waste in the warm zone.</td>
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<tr>
<td>4. Buddy will follow buddy doffing procedure.</td>
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<tr>
<td>5. Wash up /Shower per Protocol and change into clean clothes.</td>
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# EVD PPE Donning and Doffing Checklist

## Level 3 (Buddy)

**PPE Attire:** Equipment needed: N95, face shield, cowl/hood, trauma gown, (2) pair of gloves (Nitrile), knee high boot covers.

***for the purpose of this document “Bleach wipe” refers to Clorox Healthcare Bleach Germicidal Wipes

***Dwell time: considered at least three minutes at a minimum.

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**DO NOT RUSH THIS PROCESS**

### Pre Donning Instructions:

**The Cold Zone (Clean Area):**

1. Before donning with PPE
   - receive Safety Briefing
   - make sure to take bathroom break
   - drink fluids
   - secure belongings including jewelry, cell phone, watch, Vocera, etc. in staff locker
   - For staff with long hair, pull back with hair tie.

2. Change out of clothes into hospital scrubs.
3. Tuck shirt into waist band and tuck scrub pant legs into socks
4. Change into washable shoes (Hospital provided clogs).
5. Document vitals on medical evaluation form

### Donning:

**The Cold Zone (Clean Area):**

Have a 3rd person (Trained Observer) calling out each step, DO NOT RUSH THIS PROCESS.

1. Put on boot covers over disposable shoes.
2. Put on inner nitrile gloves.
3. Put on outer nitrile gloves.
4. Put on N95.
5. Put on hood/Cowl.
6. Put on gown - Note: sleeves should cover inner gloves.
7. Put on face shield.
8. Place two small pieces of Chem Tape around face shield band to secure it to the hood.
9. Place a 4” piece of Chem Tape from the front of cowl to chest.

The Buddy is now ready to work in the Cold Zone

- The Buddy stays in the Cold Zone at all times.
- If the Buddy steps into Warm Zone, the Buddy must stay in the Warm Zone and follow decontamination doffing process.

### Doffing Instructions:

Have a 3rd person (Trained Observer) calling out each step, DO NOT RUSH THIS PROCESS.

1. **Decontaminate hands using Bleach wipe.**
   - Wait appropriate Dwell time: 3 minutes
<table>
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<tr>
<td>1. <strong>Discard wipe when done.</strong></td>
<td></td>
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<tr>
<td>2. Remove boot covers. (Use chair as needed to maintain balance)</td>
<td></td>
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<tr>
<td>3. <strong>Decontaminate hands using Bleach wipe.</strong></td>
<td></td>
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<tr>
<td>- Wait appropriate Dwell time: 3 minutes</td>
<td></td>
</tr>
<tr>
<td>- Discard wipe when done</td>
<td></td>
</tr>
<tr>
<td>4. Remove outer gloves being careful not to contaminate inner gloves.</td>
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</tr>
<tr>
<td>5. <strong>Decontaminate hands using Bleach wipe.</strong></td>
<td></td>
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<td>- Wait appropriate Dwell time: 3 minutes</td>
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<td>- Discard wipe when done</td>
<td></td>
</tr>
<tr>
<td>6. Remove hood and face shield together.</td>
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<td>7. <strong>Decontaminate hands using Bleach wipe.</strong></td>
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<tr>
<td>8. Remove gown rolling it inside out.</td>
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<td>9. <strong>Decontaminate hands using Bleach wipe.</strong></td>
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<tr>
<td>10. Remove N95</td>
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<td>11. <strong>Decontaminate hands using Bleach wipe.</strong></td>
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<td>- Discard wipe when done</td>
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<tr>
<td>12. Remove gloves.</td>
<td></td>
</tr>
<tr>
<td>13. Wash hands with soap and water for at least 30 seconds.</td>
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<tr>
<td>14. Put on new pair of gloves to bag up buddy PPE waste.</td>
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<tr>
<td>- Follow waste bagging procedures</td>
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<tr>
<td>15. <strong>Decontaminate hands using Bleach wipe.</strong></td>
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<td>- Wait appropriate Dwell time: 3 minutes</td>
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<tr>
<td>- Discard wipe when done</td>
<td></td>
</tr>
<tr>
<td>17. Wash hands with soap and water for at least 30 seconds.</td>
<td></td>
</tr>
<tr>
<td>18. Wash up /Shower per Protocol and change into clean clothes.</td>
<td></td>
</tr>
<tr>
<td>19. Document vitals of the staff monitoring form when finished.</td>
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</tbody>
</table>
Exposure Management

Procedure:
1) Known or suspected percutaneous or mucus membrane exposures to blood, body fluids, secretions, or excretions from a patient with suspected EVD.
2) Each and every employee who dons PPE during the care/treatment or support of an EVD patient will complete the Upstate EVD Contact Log and Upstate Employee Medical Monitoring sheet prior to wearing any level of PPE.
3) Employees are encouraged to report illnesses prior to donning and after doffing each shift by the suit buddy and the trained observer. All employees are reminded to report illness or injury to supervisors or employee health per normal policy.
4) Once created this log will be entered in the HCS (Health Commerce System) after each shift.
5) Employee health working with Upstate’s Infection Control & Onondaga Dept of Health, will initiate a system of health checks while providing care and support to an EVD patient at Upstate. These checks will continue for an additional 21 days after the last exposure to an EVD patient.
6) IMMEDIATELY
   a) Wash contacted skin surfaces with soap and water
   b) Irrigate mucus membranes (e.g., conjunctiva) with copious amounts of water or eye wash solution
   c) Complete an Injury Report Form
   d) Reporting Exposure proceed without delay
   e) Call Employee Health (ESH)
   f) After hours, weekends and holidays, notify supervisor and request to leave work. Report to ED per policy for evaluation for Blood and Body Fluid Exposures. For questions regarding EVD: ED physician will contact Hospital Epidemiologist. Notify EH of exposure by leaving message at above numbers.
7) EH informs Infection Control upon notification of exposure
8) Monitoring asymptomatic HCP for illness
9) Documentation of current health status (complete medical questionnaire)
10) Monitor and record body temperature twice daily for 21 days after exposure
11) Twice Daily communication with EH to report:
12) Asymptomatic HCP may continue to work with twice daily fever checks and symptom monitoring depending on NYSDOH and CDC recommendations as interpreted by the Hospital Epidemiologist.
13) If an Upstate Employee is quarantined by a public health officer (such as the County Health Dept., NYS Health Dept., CDC etc.), the New York State Time & Attendance Rules provide a means for State employees to remain in a full-pay status during the quarantine period. If
there is an on-the-job high risk exposure, or if an employee exposed at work becomes symptomatic with a confirmed Ebola diagnosis, a workers’ comp claim will be initiated to provide income replacement and payment of eligible related medical expenses.

14) Symptomatic Employee
   a) Do not report to work – communicate medical status to employee health
   b) If currently at work immediately notify your supervisor after isolating yourself as much as possible.
   c) Comply with work exclusion per Public Health Officials until deemed no longer infectious to others
Employee Monitoring Process

Number of Staff Needed:  Infection Control and Employee Health personnel working with the trained observer on 8m

Equipment: CDESS Access for IC and Employee Health

1) Definition:
   A. Healthcare workers providing care to Ebola patients in U.S. facilities while wearing appropriate PPE and with no known breaches in infection control are considered to have low (but not zero) risk of exposure considering unrecognized breaches PPE
   B. All Upstate employees who wear PPE for the care or support of an EVD patient will be monitored as indicated in this document

2) Procedure
   1. Each identified employee will do twice daily temperature checks and symptom evaluation
      i. While actively engaged in Ebola patient care and related cleaning duties and for an additional 21 days after the last date of contact
      ii. Temperature monitoring will be completed by body temperature measurement using an oral thermometer, which will be provided
   2. EVD patient contact documentation
      a. Employees with EVD patient contact must complete the EVD Contact Log (on the Upstate Ipage)
      i. Safety Officer monitors for proper completion each shift
      ii. Safety officer (or designee) enters all EVD Contact Log data HCS (Health Commerce System) CDESS for future tracking (requires HCS & CDESS access)
      iii. EVD Contact Log will be provided to Employee Health or Infection Control by 10 AM daily (may be coordinated by Incident Command)

3. Daily Active Health Monitoring
   A. Completed daily by every employee listed on the EVD Contact Log
   B. Begins with the first contact and continues until 21 days after the last contact
      1) Employee must call Employee Health before 9 AM and again before 7 PM
         a. Choose the phone menu option specific to EVD monitoring.
         b. Required information.
            1) Time of call
            2) Name
            3) Employee ID number
            4) Contact phone number
            5) Body temperature (oral)
6) State any other symptoms associated with EVD such as vomiting, diarrhea or unexplained bleeding or bruising

7) Express related health concerns or questions

ii. Employee Health or Infection Control will document employee self monitoring calls twice daily

iii. Changes in health prior to normal telephone reporting time

a. Immediately contact Employee Health and speak directly with clinical staff member between 8AM – 5 PM weekdays (do not leave a message)

b. During Employee Health off-hours, call the Upstate operator and ask to speak with the on-call Infectious Disease attending

c. Do not report to work or travel

d. Isolate yourself in a separate room with its own bathroom if possible while using a cell phone to communicate

e. Further direction will be provided by the Hospital Epidemiologist

iv. Failure to report

1) Employee Health will notify Onondaga County Department of Health within 24 hours of the last missed call.

4. Employee Health Active Monitoring Process:

A. Ensure the EVD Contact Log is being properly completed every shift

1) Documentation includes name, date of birth, contact information, location of work, time in and out of care area or lab, specific tasks and type of exposure, infection control breach (if any), type of PPE worn, donning/doffing and patient care observation, etc. (See attached EVD Personnel log.)

ii. EVD Contact Log shall be provided to Department of Health at agreed upon intervals. (should be coordinated through Upstate Incident Command)

iii. Upstate Incident Command will request CDESS Trainers from NYSDOH to assist in the set up and initial phases of the employee monitoring process.

iv. Additional administrative help can be coordinated by Upstate Incident Command.

   i. HCS & CDESS access must be granted by NYSDOH. (1 day turn around)

v. Employee Health or Infection Control will review CDESS data daily for any indication of a higher level of exposure. EVD exposure protocol will be initiated by the Director of Employee Health.
**SPECIMEN COLLECTION : Community Campus**

1) NO LABORATORY SPECIMENS WILL BE TRANSPORTED TO THE LAB AT THE COMMUNITY CAMPUS.

2) Incident Command will coordinate and acquire the needed equipment and personnel for Point of Care testing using the ED Istat.

3) All testing will be done in patient isolation room using Point of Care equipment and testing methods.

4) Additional istat nursing education should be coordinated through Incident Command.

5) Incident Command will coordinate the packaging and transport of any specimens that need to be transported outside of the patient’s room.

6) Packaging kits are available in the CC ED for any specimens that need to be sent out.

7) Steps for specimen packaging at the DT campus will also be followed at the Community campus.

8) Incident Command will coordinate transport of specimens with DOH for guidance.

**ENVIRONMENTAL INFECTION CONTROL**

1) Use hospital EPA approved disinfectant for cleaning
   a) Use an adjoining room to store equipment and waste until final disposition confirmed location by Incident Command

b) All equipment used for the treatment of a suspect case must be kept separate

c) Use only a mattress and pillow with plastic or other covering that fluids cannot get through

d) Remove: furniture and decorative curtains from patient rooms before use

e) Discard all linens, pillows, mattresses, and textile privacy curtains as Category A waste

f) Dispose all waste in designated collection bin inside the room.

   i) All waste generated from a suspected/confirmed patient should be treated as Category A waste as follows:

   (1) Place soft waste or sealed sharps containers into a primary medical waste bag (1.5ml – ASTM tested).

   (2) Apply bleach/EPA disinfectant into the primary bag to sufficiently cover the surface of materials contained within the bag; securely tie the bag.

   (3) Treat the exterior surface of the primary container with bleach or other EPA disinfectant.

   (4) Place the primary bag into a secondary bag and securely tie the outer bag.

   (5) Treat the exterior surface of the secondary bag with bleach or other EPA disinfectant.

   (6) The double bagged waste should then be placed into special Category A packaging provided. The liner tied securely and container closed per the packaging instructions provided.

   (7) Store the Category A waste containers separate from other regulated medical waste and in a secure area preferably isolated and with limited access.

   (8) Use disposable sharps containers for suspected/confirmed Ebola cases.

   g) Waste materials should be placed in leak-proof containment and discarded as Category A waste.

   i) To minimize contamination of the exterior of the waste bag, place bag in a rigid waste receptacle designed for this use.
(1) Detail of trash bag handling – add 200-300 ml water, double bag, germicidal wipe off (do NOT spray) of both 1st & 2nd bag, turkey neck closure.
(2) Place waste in approved 55 gal barrel

h) Human waste (feces, urine) can be emptied into a sanitary sewer (toilet) in patient bathroom that is part of the patient room.
   i) If not available a commode must be used – mix waste with istazorb prior to flushing. PPE Should be worn at all times when the potential for contact exists
   ii) See Appendix A for more information.

j) All soiled linen should be discarded – none should be laundered.

k) Equipment (Xray/Ultrasound/EKG) should be wiped with the above product, if not compatible item remains in room or is discarded.

l) If a ventilator is used, that will not be used for any other patient until CDC/or DOH develops a clear guidance to clean that equipment.

m) All cleaning will be cleared with Incident Command working with Infection Control: Cleaning will be a terminal clean - twice, allowing appropriate dwell time. Once dry UV light disinfection will be performed. All impacted areas such as: ED waiting area, reception, triage, elevators, and halls.

n) All equipment and waste/trash must stay in room. A rigid container will be placed in room for removal of waste.

o) Upon patient transfer, waste to be removed to designated staging area and room to be cleaned by EVS min 4 hours required. Removal of all waste prior to cleaning.

p) A secure trailer will be designated for EVD waste. At Community Campus back dock near maintenance garage.

q) Consideration for volume of waste generated and larger items to be disposed is required such as mattress and pillows.

r) Removal of the trailer off Upstate property will be coordinated through Incident Command.

**Disposal of Body Fluids (Toilet & Shower)**

1) Liquid wastes may be disposed of in the sanitary sewer as prescribed below.

2) Bleach was selected as the best choice disinfectant for waste water treatment plant purposes.

3) Clorox® Bleach – off the shelf (Clorox® is a registered trademark of The Clorox Company.)

4) Equipment Needed
   a) PPE (Level 1) for Clinical staff in Patient Room (hot zone)
   b) A straight bleach solution in a container for use directly in the toilet
   c) Receptacle for waste
   d) Disposable commode bucket liners as necessary
   e) Bedside commode as necessary
   f) Disposable patient under pad or other absorbent covering
   g) Trash cans lined with red bag (meeting ASTM 1922 and ASTM1709 standards for 480 grams tear resistance and 165 grams of impact resistance.)
h) Disinfectant bleach wipes—approved for use in EVD patient care areas

Fluid Disposal Procedure (SOLIDIFICATION).
1) This procedure is for waste not collected directly into the toilet by the patient.
2) It should be applied in any location where an EVD patient excretes liquid wastes into a collection vessel other than a fixed toilet.
3) Proceed to designated area and don PPE according to hospital procedure for PPE in isolation rooms for EVD patients.
4) Inside room Don 3rd pair of nitrile gloves
5) Stage small blue wrap, solidifier, bleach solution and liquid collection container near area of collection
6) Lay blue wrap out and place waste collection container in the center of the blue wrap
7) Liquid bleach may be added to the collection container at the direction of the trained observer
8) Empty Foley bag into liquid container
9) Slowly add solidifier from the edge of the container
10) Allow container to stand for 2 minutes
11) Once liquid is completely solidified surround and wrap the container in the blue wrap. Place the entire wrapped container into the red bag (meeting ASTM 1922 and ASTM1709 standards for 480 grams tear resistance and 165 grams of impact resistance.) waste receptacle
12) Remove outer gloves and decontaminate hands with a disinfectant bleach wipe.

Patient Flush Procedure
1) This procedure is for waste excreted directly into the toilet by the patient.
2) It should be applied in any location where an EVD patient excretes liquid wastes into toilet. Auto-flush toilet valves must be disabled to ensure manual flushing only.
3) Place two containers of bleach in the restroom— one to clean the bowl (straight bleach) and bleach wipes
4) Instruct the patient not to flush the toilet after use
5) Before patient use, staff in appropriate PPE will apply bleach solution around the bowl in the same manner as liquid/gel toilet bowl cleaner. Use one cup of bleach
6) Allow 10 minutes of contact time after patient use then flush toilet.
7) Wipe the surfaces with bleach wipe to ensure complete surface contact.

Bed Pan Solidification Procedure
1) Don additional outer gloves.
2) Place bed pan under patient
3) Prep small area on floor with blue wrap
4) When patient finished move bed pan to blue wrap on the floor
5) Clean patient. Place wipes into red waste bin.
6) Add bleach to bed pan as directed by trained observer
7) Carefully pour full container of solidifier into the bed pan
8) Let stand for kill time
9) Wrap up bed pan with blue wrap then place into red waste bin
10) Disinfect gloved hands then remove outer gloves.
Spill Cleanup

1. Alert team.
2. Need to have at least 2 people in PPE full
3. Employee entering area to assist with clean up sanitize gloved hands then don an additional pair of gloves on the outside. (3 total)
4. Obtain the spill kit (absorbent pad, bleach wipes, red bag)
5. Assist Patient first by cleaning gross contaminants.
6. Establish a spill perimeter.
7. Position clean up supplies including the red bag waste container outside the spill perimeter to ensure easy access.
8. Visually check PPE of both people in the area/room and clean any visible contamination
9. Sanitize gloves
10. Cover spill from the outside working in with bleach wipes until entire spill areas is covered.
11. Place absorbent pad over the bleach wipes
12. Obtain an additional spill pad. Fold pad over and lightly press clean pad down on covered spill to ensure complete bleach contact. Disposed pad when complete
13. Allow for appropriate contact time (5 minutes)
14. Clean- up spill material from outside-in
15. Sanitize gloves
16. Perform a final wipe of the spill area with bleach wipes/ swiffer with bleach wipes as directed by the Trained Observer.
17. Re-inspect area and PPE for gross contamination clean as needed
18. Remove outer gloves
19. Follow waste management for Category A Waste Removal protocol

STOP If:
- At any time there is a question or concern.
- At Any time there is contact with blood or bodily fluids.
  - Remove gross contamination before proceeding with spill clean-up process
- Directed to do so by the trained observer or other members of the team

EVD Sharps Container Removal

1) With PPE level 1. When sharps container is ¾ full
2) All sharps waste must be packaged in pre –staged FDA cleared sharps disposal containers that are securely closed in accordance with the manufactures instructions.
3) Close lid
4) Open wall mounted cabinet.
5) Remove plastic sharps container.
6) Place container inside a red bag (meeting ASTM 1922 and ASTM1709 standards for 480 grams tear resistance and 165 grams of impact resistance.)
7) For both floor unit and wall mounted unit add approximately 1 cup bleach to sufficiently cover surface of contents as required by the DOT Special Permit-16279.
8) Close red bag by carefully gathering the slack of the bag in one hand until the entire width is gathered in one hand.
9) Carefully twist the neck of the bag until wound tightly
10) Bend the twisted top over
11) Carefully place a twist tie around the twisted bag. Pull the twist tie closed securing the contents in the bag.
12) While holding the bag wipe the outside of the bag with a bleach wipe with 2 min dwell time.
13) Place secure, disinfected bag into another bag. Repeat steps 6 thru 10
**Category A Waste Handling**

This procedure is identical regardless of location inside the hot or warm zone to be performed by clinical staff members in Level 1 or Level 2 PPE. Please reference EVD Decontamination Room diagrams (Appendix A) for more information.

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**Category A Waste Handling**

1. Two red bags should be placed in waste container. Prepare two twist ties and cup of bleach.
2. Pour cup of bleach and cup into bag.
3. Remove bag when no more than 1/2 full.
4. Hold bag away from body, grab the top of the bag and gently roll up the bag.
5. Grab the top section of the bag, begin to twist the top section.
6. Twist the top of the bag carefully.
7. Bend the twisted top over.
8. Carefully place the twist tie around the twisted bag. Pull the twist tie closed securing the contents in the bag.
9. While holding the bag, wipe the outside of the bag with a bleach wipe. The dwell time is 2 minutes.
10. Place secure, disinfected bag into another bag. Repeat slides 4 thru 9.

***Nursing Final: step place double bagged waste into prepared CATEGORY A Waste Barrel***

***Place red bag in patient shower until transfer is coordinated with Trained Observer.***
**AEROSOL GENERATING PROCEDURES (AGPS)**

1) Avoid AGPs for EVD patients.
2) AGPS include Bi-level Positive Airway Pressure (BiPAP), bronchoscopy, sputum induction, intubation and extubation, and open suctioning of airways.
3) If performing AGPs, use a combination of measures to reduce exposures:
4) HCP should wear PPE as described above
5) Limit the number of HCP present during the procedure to only those essential for patient-care and support.
6) Entry and exit should be minimized during and shortly after the procedure.
7) Visitors should not be present during aerosol-generating procedures under any circumstances.
8) Conduct environmental surface cleaning following procedures

**Transfer Protocol**

1) **UH Community Campus to UH Downtown Campus**
   a) Patients that present to CC-ED and screen positive for potential EVD (Person Under Investigation) will follow the UH-CC Ebola Guidance plan
   b) Patients meeting threshold for EVD testing or optional testing as defined by NYSDOH Decision Guide for Consultation and Ebola Virus Disease (EVD) Testing should be considered for transfer to UH-Downtown for evaluation and/or care.
   c) These patients will be transferred by Rural Metro as per current agreement for UH intrafacility transports.
   d) Pts being transferred between CC and DT must be transferred in biohazard coveralls (if patient is able to don this without assistance) or an impervious sheet.
      i) The patient must wear a surgical mask unless clinical condition precludes.
      ii) Paramedic personnel will follow their own agency’s EVD protocol otherwise.
   e) Patients being transferred from CC will go directly to an appropriate inpatient room on 8M

2) **UH Outpatient Clinics to UH Downtown**
   a) Clinics will follow UH EVD Guidance Document.
   b) Once identified, if able, clinic physician will contact appropriate campus epidemiologist to discuss case and need for further evaluation.
   c) If deemed to require further evaluation or clinic physician not able to reach epidemiologist, the clinic physician will contact the corresponding campus ED attending to discuss case. UH ED attending may, if able, attempt to discuss case with hospital epidemiologist.
   d) Transport protocols for outpatient clinic patients are delineated in the UH EVD Guidance Document
Dietary

Procedure:
1. Meals will be served on 100% disposable service (dishware, trays and eating utensils). Tray ticket will be marked "All Disposables and Not to be Returned to Food and Nutrition"
2. Under no circumstance is the tray or any utensils to be returned to Food and Nutrition Services once it has been placed in the warm or hot zones and must be treated as Class A medical waste. Food/trays/utensils that stay in the cold zone can be disposed of in regular waste by nursing staff
3. Nursing will interpret orders for isolation based on the disease type and communicate this to Food and Nutrition according to standard procedures. Off menu requests by the patient will be determined clinically acceptable on a case by case basis at the time.
4. The entire 8m unit space will not be entered by Food and Nutrition Associates.
5. Food and Nutrition will deliver the tray/nourishment to the cart outside of locked unit doors to 8m and then they will notify nursing staff via phone that it is available for them to move in to the unit.
6. Menu selection will be obtained via phones from patient room by nursing staff twice a day or as needed
EVD Procedure

Procedure Issue Date: 2/16/15
Last Revision Date: 2/16/15
Last Review Date: 2/16/15

Applies to: Community

Communications/Public Relations

Procedure:
1) Upstate University Hospital’s Public and Media Relations Department, in conjunction with Emergency Management and Hospital Administration, works together with local, state and federal agencies to assess, update and communicate information regarding Ebola training and care to Upstate Medical University staff through targeted and campus-wide communications.
2) A primary point of contact from Public and Media Relations is available 24 hours a day, seven days a week, through the hospital's on-call system. A public information officer is designated and available at all times to assist the team in external and internal communications.
3) Public and Media Relations serves as the liaison for all media inquiries regarding Ebola and the care of an Ebola patient at Upstate University Hospital and will make experts available to media when appropriate. Upstate University Hospital protocol regarding release of private patient information will be followed.
Post Mortem Preparations

Equipment: 1 trained observer, 2 clinical personnel in Level 3 PPE, 4 clinical personnel in Level 1 PPE, 2 mortuary or hospital personnel in double gloves, 1 cremation casket, 3 approved body bags, PPE doffing supplies as needed.

Procedure:
1) ONLY PERSONNEL TRAINED IN THE HANDLING OF INFECTED REMAINS, AND WEARING PPE, SHOULD TOUCH, OR MOVE, ANY EBOLA-INFECTED REMAINS.
2) Preparation of the body: At the site of death, only nurses who have been trained in the handling of infected remains will prepare the body.
   a) Level 1 (PPE) must be worn while performing these tasks.
3) Notify Technical Director of Hospital Autopsy Service of the death of an Ebola patient. Request appropriate body bags (3) and cremation casket.
4) For identification purposes take a photograph of the decedent's face.
5) Staff wearing Level 1 PPE will enter patient room with necessary supplies.
6) Pull bed sheet(s) up around body.
7) Do not wash or clean body.
8) Do not remove any inserted medical equipment from body.
9) Gently roll body wrapped in sheets while sliding first bag under body.
10) Complete transfer of body to first bag.
11) Zip up bag, minimizing any air in bag – do not push or compress air in bag.
12) Disinfect outside of bag with bleach wipes.
13) Disinfect gloved hands using EPA registered hospital disinfectant (bleach wipes).
14) Fold second bag around first bag and close bag, minimizing any air in bag.
15) Disinfect outside of second bag with EPA registered hospital disinfectant (Bleach wipes).
16) Disinfect gloved hands using EPA registered hospital disinfectant (bleach wipes).
17) Work the mega mover under the second bag.
18) Disinfect gloved hands using EPA registered hospital disinfectant (bleach wipes).
19) Decontaminate surface of body bag with EPA registered hospital disinfectant.
20) Notify trained observers that body is ready to be transferred to cremation container.
21) Open anteroom door
22) Wheel cremation casket into clean side of ante room.
23) Open 3rd (heavy duty) body bag inside of cremation casket.
24) Disinfect gloved hands using EPA registered hospital disinfectant (bleach wipes).
25) Open Patient door.
26) Place double bagged body into the 3rd open body bag in wooden cremation container then close bag.
27) Zip 3rd bag closed and place a purple lock seal on zipper and lock.
28) Place a toe tag on zipper with patient identification, including patient name, date of birth and medical record #. Close cover on cremation casket.
29) Disinfect outside of cremation container with EPA registered hospital disinfectant (bleach wipes).
30) Push/lift cremation container into cold zone. All personnel who placed the body in the bags or sealed the container will remain in the anteroom.
31) A new set of workers will receive the body for transport to morgue.
32) All personnel in the anteroom will proceed to doff PPE. Disinfect gloved hands using EPA registered hospital disinfectant (bleach wipes).
33) Burgess & Tedesco Funeral Home/Crematory will load the cremation container into their service vehicle and transport directly to their crematory for cremation.
   a) Burgess & Tedesco Funeral Home will be responsible for obtaining the necessary information for the death certificate, filing the death certificate with the local registrar, obtaining the burial transit permit for cremation, and for supplying the necessary cremation container.
34) All transportation, including local transport, should be coordinated with relevant local and state authorities in advance. Interstate transport should be coordinated with CDC by calling the Emergency Operations Center at 770-488-7100.
EVD Procedure

Procedure Issue Date: 2/16/15
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Last Review Date: 2/16/15

Applies to: Community

Restraints for a Diagnosed EVD Patient

Procedure:
1. A patient will only be restrained if a determination is made that the patient is at risk of harming him/herself or others.
2. The treating clinician will determine the need for involuntary and/or physical restraints.
   a) Where possible, involuntary or chemical restraint should be utilized since PPE may tear/rip with the application of physical restraints.
3. Rationale for use of restraints will be documented in EPIC and must include duration of the restraint.
4. Use of restraints will follow Upstate policy CMR-17 as much as practical ensuring the utmost safety to 8m staff and the patient.