Recommendations for Suspect/Confirmed Viral Hemorrhagic Fever (VHF) / Ebola

in addition to Contact & Droplet Precautions

Infection Prevention and Control (IPC) & Workplace Health and Safety (WHS)



Assessment & Screening

Emergency Department/Urgent Care Center

- Triage using Emergency Department & Urgent Care Centre VHF / Ebola Triage Protocol (Screening & Rapid Assessment at presentation to ED/UCC).
- Isolate suspect VHF patient immediately.
- Site to have identified isolation room, marked area for donning/doffing and have VHF PPE starter packs on hand as part of Emergency & Disaster Management planning.

Designated VHF Site

- Site to have identified isolation room, marked area for donning/doffing and have VHF PPE starter packs on hand as part of Emergency & Disaster Management planning.
- Pre-determined routes to be used during transport inside facility.

Health Information Management (HIM) areas

Patients may present directly to areas staffed by HIM personnel (such as admitting or registration clerks) and indicate they have a fever and have a travel history to a VHF affected area.

- Ask patient to don medical mask
 - o If triage is present on site, the triage nurse should be contacted immediately.
 - o If no triage is present on site; immediately contact a site administrative/medical lead
 - and if possible, escort or direct the patient to a separate room while waiting for further direction.



Accommodation

- Single room and dedicated bathroom are required.
- Contact and Droplet Precautions sign visible on entry to room.
- Room door to remain closed to limit access to room.
- Maintain a log of all persons who enter the room.
- Municipal requirements do not allow flushing of human waste down the toilet.
 - Place a collection container into the toilet to contain feces and urine.



Medical Officer of Health (MOH) notification

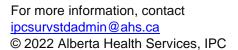
MOH and IPC to be notified as soon as possible



Laboratory testing for Viral Hemorrhagic Fevers (VHF) / Ebola

- Includes Ebola, Lassa and Marburg viral diseases.
- NO testing without approval and direction from MOH.
- Healthcare Providers MUST wear VHF PPE during specimen collection.
- Follow Viral haemorrhagic fever testing and outbreaks Lab Bulletin

¹ Patients are all persons who receive or have requested healthcare or services. The terms "client" or "resident" may also be used, depending on the healthcare setting.



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Hand Hygiene

- Perform <u>hand hygiene</u> using alcohol-based hand rub (ABHR) or soap and water as described in <u>Routine Practices</u>.
- Use plain soap and water when:
 - o hands are visibly soiled;
 - o caring for patients¹ with diarrhea and/or vomiting.
- Perform hand hygiene:
 - before accessing clean PPE from the supply cart as outlined in PPE Requirements for Suspect/Confirmed VHF / Ebola.



Risk Assessment

PPE is required before contact with the suspect/confirmed patient.

- Note any possible contact you may have with blood or body fluids, e.g., coughing, bleeding, runny nose, or soiled clothing, equipment or environment.
- Refer to <u>PPE Requirements for Suspect/Confirmed VHF / Ebola</u> for appropriate personal protective equipment (PPE) before providing care.



Personal Protective Equipment

- Refer to the <u>PPE Requirements for Suspect/Confirmed VHF / Ebola</u> for details on donning and careful removal and disposal of PPE.
- A PPE Buddy staff member will support and assist with correct PPE
- Donning Personal Protective Equipment
 - Gown Donning for Suspected/Confirmed VHF / Ebola
 - o Coveralls Donning for Suspected/Confirmed VHF / Ebola
- Doffing Personal Protective Equipment
 - Gown Doffing for Suspected/Confirmed VHF / Ebola
 - o Coveralls Doffing for Suspected/Confirmed VHF / Ebola
- **Buddy PPE** is only be utilized for assisting healthcare provider (HCP) and not to perform patient care.
 - Buddy Donning for Suspected/Confirmed VHS / Ebola
 - Buddy Doffing for Suspected/Confirmed VHS / Ebola

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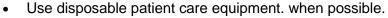


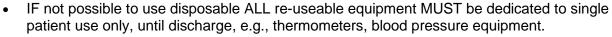
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Handling Patient Care Items and Equipment









- If reusable equipment, including electronics, cannot be dedicated for single patient use, clean and disinfect it in consultation with IPC before it leaves the room. For example, clean and disinfect non-critical equipment in the room. If the equipment cannot be effectively cleaned and disinfected it may be obtained/covered/wrapped and sent for further cleaning, e.g., cart washer for commodes, wheelchairs and beds.
- Use disposable dishes and utensils where available. Used cutlery meal and beverage dishes are to be discarded in biomedical waste after use.
- Handle soiled or used linens with minimal agitation and place directly in biomedical waste containers. All soiled linens will be disposed of as biomedical waste.
- Any toys, electronics, books or other personal items must remain in the patient room.
- After patients are discharged, discard all disposable equipment in biomedical waste containers. All critical, semi-critical and non-critical reusable equipment may only be removed from the room after consultation with AHS IPC. For example, the device may be covered and transported in a leak proof container for reprocessing in the MDR.

Patient belongings:



- Bag and seal patient belongings on admission. These items are to remain with patient.
- Disposition of items will be determined on a case-by-case basis in consultation with IPC.
 - o if the patient is negative for VHF belongings may be returned to the patient.
 - If the patient is positive for VHF consider clothing as biomedical waste and assess other belongings, e.g., jewelry, wallet, etc., to determine whether they can be disinfected.

Patient Transfer



- Patients to leave the room for essential purposes only. Notify receiving department of patient status and requirement for VHF precautions.
- Transport staff must perform Point of Care Risk Assessment (PCRA).

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- See PPE Requirements for Suspect/Confirmed VHF / Ebola
- Wear PPE during transport and remove PPE immediately after transport is complete.
 Ensure transport takes place in a manner that minimizes patient contact with other persons.
- Patient must clean hands, wear a clean gown (or sheet/blanket) and wear surgical/ procedure mask for any transport out of room.



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Environmental Cleaning



- Follow PPE Requirements for Suspect/Confirmed VHF / Ebola prior to cleaning the room.
- Cleaning equipment is to be dedicated to the room.
- Room surfaces and equipment cleaning/disinfection is required on a twice daily basis or more frequently if directed by IPC using AHS approved disinfectants containing sodium hypochlorite (bleach) or enhanced hydrogen peroxide. Follow Environmental Services (ES) <u>Protocol Occupied Patient Cubicle (Isolation)</u>. Discard all used cleaning cloths and mop heads in the biomedical waste container in room.
- After discharge, isolation room will be cleaned using ES <u>Discharge Transfer Isolation</u> protocol.
- Discard privacy curtains into the biomedical waste container.

3

Visitors

- Visitors must follow <u>PPE Requirements for Suspect/Confirmed VHF / Ebola</u> if they enter the room.
- Visitors require a buddy to help them don and doff PPE may need support to allay anxiety/fears about visiting safely.
- Keep the number of visitors to a minimum; Visitation details are determined on a case-bycase basis, e.g., frequency.
- Consider <u>Virtual Visitation</u> where appropriate.



Waste and Sharps Handling

- Municipal requirements do not allow flushing of human waste down the toilet.
- Place a collection container into the toilet to contain feces and urine.
- Patient room shall contain dedicated biomedical waste containers.
- All waste is to be discarded in biomedical waste containers in room.
- Dispose of sharps immediately after use in a puncture-proof, biohazard container.
- Do not overfill waste or sharps container.
- All waste containers removed from the room will be first disinfected with AHS approved disinfectants containing bleach (sodium hypochlorite) or hydrogen peroxide.
- Remember: New Needle, New Syringe, Every Time!

Follow VHF / Ebola Waste Management Requirements.



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