

## HEALTHCARE WORKER SAFETY GUIDELINES FOR SUSPECT EBOLA PATIENTS

Ten hospitals in New York State have been designated to treat patients with Ebola Virus Disease (EVD). However, **ALL** hospitals must be prepared to quickly triage, identify and isolate patients at risk for EVD. The NYS Department of Health has mandated that Centers for Disease Control (CDC) guidelines for healthcare worker protection be followed in New York State. However, these are minimal levels of protection and may not be adequate.

**NYSNA urges all healthcare facilities to adopt the following optimal protective standards:**

### **TRIAGE**

Hospitals must be prepared to quickly triage and isolate patients who may be at risk for EVD. The following protocols must be in place:

- There must be triage, identification and isolation procedures for facility access points including the emergency department, labor and delivery, ambulatory care and psychiatry.
- Adequate triage staffing must be available to eliminate any triage delays.
- Staff must be trained on appropriate travel history and symptomology questions to rapidly identify a patient who may be suffering from EVD.
- Protocols must be in place to immediately mask and quickly isolate the patient in a nearby isolation room.
- Protections must be in place for employees including adequate personal protective equipment (PPE), sharps protection and appropriate designated care areas.

### **PERSONAL PROTECTIVE EQUIPMENT (PPE)**

Any hospital employee who comes in close contact with a patient who is suspected to have EVD (whether confirmed or not) must be equipped with the following PPE:

**Patient with positive travel history but NO symptoms of Ebola:**

- Fluid-impermeable gown
- 2 pairs of gloves
- N95 respirator
- Face shield

### **Patient with positive travel history AND symptoms of Ebola:**

- Full body coverage including:
  - PAPR that includes a hood that fully covers the head, face and neck
  - Double gloves
  - Fluid impermeable gown that covers to mid-calf or impermeable coverall
  - Fluid impermeable foot and leg covers
  - Waterproof apron covering torso to mid-calf if patient has bodily secretions including vomit or diarrhea
- Trained monitor or “buddy” to assist with donning and supervise doffing of PPE and to assist with disinfection of visibly contaminated PPE
- Additional trained staff person to read donning and doffing “script” to prevent errors in donning and doffing procedures
- Decontamination procedures for contaminated PPE
- There must be extensive and comprehensive “hands on” training of PPE donning/doffing and decontamination procedures. A checklist should be used to determine if the HCW has mastered full competency in donning and doffing PPE safely before that worker is assigned to a position where s/he may come in contact with a patient who may have EVD.

### **ISOLATION FACILITIES**

Isolation rooms for questioning of possible EVD cases should include:

- Toilet facilities for patient
- Antechamber for HCW donning and doffing of PPE with hand washing facilities and designated “clean” and “potentially contaminated” areas
- If no antechamber exists, the CDC will allow an area to be designated for donning/doffing PPE that is enclosed in heavy plastic sheeting or will allow an adjacent room to be used
- If possible system for communicating with patient without HCW having to enter isolation room such as intercom or phone
- Designated disposable medical equipment such as stethoscopes and blood pressure cuffs for use with potential EVD patients (this equipment should not be used on other patients)

### **NOTIFICATION PROCEDURES:**

If a patient cannot be ruled out through travel history and symptomology, systems must be in place to immediately notify:

- The hospital infection control officer or designated Ebola coordinator
- NYC DOHMH or NYS DOH
- CDC

### **MEDICAL PROCEDURES AND SPECIMEN HANDLING**

Medical procedures and taking of specimens should be curtailed if possible until a patient can be “ruled out” for EVD.