

ED EBOLA Care Process

To date, the Adult ED has had 3 R/O patients for EBOLA. Fortunately, all 3 were ruled out. With each case we are learning and refining the process. Below is the most up to date workflow for the Adult ED.

PID: ESC's ask all patients if they have traveled outside of the US within the last 30 days. If yes, will give the patient a mask to put on and notify the triage nurse of patient with positive travel. Do not put the patient in the waiting area.

Triage: Nurse will prioritize this patient and do further travel screening. If yes to travel to Liberia, Sierra Leone, Guinea, Nigeria, or Democratic Republic of Congo (DRC) within 21 days and fever or fever history, mask patient if not already masked and take patient to Rm 12 or 14 for further screening. Does patient have other symptoms: headache, myalgia, vomiting, diarrhea, abdominal pain, unexplained hemorrhage)

ALL patients who screen positive regardless of acuity will be placed in room 12 or 14. Any resuscitation will be done in these rooms.

Remove supply cart, equipment and excess furniture from the room prior to patient occupying.

RN: DON enhanced Contact and droplet PPE if you need to enter room prior to provider screening and HEIC consult

Provider: Complete the screening form found on line under clinical resources or paper copy (NS desk). Determine if patient is low / high risk. Suggest that this screening can be done by nurse call or phone. If you must enter the room, don enhanced PPE.

High risk positive screen: continue enhanced PPE

Close adjoining isolation room. Move all clean supplies and PPE out of anti-room and into the closed isolation room. The closed room is now clean and the anti-room dirty.

One/one nursing. Limit # of staff entering room and track those on the contact log. (Only RN and provider will be entering room). Radiology and respiratory therapy as needed.

Low risk screen: Enhanced precautions or normal droplet/contact precautions based on patient presentation

If patient has positive travel history within 21 days and no symptoms, treat as a normal patient and contact HEIC. (ie. patient has a tooth ache)

Labs: No labs should be drawn or sent until HEIC consult and guidance.

Lab needs to be notified prior to sending labs.

Specimens need to be hand carrier in a sturdy plastic container (obtain container from lab).

Only select studies can be processed, as they cannot be placed on the automated equipment.

Exiting the room: Exit into the anti-room. Buddy will no long spray staff member with bleach solution. Instead the person will wipe hands with bleach wipe prior to doffing. Doff PPE with buddy assisting (in droplet/contact PPE) and an observer (in PPE if in the doffing room). Dispose of all PPE into red bag

trash. Place the PAPR battery in the designated bin for cleaning. Perform hand hygiene and exit into closed room. Step by step document with pictures will be forthcoming from HEIC

Change paper scrubs:

1. If a breach in doffing was noted, after showering
2. If leaving the department, after showering (break, end of shift)
3. As needed for your comfort level.

HEIC: will be on-site to give guidance and work with the health department

Cleaning: Surfaces that a positive screened patient has come in contact with, prior to isolation, should be wiped down with Caviwipes unless body fluids present. If body fluids present, cover fluid and maintain 3 feet distance. Call HEIC for clean- up process.

For high risk patients and positive diagnosed patients:

Treatment of waste before flushing down sewer: TBD

Removal of trash: EVS will not be entering the room. RN caring for the patient will remove trash from the patient room into the anti-room. Bleach will be used to clean surfaces.

Linen: RN caring for the patient will remove linen from the patient room into the anti-room. This linen will be placed in red bag trash.

Admitted patients: high risk patients and positive diagnosed patients will all be admitted to the MICU, regardless of acuity. There is consideration to having a designated floor for this population as well as a go team to care for these patients.

It is important that everyone be trained and familiar with donning and doffing of the PPE.

Doffing is the most challenging to prevent contamination. There will be PPE available for any staff that would like more practice. Please use an observer when practicing doffing to look for any contamination breaches.

This is an ever changing process with employee safety at the forefront. Please do not hesitate to ask questions and practice.