



Quick Guide: Infection Control Measures for Patients Hospitalized with Suspected Ebola Virus Disease (EVD)

Full guidance at <http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>

Patient Screening

This quick guide applies to patients who:

- Are febrile (temperature > 38.6°C or 101.5°F), OR have other compatible clinical symptoms (headache, myalgia, vomiting, diarrhea), AND
- Traveled to Guinea, Liberia, Sierra Leone, or Lagos, Nigeria, within 21 days of symptom onset, AND
- Had any one of the following risks of exposure to Ebola virus:
 - Percutaneous, mucous membrane, or direct skin contact with body fluids of confirmed or suspected cases of EVD, with or without use of appropriate personal protective equipment (PPE).
 - Laboratory processing of body fluids from confirmed or suspected cases of EVD, with or without use of appropriate PPE or recommended biosafety practices.
 - Participation in funeral rites or had other direct exposure to human remains in the geographic areas listed above, with or without use of appropriate PPE.
 - Spent time in a healthcare facility where patients with EVD were being treated. This includes healthcare personnel, patients, and family members.
 - Household members or casual contacts (spent > 4 hours in the same room or had sustained contact within 3 feet) of confirmed or suspected cases of EVD.
 - Direct contact with bats or primates from EVD-affected areas.

Suspected cases should be reported immediately to hospital infection prevention staff, who will then immediately report cases to the local health department.

Infection Control Precautions

Place patients in private rooms with private bathrooms. Keep doors to patient rooms closed.

Manage patients with standard, contact and droplet precautions.

<http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf>

Instruct patients with respiratory symptoms to wear a surgical mask prior to room placement and during transport outside the room.

Restrict nonessential staff and visitors from entering patients' rooms. Keep a log of persons entering patient rooms.

Hand Hygiene

Use alcohol hand sanitizers to decontaminate hands, following the CDC hand hygiene guidelines

<http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf> If hands are visibly soiled, wash with soap and water before using the alcohol hand sanitizer.

Aerosol Generating Procedures (AGP)

Avoid performing AGP if possible. Exclude visitors from procedure rooms and limit the number of staff present. Perform AGPs in an airborne infection isolation room. In addition to PPE listed above, staff should wear fit-tested N-95 filtering face pieces (disposable are preferred) or higher respiratory protection.

Personal Protective Equipment (PPE)

Protect eyes, nose, mouth and skin from exposure to blood, other body fluids, secretions, respiratory droplets and excretions. All persons entering patient rooms, performing environmental cleaning/disinfection or disposing of liquid medical waste should wear:

- Gloves
- Fluid-resistant or impermeable gowns
- Face shields or surgical masks
- Eye protection (goggles or face shields)

Additional PPE may be needed if exposure to copious amounts of blood or body fluids (e.g., vomitus, feces) is likely:

- Disposable shoe and leg coverings
- Two pairs of gloves

Important: Follow proper procedures for donning and removing PPE to avoid contaminating skin or mucous membranes. http://www.cdc.gov/hicpac/2007IP/2007ip_fig.html Perform hand hygiene immediately after removing PPE.

Environmental Cleaning and Disinfection

Follow standard environmental cleaning and disinfection procedures to decontaminate environmental surfaces, medical equipment, laundry, food utensils and dishware.

Use any of the following EPA-registered hospital-approved disinfectants: 10% sodium hypochlorite solution; hospital-grade quaternary ammonium; phenolics.

Place soiled linens in clearly labeled leak-proof bags at point of use and transport directly to the laundry area. Follow routine healthcare laundry procedures.

Dispose of liquid medical waste such as feces and vomitus in the sanitary sewer. Avoid splashing when disposing of these materials.

Handle solid medical waste (e.g., needles, syringes, tubing) with minimum agitation during disposal. Follow usual standard precautions when handling these items.

Specimen Handling

Alert laboratory staff prior to sending specimens. Place specimens in sealed plastic bags and transport directly to the laboratory in durable, leak-proof containers.

For more information
Centers for Disease Control and Prevention Ebola Hemorrhagic Fever
<http://www.cdc.gov/vhf/ebola/>

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