



Title: Ebola and VHF	
Document #: 7169	Issuing Authority:
Last Revised Date: 10/16/2019	Version Number: 1.0 (Current)

PURPOSE:

To ensure that healthcare providers are able to identify when a risk of a viral haemorrhagic fever (VHF) exists and initiate infection prevention and control measures to protect staff, patients and visitors.

POLICY STATEMENT:

Ebola virus disease (EVD) is a VHF causing severe illness that starts with the abrupt onset of fever usually accompanied with headache, malaise and myalgia. Additional symptoms and signs may occur such as but not limited to sore throat, chest pain, cough, rash, vomiting and diarrhea.

VHFs are diseases of public health significance due to:

- A low infectious dose required for infection
- High morbidity and mortality in human cases for many of the agents
- Effective vaccines or treatments are unavailable for most of the agents

VHFs are reportable diseases under Ontario Regulation 559/91 of the Health Protection and Promotion Act in Ontario and the Local Medical Officer of Health shall be notified immediately of a person presenting for care where an infection with a VHF virus may be suspected.

DEFINITION(S):**Alcohol Based Hand Rub (ABHR)**

A liquid, gel or foam formulation of alcohol (e.g., ethanol, isopropanol) which is used to reduce the number of microorganisms on hands in clinical situations when the hands are not visibly soiled. ABHRs contain emollients to reduce skin irritation and are less time-consuming to use than washing with soap and water.

Viral haemorrhagic fevers (VHF)

Viral haemorrhagic fevers (VHFs) refer to a group of illnesses that are caused by several distinct families of viruses. In general, the term "viral haemorrhagic fever" is used to describe a severe multisystem syndrome. Symptoms are often accompanied by haemorrhage. While some types of haemorrhagic fever viruses can cause relatively mild illness, many of these viruses cause severe, life-threatening disease. The risk of VHF in Canada is low.

Persons with Ebola are not communicable before the onset of symptoms:

- Virus levels in a patient's blood at the time of fever and symptom onset are low (some patients may not have a positive blood test result during the first 3 days of illness).

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- Ebola virus RNA levels increase throughout the course of infection and are highest late in the course of the disease when copious fluid loss is experienced due to diarrhea, vomiting or haemorrhage.
- The bodies of deceased EVD-infected persons are highly infectious.
- Direct contact with blood or other body fluids of infected persons without use of personal protective equipment (PPE) increased the risk for transmission in households or health care settings.
- Adult family members who touched a deceased EVD patient without use of PPE and who were exposed during the late phase of illness were at additional risk for infection.
- Cases remain communicable as long as blood or other body fluids contain the virus.

Patients may exhibit other notable clinical features including the following:

- Bleeding manifestations vary by agent (e.g. in about 30 per cent of patients with Ebola or Marburg haemorrhagic fevers and in only about 1 per cent of patients with Rift Valley fever). A maculopapular rash may be noted early in the clinical course in some forms of VHF (notably in Ebola and Marburg haemorrhagic fevers).
- Severe exudative pharyngitis is a characteristic early feature of Lassa fever.
- Several agents cause meningoencephalitis in addition to VHF (e.g. Rift Valley fever, Kyasanur forest disease, Omsk haemorrhagic fever viruses).
- Jaundice may be a prominent feature in some infections (e.g. Yellow Fever).
- Renal failure may be associated with some infection.

PROCEDURE:

A. Screening of Patients Presenting to Hospital

1. The Chief Medical Officer of Health may institute enhanced and active screening for travelers or visitors returning from areas experiencing widespread transmission of VHF when a risk for importation into Ontario exists under section 77.7 of the Health Protection and Promotion Act, R.S.O., 1990, c.H.7 (HPPA).
2. If active screening is instituted, clinics and outpatient departments may be asked to screen all patients arriving at appointments for a travel history and symptoms.
3. A travel history is part of routine patient evaluation for persons presenting to the Emergency Department (ED) and/or Urgent Care with symptoms that could be due to an infectious cause.
4. A history of recent travel (within 3 weeks) along with fever, rash, respiratory or gastrointestinal symptoms should trigger infection control measures including patient placement.

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5. Surgical/procedure masks must be available in the ED and/or Urgent Care waiting rooms. All patients with a cough are asked to wear a mask.
6. The ED and Urgent Care staff complete the Syndromic Screening Tool at triage.
7. Question # 1 of the screening tool asks patients about travel history.
8. Patients are then screened for symptoms of fever, respiratory infection, diarrhea and a rash.
9. If a patient answers **YES** to the screening questions and they have a history of travel in the past 3 weeks to a high risk country for Ebola or other viral hemorrhagic fevers, the triage nurse should ask for support from the Charge Nurse or Shift Lead and don PPE prior to contacting the patient.
10. The patient should then be moved to the appropriate isolation room (Zone 1, Bed 1 in the ED or isolation room in Urgent Care)

B. Initial Patient Assessment in the ED

1. Obtain the Ebola tote from the ante-room for Zone 1, Bed 1 or isolation room in Urgent Care.
2. Tote contains enhanced PPE, instructions for donning and doffing of PPE, isolation signage and a sign in log (follow donning and doffing instructions in Appendix A and B).
3. Two nurses must work together at all times.
4. One nurse will be designated as a “buddy/observer” and will assist the other nurse in donning and doffing of PPE (follow donning and doffing instructions in Appendix C and D).
5. ED physician is to don PPE prior to contacting the patient for initial assessment.
6. ED physician to notify Infectious Diseases Physician regarding a suspected case for further direction.
7. The Infection Prevention and Control (IPAC) Department must also be notified. . After hours, notify the Leader on Call.
8. All suspected cases must remain in Enhanced Droplet/Contact Precautions in a negative pressure room with ante-room.
9. All healthcare providers having contact with the patient must follow protocols in Appendix A, B and C, for donning and doffing of PPE.
10. All healthcare providers entering and leaving the patient room must sign the log sheet.
11. The treatment room will need to be equipped with additional any patient care equipment and be dedicated to this room and not be removed. The first nurse going into room will need to take in a vital sign monitor, commode, phone (found in ante room cupboard) and any other equipment if deemed required.

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C. Personal Protective Equipment

PPE will be kept outside the ante-room in the ED and outside of the isolation room in Urgent Care. PPE includes:

- Fluid impermeable long sleeved gowns
- Fluid resistant foot coverings
- Head cover
- Gloves, both short nitrile and long nitrile (extended cuff)
- Fit tested N95 respirator mask
- Disposable full face shield

D. Visitors

For patients with suspected or confirmed VHF, there shall be no non-essential visitors, unless the agent that is suspected or confirmed is non-transmissible. For visitors deemed essential for patient care, teaching should include:

- Correct hand hygiene
- Hygiene practices that prevent the spread of microorganisms
- Appropriate use of PPE
- Self-screening for fever or symptoms

E. Collection of Specimens

1. Before collecting appropriate specimens for investigation of suspected VHF, the physician must consult with a Public Health Ontario Laboratory (PHOL) microbiologist available through the PHOL Customer Service Centre at 416-235-6556 or toll free at 1-877-604-4567.
2. Contact both the local public health unit/Medical Officer of Health.
3. Specimens will then be collected at the direction of the Infectious Diseases physician, medical director and lab manager.
4. Specimens will be sent to a testing laboratory at the direction of Public Health.
5. No glucometers to be completed.
6. No admission swabs, nasopharyngeal swabs or other screening swabs to be collected.
7. No blood work to be drawn on IV starts.

F. Transporting Patients

1. Patients should not leave the room except for transfer to the Critical Care Unit (CCU) if required or to another healthcare facility.
2. Patient must wear a surgical/procedure mask for transfer.
3. Patient belongings should be double bagged and disinfected with the hospital approved disinfectant.

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4. Notify EMS regarding patient status to determine requirements during transportation.

G. Routine Cleaning of Patient Room

1. Environmental service aides (ESA) must don full PPE, as indicated by the posted isolation sign and follow instructions for donning and doffing of PPE.
2. ESA must have a buddy to assist them with donning and doffing of PPE.
3. Patient rooms should be cleaned based on the level of contamination with blood and body fluids, but at minimum daily.
4. Disposable wipes must be used to clean the patient environment. For the toilet, a single use toilet brush must be used for each cleaning episode.
5. Use of sprays for cleaning is absolutely prohibited.
6. Do NOT dip the cloth back into the bucket of solution after use.
7. Gloves shall be changed and hand hygiene performed after completing cleaning and before handling items for disposal.
8. All cleaning supplies MUST be disposable.
9. All housekeeping equipment must remain in the room for the duration of the patient's admission.
10. All used cleaning supplies, garbage and soiled patient care items must be double bagged and put in a red biohazard pail. The outside of the pail is to be wiped with disinfectant wipes prior to removing from the patient room. These items are destined for incineration.
11. Linens must be placed in a red biohazard bag then placed in the red biohazard pail to be incinerated. The outside of the pail should be wiped with disinfectant wipes prior to leaving the patient room.
12. Prior to removing linens and waste from the anteroom, PPE must be removed, hand hygiene performed and a fresh pair of gloves donned.

H. Terminal Cleaning of Patient Room

1. The same guidelines for routine cleaning must be followed. However, a double clean must occur upon patient discharge.
2. All curtains must be removed and incinerated, following the steps outlined above for linens.
3. The sharps container must be removed and placed in a red biohazard bag for incineration.
4. Discard everything in the patient's room that cannot be cleaned.

I. Cleaning of Unit Common Areas

1. While a suspected and/or confirmed EVD patient is present on a unit, the nursing station, pantry and staff lounge(s) shall be cleaned twice daily with a hospital approved disinfectant. Special attention will be paid to high-touch surfaces.

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2. Public and staff washrooms shall be cleaned every four (4) hours while the patient is admitted in the ED or Urgent Care using a hospital approved disinfectant.

J. Patient Waste Management

1. Hygie bags and a dedicated commode shall be used for patient waste management if they cannot make it to the bathroom (i.e. urine and feces). This is to reduce the risk of splashes. The used Hygie bags should be double bagged and placed in red biohazard pail, destined for incineration. The outside of the pail shall be wiped with hospital approved disinfectant wipes prior to removing from the room.
2. Commodes shall be wiped down with hospital approved disinfectant wipes during routine cleaning. Upon patient discharge, the commode shall be wiped with disinfectant, covered and labelled before going to the commode scrub hub for terminal disinfection.

K. Management of Spills and Accidental Soiling of Environment

1. Accidental spills of potentially contaminated material or patient soiling of the environment shall be encircled with disinfectant solution (i.e. 1:100 dilution of household bleach), covered with absorbent paper towels, liberally covered with disinfectant and left to soak for thirty (30) minutes before being wiped up.
2. Following the removal of initial material, the process shall be repeated once again.
3. Individuals attending to this task must wear appropriate PPE:
 - N95 respirator mask
 - Face protection
 - Gloves
 - Fluid impermeable long sleeved gown
 - Shoe, leg and head coverings
4. All waste shall be double bagged and placed in red biohazard bag. The outside of the biohazard bag shall be wiped with disinfectant prior to leaving the room for disposal.

Management of a Deceased Patient

1. The hospital is to collaborate with the local public health unit in the process for management of human remains.
2. The process must include preparation of the body in the location where the patient died.
3. The hospital will take direction from public health regarding the controlled transport of the body to either the hospital morgue or another location.

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4. The medical officer of health has the ability to direct the prompt burial or cremation of the deceased.
5. Public health units must work with the funeral home to support planning for burial or cremation.

RELATED PRACTICES AND / OR LEGISLATIONS:

Health Protection and Promotion Act, R.S.O., 1990.

REFERENCES:

CDC Ebola PPE Video Link: <https://www.medscape.com/viewarticle/833907>

Ministry of Health and Long-Term Care. (2019). Public health management of Ebola virus disease in Ontario: returning traveller, case and contact management and risk assessment guidance for public health units. Toronto, ON.

Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2016). Infection prevention and control guidance for patients with suspect or confirmed viral hemorrhagic fevers (VHF) in acute care settings. Toronto, ON: Queen's Printer for Ontario.

APPENDICES:

Appendix A – Healthcare worker donning of PPE

Appendix B – Healthcare worker doffing of PPE

Appendix C – Buddy/Observer donning of PPE

Appendix D – Buddy/Observer doffing of PPE




Appendix E – Enhanced Droplet/Contact Sign

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Appendix A






Instructions: Healthcare Provider going into treatment room
DONNING PERSONAL PROTECTIVE EQUIPMENT (PPE) for Ebola and other VHF

<p>Before HCP puts on PPE, 1 coworker (buddy) is required to:</p> <ul style="list-style-type: none"> Put on PPE (see instructions for donning PPE- Buddy) Read out PPE instructions to the HCP going into the treatment room and assist as needed <p>Locate the tote labelled "PPE for Ebola/other Viral Hemorrhagic Fever" in the designated area (ED-in ante room for zone 1, bed 1, Willett UC –inside the doctors lounge)</p> <ol style="list-style-type: none"> No chewing gum Remove all jewelry, rings watch, necklaces and eyeglasses and place in a safe location and hydrate as you will be in PPE for extended period Put on a fresh pair of clean OR scrubs (in tote) Long haired staff members tie back hair as high as possible Tuck pants into socks and ensure foot ware is washable Retrieve N95 Respirator from department stock room (fit -tested N95 respirator that fits you, noted on the back of BCHS badge) Collect required PPE/items from tote labelled "PPE for Ebola/other VHF" and inspect to ensure in good condition – no rips or tears <table border="1" style="margin-left: 20px;"> <tr><td>1 pair of short nitrile gloves</td></tr> <tr><td>1 pair of long nitrile gloves</td></tr> <tr><td>1 pair of boot covers</td></tr> <tr><td>1 long fluid resistant gown</td></tr> <tr><td>1 hood</td></tr> <tr><td>1 face shield</td></tr> <tr><td>1 mobile bottle of ABHR</td></tr> <tr><td>1 fold up cleanable chair labelled CLEAN (in Anteroom)</td></tr> </table> The anteroom requires setup for doffing PPE. This step should be completed prior to donning any PPE. Setup instructions are found within: Instructions: Healthcare Provider that was in treatment room DOFFING PPE for Ebola and other VHF <p>Where to put On PPE:</p> <ul style="list-style-type: none"> ED – Outside the entrance to the treatment room Zone 1, Bed 1 (not in ante room) WUC- Outside designated treatment room/isolation room in hallway 		1 pair of short nitrile gloves	1 pair of long nitrile gloves	1 pair of boot covers	1 long fluid resistant gown	1 hood	1 face shield	1 mobile bottle of ABHR	1 fold up cleanable chair labelled CLEAN (in Anteroom)
1 pair of short nitrile gloves									
1 pair of long nitrile gloves									
1 pair of boot covers									
1 long fluid resistant gown									
1 hood									
1 face shield									
1 mobile bottle of ABHR									
1 fold up cleanable chair labelled CLEAN (in Anteroom)									
1. Clean your hands and arms using alcohol-based hand rub for 20 sec.									
2. Put on inner pair of gloves – short nitrile gloves									
3. Sit on a cleanable chair labelled CLEAN and put on boot covers over your footwear and all the way up legs, the full length of the boot covers.									
4. Stand and put on long fluid resistant gown– this provides protection over trunk. Gloves must be under cuff/sleeve. Ties can be tied by the buddy already in PPE if assistance is required.									

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<p>5. Put on N95 Respirator and do seal check</p> <ul style="list-style-type: none"> • Place over nose, mouth and chin • Fit flexible nose piece over nose bridge • Secure on head with top elastic followed by bottom elastic and adjust to fit • Perform a fit check: 1) Inhale -respirator should collapse; 2) Exhale- check for leakage around face 	
<p>6. Put on hood</p> <p>Contain your hair - Coworker checks your hair line to ensure it is contained and hood is laying flat around the shoulders with assistance from the buddy</p>	
<p>7. Put on second pair of long nitrile gloves</p> <ul style="list-style-type: none"> • Ensure first pair of gloves has cuff of gown over glove • Put 2nd pair gloves on and extend gloves over cuffs of gown 	
<p>8. Put on face shield to protect the front and sides of the face.</p>	
<p>9. Buddy: inspect the PPE once on to see that all areas are covered, no holes and the HCW can move freely in the PPE. Healthcare worker is now ready to go into treatment room.</p>	

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Appendix B

Instructions: Healthcare Provider that was in treatment room DOFFING PERSONAL PROTECTIVE EQUIPMENT (PPE) for Ebola and other VHF

Where to take off PPE:

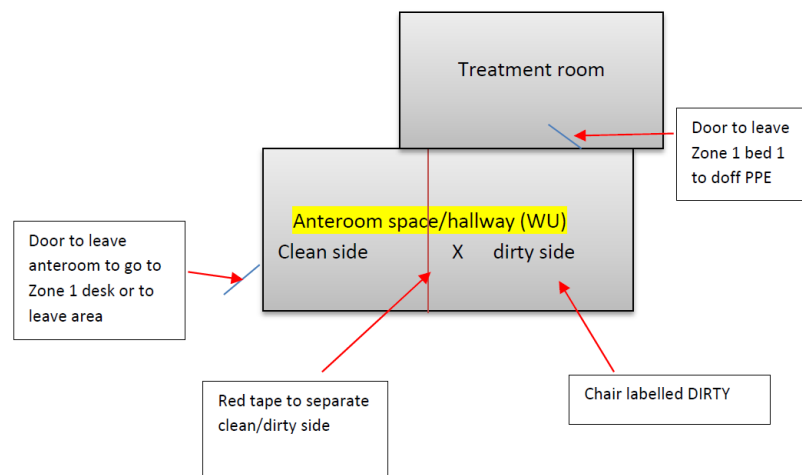
- ED – in anteroom for zone 1, bed 1 on dirty side of red tape near treatment room exit door.
- WUC – outside isolation room, in hallway closest to treatment room exit on dirty side of tape.

The following supplies should be placed in the anteroom prior to any entry into the patient room:

- | |
|---|
| 1. Fold up cleanable chair labelled DIRTY placed in the anteroom on the side of red tape (dirty side) near treatment room exit door to sit on to remove boot covers (in anteroom) |
| 2. Discard box lined with red garbage (in anteroom) |
| 3. PCS wipes (in tote- PPE for Ebola) |
| 4. Extra short, appropriate size gloves (in tote-PPE for Ebola) |
| 5. ABHR Assistance required by buddy to dispense ABHR at each required step (in tote-PPE for Ebola) |

BGH zone 1 bed 1: Set up of anteroom/doffing area:

- 1 foldup cleanable chair labelled DIRTY needs to be ready for use in ante room (fold up chair in anteroom) placed on the side of tape closest to the treatment room exit door in the anteroom. Stay on this side of the tape when out of the treatment room with boot covers on.
- Tape on the floor separates a dirty and clean side for doffing PPE. Follow instructions through to know when to transfer to the other side of tape (considered clean side).
- Discard box is required, lined with red garbage bag (becomes red bin) for PPE discard to be placed on dirty side in the doffing area/ante room close to where the HCP will be taking off PPE

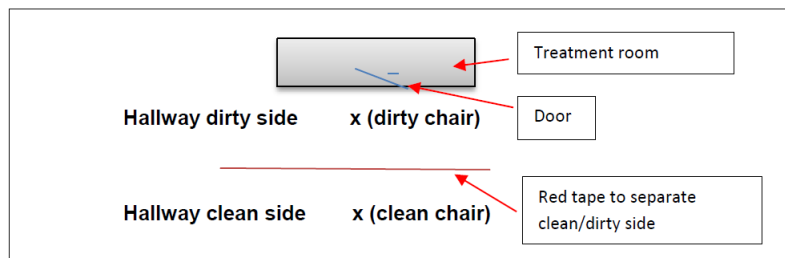


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Instructions: Healthcare Provider that was in treatment room
DOFFING PERSONAL PROTECTIVE EQUIPMENT (PPE) for Ebola and other VHF

- The Willett Hospital: Set up of doffing area:**
- Arrangement of supplies is similar to above, but in the absence of an anteroom, doffing should occur outside the room as in the diagram below. Red tape should be used to mark off a bordering area into which no healthcare worker can enter except for the purpose of entering the room/room disinfection.










- Buddy is in PPE:**
- Stay on the side of tape closest to the exit door of the anteroom that leads you to Zone1. (clean side)
 - Read out loud PPE instructions and to assist as required with taking off PPE. This needs to be done slowly.

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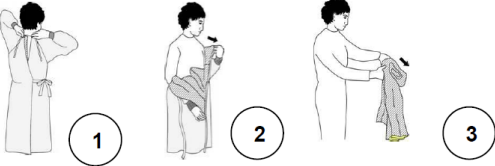





Instructions: Healthcare Provider that was in treatment room
DOFFING PERSONAL PROTECTIVE EQUIPMENT (PPE) for Ebola and other VHF

<p>1. Buddy inspects all PPE on HCP for tears and visible contamination after HCP comes out of treatment room.</p>	<ul style="list-style-type: none"> • Stand in T shape position • Slowly turn completely around so that all PPE is inspected. • Buddy uses disinfectant wipe or towel to remove visible contamination.
<p>2. Buddy to assist HCP by dispensing ABHR to outer gloves to allow hand hygiene to be performed.</p>	
<p>3. Sit on cleanable chair labelled DIRTY in anteroom and remove boot covers by pulling off using the outside hand and do not cross legs. Discard boot covers into red bin immediately. Wipe all surfaces of each shoe including the bottom with a PCS wipe. (one wipe for each shoe) You may hold onto DIRTY chair to assist with this step. Stand on the other side of tape, now considered to be the clean side.</p>	
<p>4. Buddy to assist HCP by dispensing ABHR to outer gloves to allow hand hygiene to be performed.</p>	
<p>5. Remove first layer of gloves - remove gloves using glove in glove method. Buddy to then assist HCP by dispensing ABHR to hands to allow hand hygiene to be performed.</p>	
<p>6. Buddy to assist HCP by dispensing ABHR to outer gloves to allow hand hygiene to be performed.</p>	
<p>7. Remove face shield - Grasp strap from back of head and pull up away from head and discard in red bin</p>	
<p>8. Remove hood by grabbing it from the back of the head and pull up and forward and discard in red bin</p>	

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<p>9. Buddy to assist HCP by dispensing ABHR to outer gloves to allow hand hygiene to be performed.</p>	
<p>10. Remove gown -untie the back of the gown, grasping inside of gown pushing the gown off the top of shoulder to upper arms. - Step on inside of gown with one foot and begin pulling gown down - Remove one arm at a time and turn the gown inside out during removal, roll up and place immediately in red bagged bin (If required, buddy may need to assist. Place instructions down on a clean counter while assistance is provided. HH to be performed before picking up instructions)</p>	
<p>11. Buddy to assist HCP by dispensing ABHR to outer gloves to allow hand hygiene to be performed.</p>	
<p>12. Remove inner layer of gloves - remove gloves using glove in glove method. Buddy to then assist HCP by dispensing ABHR to hands to allow hand hygiene to be performed.</p>	
<p>13. Put on a new pair of gloves</p>	
<p>14. Take off N95 Respirator-</p> <ol style="list-style-type: none"> Use both hands to grab bottom strap of N95 mask and lift strap from back of head to front Grab top strap of N95 mask and lift strap from back of head to front Place mask in red bagged bin 	
<p>15. Buddy to assist HCP by dispensing ABHR to gloves to allow hand hygiene to be performed</p>	

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<p>16. Remove gloves using glove in glove system and discard in red bin</p>	 1	 2	 3
<p>17.  Buddy to assist HCP by dispensing ABHR to hands and allow hand hygiene to be performed. Clean your hands and arms using alcohol-based hand rub for 20 sec. Observer inspects for any visible contamination</p>			
<p>18. Change out of OR greens into clean set – greens to be laundered in with normal laundry.</p>			

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Appendix C

Instructions: Buddy – Put PPE on first
DONNING PERSONAL PROTECTIVE EQUIPMENT (PPE) for Ebola and other VHF

Important tips for the Buddy:

- Buddy will be in PPE for a long period of time.
- Buddy to watch/assist healthcare provider (HCP) putting on and taking off PPE outside of treatment room.
- Watch HCP while in treatment room to ensure PPE remains in good condition. If PPE is damaged, have HCP leave room.
- Buddy will be prepared to go in and assist in treatment room if required. If Buddy goes into treatment room, then considered contaminated and will take off PPE following Instructions “Doffing as a HCP coming out of treatment room”. If this happens, a 3rd HCP will need to put on PPE to assist the HCP’s when out of treatment room to read aloud instructions to doff PPE and assist as required.



Before donning of PPE:
 Locate the tote labelled “PPE for Ebola/other Viral Hemorrhagic Fever” in the designated area (ED-in ante room for zone 1,bed 1, Willett UC –inside the doctors lounge

The HCP that will be going into the treatment room will be your buddy to read aloud the instructions to assist with donning PPE.

1. No chewing gum
2. Remove all jewelry, rings watch, necklaces and eyeglasses and place in a safe location and hydrate as you will be in PPE for extended period
3. Put on a fresh pair of clean OR scrubs (in tote)
4. Long haired staff members tie back hair as high as possible
5. Tuck pants into socks and ensure foot ware is washable
6. **Retrieve N95 Respirator from department stock room** (fit -tested N95 respirator that fits you, noted on the back of BCHS badge)
7. Collect required PPE/items from tote labelled “PPE for Ebola/other VHF” and inspect to ensure in good condition – no rips or tears

1 pair of short nitrile gloves
1 pair of long nitrile gloves
1 pair of boot covers
1 long fluid resistant gown
1 hood
1 face shield
1 mobile bottle of ABHR
1 fold up cleanable chair labelled CLEAN (in anteroom)
8. The anteroom requires setup for doffing PPE. This step should be completed prior to donning any PPE. Setup instructions are found within: Instructions: Healthcare Provider that was in treatment room DOFFING PPE for Ebola and other VHF

Where to put On PPE:
 ED – outside the entrance of Zone 1 bed 1 treatment room (**not in anteroom**)
 WUC-outside designated treatment room/isolation room in hallway



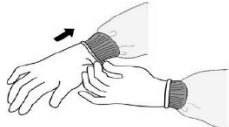




1. Clean your hands and arms using alcohol-based hand rub for 20 sec.	
2. Put on inner pair of gloves – short nitrile gloves	
3. Sit on a chair labelled CLEAN and put on boot covers over your footwear and pull up to completely cover legs, the full length of the boot covers and tie.	

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Title: Ebola and VHF	
Document #: 7169	Issuing Authority:
Last Revised Date: 10/16/2019	Version Number: 1.0 (Current)

Instructions: Buddy – Put PPE on first

DONNING PERSONAL PROTECTIVE EQUIPMENT (PPE) for Ebola and other VHF

<p>4. Put on long fluid resistant gown, this provides protection over trunk. Gloves must be under cuff/sleeve</p>	
<p>5. Put on face shield to protect the front and sides of the face</p>	
<p>6. Put on second pair of long nitrile gloves</p> <ul style="list-style-type: none"> • Ensure first pair of gloves has cuff of suit over glove • Put 2nd pair gloves on and extend gloves over cuffs of suit 	
<p>7. Have co-worker inspect your PPE once on to see that all areas are covered, no holes and the HCW can move freely in the PPE. You are ready to be the buddy and observe from outside the treatment room. STOP HERE</p>	
<p>If you need to go into treatment room, remove face shield and:</p> <p>Put on N95 Respirator and do seal check</p> <ul style="list-style-type: none"> • Place over nose, mouth and chin • Fit flexible nose piece over nose bridge • Secure on head with top elastic followed by bottom elastic and adjust to fit • Perform a fit check: 1) Inhale -respirator should collapse; 2) Exhale- check for leakage around face 	
<p>If you need to go into treatment room:</p> <p>Put on hood</p> <p>Contain your hair - Coworker checks your hair line to ensure it is contained and hood is lying flat around the shoulders with assistance from the buddy and reapply the face shield.</p>	
<p>Have co-worker inspect your PPE once on to see that all areas are covered, no holes and the HCW can move freely in the PPE. You are now ready to go into the treatment room if required.</p>	

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Appendix D

Instructions: Buddy (Last to remove PPE)

DOFFING PERSONAL PROTECTIVE EQUIPMENT (PPE) for Ebola and other VHF

*****Instructions for a Buddy that has not been inside the treatment room/minimal assistance to healthcare provider**

HCP that was in the treatment room and has removed PPE is now the observer for this buddy.

- Observer is to read out PPE instructions and to assist as required with taking off PPE. This needs to be done slowly.

Where to take off PPE:

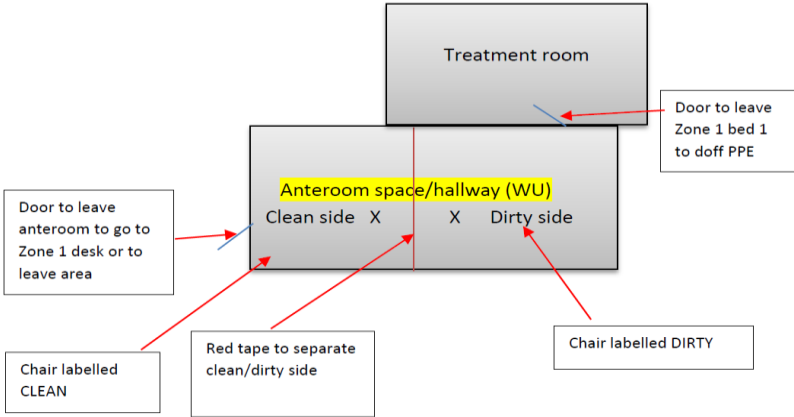
- ED – in anteroom for zone 1, bed 1, on clean side of red tape closest to the anteroom exit
- WUC – outside isolation room, in hallway on clean side of red tape

The following supplies should be placed in the anteroom prior to any entry into the patient room:

1. Fold up cleanable chair labelled CLEAN placed in the anteroom on the side of red tape (clean side) near anteroom room exit door or just outside anteroom to sit on to remove boot covers
2. Discard box lined with red garbage (in anteroom)
3. PCS wipes (in tote- PPE for Ebola)
4. ABHR Assistance required by buddy to dispense ABHR at each required step (in tote-PPE for Ebola)

BGH zone 1 bed 1: Set up of anteroom/doffing area:

- 1 foldup cleanable chair labelled CLEAN needs to be ready for use in ante room (fold up chair in anteroom) placed on the side of tape closest to the anteroom exit door in the anteroom or just outside anteroom. Stay on this side of the tape.
- Discard box is required, lined with red garbage bag (becomes red bin) for PPE discard to be placed in the doffing area/ante room close to where the HCP will be taking off PPE



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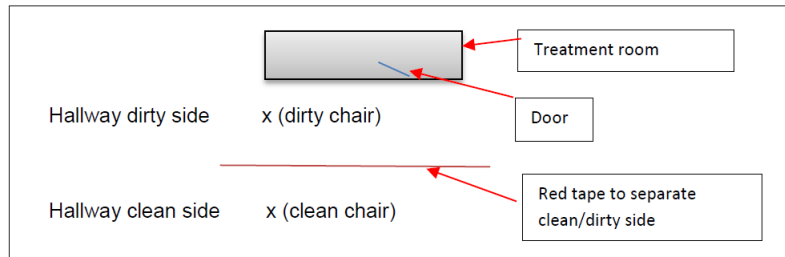
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DOFFING PERSONAL PROTECTIVE EQUIPMENT (PPE) for Ebola and other VHF

The Willett Hospital: Set up of doffing area:

- Arrangement of supplies is similar to above, but in the absence of an anteroom, doffing should occur outside the room as in the diagram below. Red tape should be used to mark off a bordering area into which no healthcare worker can enter except for the purpose of entering the room/room disinfection.










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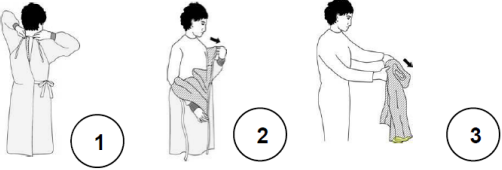



<p>1. Buddy inspects all PPE on HCP for tears and visible contamination after HCP comes out of treatment room.</p>	<ul style="list-style-type: none"> Stand in T shape position Slowly turn completely around so that the whole suit is inspected. Buddy uses disinfectant wipe or towel to remove visible contamination.
<p>2. Buddy to assist HCP by dispensing ABHR to outer gloves to allow hand hygiene to be performed.</p>	
<p>3. Sit on cleanable chair labelled CLEAN and remove boot covers by pulling off using the outside hand and do not cross legs. Discard boot covers into red bin immediately. Wipe all surfaces of each shoe including the bottom with a PCS wipe. (one wipe for each shoe) Stand on the other side of the tape in the ante room so you are not contaminating your shoes.</p>	
<p>4. Buddy to assist HCP by dispensing ABHR to outer gloves to allow hand hygiene to be performed.</p>	
<p>5. Take off first layer of gloves- remove gloves using glove in glove system and discard in red bin</p>	
<p>6. Buddy to inspect these gloves for tears. Buddy to assist HCP by dispensing ABHR to outer gloves to allow hand hygiene to be performed.</p>	
<p>7. Remove face shield - Grasp strap from back of head and pull up away from head and discard in red bin.</p>	
<p>8. Buddy to assist HCP by dispensing ABHR to outer gloves to allow hand hygiene to be performed.</p>	

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<p>9. Remove gown</p> <ul style="list-style-type: none"> -untie the back of the gown, grasping inside of gown pushing the gown off the top of shoulder to upper arms. - Step on inside of gown with one foot and begin pulling gown down - Remove one arm at a time and turn the gown inside out during removal, roll up and place immediately in red bagged bin (if help is required, buddy can assist but only if required. Place instructions in a clean area and HH will be required after before picking up instructions) 	
<p>10. Buddy to assist HCP by dispensing ABHR to outer gloves to allow hand hygiene to be performed.</p>	
<p>11. Remove inner layer of gloves - remove gloves using glove in glove method.</p>	
<p>12.  Buddy assists by pumping ABHR into your hands. Clean your hands and arms using alcohol-based hand rub for 20 sec. Observer inspects for any visible contamination</p>	
<p>13. Change out of OR greens into clean set – greens to be laundered in with normal laundry.</p>	

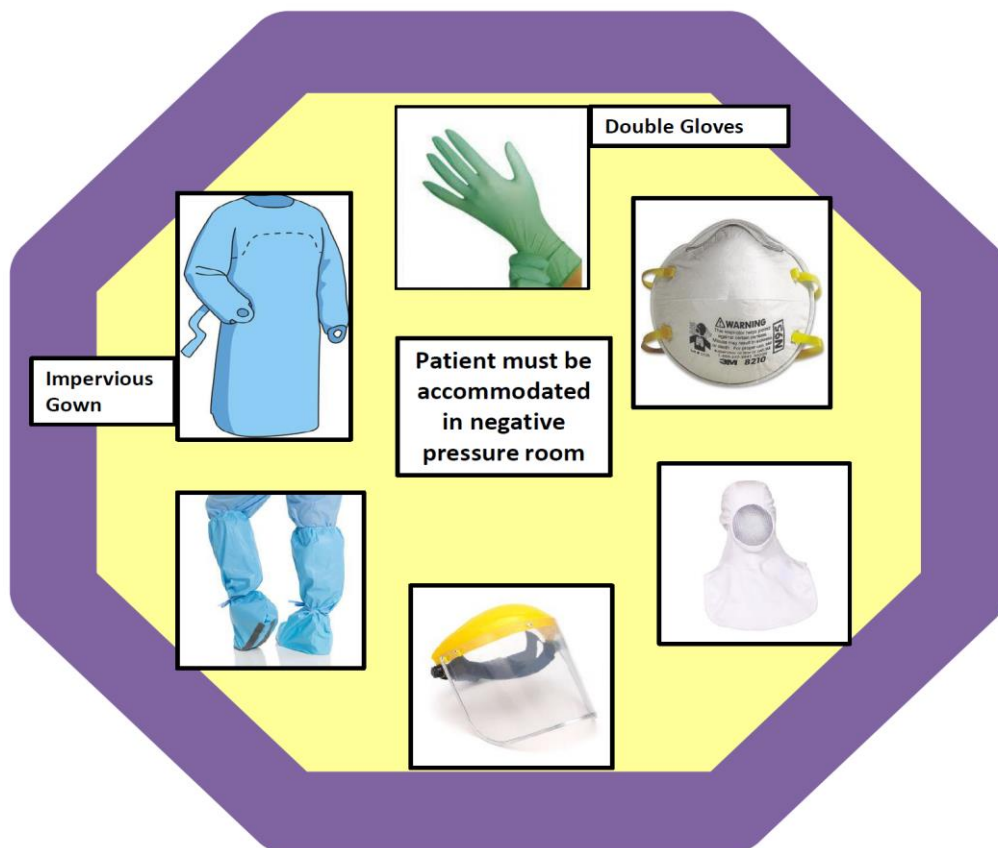
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Appendix E Enhanced Droplet/Contact Sign

ENHANCED DROPLET/CONTACT



**Follow Ebola/Viral Hemorrhagic Fever (VHF)
Instructions for donning & removal of PPE**

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