Quick Reference Guide for Ebola – CoE

1 Identify

Symptoms

Fever: subjective, or >38.6°C

OR

Headache, weakness, myalgias, vomiting, diarrhea, abdominal pain, bleeding

Risk of exposure in past 21 days

Travel history to country with known cases of Ebola

OR

Contact with person with known Ebola infection



(2) Isolate

- Isolate patient in isolation room with private bathroom and lockable door
- Follow standard, contact, and droplet precautions
- Use airborne infection isolation room for any aerosolizing procedure (e.g., intubation, nebulizer)

(3) Inform

- Contact hospital infection control program
- Call 937 to report and validate that patient fits case definition

(5) Treat

- Consider other possible infectious causes (e.g., malaria) and initiate prophylactic treatment
- Aggressive fluid resuscitation
 Symptomatic management
 of fever, nausea, vomiting, pain

4 Protect

- Identify designated area for putting on and removing PPE
- Use buddy system to ensure PPE is put on and removed safely
 - Double gloves
 - N95 mask
 - Full-face shield
 - Surgical hood to cover head and neck
 - Impermeable gown
 - Waterproof apron covering the torso
 - Waterproof boot covers

This reference guide is not intended to be comprehensive Additions and modifications to fit local practice are encouraged





Steps to put on personal protective equipment (PPE)

- Always put on essential required PPE when handling either a suspected, probable or confirmed case of viral haemorragic fever.
- The dressing and undressing of PPE should be supervised by another trained member of the team.
- 3 Gather all the necessary items of PPE beforehand. Put on the scrub suit in the changing room.



4 Put on rubber boots. If not available, make sure you have closed, puncture and fluid resistant shoes and put on overshoes.



OR, IF BOOTS UNAVAILABLE



5 Place the impermeable gown over the scrubs.



- 6 Put on face protection:
- 6a Put on a medical mask.



6b Put on goggles or a face shield.





If available, put a head cover on at this time.



8 Perform hand hygiene.



9 Put on gloves* (over cuff).



10 If an impermeable gown is not available, place waterproof apron over gown.



While wearing PPE:

- Avoid touching or adjusting PPE
- Change gloves between patients
- Remove gloves if they become torn or damaged
- Perform hand hygiene before putting on new gloves
- Use double gloves if any strenuous activity (e.g. carrying a patient or handling a dead body) or tasks in which contact with blood and body fluids are anticipated. Use heavy duty/rubber gloves for environmental cleaning and waste management.





Steps to remove personal protective equipment (PPE)

 Remove waterproof apron and dispose of safely. If the apron is to be reused, place it in a container with disinfectant.



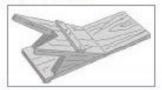
2 If wearing overshoes, remove them with your gloves still on (If wearing rubber boots, see step 4).



 Remove gown and gloves and roll inside-out and dispose of safely.



4 If wearing rubber boots, remove them (ideally using the boot remover) without touching them with your hands. Place them in a container with disinfectant.



5 Perform hand hygiene.



6 If wearing a head cover, remove it now (from behind the head).



- 7 Remove face protection:
- 7a Remove face shield or goggles (from behind the head). Place eye protection in a separate container for reprocessing.



7b Remove mask from behind the head. When removing mask, untie the bottom string first and the top string next.



8 Perform hand hygiene.



Source: Modified from Clinical Management of Patients with Viral Haemorrhagic Fever: A pocket Guide for the Front-line Health Worker. World Health Organization, 2014

