Training for Healthcare Providers

Hospitals and Health Centers



Clinical Features of Ebola

- Incubation period 2-21 days
- Sudden onset:
 - Fever, headache, chills, malaise, and myalgia
 - GI symptoms common: vomiting, diarrhea, abdominal pain
 - Hemorrhagic symptoms: in ~45% of cases
 - Mild: petechiae, epistaxis, ecchymosis, bruising
 - Severe: GI hemorrhage, shock, DIC
 - Less commonly seen: rash (trunk, shoulders), conjunctivitis, pharyngitis, cough, hiccups



Human-Human transmission

- Direct contact
 - Body fluids, blood, respiratory secretion, saliva
 - Breast milk
 - Semen -- up to 90 days following clinical resolution
- Nosocomial transmission
 - Reuse of needles and syringes
 - Exposure to infectious tissue, excretions, waste
- Funeral exposures
 - Preparation of body for burial



Course of Disease & Virus shedding

- Not transmissible prior to onset of symptoms

 All body fluids can carry virus
- Virus quantity increases to death, usually 7-10 days post-onset

Convalescence/resolution of viremia

 Discharge



TRIAGE



Setting up Triage

- Only one access point to the facility.
- **All** patients, visitors and staff must go through triage before entering the facility.
- Triage should be open *anytime* facility is open.
- Triage staff should be dressed in face shield, gown, and gloves



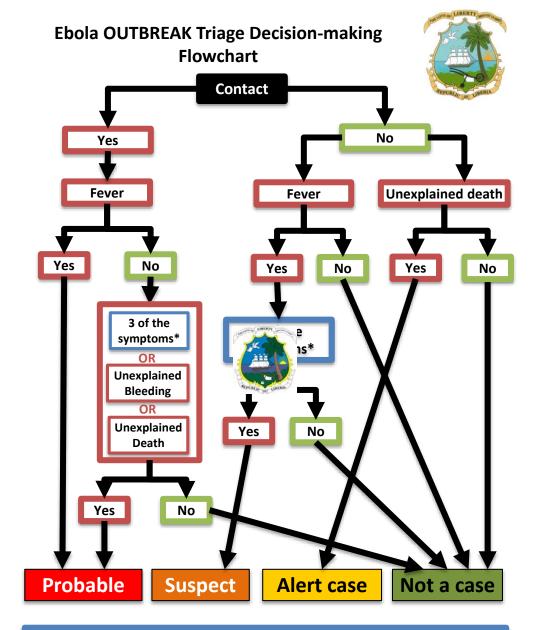
Triage Process

Stay <u>at least</u> 3 feet away from patient when possible

• Take the patient's temperature from behind

 Interview the patient using the Ebola triage flow chart





***Symptoms include:** headache, vomiting, nausea, loss of appetite, diarrhoea, intense fatigue, abdominal pain, general muscular or articular pain, difficulty in swallowing, difficulty in breathing, hiccoughs

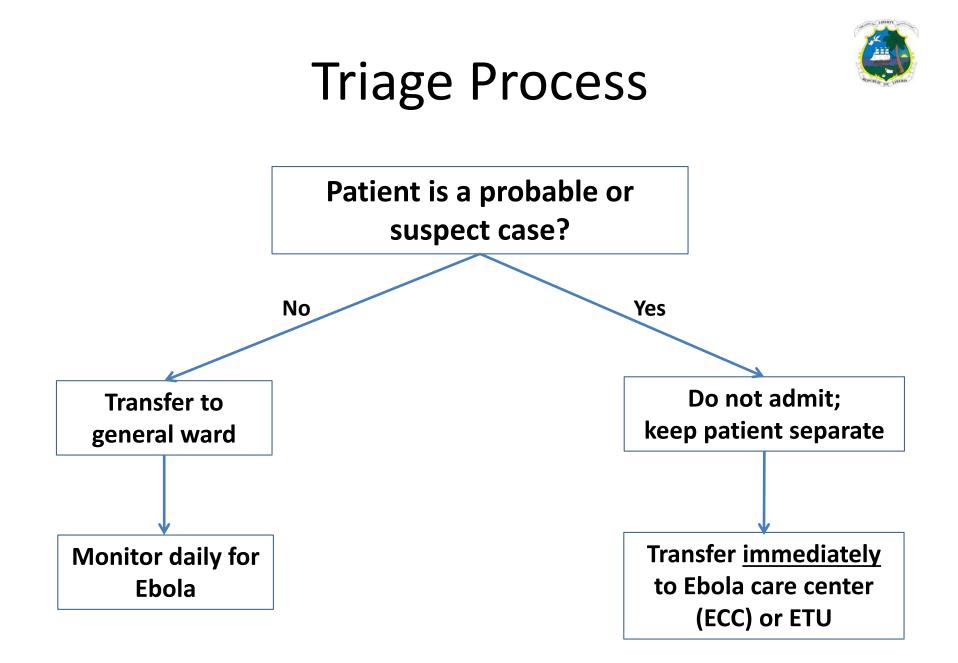
Note: Confirmed cases requires positive laboratory test

Contact

- Slept in the same house
 Washed the as Ebola patient
 Clothes/bed
 - Washed the clothes/bedding of someone who died
- Touched body or body fluids of Ebola patient

- Took care of someone with suspect Ebola or very sick
- Touched the body or body fluids of someone who died
- Took care of someone who died





Screening for Ebola in General Ward

 Patients may develop symptoms in the hospital that weren't obvious at triage

- Screen all patients for Ebola:
 - Check temperatures 3 x daily
 - Interview using triage form daily
 - Transfer all suspect Ebola cases to ECC



Triage Scenarios

Scenario 1

A 25 year old man presents to the hospital with fever. His wife was sent to an Ebola Treatment Unit 3 days ago. He was brought to the hospital in a taxi.

Within your group discuss the following; in relation to your scenario.

- 1. What could be the diagnosis?
- 2. What questions would you ask?
- 3. What would be your immediate response?
- 4. What would you do next?
- 5. What would you tell the staff and family?



Scenario #1 Discussion

- Patient has contact with Ebola patient and fever → probable case. Needs to be transferred to Ebola care center right away
- If ECC is not at the site, the patient should be transported by ambulance
- Taxi needs to be disinfected before leaving the hospital



Triage Scenarios

Scenario 2

A 60 year old man presents to the hospital with fever and body ache for 3 days. He is becoming dizzy and has vomiting and diarrhea. He has no transport.

Within your group discuss the following; in relation to your scenario.

- 1. What could be the diagnosis?
- 2. What questions would you ask?
- 3. What would be your immediate response?
- 4. What would you do next?
- 5. What would you tell the staff and family?



Scenario #2 Discussion

Patient has fever + 3 of the symptoms (body ache, vomiting, diarrhea) → transfer to ECC.

• We should still find out if patient has contact to patient with Ebola disease

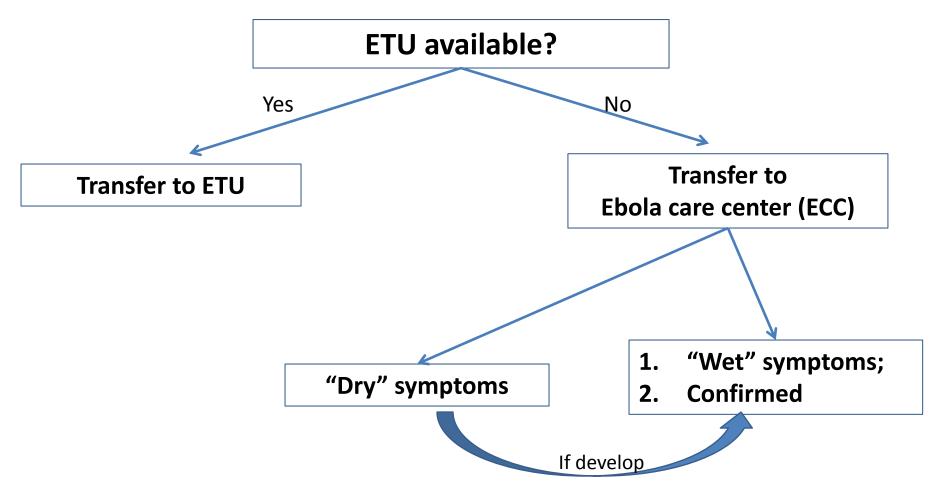
• Transport the patient in ambulance to the ECC



CASE MANAGEMENT/ CLINICAL CARE



Triaging a Patient with Suspect or Probable Ebola



- "Wet" symptoms: vomiting, diarrhea, bleeding, etc.
- "Dry" symptoms: <u>no</u> vomiting, diarrhea, bleeding, etc.



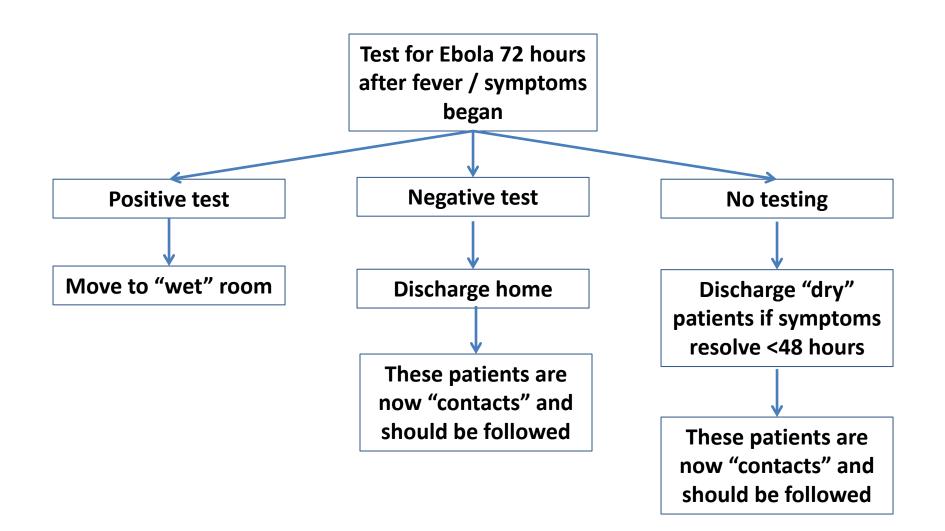
Suspect or Probable Ebola cases

- Treat empirically for malaria and any other infections.
- Report case to county health officials
- Send patient to ETU or Ebola care center:
 - Prioritize "wet" patients for transfer to ETU
 - Separate rooms in ECC:
 - "Dry" patients
 - "Wet" patients and confirmed Ebola patients





Testing for Ebola in ECC



Testing for Ebola in ECC

- If limited testing, prioritize "dry" patients
 May have illness other than Ebola
- Patients that remain in ECC should not be discharged until all major symptoms (e.g., fever, diarrhea, vomiting, bleeding) have resolved for <u>three days</u>.



Clinical Care: Fluids

Dehydration threatens patient's survival

- Use oral rehydration solution(ORS);
 - Avoid intravenous fluids unless can be delivered safely

• Encourage normal eating



Clinical Care in the ECC: Medications

- Treat *all* Ebola cases empirically for malaria and antibiotics as needed
- Treat vomiting, diarrhea, anxiety, pain
- AVOID aspirin and other NSAIDs
- Give Vitamin supplements (A, B, C, Multivites)





Clinical Care: Medications

Type of Medication	Reason	Examples
Antibiotics	Treat bacterial infections	Oral ciprofloxacin (not for children)
Anti-emetics	Treat nausea; prevent dehydration	For adults: chlorpromazine 25-50 mg Q6H orally or metoclopramide 10 mg orally q8h. For children, give promethazine
Anti diarrheals	Symptom relief, dehydration	Imodium
Analgesics	Relieve pain	Paracetomol, codeine, morphine esp. Avoid aspirin and NSAIDs, diclofenac, ibuprofen
Anxiolytics	Ease anxiety	Diazepam –adults: 5-15 mg/day in 3 divided doses; If more severe: give haloperidol 5 mg oral
Anti-pruritics	For itch	Calamine lotion or antihistamines
Anti-pyretics	Reduce high fever	Paracetomol; Avoid aspirin, NSAIDS
Antacids	Relieve heartburn	Omeprazole 20mg daily; or magnesium trisilicate; 2 tabs q8h until symptoms resolved
Anticonvulsants	Treat seizure/ epileptic fit	Check glucose Diazepam rectal

Deaths

• Dead bodies are highly infectious

• Call burial team right away to remove body

- If burial team does not come soon:
 - Always wear advanced PPE when handling body
 - Cover body with sheet
 - Move to separate area if can be done safely



Needle Safety



Needle Safety

- Needle sticks and injuries from other sharp objects can cause infections (Ebola, HIV, Hepatitis)
- Limit testing or treatment that involve needles
 - Use oral medications and fluids whenever possible
 - No unnecessary testing (treat empirically for malaria)
- You CAN prevent injuries from needles and other sharp objects



Needle Safety – If you must use a needle

- Always wear gloves
- When possible use retracting needles
- When using needles, work slowly and carefully



DO

- DO throw away needles immediately after use
- DO throw the uncapped needles away in a sharps container
- DO close, seal, and send sharps containers for incineration when they become ³/₄ full





DO NOT



- DO NOT recap a used needle
- DO NOT bend or break used needles or other sharp instruments
- DO NOT walk around with sharp objects
- DO NOT overfill sharps container







Injection Safety

- Once you use a needle and syringe on a patient, the needle AND the syringe are contaminated
- Needles and syringes are used for ONLY ONE patient
- Never give medications from the same syringe to more than one patient, even if the needle is changed



Injection Safety

- Never puncture a vial or any other container of liquid medications with a used syringe or needle
- Never use the same vial of medication for more than one patient





INFECTION PREVENTION AND CONTROL

Designate Infection Prevention and Control (IPC) Specialist

- Develop infection control committee
- Ensure staff follow recommended practices
- Ensure adequate supplies of PPE
- Consult experts and county officials



How to Prevent Infections in Healthcare Workers

• Do not go to work if you are sick

Call your supervisor and tell him/her that you are sick

- Tell your co-workers not to go to work if they are sick
- Do not wear your work clothes (or scrubs) home
- Wear and remove PPE properly with a buddy watching
- Wash your hands according to protocol



Personal Protective Equipment (PPE)

• <u>Basic PPE</u>: Staff in most patient care areas

 <u>Advanced PPE</u>: Staff in Ebola care center and maternity ward

Never use your phone while wearing PPE



Additional items for high-risk areas

Everyone: Basic PPE

- Closed toe shoes with covers or boots
- Face shield
- Gown
- Gloves (1 set)

High risk: Advanced PPE

- Rain boots

 or closed toe shoes & covers
- <u>1st set</u> of gloves
- Gown
- Head cover or hood
- Mask
- Shield
- <u>2nd set</u> of gloves
 - \circ outer set can be rubber
- Apron



Basic Protection PPE





With acknowledgments to Kumblytee Johnson

Sequence for Putting on Basic PPE over your scrubs or work clothes

1

2

- 1) Remove Jewelry
- 2) Wash hands
- 3) Face shield
- 4) Gown

5) Gloves





5



3

4



Put On PPE

- Put on PPE slowly and carefully
- DO NOT RUSH !





1. Remove Jewelry

- Remove ALL jewelry before putting on PPE
 - Watches -Necklaces
 - Bracelets
 - Rings
 - Earrings









2. Wash Your Hands

- Wash your hands immediately before putting on PPE
- Use Soap and water
 OR 0.05% chlorine
 OR hand sanitizer



3. Put on Face Shield

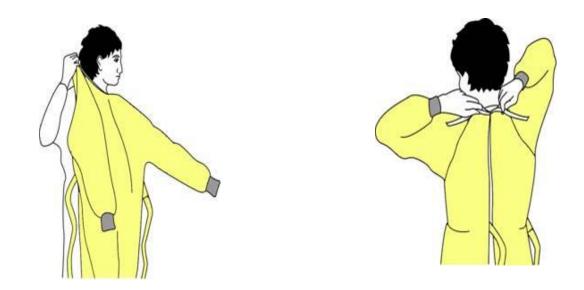
- Position shield over the face and secure with elastic band/ties
- Shield should rest just above your eyebrows
- Adjust to fit comfortably





4. Put on Gown

- Opening is in the back
- Secure at the neck and waist with ties





5. Put on Gloves

- Put on gloves last
- Select correct size
- Insert hands into gloves
- Extend the gloves over the gown cuffs





Take Off PPE



Taking Off PPE

- Take off PPE carefully and slowly!
- DO NOT RUSH !
- Remove PPE just before you leave the patient area



Sequence for Taking Off PPE

- Wash hands
- Take-off gown
- Take-off gloves
- Wash hands
- Take-off Face shield
- Wash hands



Wash your gloved hands with 0.05% chlorine







2. Take Off Gown

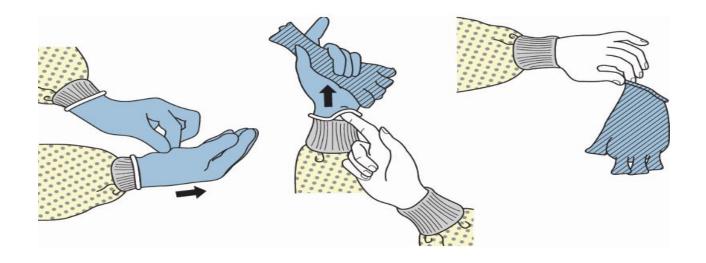


- Unfasten ties
- Peel gown away from neck and shoulder
- Turn contaminated outside toward the inside
- Throw it away



How To Take Off Gloves

- Outside of gloves is contaminated! Remove your gloves slowly
- Grasp glove at the palm with opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist
- Peel glove off over first glove
- Throw away the gloves





Wash Your Hands

- Wash your hands immediately after removing PPE
- Use Soap and water
- OR Hand sanitizer
- OR 0.05% Chlorine





How to Take Off the Face Shield



- Lift the elastic strap over your head
- Throw it away



Wash Your Hands

- Wash your hands immediately after removing PPE
- Use Soap and water
- OR Hand sanitizer
- OR 0.05% Chlorine





Advanced Protection PPE



With acknowledgments to Kumblytee Johnson



Putting on PPE over your scrubs or work clothes

- Put PPE on slowly and carefully
- DO NOT RUSH !
- You must have a "buddy" watch you put on PPE



Sequence for Putting on Advanced PPE

2

3

- 1) Take off jewelry
- 2) Put on boots
- 3) Wash hands
- 4) Examination gloves
- 5) Gown
- 6) Head cover
- 7) Face mask
- 8) Face shield
- 9) Examination gloves
- 10) Apron



















10



1. Remove Jewelry

- Remove ALL jewelry before putting on PPE
 - Watches
 - Bracelets
 - Rings
 - Earrings









2. Put on Boots or Shoe covers

• Put on boots





3. Wash Your Hands

- Wash your hands immediately before putting on PPE
- Use Soap and water
 OR Hand sanitizer
 OR 0.05% Chlorine







4. Put on Inner Pair of Examination Gloves

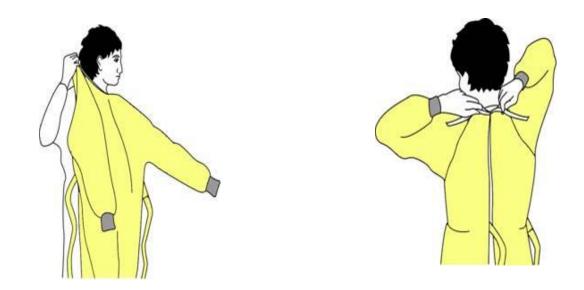
- Select correct size
- Insert hands into gloves





5. Put on Gown

- Opening is in the back
- Secure at the neck and waist with ties





6. Put on Head Cover

- Put on head cover
- Tuck hair into the head cover





7. Put on a Face Mask

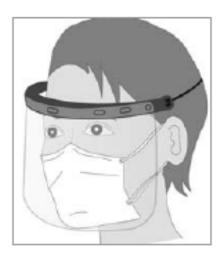
- Place the mask over your nose and mouth
- Secure on head with ties
- Adjust to fit





8. Put on a Face Shield or Goggles

- Position shield over the face and secure with the elastic band
- Adjust the face shield to sit just above your eyebrows
- Adjust to fit comfortably





9. Put on Outer pair of Examination Gloves

- Put on second pair of examination gloves
- Extend the gloves over the gown cuffs







10. Put on Apron

- Place neck strap over head
- Tie straps behind back





Taking Off PPE



PPE Removal Area

- Take off PPE in the "PPE REMOVAL AREA"
- Supplies inside the "PPE REMOVAL AREA"



0.5% Chlorine



Disposable towels







Bucket filled with 0.5% Chlorine



Chlorine foot bath



Taking Off PPE

• Taking off PPE MUST be supervised by a infection control professional

• Every time you take off a PPE item, wash your hands with 0.05% chlorine



Sequence for Taking off PPE



*Wash your hands every time you remove each item

- 1) Apron
- 2) Examination (outer) gloves
- 3) Gown
- 4) Inspection/cleaning boots
- 5) Face shield
- 6) Face mask
- 7) Head cover
- 8) Examination (inner) gloves











8





3







Wash your gloved hands with 0.05% chlorine

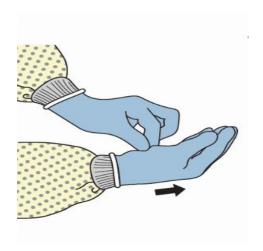






1. Take Off Outer Pair Examination Gloves

- Remove your gloves slowly
- Grasp glove at the palm with opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of hand under glove at wrist
- Peel glove off the glove
- Throw away the gloves











2. Take Off Apron

- Remove apron strap over head
- Throw re-usable apron in 0.5% chlorine











3. Take Off Gown



- Unfasten ties
- Peel gown away from neck and shoulder
- Turn contaminated outside toward the inside
- Throw it away









4. Inspection/Cleaning of Boots

 Infection control person MUST inspect your boots for any visible blood or other body fluids (blood, vomit, urine, stool)



Inspection/Cleaning of Boots

- If your boots are dirty:
 - Wipe off the visible body fluid with a disposable towel and throw it away
 - Wipe area again with a deposable towel soaked with 0.5% chlorine

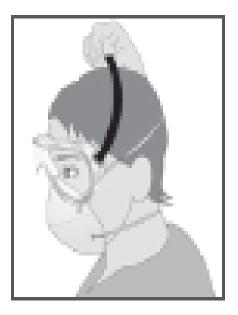








5. Take Off Face Shield



- Lift the elastic strap over your head
- Throw it away

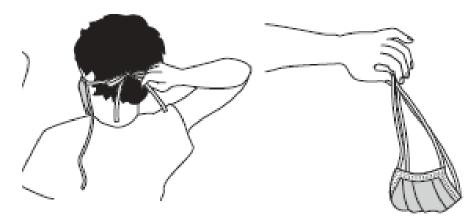








6. Take Off Face Mask



- Untie the bottom tie
- Untie the top tie
- Discard









7. Take Off Head Cover

- Take off the head cover
- Throw it away





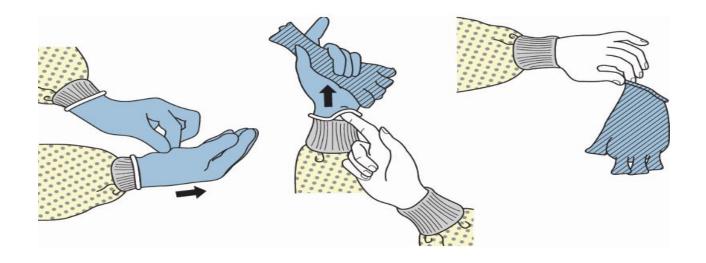






8. Take Off Inner Pair of Gloves

- Remove your gloves slowly
- Grasp glove at the palm with opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist
- Peel glove off over first glove
- Throw away the gloves





9. Wash Your Hands

- Wash your hands immediately after removing PPE
- Use Soap and water
- OR Hand sanitizer
- OR **0.05%** Chlorine







Leaving PPE REMOVAL AREA

 As you leave the PPE removal area, walk through the chlorine boot bath





Mistakes Using Personal Protective Equipment



Personal Protective Equipment

- Personal protective equipment MUST be used correctly
 - If you use PPE incorrectly while caring for a patient with Ebola, you risk getting infected
- You MUST take off PPE in the correct order
 - If you take off PPE in the wrong order you risk getting infected





CORRECT ACTION



How Do You Fix the Problem



PROBLEM	CORRECT ACTION
Healthcare worker is not wearing gloves while drawing blood.	
Healthcare worker is not wearing gloves or face shield while treating a patient.	



PPE Mistakes



PROBLEM	CORRECT ACTION
Healthcare worker is not wearing gloves while drawing blood.	 ALWAYS wear gloves when touching patients. CHANGE gloves between each patient.
Healthcare worker is not wearing gloves or face shield while treating a patient.	 ALWAYS wear gloves and face shield when treating patients.



	PROBLEM	CORRECT ACTION
Let an 25 million -		
ZAMANA Y		
Manager Lawrence		

How Do You Fix the Problem

PROBLEM	CORRECT ACTION
 Touching his face with gloved hands 	
 Should take off gloves BEFORE taking off face mask 	
• Touching their gowns with bare hands	

PPE Mistake



PROBLEM	CORRECT ACTION
 Touching his face with gloved hands 	 Contaminated gloves should come off BEFORE taking off
 Should take off gloves BEFORE 	face mask
taking off face mask	• Remove mask by pulling the elastic FROM THE BACK
 Touching their gowns with bare hands 	• The gown is contaminated!
	 DO NOT touch your gown with bare hands



PROBLEM	CORRECT ACTION

\sim	PROBLEM	CORRECT ACTION
	• Touching the outside of the glove with a bare hand while being removed	
<image/>	• Gloves removed incorrectly	

$\mathbf{\mathbf{N}}$	PROBLEM	CORRECT ACTION
	 Touching the outside of the glove with a bare hand while being removed 	• Remove gloves correctly
	• Gloves removed incorrectly	• Remove gloves correctly

THE END

