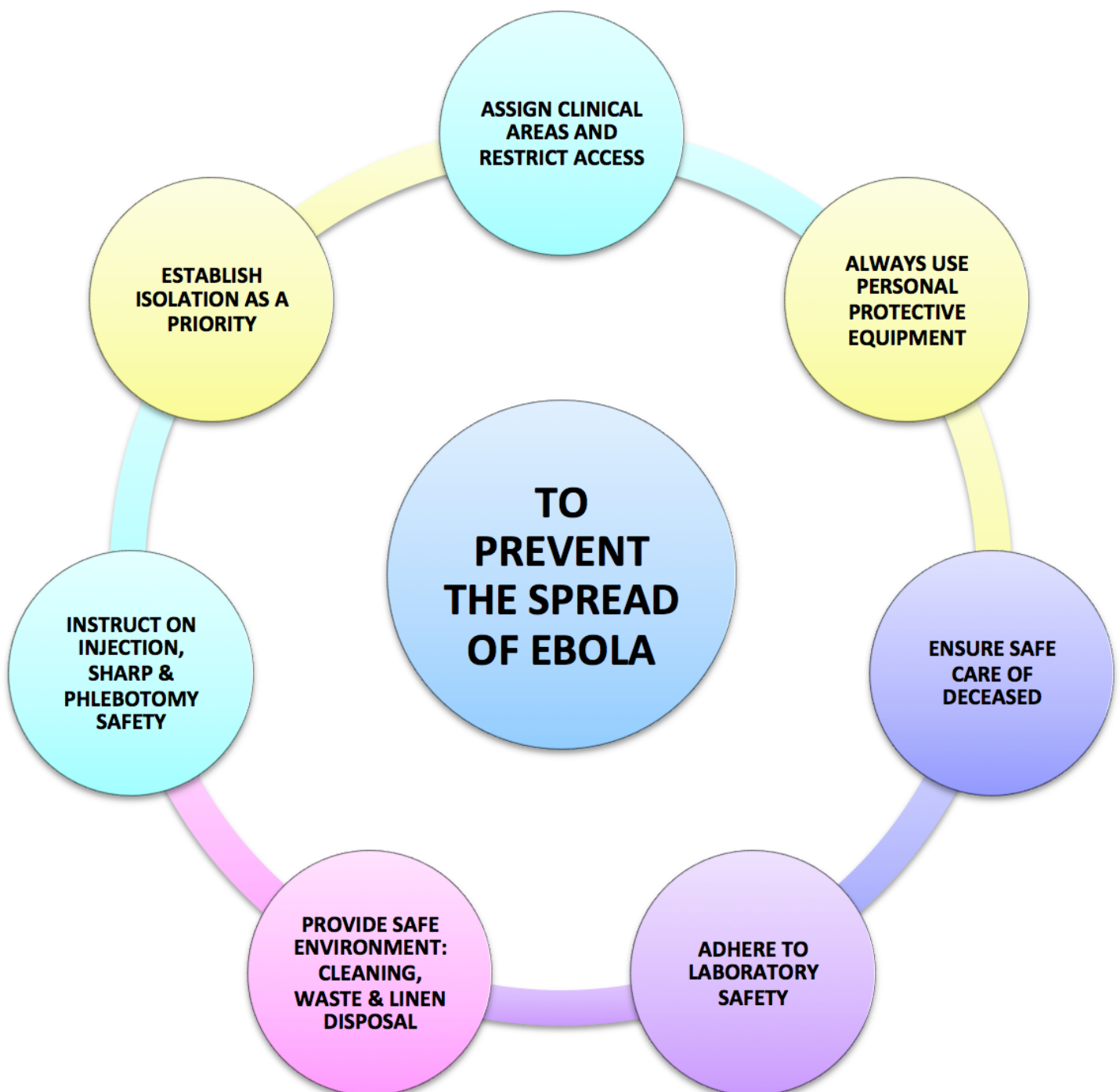


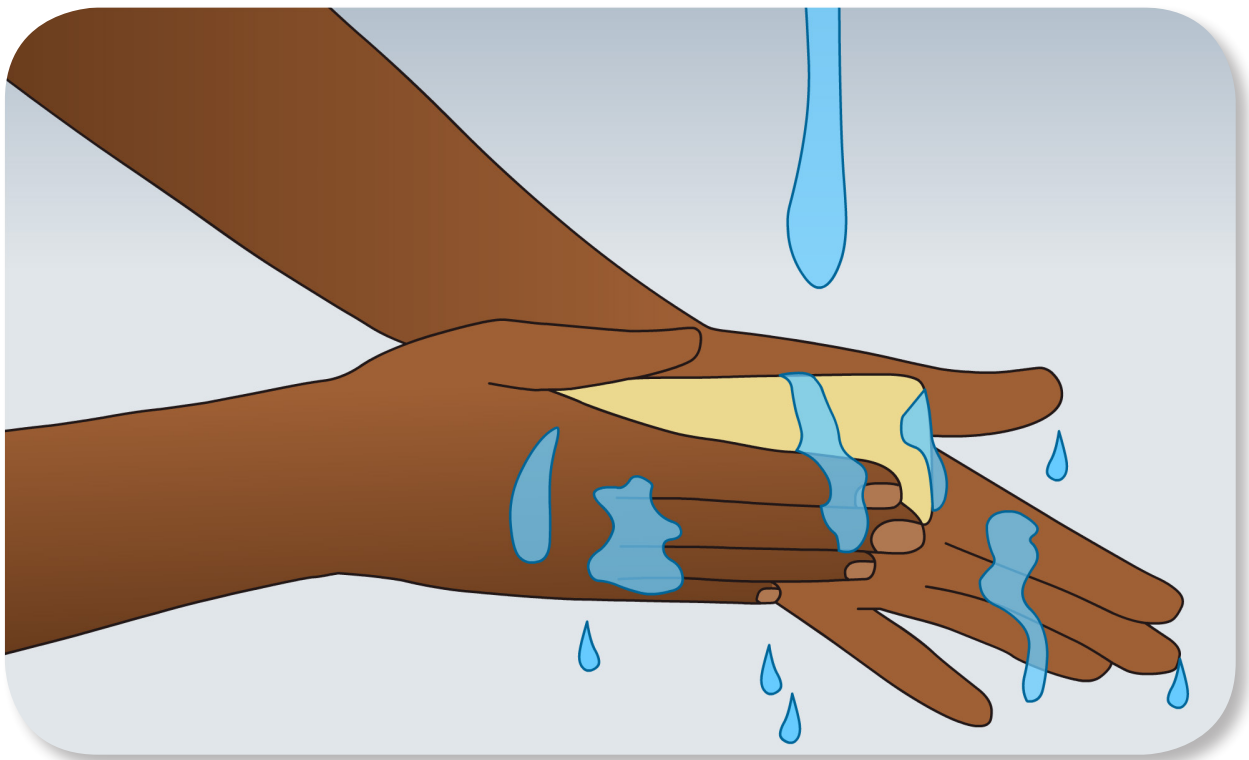
EBOLA: Infection prevention and control measures

*for care of patients with suspected or confirmed
Filovirus hemorrhagic fever in health-care settings*



Standard Precautions

- Use for ALL patients regardless of signs and symptoms
- Hand hygiene – with alcohol handrub solutions or soap and running water and single-use towels
 - Before donning gloves and wearing personal protective equipment (PPE) upon entry to the isolation room/area; before any clean or aseptic procedure is performed on a patient; after any exposure risk or actual exposure to the patient’s blood or bodily fluids; after touching (even potentially) contaminated surfaces, items, or equipment in the patient’s surroundings; and after removal of PPE, upon leaving the isolation area



Isolation

- **Isolate** suspected cases in single isolation rooms or cohort them in specific confined areas, separate from confirmed cases. Ensure at least 1 meter (3 feet) distance between patient beds. Dedicate care equipment to suspected cases only and ideally, to each patient

Assignment and Access

- **Exclusively assign** clinical and non-clinical staff to care areas. Restrict access of all others to dedicated areas

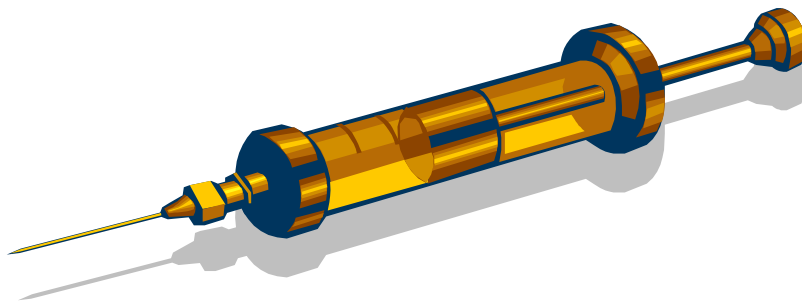
Personal Protective Equipment (PPE)

- Strict use of PPE
 - Prior to entering care areas, don PPE – this includes gloves, an impermeable long-sleeve gown, boots/closed-toe shoes with overshoes, and a mask and eye protection for splashes
 - Perform careful removal of PPE to avoid contamination of any area of the face (i.e. eyes, nose or mouth) or non-intact skin



Injection, sharp & phlebotomy safety

- **Limit the use of needles and other sharp objects**, cover abrasions, and wear PPE
- **Dispose of** sharps safely in appropriate, puncture-resistant containers



Environmental cleaning, waste & linen disposal

- **PPE** (as detailed above) including heavy duty/rubber gloves should be worn by cleaners
- **Clean surfaces** at least once a day with clean water and detergent, and follow additional instructions below for contaminated surfaces
- **Contaminated surfaces** – as soon as possible, clean and then use standard hospital disinfectant (e.g. a 0.5% chlorine solution or a solution containing 5000 ppm available free chlorine)
- **Soiled linen** from confirmed or suspected cases should be placed in clearly labelled, leak-proof bags or buckets and transported to the laundry. Scrape away solid excrement (i.e. feces or vomit), wash with detergent and water, rinse and soak in 0.05% chlorine for approximately 30 minutes

Laboratory safety

- **Ensure safe handling of laboratory samples**, i.e. use of PPE, safe collection and sample processing from confirmed or suspected cases

Safe care of the dead

- **Keep the handling of human remains and dead bodies to a minimum. Wear PPE**
- Only trained staff should undertake the recommended procedures for burial while taking into account cultural and religious concerns



Exposure incidents

- **Evaluate, care for**, and if necessary, **isolate** health-care workers or any person exposed to blood or body fluids from confirmed or suspected patients

Remember!

The actions described here must be supported by: ongoing surveillance of cases, appropriately assigned roles and responsibilities, the availability of supplies, staff and visitors' training, and the effective use of reminders, e.g. posters displayed in key clinical areas

From: Interim Infection Prevention and Control Guidance for Care of Patients with Suspected Filovirus Haemorrhagic Fever in Health-Care Settings, with Focus on Ebola. Geneva: World Health Organization, 2014.

Available at http://www.who.int/csr/resources/publications/ebola/filovirus_infection_control/en/