Answering your questions about Ebola Preparedness

Although the risk of a sustained Ebola outbreak in the United States is very low, it is likely that additional cases will be seen, either arriving in travelers from West Africa or from domestic individuals who have come in contact with those infected. We are taking precautions to ensure Keck Medical Center of USC is prepared to treat a patient presenting with the virus while ensuring the safety of our staff and minimizing the risk of exposure.

Please note that information regarding the Ebola virus is expected to change regularly. Our policies, protocols and procedures will be updated as per Centers for Disease Control (CDC) guidelines. Check the Keck Medical Center of USC Intranet home page for the most current information.

WHAT YOU NEED TO KNOW NOW

1. Signs and Symptoms may appear anywhere from 2-21 days after exposure:
   - Fever of 38°C (100.4°F) or greater
   - Severe headache
   - Conjunctivitis (red eyes)
   - Diarrhea
   - Vomiting
   - Stomach pain
   - Rash
   - Chest pain
   - Difficulty breathing
   - Difficulty swallowing
   - Bleeding inside and outside of the body

2. Transmission:
   - By touching the blood or body fluids of a person who is sick or has died from the virus
   - By touching contaminated objects, such as needles
   - By touching infected animals or their bodily fluids
   - You can’t get Ebola through air, water or food

3. Risk of Exposure and Protecting the Health-care Worker:
   - Healthcare providers caring for Ebola patients and the family and friends in close contact with these patients are at the highest risk of getting sick
   - People are only contagious while they have symptoms — travelers who have been to West Africa but have no symptoms are not contagious even if they have been exposed to the virus

4. Prevention:
   - Patients with symptoms consistent with Ebola (see above) AND who have traveled to Guinea, Sierra Leone, Liberia (West Africa), or other countries where Ebola Virus Disease transmission has been reported or who have been exposed to sick people who have traveled to West Africa within the previous 21 days should immediately be placed into contact and droplet isolation

Continued
• If any of the above criteria is met, isolate the patient immediately and notify all of the below:
  • Patient’s physician, supervisor or lead RN
  • Call the hospital operator and ask them to call/page Infection Prevention immediately
• Personal Protective Equipment (PPE) must be used by everyone entering and leaving a patient’s room
  • A fluid-impervious gown and mask, gloves, face shield, eye protectors and shoe covers will be used
  • Use a “buddy system” when putting on and removing PPE when entering and exiting the patient room
• Practice careful hygiene; wash your hands with soap and water or an alcohol-based hand sanitizer and avoid contact with blood and body fluids
• Maintain a log of persons entering and exiting the patient’s room
• Do not handle items that may have come in contact with an infected person’s blood or body fluids (such as clothes, bedding, needles, and medical equipment)
• Do not collect any specimens without approval of Infection Prevention
• Follow facility cleaning protocols and contaminated trash handling protocols
  • All trash including food, supplies, linens and PPE will stay in the room and be discarded in a biohazardous container
• Only trained Environmental Services (EVS) personnel will remove waste from room

5. Diagnosis:
• Diagnosing a person who has been infected for only a few days is difficult because the early symptoms, such as a fever, are non-specific to Ebola infection
• However, if a person has the early symptoms of Ebola and has had contact with the blood or body fluids of a person sick with Ebola, contact with objects that have been contaminated with the blood or body fluids of a person sick with Ebola, or contact with infected animals, they should be immediately isolated as above, with notifications of the above parties

6. Treatment:
• No FDA-approved vaccine or medicine is available for Ebola
• The primary treatment of patients with Ebola is supportive; symptoms of Ebola are treated as they appear. The following basic interventions, when used early, can significantly improve the chances of survival:
  • Providing IV fluids and balancing electrolytes
  • Maintaining oxygen status and blood pressure
  • Treating other infections if they occur
• Recovery from Ebola depends on good supportive care and the patient’s immune response

Continued
WHAT ARE WE DOING TO PREPARE?

- The Infection Prevention department has created Ebola Care Kits, containing all the required PPE per CDC recommendations. These are being distributed to clinics and other points of patients entry.
- A Ebola HealthStream module has been created and distributed to all hospital staff.
- Chief Medical Officer Stephanie Hall, MD, is assembling a multidisciplinary team to review polices and implement procedures for Infectious Disease control.
- Arrangements with our vendors have been made to safely dispose of contaminated waste.
- A link has been added to the Keck Medical Center of USC Intranet home page, titled “Ebola Preparedness Program (NEW)” containing the Ebola hospital policy and other supporting documents.
- Infection Prevention, in conjunction with the Emergency Preparedness department, will be conducting live training regarding donning and doffing of PPE to key staff and physicians who will care for patients with Ebola.
- Keck Medicine of USC will not be actively accepting and treating any patients with Ebola however, as with the nature of any disease, there could be a scenario in which – due to circumstances – we must treat and care for an Ebola patient until we can safely transfer the patient.

Stopping the Ebola Outbreak

Screen Isolate Notify

Prevent

Infection Control Safe Burial Practices

West Africa Ebola Outbreak

Early Symptoms: Ebola can only be spread to others after symptoms begin. Symptoms can appear from 2 to 21 days after exposure.

- Fever
- Headache
- Diarrhea
- Vomiting
- Stomach pain
- Muscle pain
- Unexplained bleeding or bruising

Keck Medicine of USC

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SEQUENCE FOR PUTTING ON PPE

1. Gown
   - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
   - Fasten the back of neck and waist

2. Mask or Respirator
   - Secure ties or elastics bands at middle of head and neck
   - Fit flexible band to nose bridge
   - Fit snug to face and below chin

3. Goggles and Face Shield
   - Place over face and eyes, and adjust to fit

4. Shoe Covers

5. Gloves (two pairs)
   - First place gloves over the sleeve of gown

6. Have a buddy present to ensure PPE is properly worn.

SEQUENCE FOR REMOVING PPE

1. Shoe Covers

2. Gloves (outer gloves)

3. Goggles and Face Shield

4. Gown
   - Have a buddy assist removal of gown to minimize the risk for contamination

5. Gloves (inner)

6. Mask with Face Shield

7. Wash hands with soap and water or alcohol-based hand sanitizer immediately after removing all PPE.

For questions about guidelines, equipment or training, or for general questions, call Infection Prevention at (323) 442-9844 during regular business hours or call the operator at (323) 442-8500 and have them call/page Infection Prevention.