

Manitoba Health, Healthy Living and Seniors Ebola Virus Disease (EVD) Infection Prevention and Control Interim Guidelines

These guidelines may change as more information becomes available. For updates and other guidelines on EVD, please refer to the Ebola Virus site on the Manitoba Health, Healthy Living, and Seniors Public Health website:

(available <http://www.gov.mb.ca/health/publichealth/diseases/ebola.html>)

Each regional health authority must ensure infection prevention and control processes are in place in the event an individual presents with Ebola Virus Disease (EVD) that requires medical care within their region.

Ebola virus is transmitted by direct contact (e.g. through broken skin or mucous membranes) with the blood or other body fluids (e.g. stool, urine, saliva, semen) of an infected individual and/or indirectly through contact with environmental surfaces and fomites contaminated with body fluids. Airborne transmission has not been documented.

It is important to apply routine practices when providing care to ALL patients regardless of the signs and symptoms they present with. This is especially important because the initial manifestations of EVD may be non-specific. Hand hygiene and cleaning and disinfection of all shared equipment are important measures of routine practices.

Please refer to *Manitoba Health, Healthy Living and Seniors Ebola Virus (EVD) Interim Protocol* available on the Ebola Virus site for information on the case definitions, reporting requirements, clinical presentation, etiology and epidemiology, specimen collection and handling and case and contact management.

Please refer to *Manitoba Health, Healthy Living and Seniors Ebola Virus Disease (EVD) Emergency Medical Services (EMS) and Transportation Infection Prevention and Control Interim Guidelines* for infection prevention and control guidance for emergency medical services, pre-hospital care and air and land transportation of EVD patients.

Infection Prevention and Control

- Regional Infection Prevention and Control (IP&C) must be notified and involved with the management of this patient and provide training regarding infection prevention and control precautions for staff.
- Communicate with appropriate authorities, administrative personnel, department heads and other affected personnel on an ongoing basis when needed.
- Collaborate with appropriate Public Health staff where patient, significant others or other contact follow-up or investigations may be required.
- Notify appropriate receiving facility, physician, other health care agencies or health care departments if needed.
- Provide IP&C consultation if needed.

Manitoba Health, Healthy Living and Seniors
Ebola Virus Disease (EVD)
Infection Prevention and Control Interim Guidelines

Triage

- Triage measures must be followed according to Manitoba Health *Routine Practices and Additional Precautions: Preventing the Transmission of Infection in Health Care* (available <http://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/rpap.pdf>).
 - Direct patients to the appropriate care area and initiate necessary IP&C precautions to those who have called ahead (doctor's office, clinic, home or emergency room) to notify they are symptomatic with EVD and have a travel history to an Ebola-affected area.
 - A physical barrier should be used (e.g. plastic partition at triage desk, appropriate PPE) between infectious sources (e.g. patients with symptoms of a respiratory infection) and susceptible hosts.
 - Give patients with signs/symptoms of respiratory infections a mask to wear and place them into an appropriate isolation room as soon as possible. The recommended spatial separation is 2 metres/6 feet between patients. The patient may remove the mask when in the room. Instruct the patient to adhere to respiratory hygiene, including hand hygiene.
 - Place patients with an acute diarrheal illness into a single examining room with dedicated toilet or commode as soon as possible.
 - Supplies for respiratory hygiene and emesis management should be available (masks, tissues, basins, hand hygiene products, designated hand washing sinks and no-touch waste receptacles).

Infection Prevention and Control Precautions for Person Under Investigation and Patients with Probable or Confirmed Ebola Virus Disease (EVD)

Infection Prevention and Control Precautions

- **In addition to routine practices, droplet/contact precautions plus airborne precautions for aerosols during AGMPs must be applied.**
 - Please refer to Manitoba Health *Routine Practices and Additional Precautions: Preventing the Transmission of Infection in Health Care* (available <http://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/rpap.pdf>).
 - Place patient in a single room with dedicated toilet or commode; keep the door closed. Place isolation sign on the door.
 - Airborne precautions are needed only when performing AGMPs. Only perform AGMPs that are medically essential.
 - Duration or modifications of infection prevention and control precautions will be determined on a case-by-case basis in consultation with IP&C and Public Health.
- Strict compliance with infection prevention and control precautions is mandatory to avoid potential exposure to infectious materials. Transmission to healthcare workers has been documented when infection prevention and control precautions are not strictly practiced.

Manitoba Health, Healthy Living and Seniors

Ebola Virus Disease (EVD)

Infection Prevention and Control Interim Guidelines

- Eating or drinking is not permitted in areas where these patients are cared for including the nursing station or in reprocessing or laboratory areas.
- Do not bring patient charts/records or mobile computers into the patient isolation room.
- Women under investigation for or considered probable or confirmed EVD must not breastfeed.
 - EVD is transmitted in breast milk.

Point-of-Care Risk Assessment (PCRA)

Point-of-Care Risk Assessment must be followed according to Manitoba Health *Routine Practices and Additional Precautions: Preventing the Transmission of Infection in Health Care* (available <http://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/rpap.pdf>).

- Healthcare workers must have sufficient knowledge, skills and resources to perform PCRA before every interaction with a patient to apply appropriate control measures.
- Patients with symptoms must be assessed in a timely manner for EVD and for other alternative or co-existing potential communicable infections (e.g. malaria, dysentery, typhoid fever, tuberculosis, measles, gastroenteritis).
- Assess for travel within 21 days to an Ebola-affected area, or contact with an individual with onset of symptoms within 21 days of travel to an Ebola-affected area.
- Assess for symptoms of EVD according to Manitoba Health, Healthy Living and Seniors *Ebola Virus Disease (EVD) Interim Protocol* (available <http://www.gov.mb.ca/health/publichealth/cdc/protocol/ebola.pdf>)

Personal Protective Equipment (PPE)

The effectiveness of PPE is highly dependent on appropriate selection and proper use, including correct technique for putting on and taking off, discarding into designated receptacles and hand hygiene to minimize transmission.

Health care workers must conduct a PCRA with each patient to evaluate their potential exposure to blood and/or body fluids. This should be done to determine the need for additional PPE.

- The need for additional PPE (e.g. double gloves) depends on the potential for fluid contact as determined by the procedure being performed and the presence of clinical symptoms that increase the likelihood of contact with body fluids.
- It should be noted that these instances will be rare and the PPE identified below is appropriate to protect the health care worker from exposure to infection.

Use disposable PPE whenever possible.

Closed toe and heel shoes must be worn.

PPE should be provided outside the patient's room or in the anteroom if an Airborne Infection Isolation Room (AIIR) is being used.

If an anteroom is not available, remove PPE at the doorway upon exiting the room. Discard PPE in the patient room.

PPE must be put on and removed and hand hygiene performed according to *Putting On and Removing PPE Procedures* at the end of this document.

Manitoba Health, Healthy Living and Seniors
Ebola Virus Disease (EVD)
Infection Prevention and Control Interim Guidelines

- Removing PPE presents the greatest risk of contamination.
- If possible, to assist in the application and removal of PPE to ensure that inadvertent contamination of the eyes, mucous membranes, skin or clothing does not occur
 - This should be managed as a two-person process
 - Additionally, a trained monitor should observe to prevent/note any breaches and address remedial actions.

Specific PPE is required when caring for all patients:

- Gloves
 - Sized correctly to securely cover wrist without rolling over.
 - Must be pulled over the cuff of the gown so there is no exposed skin or clothing.
 - Change gloves if heavily soiled with blood or body fluids while providing care to the same patient, performing careful hand hygiene immediately after removal.
 - Wear double gloves when undertaking any strenuous activity, (e.g. carrying a patient) or tasks where contact with blood and body fluids is anticipated (e.g. patient has symptoms of diarrhea, bleeding, vomiting, and/or the environment could be contaminated with blood and body fluids).
- Face protection
 - Procedure or surgical mask.
 - Disposable full face shields that are long enough to prevent splashing underneath.
 - Eye glasses are not suitable eye protection.
- N95 respirators
 - Fit tested, seal-checked N95 respirators are used for Airborne Precautions for AGMPs.

Additional PPE required in areas where there will be high risk of exposure to blood and body fluids (e.g. HSC-JK3, HSC-PICU, EMS, Lifeflight):

- Disposable fluid resistant scrubs must be worn under the PPE. Personal clothing is not to be worn.
- Remove disposable scrubs in a manner minimizing self-contamination.
 - If working in a healthcare facility, prior to leaving EVD designated areas.
 - If working in EMS or Lifeflight, after removing other PPE.
 - When visibly soiled with patient's blood or body fluids.
- Coveralls
 - Designated disposable, fluid resistant without shoe and leg covers.
 - Remove disposable coveralls in a manner minimizing self-contamination.
- Gowns
 - Disposable, fluid repellent/impermeable and long sleeved.
- Fluid resistant leg and shoe covers
 - These will be required when undertaking any strenuous activity (e.g. carrying a patient), tasks where contact with blood and body fluids is anticipated (e.g. patient has symptoms of diarrhea, bleeding, vomiting, and/or the environment could be contaminated with blood and body fluids).

Manitoba Health, Healthy Living and Seniors
Ebola Virus Disease (EVD)
Infection Prevention and Control Interim Guidelines

Additional PPE required in all other areas (e.g. Emergency Rooms, other patient care areas):

- Personal clothing can be worn in these areas.
- Designated disposable, fluid resistant coveralls with shoe and leg covers.

Staff

- All staff involved with the patient must be aware of and comply with the guidelines for EVD.
 - Staff should be educated regarding routine Practices and additional precautions including hand hygiene, PCRA and cleaning and disinfection of non-critical equipment.
 - Staff should be educated about signs and symptoms of EVD, appropriate control measures; and the need to self-monitor while caring for cases of EVD for 21 days following termination of care of patients with EVD.
- Limit the number of nursing and medical staff caring for patients to designated staff.
 - Staff with appropriate PPE must be the only ones entering the room.
- Students should only provide care for these patients when their involvement is essential.
- Ensure clinical and non-clinical personnel are assigned exclusively to these patients and that members of staff do not move between EVD patient care areas and other clinical areas.
- A trained monitor with experience in the use of PPE must be assigned outside the entrance to the patient room (if in an AIIR it should be outside the anteroom) to log all people entering the room, as well as assist/monitor appropriate application/removal of PPE to minimize risk of self-contamination.
 - A log sheet should be used.
- Staff caring for the patient should self monitor themselves for any symptoms consistent with EVD for 21 days after last exposure to patient.
 - Staff must ensure they are following routine practices at all times.
 - If any symptoms occur, staff must immediately notify their regional Occupational Health Program/designate.

Staff Exposure

- To prevent self-contamination, workers should not touch the mucous membranes of their eyes, nose and mouth with their hands.
- Staff with open skin areas/lesions on hands or forearms should not have contact with EVD cases or their environment.
- If staff are accidentally exposed to potentially infectious material from the patient, this must be reported immediately according to your regional/organization's procedures. They will then be followed according to Manitoba Health's Ebola Virus Disease (EVD) Protocol.
- Staff with percutaneous, mucocutaneous (e.g. mucous membranes of the eyes, nose or mouth) or other exposure to blood, body fluids, secretions or excretions from the patient must immediately and safely stop any current tasks, leave the patient care area and safely remove PPE.

Manitoba Health, Healthy Living and Seniors
Ebola Virus Disease (EVD)
Infection Prevention and Control Interim Guidelines

- Remove PPE carefully to prevent exposure to EVD during PPE removal
- Perform first aid immediately if there has been exposure to blood or body fluids.
- Wash the affected skin surfaces or the percutaneous injury site with soap and water immediately after leaving the patient care area. Irrigate mucous membranes (e.g. conjunctiva) with copious amounts of water or an eyewash solution. Rinse thoroughly with running water non-intact skin contaminated with blood, body fluids, secretions or excretions.

Equipment/Supplies and Environment

- **In addition to routine practices, droplet/contact precautions plus airborne precautions for aerosols during AGMPs must be applied.**
 - Please refer to Manitoba Health *Routine Practices and Additional Precautions: Preventing the Transmission of Infection in Health Care* (available <http://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/rpap.pdf>).
 - Airborne Precautions are needed only when performing AGMPs. Only perform AGMPs that are medically essential.
- **Use disposable supplies whenever possible.**
 - **The use of single-patient-use disposable bedpans is preferred over reusable bedpans and commodes for the patient who is unable to use a toilet.**
 - Discard all disposables in the patient room.
- **Use single-patient-use elimination systems (e.g. Hygie Bags).**
- Non-critical patient care equipment should be dedicated to the patient for single patient use and labelled appropriately.
 - Dedicated patient equipment must remain in the patient room until the diagnosis of EVD is excluded, the patient is discharged or the precautions are discontinued.
 - If reusable bedpans and commodes are used they should be provided for single patient use and labelled appropriately
 - Bedpans, commodes and any other equipment to be reused should be reprocessed with cleaning and disinfection with organization/facility approved cleaner/disinfectant.
- Follow organization/facility processes for reusable equipment/medical devices.
- Environmental Services/Housekeeping should implement twice daily cleaning and disinfection of all horizontal and frequently touched surfaces, and when soiled, with organization/facility approved cleaner/disinfectant with approved Health Canada DIN.
 - Environmental Services/Housekeeping staff are considered essential ensuring appropriate and safe management of the patient.
 - Assign experienced Environmental/Housekeeping staff trained in IP&C practices and the use of PPE to perform these tasks.
 - Environment Services/Housekeeping staff must wear the same PPE as outlined in the PPE section above with the exception of gloves. They must use heavy

Manitoba Health, Healthy Living and Seniors

Ebola Virus Disease (EVD)

Infection Prevention and Control Interim Guidelines

duty/rubber gloves for environmental cleaning which should be discarded after use.

- Housekeeping equipment should be disposable or remain in the room for the duration of the patient admission.
 - Do not bring Housekeeping carts in the patient room.
 - Use several cloths to clean and disinfect a room. Use a new disposable cloth for different surfaces or zones within the room. Do not re-use cloths.
 - Clean and disinfect Housekeeping equipment before putting back into general use.
- Additional cleaning and disinfection is also required on surfaces that are likely to be touched and/or used frequently.
 - This includes surfaces that are in close proximity to the patient, e.g. bedrails, bedside/over-bed-tables, call bells, and frequently touched surfaces in the patient care environment such as door knobs, surfaces in the patient's bathroom.
- Additional cleaning measures or frequency may be warranted in situations where environment soiling has occurred.
- When precautions are discontinued or the patient is moved, terminal cleaning of the room and bathroom, changing of the privacy curtains and cleaning and disinfection or changing of the string/cloth call bells or light cords should be done.

Sharps, Waste, Dietary and Linen

- **In addition to routine practices, droplet/contact precautions plus airborne precautions for aerosols AGMPs must be applied.**
 - Please refer to Manitoba Health *Routine Practices and Additional Precautions: Preventing the Transmission of Infection in Health Care* (available <http://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/rpap.pdf>).
 - Airborne precautions are needed only when performing AGMPs. Only perform AGMPs that are medically essential.
- Place linen in clearly labelled, leak-proof bags and no-touch receptacles at the point-of-use.
 - Staff handling contaminated linen must wear PPE.
 - Double bag soiled linen; ensure bag is clean (disinfect surface if required).
 - Never carry soiled linen or soiled linen bags against body.
 - Linen should be transported directly to the laundry area.
 - Perform hand hygiene after handling soiled linen.
- Disposable dishes/utensils are not required but may be considered to reduce movement of reusable supplies out of the patient room.
- Dedicate sharps containers to rooms with EVD patients.
 - Clean and disinfect used sharps containers once sealed.
- Waste must be placed in a leak proof waste bag in a covered bin.
 - Use heavy duty/rubber gloves for waste pick up.
 - Routine management for regular waste disposal is sufficient.

Manitoba Health, Healthy Living and Seniors
Ebola Virus Disease (EVD)
Infection Prevention and Control Interim Guidelines

- Blood, suctioned fluids, excretions and secretions should be disposed of in a sanitary sewer or septic system according to municipal/regional regulations.
- Contain waste at point of use.
- Wipe down the outside of all waste bags with regional/approved cleaner/disinfectant prior to removal from the patient room.

Handling Deceased Bodies

- Handling of the human remains must be kept to a minimum.
- Only persons trained in handling infected human remains, and wearing appropriate PPE, should touch or move the patient.
- Routine practices and contact precautions for handling deceased bodies for transfer to mortuary services must be followed. Routine practices include PPE (mask and facial protection) to protect against splashing and sprays of blood and body fluids from the deceased body. Droplet or airborne precautions are not required.
- Medical devices (i.e., intravenous or urinary catheters or endotracheal tubes) should be left in place. The body should not be washed.
- Wrap and securely seal the body in heavy plastic sheeting or a leak-proof body bag before it is removed from the place where the death occurred. Wrap the body in a way that prevents contamination of the outside of the shroud. The assignment of a trained individual to observe the selection, putting on, removal and disposal of PPE to ensure that staff are not contaminating themselves, should be considered. Entry to the room could also be monitored to ensure that entry is limited to essential staff only.
- A red colour coded “toe tag” should be attached to the body bag indicating that the person is under investigation or has probable or confirmed EVD. This will alert technicians at the receiving facility that special instructions are required for handling the body.
- Decontaminate the surface of the shroud/body bag by using the organization/facility – approved cleaner/disinfectant. Remove all visible soil.
- Following removal of the body, clean and disinfect the patient room and reusable equipment according to standard procedures.
- Keep transportation of the human remains to a minimum.
- Detailed information regarding autopsies, diagnostic procedures, funeral home practices, and burial practices will be placed in an Appendix at the end of this document at a later date.

Transport within the facility

- Instruct transport staff and receiving staff on the required precautions prior to moving the patient or transporting other items.
 - Staff must follow infection prevention and control precautions and use PPE according to the additional precautions the patient is on.
- Avoid non-essential transport of the patient. If an internal transfer cannot be avoided, ensure the new room is ready before transfer to minimize time outside of the patient room.

Manitoba Health, Healthy Living and Seniors
Ebola Virus Disease (EVD)
Infection Prevention and Control Interim Guidelines

- Transport the patient or other items in a manner that minimizes patient contact with other persons non-essential to the transport of the patient. Use the most direct route to the destination.
- Staff providing transport must discard PPE as they leave the room, and put on new PPE prior to transporting patient.
- Contact Security Services/designate to provide security during transport and on the unit if necessary
 - Security Services/designate must apply gloves, gown, mask/N95 respirator and face shield. Shoe and leg coverings are required when there is uncontrolled blood or body fluids.
 - Clear the elevators and transit corridors of all persons non-essential to the transport of the patient in advance of patient transport.
 - Provide patient with a procedure mask during transport.
 - Ensure all wounds are covered.
 - Take measures to contain vomit, urine and feces.

Patient

- Patients and their decision makers should be educated about the precautions being used, the duration of precautions, as well as the prevention of transmission of disease to others, with a particular focus on hand hygiene and respiratory hygiene.
- Discharge planning (including but not limited to continuation of infection prevention and control precautions in the home setting) should be managed on a case-by-case basis in consultation with infectious disease specialist, IP&C and Public Health.

Visitors

- Avoid entry of visitors into the patient's room
 - Exceptions may be considered on a case by case basis for those who are essential for the patient's wellbeing such as a child's parent.
 - Do not allow other visitors to enter the EVD patient care area.
- Screen visitors for signs and symptoms of EVD before entering or upon arrival to the facility.
- Instruct visitors to speak with a staff member before entering the patient area in order to evaluate the risk of health of the visitor and the ability of the visitor to comply with precautions.
- Restrict visitors to visiting only one patient.
- Visitors shall be educated by the unit staff regarding infection prevention and control.
 - This education should include the precautions that are being used, education on applying and removing PPE, the duration of precautions, and prevention of transmission of disease to others with a particular focus on hand hygiene and respiratory hygiene. Visitors should also be educated about on self-screening for fever.

Manitoba Health, Healthy Living and Seniors
Ebola Virus Disease (EVD)
Infection Prevention and Control Interim Guidelines

- Visitor activities and compliance with use and removal of PPE will be monitored in the same manner as health care workers.
 - Visitors will be included on the room log sheet ensuring current contact information is provided.

Manitoba Health, Healthy Living and Seniors
Ebola Virus Disease (EVD)
Infection Prevention and Control Interim Guidelines

Putting On and Taking Off PPE

Equipment Required

The following is the equipment that may be needed to care for a patient with EVD in all areas. The health care worker is to use the PPE according to the area they are working in.

- Disposable scrubs
- Fluid-resistant coveralls with attached hood
 - Fluid-resistant coveralls with shoe and leg covers
 - Fluid-resistant coveralls without shoe and leg covers
- Fluid-resistant/impermeable gown
- Long gloves with secure cuff
 - 2 pairs needed when undertaking any strenuous activity, (e.g. carrying a patient) or tasks which contact with blood and body fluids is anticipated (e.g. patient has symptoms of diarrhea, bleeding, vomiting, and/or the environment could be contaminated with blood and body fluids)
- Fluid-resistant shoe/leg coverings
 - These are needed when undertaking any strenuous activity, (e.g. carrying a patient) or tasks which contact with blood and body fluids is anticipated (e.g. patient has symptoms of diarrhea, bleeding, vomiting, and/or the environment could be contaminated with blood and body fluids)
- N95 respirator
 - Needed when performing AGMPs
- Procedure or surgical mask
- Full face shield

Steps to Put On PPE:

This must be done outside of the patient room or in a setting where there is no patient room (e.g. EMS); it must be done before contact with the patient.

1. Perform hand hygiene. Alcohol-based hand rub (ABHR) is acceptable unless visible soiling is present. Soap and water required if visible soiling is present.
2. Put on 1st pair of gloves if 2 pairs are needed.
3. Put on coveralls; zip closed, pull hood securely onto head.
 - a. If using 2 pairs of gloves, ensure 1st set of gloves are under sleeves of coveralls.
4. Put on shoe/leg covers if needed.
5. Put on fluid-repellent/impermeable gown if needed.
 - a. Ensure gown covers back side. If not covered completely, first don a gown as a housecoat, then don the second gown as usual.
6. Put on N95 respirator/mask over hood.
7. Put on full face shield over hood.
8. Put on gloves (2nd set if have put on gloves previously) over fluid-repellent/impermeable gown

Manitoba Health, Healthy Living and Seniors
Ebola Virus Disease (EVD)
Infection Prevention and Control Interim Guidelines

- a. Ensure cuffs of gloves are secure over cuff of gown.
9. Trained monitor to confirm appropriate PPE application/fitting before entering patient's room or having contact with the patient.

Steps to Remove PPE:

The following steps are to be used for the health care worker who has been caring for the patient in their room or who has had contact with the patient.

These steps must be done when leaving the patient room or after contact with the patient depending on the setting.

A specific area outside the room/area should be designated to remove the PPE.

Only 1 person must exit the room/area at a time. The PPE must be removed completely and the area where it is being removed must be exited before the next person enters.

Perform hand hygiene whenever possible hand contamination has taken place, at any point during PPE removal.

1. If wearing 2 pairs of gloves, remove outer set of gloves using glove-to-glove, skin-to-skin technique.
2. Remove gown if used (with assistance if needed).
3. Remove shoe/leg coverings if used (with assistance if needed).
4. Remove gloves using glove-to-glove, skin-to-skin technique. Perform hand hygiene. Alcohol-based hand rub (ABHR) is acceptable unless visible soiling is present. Soap and water required if visible soiling is present.
5. Remove face shield (by strap behind head).
6. Remove N95 respirator/mask by straps behind head and with eyes closed.
7. Remove coveralls with assistance.
 - a. Assistant to carefully unzip coveralls to lower abdomen by pulling front area of coveralls downwards, tilting head upwards, and continuing to unzip.
 - b. Using outside of hood, assistant to carefully uncover hood from head.
 - c. Assistant to peel suit downwards to expose shoulders, allowing hood to be further away from neck.
 - d. Using outside of sleeves, assistant to remove 1 sleeve at a time. Carefully roll coveralls downward in a manner avoiding contamination of disposable scrubs. Remove coveralls.
 - e. If assistant unavailable, remove coveralls in a manner preventing self-contamination.
8. Perform hand hygiene. Alcohol-based hand rub (ABHR) is acceptable unless visible soiling is present. Soap and water required if visible soiling is present.

Manitoba Health, Healthy Living and Seniors

Ebola Virus Disease (EVD)

Infection Prevention and Control Interim Guidelines

The following steps are to be used by the assistant when putting on and removing their PPE.

1. Refer to Techniques for Putting On and Taking Off PPE in the *Manitoba Health Routine Practices and Additional Precautions: Preventing the Transmission of Infection in Health Care* (available at <http://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/rpap.pdf>).

Perform hand hygiene whenever possible hand contamination has taken place, at any point during PPE removal.

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