

Best Practices: Caring for an Ebola Patient

In addition to the published guidelines, dedicated staff at the Nebraska Medicine Biocontainment Unit have identified several best practices when preparing and caring for an Ebola patient:

1) Staffing

- a) Proactively train all staff in entry areas through exercises (e.g., PPE; patient screening, identification of location to shelter in place, etc.).
- c) Use only staff who volunteer to care for Ebola patients and utilize a buddy system inside the isolation unit to ensure safe care.
- d) Choose a diverse group of clinicians (e.g., RN's, Respiratory Therapists, Techs from diverse backgrounds such as ICU, Medsurg, Critical Care Physicians, Infectious Disease Physicians).
- e) Address backfilling for staff and faculty positions that are pulled to the unit
- f) Other support services required will include: Security, Behavioral Health, Dietary, Materials Management, and Pharmacy. While these staff will not be in the unit, their support to your isolation team is critical.

2) PPE

- a) Have flexibility in PPE selection; adjust PPE to the patient's condition.
- b) Implement a buddy system with a designated donner and doffer trained to observe all personnel entering and leaving the isolation unit.
- c) Use available PPE and visual tools: <http://www.nebraskamed.com/biocontainment-unit>.

3) Overall Organization

- a) Activate incident command structure before arrival of the patient. Locate near the isolation unit.
- b) Run all media requests through a designated Public Information Officer (PIO).
- c) During the acute phase, plan daily internal staff briefings.
- d) Partner with state and local health department for support with general public communication.
- e) Identify technology strategy to use for communication between consultants and unit; patient and family; unit and patient (e.g., video conferencing).



4) Transportation

- a) Designate one or more specialists to plan and arrange patient transport.
- b) Coordinate with local ambulance services and airports.
- c) Perform at least one full scale transportation drill prior to actual patient arrival.
- d) Define protocol for decontamination of ambulance.

5) Waste Management

- a) Autoclaving of ebola waste is preferred, but if not possible it is important to have a plan in place compatible with CDC and DOT regulations.
- b) Anticipate large volumes of solid waste.
- c) Utilize a hospital grade disinfectant for twice its required contact time prior to flushing the toilet.
- d) Nebraska Biocontainment Unit perspective on disposal of Ebola medical waste:
<http://tinyurl.com/naa99tw>.

6) Laboratory

- a) Work out in advance which tests will require a BSL3 or higher lab, and which labs will be done in the routine pathology lab.
- b) Evaluate the feasibility of an on site stat lab in the isolation area.

7) Supplies and Medications

- a) Identify supplies and medications needed to care for an Intensive Care Unit (ICU) level patient, including adequate PPE, bleach and neutralizing disinfectant, and rectal tube.
- b) All supply packages should be removed from items prior to use in the isolation unit. This will reduce waste management demands.
- c) Identify medications needed for ICU level care.

8) Care of the Family

- a) Identify a hospital official who will coordinate all needs with family (e.g., housing, communication, media).

For more information, visit <http://www.nebraskamed.com/biocontainment-unit/ebola>.