<table>
<thead>
<tr>
<th>COMPONENT</th>
<th>RECOMMENDATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Placement</td>
<td>• Immediately place patient in a single patient room with the door closed and a private single bathroom. Although not required, if a negative airflow room is available, please use that for maximum precautions.</td>
</tr>
<tr>
<td>Isolation Precautions</td>
<td>• Contact, Droplet, and Airborne</td>
</tr>
</tbody>
</table>
| Signage | • Place appropriate signage on the door: Contact, Droplet, and Airborne Precautions.  
• The number of people entering through the patient room should be minimized including physicians, hospital staff, and visitors. |
| Personal Protective Equipment (PPE) | • All persons entering the room must wear gloves, gown, goggles or face shield, and a mask before entering room  
  ▪ N-95 masks MUST be used when available  
  ▪ A surgical mask may be used only if an N-95 mask is NOT available and only when an aerosol-generating procedure is NOT being performed on the patient  
  ▪ An N-95 mask must be used for all aerosol generating procedures  
• If copious amounts of fluid are present:  
• Double glove, use disposable shoe covers and leg coverings  
• Carefully remove PPE before leaving room |
| Hand Hygiene | • Perform hand hygiene immediately after removing PPE and per hospital policy:  
  ▪ Alcohol hand-rub is acceptable for non-soiled hands  
  ▪ Soiled hands should be washed with soap and water  
  Avoid touching other surfaces, face or other mucous membranes prior to performing hand hygiene |
| Aerosol-Generating Procedures (AGPs) including intubation, bronchoscopy, sputum induction, etc. | • Aerosol-generating procedures must be done in a negative airflow room  
• Aerosol-generating procedures should be limited  
• N-95 masks with goggles/face shield MUST be worn during any aerosol-generating procedure |
| Patient Care Equipment | • Dedicated medical equipment (eg., stethoscope, BP cuff, etc.) should be disposable whenever possible and should be left in the room  
• All dedicated, non-disposable medical equipment should be cleaned and disinfected according to hospital policy and manufacturer’s instructions using strict blood and body fluid precautions |
| Environmental Infection Control | • EVS will designate a housekeeper with additional training to clean areas potentially contaminated with Ebola. Training will include appropriately wearing PPE and any specific cleaning processes to prevent the spread of Ebola.  
• The nursing staff caring for the patient will also be responsible for wiping down the room periodically with bleach wipes and for cleaning up spills.  
• Use of bleach wipes for cleaning is encouraged; use of spray bottles should be minimized.  
• Cleaning can be done using 10% sodium hypochlorite (bleach) solution, or hospital-grade quaternary ammonium or phenolic products |
## Prevention of Ebola: Key Points

<table>
<thead>
<tr>
<th>COMPONENT</th>
<th>RECOMMENDATION</th>
</tr>
</thead>
</table>
| **Disposal of Body Fluids and Trash**  | • Urine, stool and vomitus may be flushed down the routine toilet.  
• RN to place regular trash bag into a second biohazard bag.  
• EVS will be responsible for removing trash once bagged in biohazard bag. |
| **Dietary**                            | • Dietary will NOT enter the room to deliver or collect food trays  
• Meals will be delivered on disposable trays with disposable items and will be given to the patient by the nurse caring for the patient  
• RN to place trays, food, plates and utensils into the trash. |
| **Specimen Collection and Recommended Testing** | • For Ebola testing: A minimum sample volume of 4 mL of blood should be shipped refrigerated or frozen on ice pack or dry ice (no glass tubes), in accordance with IATA guidelines as a Category B diagnostic specimen.  
• Please refer to [http://www.cdc.gov/ncezid/dhcpp/vspb/specimens.html](http://www.cdc.gov/ncezid/dhcpp/vspb/specimens.html) for detailed instructions and a link to the specimen submission form for CDC laboratory testing.  
• Malaria diagnostics should be performed, as it is a common cause of fever among returning travelers to the region. |
| **Duration of Isolation**              | • Duration of isolation will be determined in conjunction with Columbus Public Health (CPH), Ohio Department of Health (ODH), and the U.S. Centers for Disease Control and Prevention (CDC) |
| **Visitors**                           | • Visitors will be limited and should NOT be present during aerosol-generating procedures.  
• Visitors who were exposed to a symptomatic patient are also a possible source of Ebola Hemorrhagic Fever. However, current research shows that individuals are not contagious prior to becoming ill/febrile. |
| **Post-Mortem Care**                   | • If a patient expires, please contact the Critical Event Officer at pager 9876  
• Please contact the morgue for a special body bag  
• Follow routine post-mortem procedures  
• Autopsies will not be done at OSU on these patients. Need for autopsy will be determined in conjunction with CPH, ODH, and CDC  
• For additional information, please visit these below links:  
  ▪ [http://www.who.int/csr/bioriskreduction/interim_recommendations_filovirus.pdf?ua=1](http://www.who.int/csr/bioriskreduction/interim_recommendations_filovirus.pdf?ua=1)  