

Emory Healthcare Ebola Preparedness Protocols

Specimen Management & Laboratory Protocol for High-Risk Testing

If a patient falls into high- or intermediate-risk category consistent with the need to do EVD testing, the Highly Infectious Phlebotomy protocol will be initiated. This protocol is designed to ensure safety of staff and other patients by providing clear direction for performing both in-patient and clinic collections. If a potentially high-risk or intermediate-risk patient (as determined by the on-call SCDU Infectious Diseases physician) requires a blood draw in one of Emory's clinic locations, then Emory Medical Lab-designated staff phlebotomists trained and with demonstrated competency in PPE or educated SCDU nurses will be dispatched to draw the blood. In-house patients identified as highly infectious will be drawn by the in-house care team, a designated phlebotomist or nurse trained in PPE measures.

Purpose: To ensure the safety of staff and other patients by providing clear direction for performing both in-patient and clinic collections along with secure specimen transport to the laboratory of potentially highly infectious samples. If a potentially highly infectious patient (as determined by on-call Infectious Diseases physician for the hospital in consultation with the on-call SCDU ID physician) requires a blood draw in one of Emory's clinic locations where Emory Medical Lab (EML) staffs phlebotomists, a phlebotomist will be dispatched to draw the blood. In-house patients identified as highly infectious will be drawn by the trained, in-house Phlebotomy team or nurses.

Process:

I. Lab Support at Clinic Location

Travel Well clinic at the Emory University Hospital Midtown Medical Office Tower (MOT) often sees patients who could have acquired a highly infectious disease and serves as the internal standard of practice for laboratory testing required to determine need for admission and direct further work up. This assumes that the patient is clinically stable to remain in an outpatient clinical setting. The following process will be followed:

- a. The on-call SCDU ID physician will contact the EML MOT Lab and state a blood collection is required for a potentially highly infectious patient. The following information will be provided:
 - i. Patient name, Medical Record Number (MRN), Date of Birth (DOB), clinic location and tests ordered
- b. Fax number will be provided by phlebotomy, and the requisition containing all test orders will be faxed to the MOT lab in order for the phlebotomist to ascertain the proper tubes needed. Typical testing ordered for these patients are CBC, CPCOMP, Binax NOW rapid malaria test, EVD PCR, and aerobic and anaerobic blood culture. However,

- no labs will be sent to Core lab until EVD is ruled out by SCDU Lab through PCR. No orders will be placed in the computer.
- c. The MOT Lab staff member receiving the call will contact EUHM Processing to alert them of the incoming samples.
 - d. Phlebotomist will be dispatched with phlebotomy tray containing all required supplies to perform blood draw according to the PPE Matrix (Appendix 5) and sufficient materials to package the samples for transport (see instructions below).
 - e. The phlebotomist will bring into the room only the material necessary for the phlebotomy and the biohazard bags to place the specimens in. The phlebotomy tray and external packaging will be left outside of the room.
 - f. All phlebotomy procedures will be followed as usual, including donning of PPE, patient identification and phlebotomy, and then removal of PPE. There must always be a second care provider in the room to assist the phlebotomist in order to supervise the donning of the protective equipment, collection of the blood, and assist if there are breaches in protocol or spills, if needed.
 - i. The PPE will be donned in accordance with PPE Guidelines (Appendix 6, Donning High-Level PPE for Patient Room).
 - ii. In addition to the established procedures, the phlebotomist will wipe the outside of the sample tubes/bottles with a disinfectant wipe. Allow to air dry and then hand label the samples legibly (no visible contamination should be on the outside of the samples).
 - iii. Phlebotomist removes all PPE as outlined in Appendix 6, Doffing High-Level PPE for Patient Room and disposes of the items used for phlebotomy, as well as the PPE in the receptacle provided at the location for this.
 - iv. The phlebotomist then dons a new pair of gloves and places the samples into the biohazard bag and wipes the outside of the bag with a disinfectant wipe. These gloves are then removed.
 - v. Prior to exiting the room, the phlebotomist will don another new pair of gloves in order to touch the door, and then will sanitize gloved hands outside of the room and remove the gloves.
 - g. Outside of the room, the phlebotomist will place the samples into a second biohazard bag. They, then, place the double bagged specimens into the Styrofoam container that has an external card box container. They will close and seal with tape the outer card box container. The card box container will have a mailing sleeve attached to it and the phlebotomist will place the paper requisition so that the patient identifiers are visible into the sleeve. There will also be a label stating **“DO NOT OPEN.” EML COURIER TO TRANSPORT TO EUH PROCESSING. HOLD FOR POCT TECH.**
 - h. Specimens will be transported as follows:
 - i. Hand carry to EUHM Processing
 - ii. **Note:** Specimens will **not** be transported via pneumatic tube.
 - i. Specimen will be held in the processing area as it was packaged until the EML courier service takes it to EUH for testing.

- i. Processing will contact Processing/Courier MTIII to arrange appropriate courier transportation of sample.
- j. Upon arrival to EUH Processing, the specimen (still in the intact packaging) will be picked up from the processing area by the Point of Care Testing (POCT) on-call staff member who has been contacted by the on-call SCDU ID physician and will be transported to the SCDU laboratory.

II. Lab Support for Hospital Inpatient or Hospital Outpatient (ED):

The following procedure will be performed:

- a. Hospital Phlebotomy will be notified by phone of any patients prior to any blood draws, including patient full name, MRN, DOB and room number.
- b. Phlebotomy will post this information prominently in coordinator area and staff will be informed.
- c. The coordinator will alert processing that these samples will be delivered to their area upon collection. Phlebotomist will be dispatched with labels. Most required PPE should be available at room or nurses station, but the phlebotomist will ensure they don according to the PPE Matrix (Appendix 5).
 - i. Sufficient materials to package the samples for transport
 - ii. All phlebotomy procedures will be followed as usual, including donning of PPE, patient identification and phlebotomy, and then removal of PPE. There must always be a second care provider in the room to assist the phlebotomist, in order to supervise the donning of the protective equipment, collection of the blood, and assist if there are breaches in protocol or spills, if needed.
 - iii. The PPE will be donned in accordance with PPE Guidelines (Appendix 6, Donning High-Level PPE for Patient Room).
 - iv. In addition to the established procedures, the phlebotomist or nurse will wipe the outside of the samples tubes/bottles with a disinfectant wipe, allow to air dry and then label the samples (no visible contamination should be on the outside of the samples).
 - v. Phlebotomist or nurse removes all PPE as outlined in the PPE Guidelines (Appendix 6, Doffing High-Level PPE for Patient Room) and disposes of the items used for phlebotomy, as well as the PPE, in the receptacle provided at the location for this.
 1. The phlebotomist or nurse then dons a new pair of gloves and places the samples into the biohazard bag and wipes the outside of the bag with a disinfectant wipe. These gloves are then removed and another set are donned prior to exiting the room in order to touch the door, and then they will sanitize their gloved hands outside of the room and remove gloves.
 - vi. Outside of the room, the phlebotomist or nurse will place the samples into a second biohazard bag. They, then, place the double-bagged specimens into the Styrofoam

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container that has an external container. They will close and seal with tape the outer container. The container will have a mailing sleeve attached to it and the phlebotomist or nurse will place the paper requisition so that the patient identifiers are visible into the sleeve. There will also be a label stating “**DO NOT OPEN.**”

EML COURIER TO TRANSPORT TO EUH PROCESSING (if collected at EUHM) **HOLD FOR POCT TECH.**

- d. Specimens will be transported as follows:
- i. Hand carried to SCU lab if at EUH, or
 - ii. Hand carried to nearest EML testing laboratory for courier to SCU lab if at other location.

Note: Specimens will **not** be transported via pneumatic tube.