Emory Healthcare Ebola Preparedness Protocols

STAFFING

Staffing

The medical director and Infectious Diseases physicians serve as the primary physicians for patients admitted to the Unit. Each of these physicians is Board-Certified in both Infectious Diseases and Internal Medicine. One of these physicians is available 24 hours a day, 7 days a week, via pager or cell phone. The physicians also make rounds on the patient(s) in the isolation unit as necessary, at a minimum of two times a day. Subspecialty care will be provided, as needed, by designated subspecialty consultation services that already exist at EUH.

The Unit Director is in charge of recruitment and staffing of the Unit. In addition, there are 2 to 3 nurses assigned to the Unit at all times when the Unit is occupied. The level of staffing is dependent on the care needs of the patient and the level of PPE being used. In an effort to minimize traffic in and out of the patient room, SCDU nurses develop a wide skill set in order to cover the majority of the patient care and room needs.

Other medical specialties, laboratory, environmental services, facilities and further support personnel are allowed in the isolation suite only if they have received full PPE training.

General Guidelines

1. All physicians and staff entering the patient room are required to complete PPE training and adhere to the same protocols as the supportive clinical staff.
2. Any staff and providers who are pregnant or immunocompromised will not be assigned to provide care for this population.
3. Every effort is made to minimize the number of clinicians entering the room.
4. When a patient is admitted to the Unit, a brief review of the infectious disease that the patient is suspected of being infected with is held for all personnel in the Unit.
5. All staff receive specialized training in the care of patients with serious communicable diseases upon employment, at least annually, and participate in exercises on activation of the Unit at least biannually.

Physicians:

The SCDU Medical Director and contributing Infectious Diseases physicians rotate call so they are available 24 hours a day, 7 days a week. When necessary, hospital subspecialists are consulted. Should ventilator support be required, the critical care team that normally oversees the ventilator needs of patients in the intensive care units will supervise it. Requests for consultation by the subspecialties or
critical care team are made by paging the designated clinician. Subspecialty consultation is available 24 hours a day, 7 days a week, through the hospital paging system.

Nursing:

Nursing care is provided by a specially trained group of nurses working in the hospital system. The provision of nursing care is available 24 hours a day, 7 days a week. Two nurses are on-call at any given time. Nurses are not on-call for this service while they are on their normal nursing shifts, ensuring their timely availability. The on-call nurses are required to be able to be at the Unit within 60 minutes after being notified of the activation of the Unit.

The SCDU Unit Director is responsible for recruiting these nurses, maintaining the on-call schedule, and ensuring continuation of annual competency. The Chief Nursing Officer for each hospital and the Department Director actively recruit nurses from amongst those nurses already employed in the hospital system. The Chief Nursing Officer and the Department Director select nurses who have shown prior interest in and compliance with institutional infection control policies, critical care capabilities and management of patients on research protocols. If a nurse trained for the position is no longer available (due to a change in duties or separation from the organization), another qualified nurse is recruited. When a patient is admitted to the SCDU, the Department Director for the Unit assesses the nursing requirements, and the necessary nurses are reassigned from their normal duties to the SCDU. These nurses report directly to the Chief Nursing Officer and Department Director for the SCDU. When a patient requires admission to the isolation unit, the Chief Nursing Officer or the nursing Department Director will generate a schedule, ensuring nursing coverage of the Unit 24 hours a day, 7 days a week.

The Clinical Nurse Specialist will be responsible for organizing the educational activities in the isolation unit, to include the annual training sessions and the field exercises, and for the evaluation of processes in the isolation unit. In addition, there are 2 to 3 nurses assigned to the Unit at all times when the Unit is occupied. The level of staffing is dependent upon the care needs of the patient and the level of PPE being used. See Guidance Matrix for PPE (Appendix 5). When a patient requires admission in the Unit, the Clinical Nurse Specialist reviews, maintains and updates Standard Operating Procedures.

It is recommended that nurses doff PPE every 4 hours to allow for personal needs and a break. At the highest level of PPE and patient care, 3 nurses will be working in the Unit at one time, in 12-hour shifts. They rotate in 4-hour shifts between the patient room, the anteroom and the nursing desk:

- Nurses in the patient room are in charge of all direct patient care, ensuring the quality of all protective practices of personnel entering and exiting the room, waste management and all patient room cleaning.
- Nurses in the anteroom are utilized as quality control officers, ensuring all protective practices are strictly followed. They are responsible for constantly cleaning after all personnel leaving the patient room; transporting patient room waste through the anteroom and out for processing; and decontaminating all anteroom surfaces, equipment and the locker room. Anteroom nurses are relied upon for charting, supply ordering and stocking.
o When rotating to the desk, SCDU nurses are resources for breaks, food delivery, stocking, supply ordering, retrieving prescriptions, coordinating various patient care orders and managing anything else that is needed.

o In an effort to minimize the number of health care workers potentially exposed to patients isolated in the Unit, nursing personnel will perform all phlebotomist functions, obtain all cultures, perform electrocardiograms (ECG), run dialysis and ventilator management as needed, assist with patient physical therapy and use any other skill sets as necessary. Nursing staff will also perform all duties normally associated with nurse technician, environmental services and unit clerk roles.

A lesser degree of PPE may be utilized in a rule-out situation or once two consecutive SCDU lab and CDC tests for the presence of EVD in the blood plasma and urine come back as “undetectable.” When that occurs, only 1 or 2 nurses may be utilized, dependent on patient needs, and still in 12-hour shifts. The patient remains in the care of the entire SCDU team until discharge from the hospital. Please see the Standard Operating Procedures: SCDU for proper donning and doffing of “step down” PPE within the SCDU (Appendix 6).

At the point when the patient has met clinical criteria to be deemed as non-infectious, he/she will be transferred to a clean room. This process is summarized in the table Guidelines for Patient Management during Transfer from Dirty Room to Clean Room (Appendix 7).

**Laboratory:**

The dedicated SCDU laboratory is led by the Medical Director of the Emory Medical Laboratory, or his/her designee, with medical technologists (MT) on-call to perform specimen testing. Currently, a base of 6 MTs are on-call to process specimens and manage the laboratory analyzers. Three additional MTs have been trained and can enter the rotation as needed. One laboratory technologist is on-call 24 hours a day, 7 days a week. On-call shifts rotate every 4 hours during activation.

Due to the isolation of the laboratory from the rest of the SCDU manned areas, when an MT is in the SCDU laboratory, a secondary personnel from laboratory, nurses or physicians monitor the testing personnel periodically (minimum every 15 minutes) to ensure safety or other needs are met (e.g., help with trash, transport sample from anteroom to lab, provide needed supplies).

All lab tests for patients suspected or confirmed of EVD are handled in the SCDU dedicated laboratory. The SCDU laboratory personnel are trained on proper PPE procedures. See PPE matrix (Appendix 5).

**Infection Control Practitioners:**

When a patient is admitted to the SCDU, the designated SCDU Infectious Diseases physicians are present and actively manage procedures and practices for preventing the transmission of infectious pathogens. The Infection Control practitioner facilitates and coordinates interface with the State...
Department of Public Health. An Infection Control practitioner is available by pager 24 hours a day, 7 days a week.

**Environmental Services and Facilities:**

The Director of Environmental Services and the Director of Facilities are responsible for the waste stream and repairs in the SCDU.

The nursing team is responsible for all cleaning within the anteroom and patient rooms. Environmental Services is responsible for cleaning and disinfecting the hallways, surfaces, and other (unoccupied) patient rooms on the Unit. The Director of Environmental Services and dedicated staff receive PPE training and manage the waste stream from the isolation suite to the contracted medical waste company. This includes operation of the autoclave and supervision of all waste documentation (refer to Appendix 5).

All repair requests will be communicated directly to the health care system’s Director of Facilities. Whenever possible, entrance into the patient room is avoided and nursing staff are guided in basic repair needs. If it becomes necessary to involve Facilities personnel in a task within the patient room, only dedicated staff who have received PPE training are allowed to enter the suite. They are subject to the same PPE levels and protocols as contained in the PPE Matrix and Standard Operating Procedures (Appendix 5 and Appendix 6).

Upon discharge of the patient, the SCDU, any utilized medical equipment and patient personal items are decontaminated with the use of vaporized hydrogen peroxide. The Director of Environmental Services and the Director of Facilities are responsible for notifying the contractor that their services are needed and managing the decontamination. All reports documenting the decontamination of the SCDU by the contractor will be compiled by the Director of Environmental Services.

**Ancillary Personnel:**

The SCDU Coordinator is responsible for all administrative tasks associated with the SCDU. These tasks include the management of protocols, preparation of training materials, preparation of task orders, personnel scheduling, tracking expenditures, supply management, and any other logistical and administrative needs as they arise.