



National Ebola Training  
& Education Center

# Patient Placement

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SOUTH MANHATTAN HEALTHCARE NETWORK

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# Learning Objectives

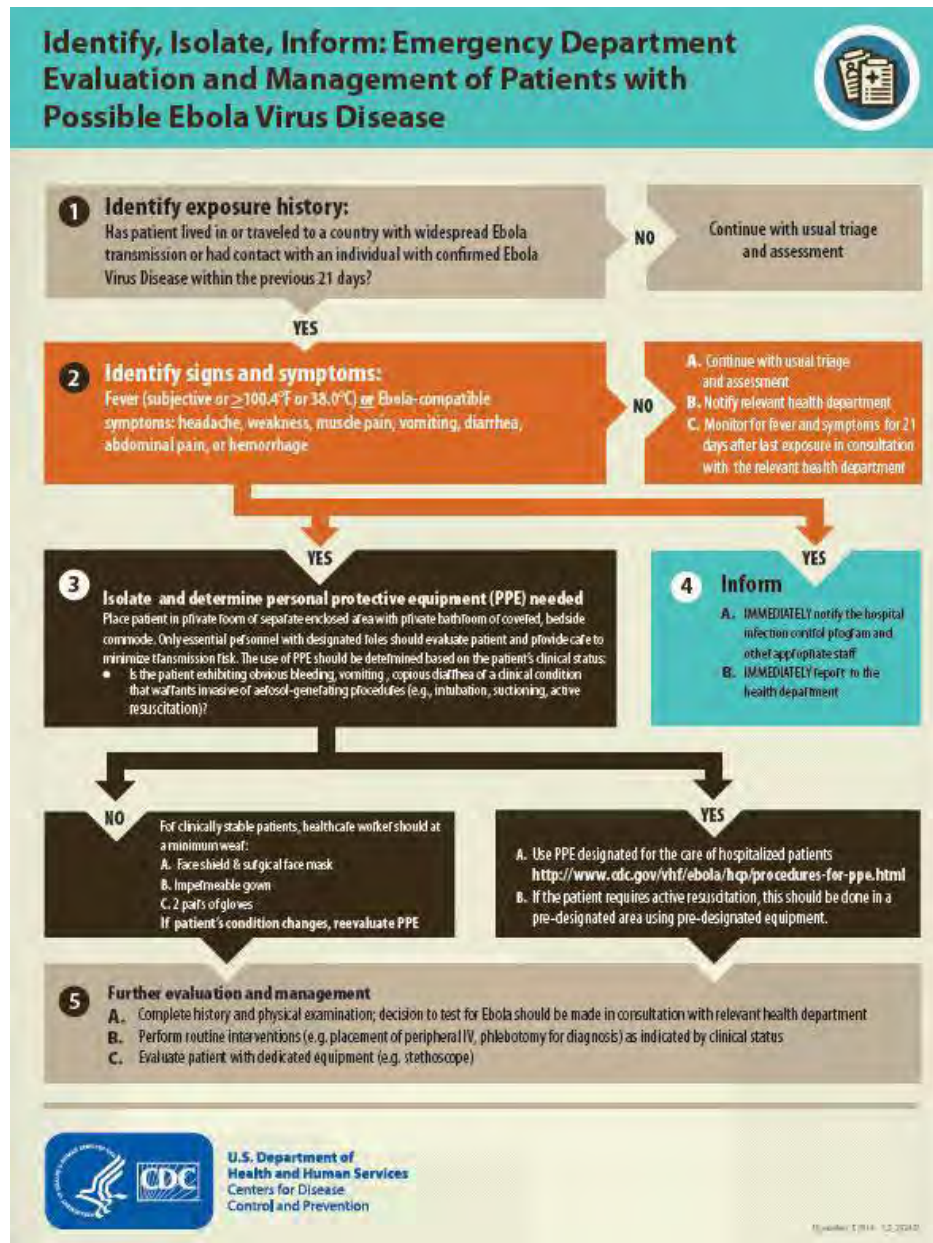
Identify essential elements needed for patient placement, to include:

- Accepting a patient...space requirements
- Delivering safe and effective patient care
- Developing a safe and efficient work flow
- Care considerations for the PUI

## Emergency Department Evaluation and Management of Patients with Possible Ebola Virus Disease:

1. Identify
2. Isolate
3. Inform/Notify
4. Disposition

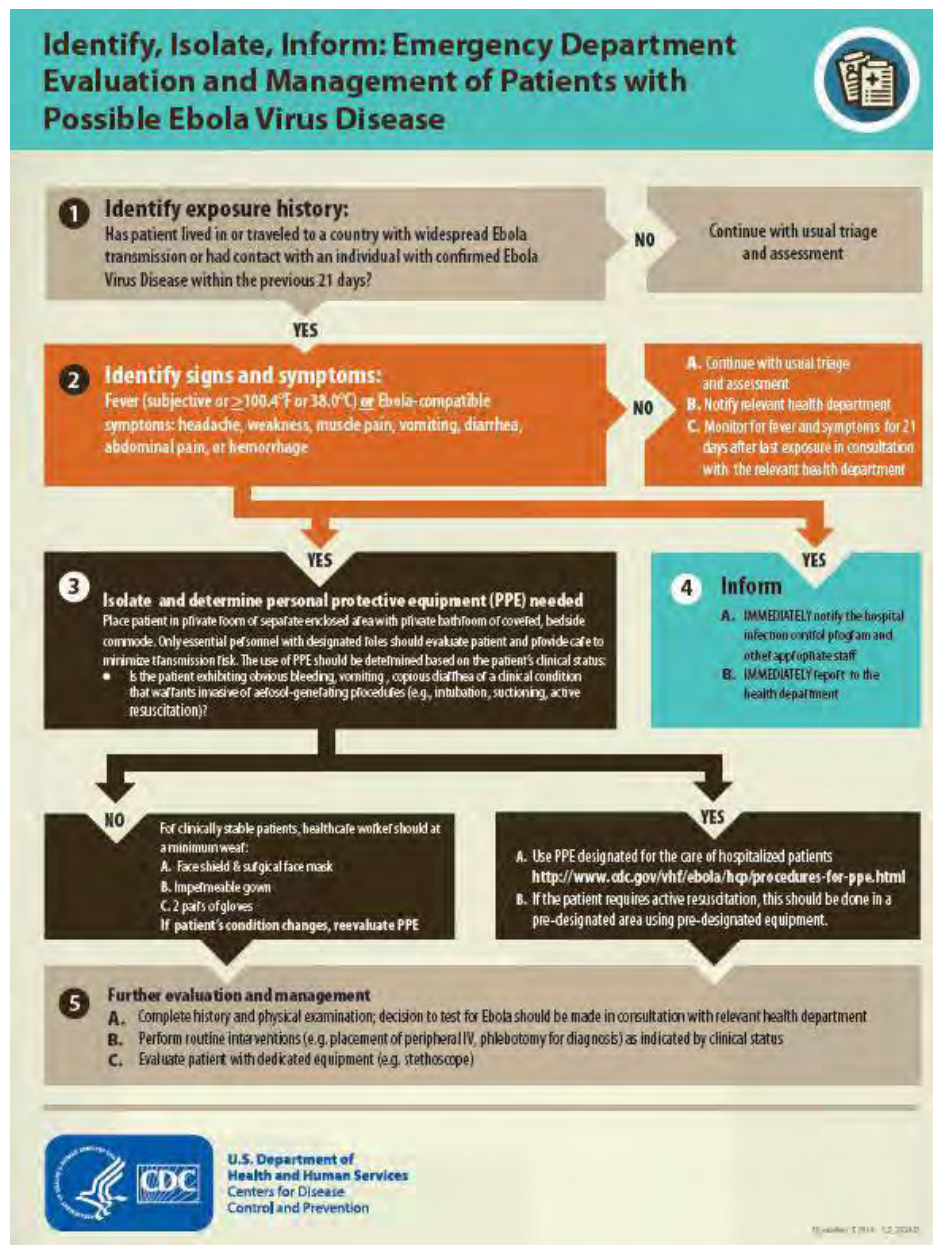
<http://www.cdc.gov/vhf/ebola/pdf/ed-algorithm-management-patients-possible-ebola.pdf>



## Ambulatory Care Evaluation of Patient with Possible Ebola Virus Disease:

1. Identify
2. Isolate
3. Inform/Notify
4. Disposition

<http://www.cdc.gov/vhf/ebola/pdf/ambulatory-care-evaluation-of-patients-with-possible-ebola.pdf>



# Identify

- Identify the exposure history
  - Travel to Sierra Leone or Guinea
  - Any contact with an individual with confirmed Ebola Virus Disease
- Identify the signs and symptoms
  - Fever  $\geq 38^{\circ}\text{C}$  or  $100.4^{\circ}\text{F}$
  - Diarrhea, nausea, vomiting, abdominal pain, weakness, joint or muscle aches

# Identify: Pediatric Considerations

- Similar process as when you screen an adult
- Considerations: has the patient been exposed to someone who is ill and traveled to one of the infected countries
- Ensure that the parent or guardian knows the patient's exposure history

# Screening Tools

- What type of screening tools are you using?
- Utilize any and all mechanisms you can:
  - Signage and self reporting
  - Questionnaire by nursing or medical staff
  - Reminders within the medical record
- Build in redundancies!
- Don't forget about the family and visitors

## Isolate

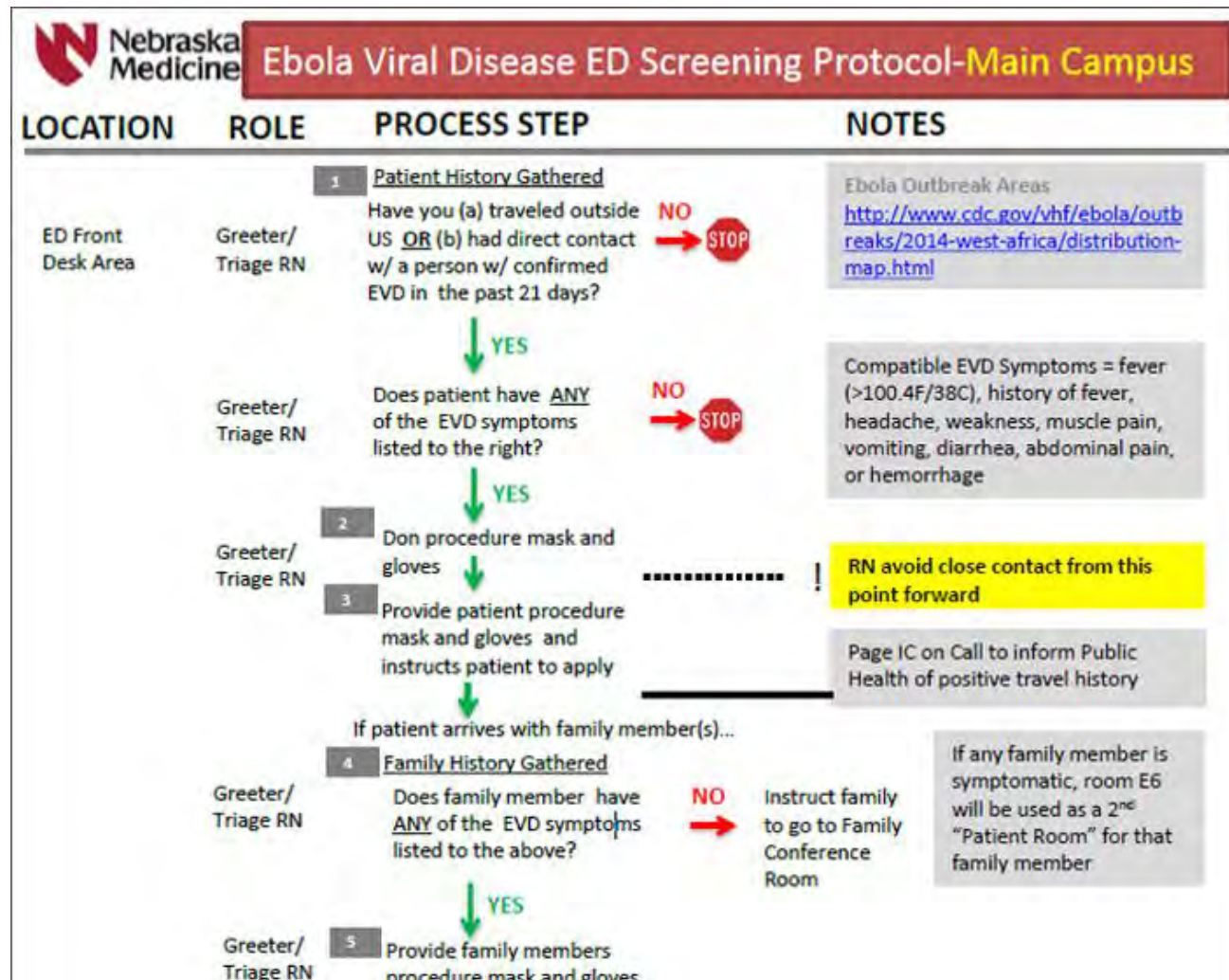
- Identify isolation room and how the patient will be transported to the isolation room
  - Will it be in the Emergency Department?
  - Will it be in an isolation unit?
- Determine who will transport the patient
- Develop process flowcharts for each entry point



# Isolate: Pediatric Considerations

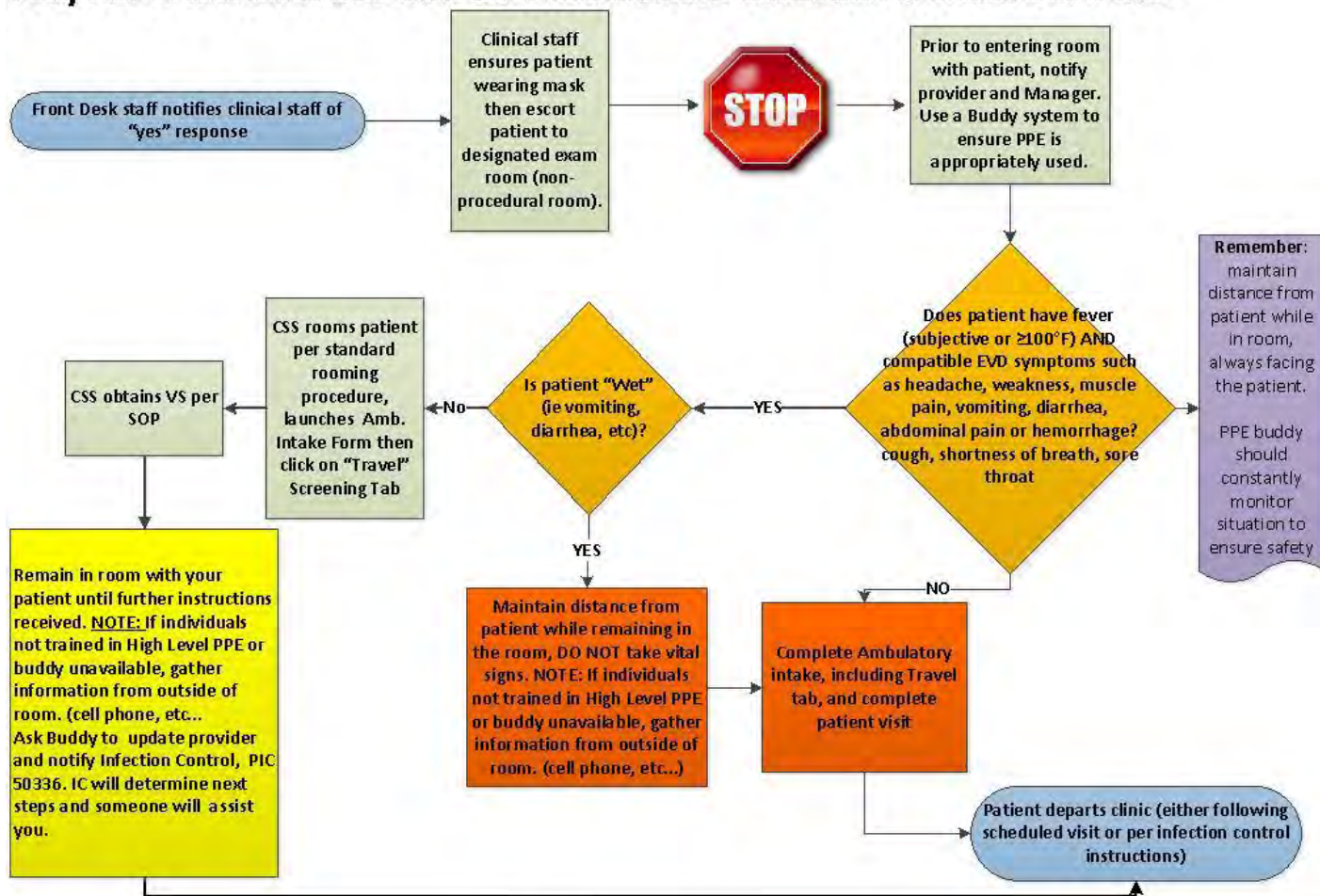
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# Workflow Tools



# Workflow Tools

## TEC/ESA Potential Serious Communicable Disease: Clinical staff SOP



## PUI Tools

- PPE
  - Slow Down...
  - Practice like you play....
  - Roles (must have donning and doffing partner!)
  - PPE Kit
- Go Kit
  - Laminated CDC case definitions
  - Laminated process/workflow algorithm
  - IV Start Kit x2
  - Appropriate lab tubes
  - Bleach wipes
  - Disposable stethoscope
  - Camera, speakers, communication strategy items
  - Rolling bucket and mop with bleach solution



# Guiding Principles for Patient Placement Location

- Overarching goal: Isolate patient with possible Ebola while allowing for diagnosis and treatment of more likely infectious conditions
- Private room
  - Patients should be placed in a private room with private bathroom (or covered bedside commode) that is physically separate from other patient care areas
  - If feasible, a negative pressure airborne infection isolation room in case an aerosol generating procedure needs to be performed unexpectedly
- Remote communication: Ebola patient room should have a method of remote communication so that only essential personnel enter the room
- Adequate space: Patient room should provide enough space for HCW to move around the room safely

# Guiding Principles for Patient Placement Location

In close proximity to patient room, separate areas should be designated for:

- Healthcare worker changing area (change from street clothes into hospital scrubs or disposable garments)
- Clean area where clean PPE is stored and healthcare worker can don PPE before entering patient room
- PPE doffing area
- A designated area for waste storage
- A shower in close proximity to PPE doffing area for HCW to use following PPE doffing protocol

# Guiding Principles for Patient Placement Location

- Dedicated room and equipment: Patient room should have disposable patient care equipment or dedicated equipment not used for any other patient until it is completely decontaminated (e.g., blood pressure monitoring devices, pulse oximeters)
- Sharps disposal: Puncture-proof sealed sharps containers are located in the room, in close proximity to patient bed
- Personnel log: A log is maintained of all personnel who enter any potentially contaminated space or handle infectious materials, with information to assign exposure categories (high-, some, low-risk) for monitoring

# Guiding Principles for Patient Placement Location

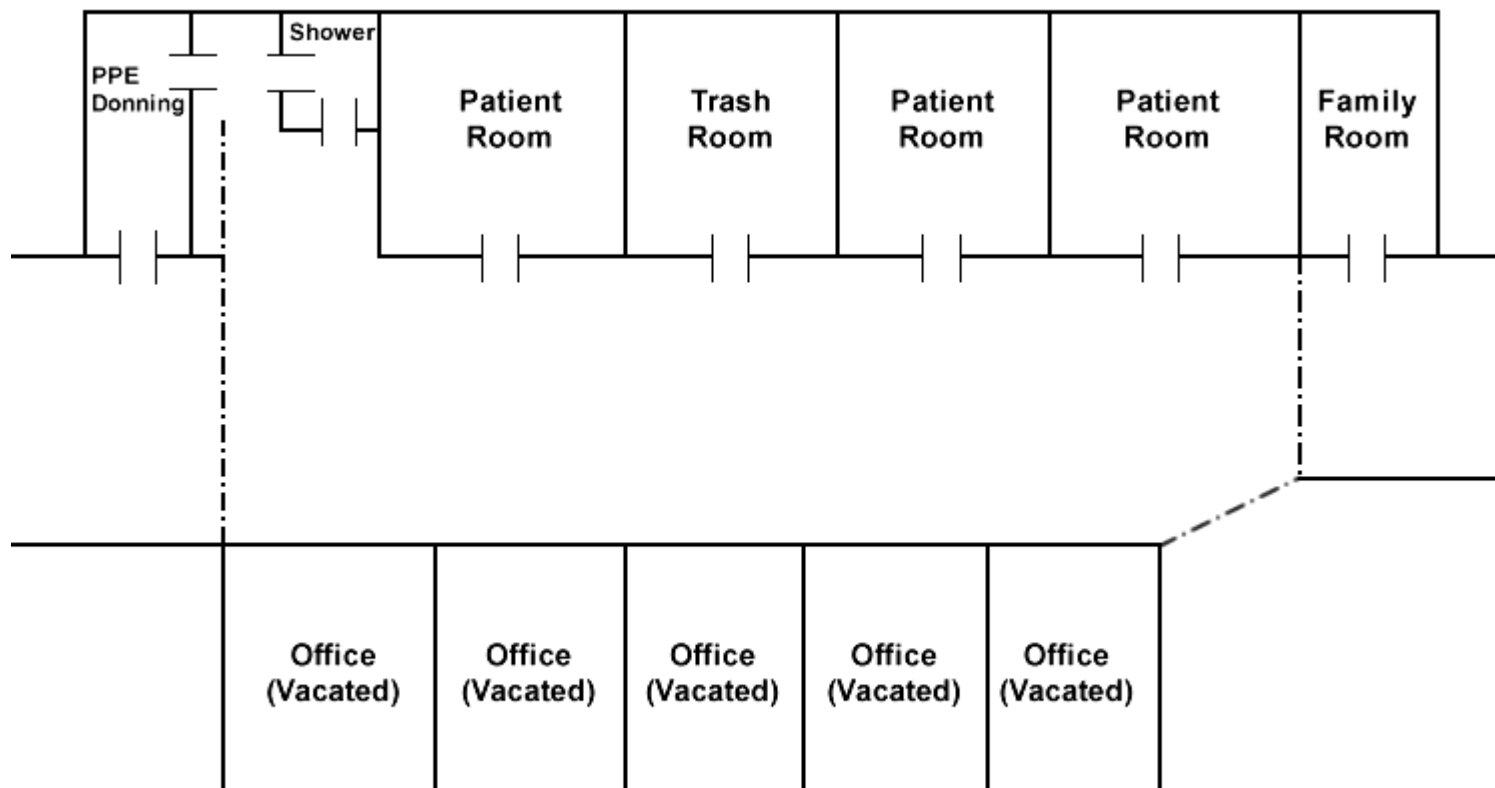
## Key Considerations:

- Ensure flow within patient care area minimizes encounters between “clean” staff/materials and “dirty” staff/materials
- Ensure flow minimizes the number of staff exposed to the patient care area
- Consider how the area will be secured
- Plan for emergencies and identify an evacuation route and location



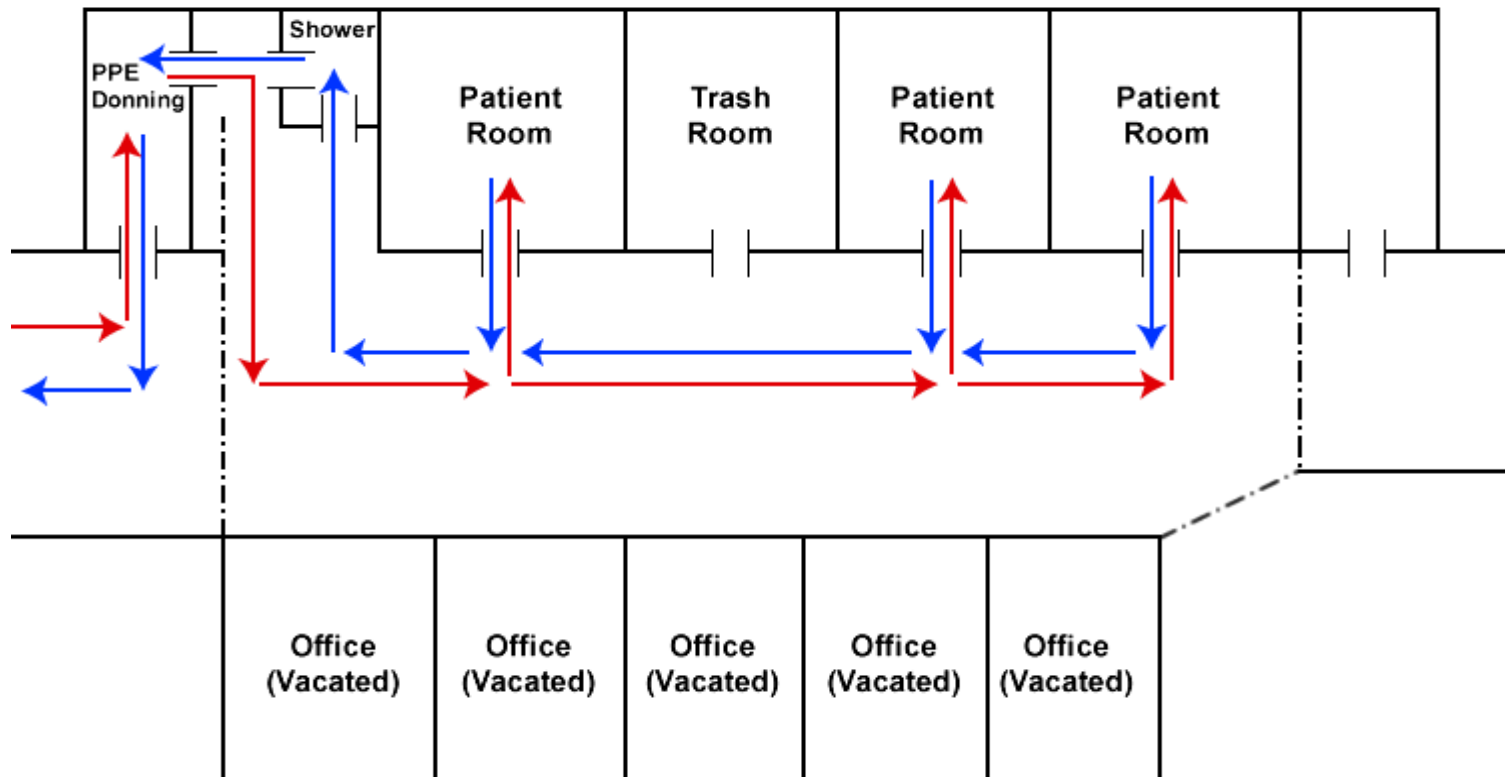
## Facility Design: Example 1 (Before)

- Facility designated a 4-room section of their 30-bed ICU unit as their Ebola treatment unit.
- One room was designated as the Trash Room. Offices across the hall were vacated.
- The unit was separated from the rest of the MICU by three temporary zippered walls.
- The rest of the MICU was temporarily closed, and the room for family of MICU patients (upper right) was relocated to another area.



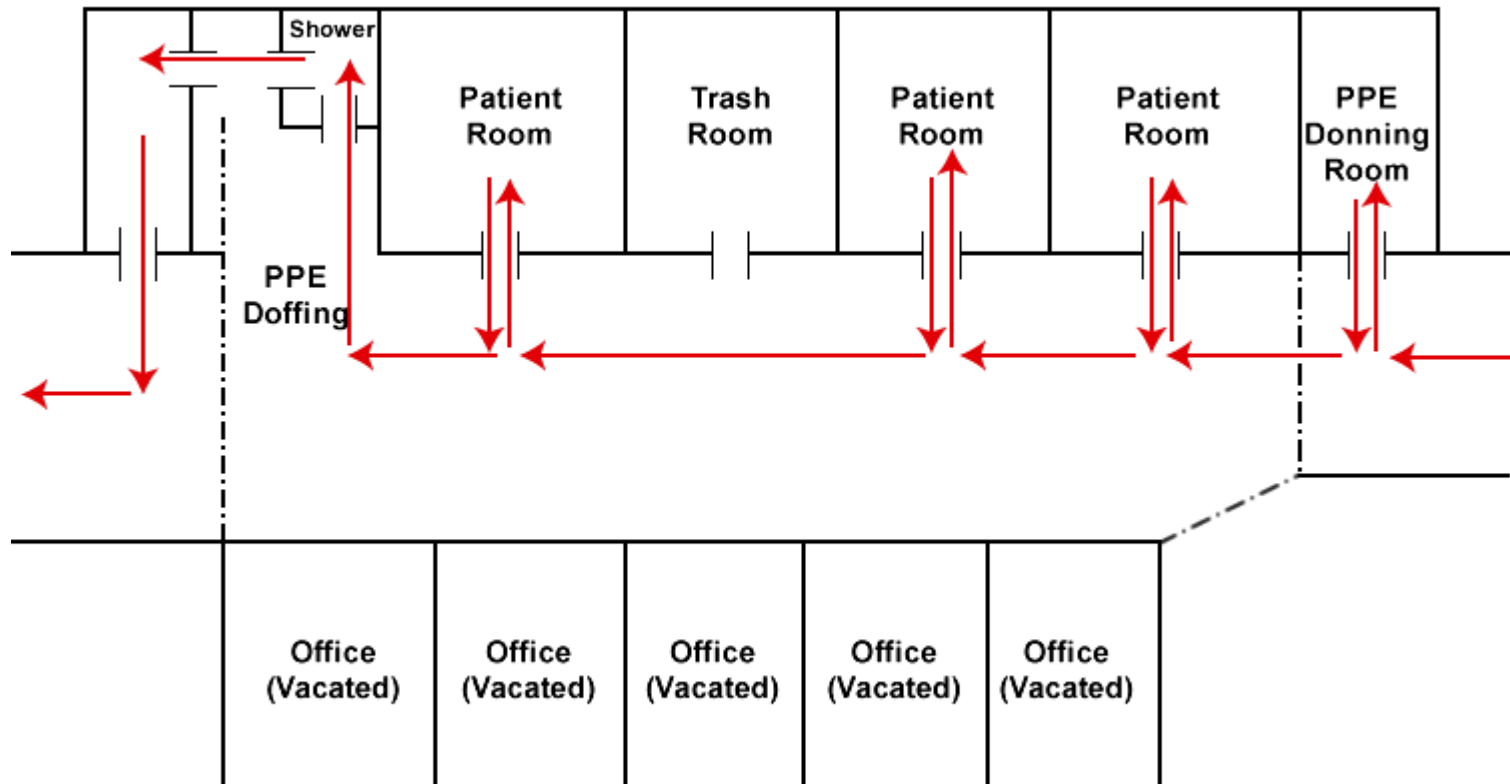
## Facility Design: Example 1 (Before)

- After doffing their PPE, HCW exit the unit the same way they came in, shower and exit through the PPE donning room.
- HCW exited the unit the same way they entered because there was only one shower facility located on the floor and it was located at the entrance to the unit.



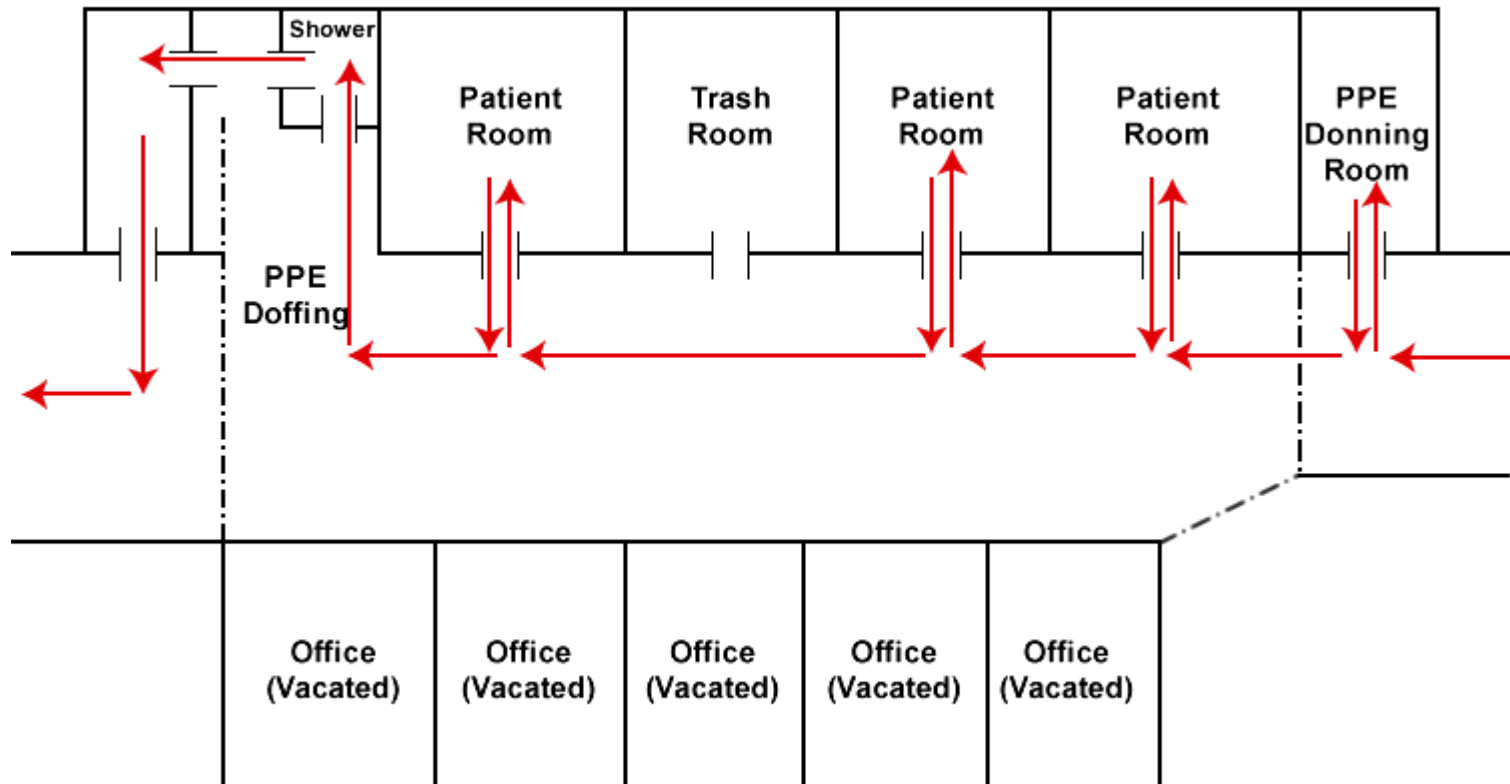
## Facility Design: Example 1 (After)

- HCW dons PPE and enter the unit from the rightmost zippered wall.
- To exit, HCW continues down the hall to the PPE doffing area and doff PPE, enters the showers, and then exits the unit.



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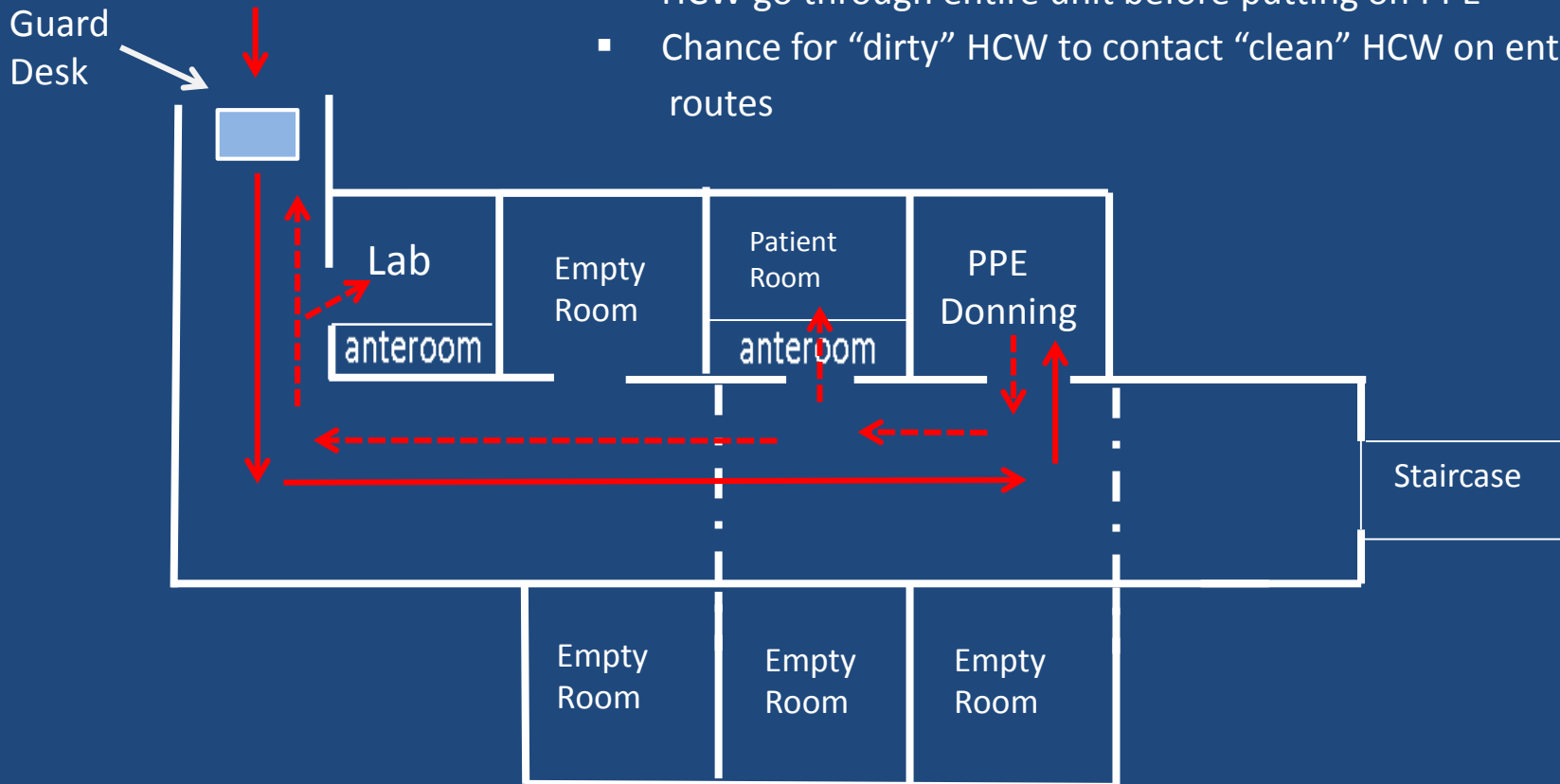


# Facility Design: Example 2 (Before)

## ➤ Areas that could

### be improved:

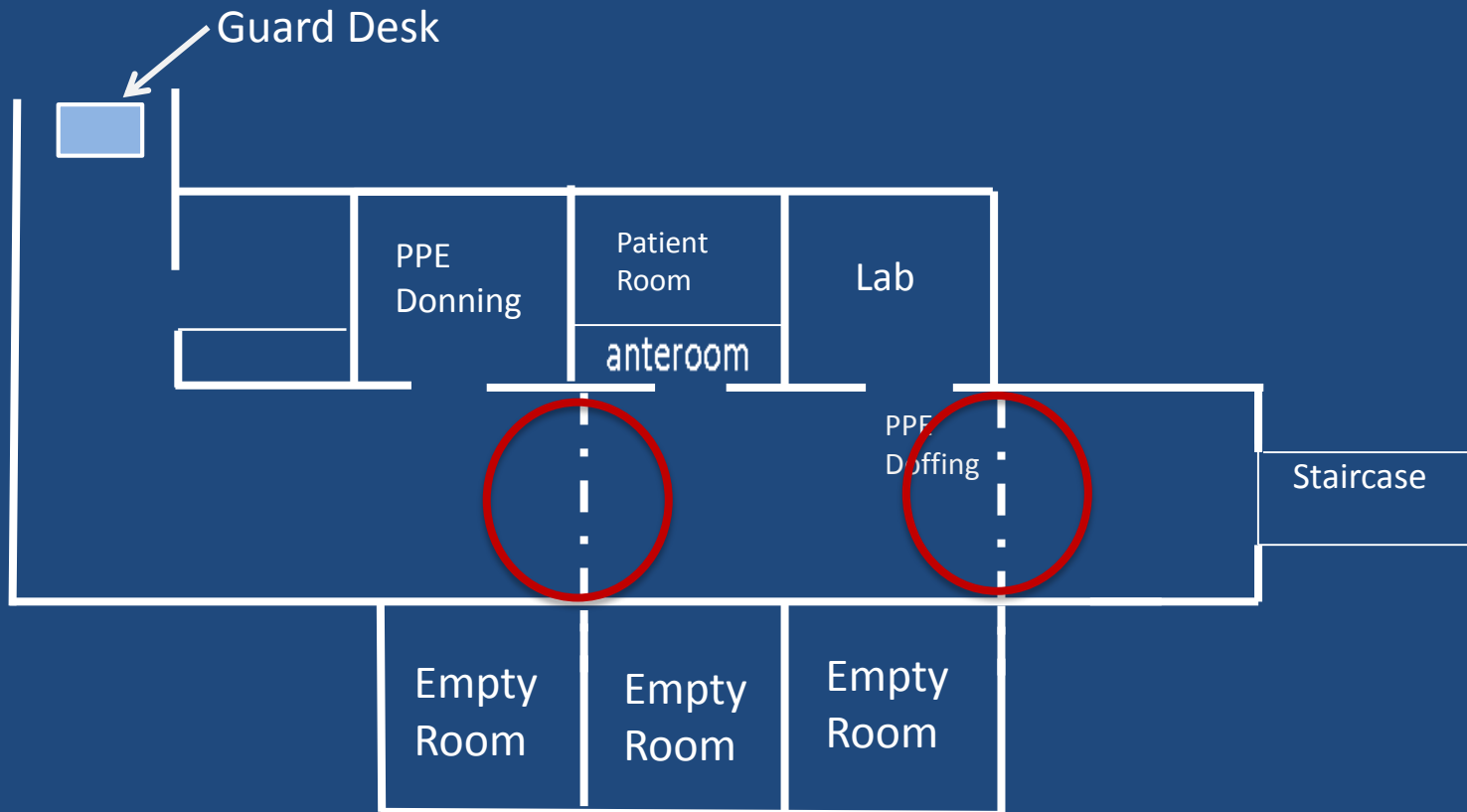
- Lab is close to entrance, guard desk manned by a guard not wearing PPE
- HCW go through entire unit before putting on PPE
- Chance for “dirty” HCW to contact “clean” HCW on entry/exit routes



- Need for designated “clean” and “dirty” areas since some personnel (guards) not required to wear PPE
- In current layout, potentially need to stock and staff two PPE doffing areas, one for patient room, one for lab

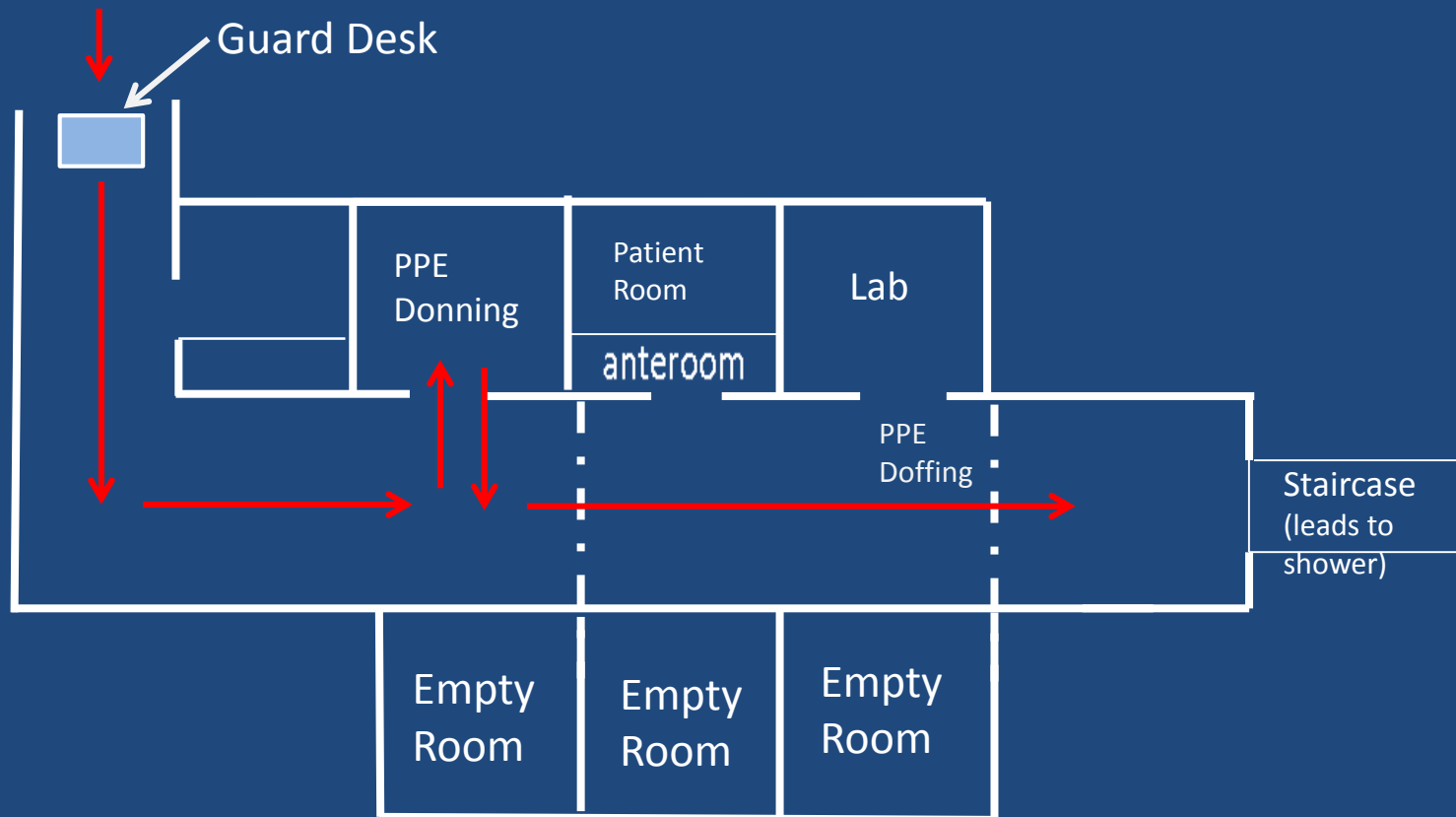
# Facility Design Example 2 (After)

- Next, temporary zippered walls were erected. The area within the zippered walls was considered “hot” and the area outside the zippered walls was considered “cold”.



- Now there were clearly designated “hot” and “cold” zones.

# Facility Design: Example 2 (After)



- **This established one-way flow of HCW within the unit**

## Inform/Notify

- It is important that the appropriate individuals be notified
- May include the following personnel:
  - Supervising physician or provider
  - Charge nurse
  - Public Health departments
  - Hospital infection control program
  - Hospital administration/management
- If it is a pediatric patient, notify the parent or guardian



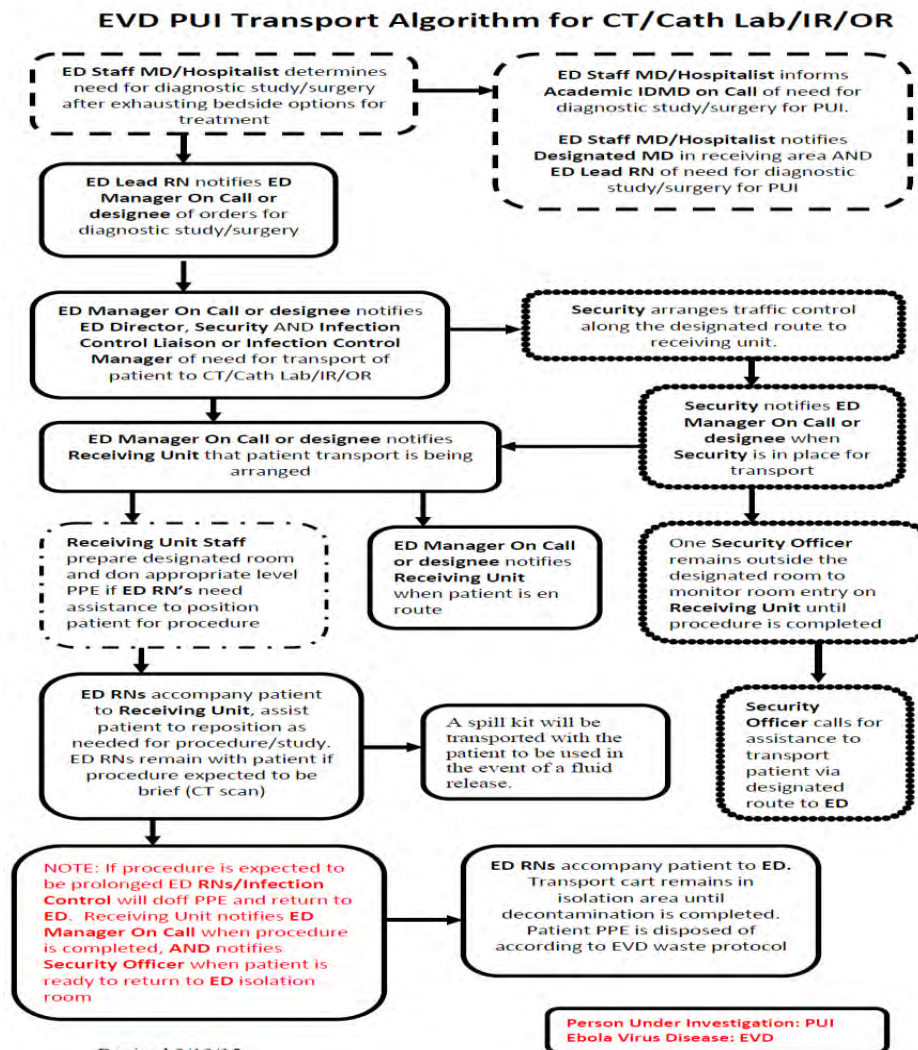
# Care Considerations

- Ensure only trained personnel are caring for the patient with suspected EVD
  - Personal Protective Equipment (PPE)
  - Standard Operating Procedures (SOPs)
- Utilize safety principles
  - Maintain safe distance whenever possible
  - Emphasize controlled movements
- Identify in advance which treatments and diagnostics will be used and how they will be implemented

## Disposition

- Need to identify when, where, and how the patient will be relocated
- When: will the patient with suspected EVD be moved to an isolation suite immediately or once EVD is confirmed?
- Where: what is the location the patient with suspected or confirmed EVD will be moved?
- How: what is the mode and route the patient will get there?

# Plan for Movement of PUI



## Patient Movement



# PUI- What if an Operative Procedure is Needed?

- Transport to OR – Review the steps to follow for transport to the OR.
- Intra-operative Care – Discuss sequence of planned surgical events. Sharps handling, Instruments available, PPE and specimens. Discuss MIS or open procedure.
- Post Procedure – Phase 1 recovery steps, processing of instruments, processing of linen/trash.
- Transport to Receiving Unit – Review the steps to follow for transport to receiving unit. Process for contaminated items used to accomplish procedure.
- Clearly answer/discuss questions from team – No questions should be left unanswered.

## The Important So What(s)?

- ❑ SLOW.....DOWN
- ❑ Be Vigilant
- ❑ Be Calm
- ❑ Accuracy counts. Hold the line.
- ❑ Walk through it, several times. Have drills.
- ❑ Practice PPE donning and doffing... a lot
- ❑ Discuss all the “what if’s”... and have a plan for them.



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Questions?

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