

UNIVERSITY OF TOLEDO

SUBJECT: Infectious Disease Agent (IDA) and Max Surge Plan

Procedure No: EP-08-017

POLICY

The University of Toledo Medical Center (UTMC), in response to an ongoing community, regional or national disaster or influx of potentially infectious patients, shall be prepared to receive patients above current bed and patient capacity.

PURPOSE

To provide a healthy and safe environment for patients, visitors and staff while delivering effective patient care to individuals involved in emergence of a potentially infectious disease(s) and maintaining continuity of operations at the University of Toledo.

PROCEDURE

The UTMC shall institute its Emergency Operations Plan (EOP) #EP-08-009 and its Code Yellow Mass Casualty Procedure (EP-08-001). Additional plans may be initiated depending on need, including the Regional Transitional Medicine Plan.

Surge Response for an Extended Event (e.g., Pandemic):

Note: The following are considered guidelines and the decision as to what level our region is functioning at will be determined by the County Health Commissioner.

Traditional: There is no evidence of an outbreak or other extended events – normal day-to-day activities apply

Transitional, Level 1:

- Clusters of illness in multiple locations on one continent other than North America suggestive of human to human transmission and/or
- Clusters of an outbreak in multiple locations in North America suggestive of human-to-human transmission and/or
- A particularly serious outbreak with significant morbidity or mortality in surrounding states in which human-to-human transmission is possible and morbidity or mortality is considerable

Transitional, Level 2:

- Clusters of illness on more than one continents other than North America and/or
- Increased numbers of suspect cases located in multiple locations within the United States, highly suggestive of human-to-human transmission and/or
- Scattered numbers of suspected cases around the United States and the surrounding states, but with an unusually high mortality rate or significant morbidity. Human-to-human transmission is likely and/or
- Report of suspected cases in Ohio

Transitional, Level 3:

- Clusters of illness in North America and/or
- Increased numbers of suspect cases in multiple locations within the United States that are highly suggestive of human-to-human transmission and beginning to increase in numbers throughout Ohio, but not in Northwest Ohio and/or
- Multiple suspected or definitive cases around the United States, but with an unusually high mortality rate or significant mortality rate and probable human-to-human transmission and/or
- Reports of suspected cases in Northwest Ohio and possible human-to human transmission

Transitional, Level 4

- Major increase of cases in and around the community and/or
- Infectious disease outbreak or epidemic within the University. Confirmed cases are few, but there is an influx in medical office visits

Catastrophic

- The infrastructure in the community has been severely compromised in the wake of the event; caused by a novel virus, virulent seasonal flu or infectious disease outbreak with high morbidity and mortality

IDA RESPONSE FOR AN EXTENDED EVENT TRANSITIONAL MODEL

Note: Each level is inclusive of the previous level. IC: Incident Commander ICP: Infection Control Practitioner

Dept./Office	Traditional	Transitional, Level 1	Transitional, Level 2	Transitional, Level 3	Transitional, Level 4	Catastrophic
Activity Centers for Patient Care	<ul style="list-style-type: none"> Normal Emergency Dept. (ED) operations with responding to routine influx of patients 	<ul style="list-style-type: none"> Airborne Infection Isolation (AII) rooms or Negative pressure rooms and supplies for tarps, tents, portable HEPA's and resources will be evaluated for patient housing 	<ul style="list-style-type: none"> Initiate patient relocation to an alternate room to free up available AII rooms for mandatory isolation needs Preparation and inventorying of outdoor tarp system and portable tents will be evaluated for use Consider pre-staging portable cots in basement of ED for use 	<ul style="list-style-type: none"> If suspected airborne or aerosolized pathogen all AII rooms will be dedicated to patients with suspected pathogen Portable HEPA units will be installed by Maintenance to an additional 12 rooms if needed to assist with filtering air Outdoor area to North of ED will be enclosed in tarps to allow for patient triage and evaluation and/or accommodation of patients 	<ul style="list-style-type: none"> Normal UTMC patient rooms will be dedicated as Infectious Disease Wards as needed to isolate infected populations Ventilation units will be evaluated in order to modify and reprogram to run patient rooms in all dedicated areas in a negative pressure mode 	<ul style="list-style-type: none"> Collier Alternate care facility will be activated (patients listed as green per triage status) Morse Center gym will be used for patient holding. (patients listed as Green per triage status) George Isaac will be used for (patients listed as yellow per triage status) Hospital will be used to treat all patients listed as red clinics will be closed and used for receiving patients and distributing to other activity areas based on acuity
Infection Control	<ul style="list-style-type: none"> Attend planning meetings/drills as requested by the EP task force Perform routine IC surveillance 	<ul style="list-style-type: none"> Monitor UT website Distribute case definition to ED, Clinics, Family Medicine, Main Campus Medical 	<ul style="list-style-type: none"> Consult with the Hospital Council of Northwest Ohio on visitor restrictions Institute screening of close contacts 	<ul style="list-style-type: none"> Consider dedicated Infectious Disease Agent Units and dedicated patient care equipment for adult patients 	<ul style="list-style-type: none"> Institute aggressive infection control measures Restrict visitors 	

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	<p>activities with reporting of unusual infections to local health department</p> <ul style="list-style-type: none"> Standard infection prevention and control practices 	<p>Center, and inpatient dept.</p> <ul style="list-style-type: none"> Provide education to clinic managers who in turn will provide education to front line staff regarding how to handle patients that meet the case definition Direct departments to implement initial patient screening per case definition for rapid recognition Create communications and post at the entrance of the ED and all acute/primary care clinics advising patients on the case definition and to go directly to the receptionist or triage desk if criteria is met Institute Transmission Based Precautions based on route of exposure Notify Ancillary departments and receiving area of specific precautions and room restrictions that are indicated 	<p>accompanying suspect cases, for history and symptoms meeting case definition</p> <ul style="list-style-type: none"> Provide information sheet for close contacts using CDC to identify symptoms and needed action, Verify current CDC guidelines for use of AII rooms and verify the hospitals current number and location of AII rooms Consider adding HEPA filter units to additional room to assist with filtering air 	<ul style="list-style-type: none"> Non-sharps waste including disposable person protective equipment (PPE) (e.g., gowns, gloves, particulate respirators) will be placed in biohazard bags for disposal or transport for incineration All soiled linen should be handled in a manner to prevent aerosolizing infectious material. Patients who are not in need of an AII room will be evaluated for rapid discharge, transfer to another location within the hospital or to another facility UTMC's Medical Director will direct physicians to consider early discharge planning for patients that do not meet definition Reaffirm infection control precautions 		
Patient Care	<ul style="list-style-type: none"> Attend planning meetings/drills as requested by the EP task force. 	<ul style="list-style-type: none"> Monitor UT website All visitors will be asked to wash their hands before entering 	<ul style="list-style-type: none"> Consider PAPR in aerosol generating procedures 	<ul style="list-style-type: none"> All PPE will be stocked in the isolation cart outside the door to the patient's room or in 		

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	<ul style="list-style-type: none"> All personnel to follow wash in/wash out policy 	<p>and exiting patient rooms or care areas</p> <ul style="list-style-type: none"> Clinical specimens to be hand carried to the laboratory. Do NOT use the pneumatic tube system As per standard precautions, eye protection (goggles) or face shield are to be worn to protect mucous membranes and eyes for all procedures or patient care activities that are likely to generate splashes or sprays of blood, bodily fluids, secretions or excretions (<i>e.g., respiratory suctioning</i>) If equipment must be used for other patients (<i>e.g., portable x-ray machine</i>) it will be meticulously cleaned and disinfected with EPA-registered hospital disinfectants (<i>e.g., quaternary ammonium compounds</i>) or sodium hypochlorite (<i>1:10 dilution of household bleach</i>) after use by Infectious patients 		<p>designated areas specific to units</p> <ul style="list-style-type: none"> Hand hygiene products such as alcohol based gels will be stocked for use by all staff and visitors Diagnostic, treatment and care activities will be performed at the patient's bedside when possible rather than transporting the patient to other areas of the hospital 		
Hospital	<ul style="list-style-type: none"> Attend planning meetings/drills as 	<ul style="list-style-type: none"> Monitor UT website Team meets and 	<ul style="list-style-type: none"> Assess needs for pediatric patients and 		<ul style="list-style-type: none"> Cancellation of all elective 	<ul style="list-style-type: none"> Close all clinic areas, cancel all

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Administration	<p>requested by the EP task force</p> <ul style="list-style-type: none"> Develop allocation of resources for Triage Team 	determines parameters	<p>transfer agreements</p> <ul style="list-style-type: none"> Continue bed counts to determine availability and surge capacity 		<p>surgeries in both the main OR and in the Outpatient Surgery Center</p> <ul style="list-style-type: none"> Parameters instituted 	<p>appointments, clear all patients from schedule and instruct staff to convert them into isolation wards</p>
Medical Staff (Physicians, Physicians Assistants, Clinical Nurse Specialists)	<ul style="list-style-type: none"> Designees, attend planning meetings/drills as requested by the EP task force 	<ul style="list-style-type: none"> Monitor UT website, Monitor communications through Medical Staff Office for case definitions and Transmission Based Precautions Family Preparedness 				<ul style="list-style-type: none"> Set up triage per the Code Yellow #EP-08-001.
Patient Transport	<ul style="list-style-type: none"> Attend planning meetings/Drills as requested by the EP task force 	<ul style="list-style-type: none"> Monitor UT website Review App BV, Ebola Virus Disease or Other Highly Infectious Disease 				
Pharmacy	<ul style="list-style-type: none"> Attend planning meetings/drills as requested by the EP task force 	<ul style="list-style-type: none"> Monitor UT website Inventory pharmaceutical supplies Determine access to supplies from the National Stockpile and vendors 	<ul style="list-style-type: none"> Assessment indicators, C.I., adverse reactions to medication, vaccinations, etc. 	<ul style="list-style-type: none"> Support call schedule 		
Respiratory Therapy	<ul style="list-style-type: none"> Attend planning meetings/drills as requested by the EP task force Assess need for pediatric ventilators 	<ul style="list-style-type: none"> Monitor UT website Assess the inventory of ventilators Provide Incident Commander with inventory of ventilator and ability to acquire additional or alternate plans 	<ul style="list-style-type: none"> 			
Internal	<ul style="list-style-type: none"> Attend planning 	<ul style="list-style-type: none"> Monitor UT website 				

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Laundry Operations	meetings/drills as requested by the EP task force	<ul style="list-style-type: none"> • Review laundry handling procedures for patients with suspected infectious disease and follow guidelines outlined by CDC • Consult with contract laundry regarding shipping and receiving and review the laundry's process and plan for emergency preparedness and handling of linens 				
Pathology Lab	<ul style="list-style-type: none"> • Attend planning meetings/drills as requested by the EP task force • Assure appropriate supply of nasal swabs/transport media or other laboratory supplies as needed are available. • Assure products are pre-positioned to prevent delay of diagnosis 	<ul style="list-style-type: none"> • Monitor UT website • Consult with CDC, ODH and local Health Department to determine diagnostic testing protocols and reporting • Communicate appropriate specimen collection to patient care staff 				
Office of Communications	<ul style="list-style-type: none"> • Attend planning meetings/drills as requested by the EP task force. 	<ul style="list-style-type: none"> • Update website; announce new level • Maintain communication with other Public Information Officers (PIOs) • Prepare statement for 	<ul style="list-style-type: none"> • Draft internal and external bulletins and announcements with Incident Commander • Publish messages from PR on a periodic basis on UT web's front page 	<ul style="list-style-type: none"> • Open Call Center for internal communications within the University 	<ul style="list-style-type: none"> • Daily website updates 	

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		<p>media</p> <ul style="list-style-type: none"> • Establish blog 	<ul style="list-style-type: none"> • Begin coordinating messages with local health authorities • Maintain communication with other PIOs at regional command centers • Establish Media Relations Center; coordinate press releases; manage news teams and interviews; coordinate with regional Joint Information Committee (JIC) if established • Provide briefing material to UT administrators daily for possible Interviews 			
Executive Council	<ul style="list-style-type: none"> • Receive IDA Plan Overview overview • Determine mental health response committee • Develop UT student response teams 	<ul style="list-style-type: none"> • Monitor UT website • Receive level change notice • Announces activation of UT-Incident Command System (ICS); designates Incident Commander • Receives weekly reports from Incident Commander • Review content of internal and external public information bulletins & announcements • Authorize release of 	<ul style="list-style-type: none"> • Consider activation of campus auxiliary care center (ACC) • Receives daily reports from Incident Commander 	<ul style="list-style-type: none"> • Using authoritative position, strengthen PPE, vaccination and social distancing measures • Review daily UT absentee rate • Develop ACC areas 	<ul style="list-style-type: none"> • Consider cancellation of all non-essential UT activities • Ensure that UT surge volunteers are activated • Ensure that all activities are communicated to UT associates, families, and media • Activate ACC areas 	

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		funds for support of mitigation and response efforts <ul style="list-style-type: none"> • Establish subsequent meeting schedule within Executive Council • Review disaster plans on both campuses 				
Campus Police	<ul style="list-style-type: none"> • Attend planning meetings/drills as requested by the EP task force • Participate in planning for alteration of traffic patterns during transitional phases 	<ul style="list-style-type: none"> • Monitor UT website • Maintain order • Determine staffing levels for protection of campus now and in future • Alert Student Medical Center and University Health Services if encountering individual(s) with manifestations consistent with outbreak • Prepare resources to implement traffic pattern changes. • Review lock-down policies. • Ensure sufficient radios and alternate communication options • Re-establish contact with local HAM radio operators • Discuss with Executive Council, IC, and Legal Dept. the utilization of Law and Criminal Justice 	<ul style="list-style-type: none"> • Secure essential buildings, medical facilities, residence halls • Implement traffic control measures on UTHSC consistent with plan and phase • Assist with development of ACC and security needs. • Implement policy on transportation of UT member to hospitals 	<ul style="list-style-type: none"> • Consider instituting full lock-down measures. Set up traffic pattern per lockdown procedure #SM-08-04. • For those patients who require special security precautions, due to non-compliance, it will be provided at their assigned room in other areas of the institution 	<ul style="list-style-type: none"> • Secure ACC; provide traffic control 	

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		students and faculty (including EMS club) for surge needs (traffic control, information dissemination, etc.)				
Facilities Maintenance	<ul style="list-style-type: none"> Attend planning meetings/drills as requested by the EP task force 	<ul style="list-style-type: none"> Monitor UT website Identify current AII rooms and HEPA filters. 	<ul style="list-style-type: none"> Stand by to shut off utilities as directed by Incident Commander (IC), if necessary. Report to IC and provide readiness report Assist with ACC development. Assist campus police in maintaining order, traffic, and vehicle for use during incident 		<ul style="list-style-type: none"> Assist with opening of ACC 	
Environmental Health & Radiation Safety	<ul style="list-style-type: none"> Attend planning meetings/drills as requested by the EP task force Document all meetings and take minutes of each meeting Review Pandemic Response plans and meets with keys players to address issues. 	<ul style="list-style-type: none"> Monitor UT website Prepare supplies, PPE, flu kits, hand sanitizers Assess respiratory protection plan and train and fit personnel for respirators Maintain PAPRs Assure staff know how to access PAPRs when needed Ensure that medical surveillance data are available and posted daily 	<ul style="list-style-type: none"> Arrange for additional medical waste pickups Determine storage location on site for waste Distribute N95 to essential personnel in conjunction campus police Initiate development of ACC Assist with training of surge volunteers 			
Environmental Services	Attend planning meetings/drills as requested by the EP task force	<ul style="list-style-type: none"> Monitor UT website Develop building services plans emphasizing 	<ul style="list-style-type: none"> Assist with needs assessment of ACC Ensure preparation and stocking of 	<ul style="list-style-type: none"> Affected rooms will be cleaned by Environmental Services following 		

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		infection prevention <ul style="list-style-type: none"> • Review handling procedures for laundry used on patients with presumed or suspected infectious disease and follow CDC guidelines 	temporary housing areas	normal protocols, All room functionality will be confirmed by Facilities Maintenance, and the room will be left vacant for 60 minutes to assure complete safety from exposure to aerosols prior to re-occupying		
Main Campus Medical Center/University Health	<ul style="list-style-type: none"> • Attend planning meetings/drills as requested by the EP task force • Distribute educational information on seasonal flu or other potential emerging pathogen 	<ul style="list-style-type: none"> • Monitor UT website • Stock informational materials created and approved by Incident Commander and Communication • Notify UTMC Incident Commander if suspected cases are encountered • Determine supply needs (e.g., test kits, vaccine, prophylaxis, hand sanitizers, N95, surgical masks) • Identify contacts of suspected cases • Purchase at least 2 months of essential supplies beyond normal inventory • Establish plan for patient care in residence halls utilizing UT surge volunteers • Prepare staffing call-in list 	<ul style="list-style-type: none"> • Report patient census and specific patient characteristics daily • Present phone triage protocols to Incident Commander approval • Initiate prophylaxis of contacts based on CDC guidance • Initiates pre-event counseling for essential personnel • Set up SICK room in employee health • Begin utilization of surge volunteers in Health Center and associated areas with appropriate faculty • Present mass vaccination/prophylaxis plan to IC • Develop plan for extension of clinic hours 	<ul style="list-style-type: none"> • Institute mass vaccination plan for staff and community (if available) • Communicate with parents of suspected cases and explain procedure (in conjunction with Office of the Vice President for Student Affairs) • Establish phone triage lines for University Health Services 	<ul style="list-style-type: none"> • Expand hours and staff 	

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		<ul style="list-style-type: none"> • Review Transmission Based precautions: contact, contact –d, droplet, airborne. • Review/revise policy on transporting individuals to hospital • Determine plan of action for follow-up with patients 				
Food & Nutrition	<ul style="list-style-type: none"> • Attend planning meetings/drills as requested by the EP task force • Establish MOU's with nontraditional food purveyors 	<ul style="list-style-type: none"> • Monitor UT website • Ensure emergency response menu is planned for various degrees of need • Stockpile additional food stuffs, water, and one-time plastic utensils • Develop nutrition kits for surge personnel 	<ul style="list-style-type: none"> • Present findings and results to IC • Develop nutritional kits • Determine food and nutritional needs for 1, 3, 6 months • Develop the nutritional needs of the ACC 	<ul style="list-style-type: none"> • Commence distribution of nutritional kits as needed • Report progress to IC • Begin acquisition of food and nutrition materials for long-term situation 		
Risk Management	<ul style="list-style-type: none"> • Attend planning meetings/drills as requested by the EP task force • Work with executive council & hospital administration about allocation of scarce resources and triage priorities 	<ul style="list-style-type: none"> • Monitor UT website • Review medico legal aspects of preparedness and response to potential disaster. • Research legalities of triage prioritization, and scarce resources. • Research utilization of non-traditional UT healthcare providers pre- and intra-disaster situations • Benchmark risk management and insurance response options with peer universities 	<ul style="list-style-type: none"> • Assess actual risk/insurance claims • Deliver results of investigations to IC and Executive Council • Communicate with insurance carriers on evolving campus issues • Identify and implement steps that must be taken to monitor and protect insurance coverage 	<ul style="list-style-type: none"> • Review current activities at UT for medico legal compatibilities ad insurance requirements 		

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IT	<ul style="list-style-type: none"> • Attend planning meetings/drills as requested by the EP task force 	<ul style="list-style-type: none"> • Monitor UT website • Establish web-based campus health surveillance system • Assist with set-up of computers in Command Center • Assess supplemental telecommunications hardware/software needs: Student Medical Center, PR, Human Resources, and Telecommunications • Assess needs for webpage support. • Develop plan for adding volunteers to public e-mail addresses • Develop plan for calling up surge volunteers privately. • Develop plan for distributing calls to homes or phone banks • Develop telemedicine component for UT campuses • Acquisition of additional web-cams and PCs if necessary 	<ul style="list-style-type: none"> • Report results of activities to IC • Determine computing and telecommunication needs of ACC • Plan for additional phone lines to quarantine areas and functional groups • Assist with email message distribution • Review remote access capabilities to support tele-work needs 	<ul style="list-style-type: none"> • Begin development of telecommunication equipment for Outreach Surge Personnel 	<ul style="list-style-type: none"> • Review any potential computing and telecommunications for UTMC 	
Human Resources	<ul style="list-style-type: none"> • Attend planning meetings/drills as requested by the EP task force 	<ul style="list-style-type: none"> • Monitor UT website • Develop flexible work policy including work from home options • Develop a way to monitor absenteeism 	<ul style="list-style-type: none"> • Submit staffing levels to IC and Executive Council. • Report to IC and provide readiness report • Assist with ACC 		<ul style="list-style-type: none"> • Establish absence policy for employees unique to epidemic and pandemics including 	

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		rate and report to IC <ul style="list-style-type: none"> • Coordinate with worker's compensation a policy for managing claims of possible occupational illness related to diseases contracted at work • Assist with personal and family preparedness education 	activation		working with the IC to determine procedure for relaxing the point system	
Purchasing	<ul style="list-style-type: none"> • Attend planning meetings/drills as requested by the EP task force 	<ul style="list-style-type: none"> • Monitor UT website • Review, update, and alert list of providers • Contact vendors to activate disaster MOU • Logistics Officer will likely be appointed by IC from purchasing 	<ul style="list-style-type: none"> • Report vendor status to IC and Executive Council • Begins procurement of ACC supplies 	<ul style="list-style-type: none"> • Assesses supply needs at UT for 1, 3, 6 months 	<ul style="list-style-type: none"> • Oversees reception of supplies at ACC • Utilizes surge personnel to deploy supplies 	
Finance	<ul style="list-style-type: none"> • Attend planning meetings/drills as requested by the EP task force. 	<ul style="list-style-type: none"> • Monitor UT website. • Collect cost information from departments which require stockpiling of equipment or supplies and identify emergency funding to cover purchases. • Develop procedures for rapid procurement and for payment of supplies, equipment and services 	<ul style="list-style-type: none"> • Implement application of emergency funding as needed to support essential operations and rapid procurement procedures 			
Pastoral Care, Ethics Committee	<ul style="list-style-type: none"> • Join hospital triage committee 	<ul style="list-style-type: none"> • Present ethical overview of priorities of resources 	<ul style="list-style-type: none"> • Assist with mental health needs of staff and patients 	<ul style="list-style-type: none"> • Begin discussions of care prioritization, ethical consideration with medical, legal, 		<ul style="list-style-type: none"> • Consider removing non-viable patients from the

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				risk departments		ventilator

Appendix A Bed Surge Resources

Clinic Bed Counts

Clinics #1 "Cardiovascular" Number of Rooms: 27

Clinics #2 "A" thru "C" Number of Rooms: 31

Ruppert Health Center

 Medicine Clinic Number of Rooms: 38

 Neuro/OBGyn Clinic Number of Rooms: 29

 Cancer/Peds/Fam Prac Number of Rooms: 35

 Urology/Infusion Number of Rooms: 10

Creation of Large Wards

The following areas will be modified to a negative pressure or Airborne Infection Isolation (AII) room condition by Facilities Maintenance and Mas Cache supplies should be delivered to the area and exercise mats should be used for beds.

1. Morse Center
2. Collier Basement (training and simulation rooms)
3. George Isaac

Additional Staff

Medical Staff

- Medical School Faculty
- Research Nurses
- Nursing School Faculty (UT and UTMC)
- Medical Students
- Nursing Students (UT and UTMC)
- Non-traditional Nurses (RN's not working in clinical current clinical role)
- Research Laboratory Staff (Assist Clinical Lab)
- Medical Corps
- Retired Nurses
- Volunteers

Support Staff Non-clinical

- All UT Maintenance Personnel
- UT Campus Police

Isolation Guide for In-Patients

The following field guide contains precautions for infectious disease agents

<http://www.utoledo.edu/depts/infectioncontrol/pdfs/Isolation%20Guide%20for%20In-Patients%20Oct%20%202014.pdf>

OR Room Cleaning Guide

The following guide contains cleaning instructions fro infectious disease agents

<http://www.utoledo.edu/depts/infectioncontrol/pdfs/OR%20Room%20cleaning%202.docx>

Locations of Negative Pressure Rooms

Room #	Description of Room	Current Status	HEPA Filter	Room Monitor	Exhaust Fan #	Contact for Fan Failure
H1260	ED Isolation #20	Tested Ready to Use	Yes	Yes (Local)	EF-11-1	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; x1320
H1268	ED Isolation #16	Tested Ready to Use	Yes	Yes (Local)	EF-11-1	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; x1320
H1297	ED Isolation #7b	Tested Ready to Use	Yes	No	EF-11-1	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; x1320
H1300	ED Isolation #21	Tested Ready to Use	Yes	Yes (Local)	EF-11-1	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; x1320
HOPACU1	Pre-Op Rm. #1	Tested Ready to Use	Yes	Yes (Local)	EF-13	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; x1320
HIPACU1	Recovery Rm. #1	Tested Ready to Use	Yes	Yes (Local)	EF-13	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; x1320
H3176	3D	Tested Ready to Use	Yes	Yes (Local/Engineers)	EF-5-TB	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; x1320
H3223	MICU	Tested Ready to Use	No	Yes (Local/Engineers)	EF-2	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; x1320
H3225	MICU	Tested Ready to Use	No	Yes (Local/Engineers)	EF-2	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; x1320
H3227	MICU	Tested Ready to Use	No	Yes (Local/Engineers)	EF-2	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; x1320
H3229	MICU	Tested Ready to Use	No	Yes (Local/Engineers)	EF-2	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; x1320
H4176	4D Fan	Tested Ready to Use	Yes	Yes (Local)	EF-5-TB	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; x1320
H5176	5D Fan	Tested Ready to Use	Yes	Yes (Local/Engineers)	EF-5-TB	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; x1320

H5179	5D Fan	Tested Ready to Use	Yes	Yes (Local/Engineers)	EF-5-TB	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; x1320
DH1565	Endo Cleaning Room	Tested Ready to Use	No	No	EF-8	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; x1320
H3107	3A Fan	For Emergency Use	No	No	EF-14	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; x1320
H3108	3A Fan	For Emergency Use	No	No	EF-14	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; x1320
H3109	3A Fan	For Emergency Use	No	No	EF-14	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; x1320
H3110	3A Fan	For Emergency Use	No	No	EF-14	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; x1320
H3111	3A Fan	For Emergency Use	No	No	EF-14	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; x1320
H6180	6D	For Emergency Use	No	No	F-4	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; x1320
H6186	6D	Tested Ready to Use	Yes	Yes (Local)	F-2	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; x1320
H6190	6D	Tested Ready to Use	Yes	Yes (Local)	F-3	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; x1320
H6176	6D Fan	For Emergency Use	No	No	F-15	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; x1320
H6185	6D	Currently out of service	Yes	No	F-1	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; x1320

H2218	SICU Isolation Room	For Emergency Use	No	No	EF-13	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; x1320
H2220	SICU Isolation Room	For Emergency Use	No	No	EF-13	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; x1320
DH1570	Endo Bronchoscopy	Tested and Ready For Use	No	Yes (Local)	EF-8	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; x1320

Room negative in use for chemical cleaning (glutaraldehyde)

Can be used for patient care but not monitored at room also supply would have to be dampered back to create negative

*****If a negative pressure room is required for an isolation case and is not available contact Infection Control at (419) 218-3744.

Appendix B Infectious Disease Epidemic/Pandemic

If a large-scale disease outbreak or Bioterrorism Act is suspected, the Hospital's Emergency Response Plan (CODE ORANGE) will be activated.

The Emergency Department will utilize the ED triage room first. If needed, the Incident Commander, in conjunction with Infection Prevention and Control, will make a decision to activate existing All rooms or negative pressure rooms on the 6th floor and elsewhere. Preferably, clusters of rooms will be activated and these rooms will be utilized next.

The Incident Command Center may elect to utilize particular areas predetermined in the Surge Plan. At the direction of the Incident Commander, Security will stop all non-essential personnel from entering the Emergency Department. Record keeping, including the name and phone number of persons/patients who were in the Emergency Department or waiting area at the time the patient or patients arrived, will be completed by personnel in the ED. (At this time, all staff should be wearing appropriate personal protective equipment as designated by CDC, and published on the Infection Control web site).

Highly Dangerous/Highly Contagious Disease

If an in-patient is identified with one of the conditions addressed by this policy, the following steps should be taken:

1. The Infectious Disease and the Infection Prevention and Control departments must be immediately contacted.
2. All the traffic to and from the affected unit must be stopped.
3. Staff must don the appropriate PPE
4. PPE will be considered for patients and visitors that must remain in the area to reduce their risk of exposure.
5. The department manager or his/her designee will collect the names and phone numbers of potentially exposed individuals before they leave the unit.
6. These lists will be provided to the IC who in turn will notify University Health Services and Pharmacy for consideration of prophylaxis.
7. The department manager or his/her designee will notify the administrator on duty who will determine the need for the activation of the hospital Emergency Response Plan.
8. Patient will be transferred to an All room on the same floor. If this is not possible, another All room on another floor will be made available.
9. Facilities complete regular preventative maintenance on All rooms. Staff should verify the inward flow of air in these negative pressure rooms with a tissue test daily.
10. Outside agencies will be notified as appropriate.

Notification and Report:

Infectious Disease, Infection Prevention and Control, the Emergency Department and hospital leadership must be notified immediately should any suspected or confirmed case of smallpox, plague, MERS, SARS, viral hemorrhagic fever, Ebola Virus Disease, or Avian Bird Flu occur. This notification can be completed by utilizing the hospital operator.

Those conditions must be treated as Public Health Emergency and immediately reported to the Toledo/Lucas County Department of Health:

(419) 213-4218 during business hours; fax (419) 213-4546. After hours (419) 245-1000

Transporting Patients

Department receiving confirmed or suspected patients for medical procedures (*e.g., radiology or surgery, etc.*) will be notified prior to transport for direct access to the procedure room and immediate care of the patient.

Other passengers will not be permitted on the elevator when the patient is transported. Transporters should politely but firmly ask others to exit the elevator.

The patient will wear a mask and transporter will wear appropriate PPE designated by the IC, and based on the CDC recommendations.

A clean sheet will be used to cover the patient's skin as much as possible. The sheet should be tucked under the stretcher or wheelchair to minimize patient movement and manipulation of infectious material.

If staff transporting the suspect patient and expect to have direct contact with him/her (*e.g., contact with skin or oral secretions*) when moving the suspect patient to a stretcher or wheelchair will change their gowns and gloves before transporting the patient. After transport of the Infectious Disease Agent patient, equipment used for transport (*e.g., stretcher or wheelchair*) and equipment in the procedure room (*e.g., x-ray table*) that has been contaminated (*secretions from patient's cough or direct contact with the patient's skin lesions*) will all be thoroughly cleaned with EPA-registered hospital disinfectants (*e.g., quaternary ammonium compounds*) or sodium hypochlorite (*1:10 dilution of household bleach*).

Highly Infectious Disease (i.e. Ebola Virus Disease)

The University of Toledo Medical Center (UTMC) is currently listed as a front line hospital for Ebola Virus Disease (EVD). If a Patient Under Investigation (PUI) presents to the Emergency Department, UTMC will be required to isolate the patient per Ohio Department of Health (ODH) requirements until the patient can be transferred to an assessment hospital.

Ebola virus disease (EVD; also **Ebola hemorrhagic fever, or EHF**), or simply **Ebola**, is a disease of humans and other primates caused by ebolaviruses.

Middle East respiratory syndrome (MERS), also known as **camel flu**, is a viral respiratory infection caused by the MERS-coronavirus (MERS-CoV).

Pre-Hospital Transport Plans and Emergency Department Preparedness

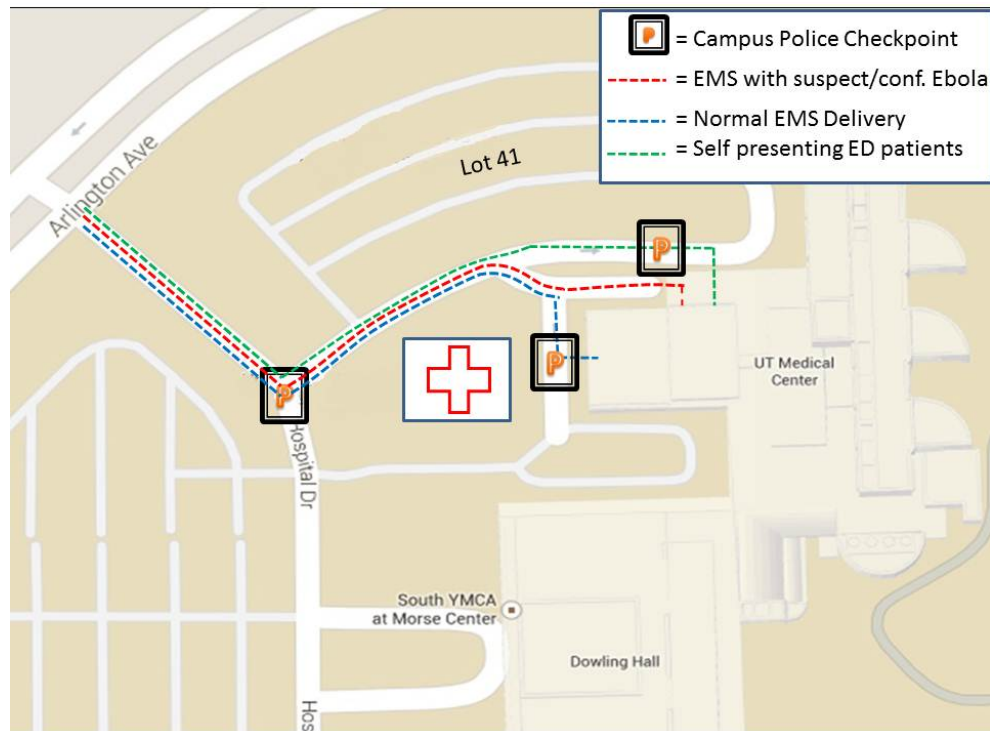
Initial Assessment and Isolation of Patients at Risk for Travel Associated Illnesses

<u>Common Ebola Signs/Symptoms</u>	<u>Common MERS Signs/Symptoms</u>
Fever (subjective or $\geq 100.4^{\circ}\text{F}$ of $\geq 38^{\circ}\text{C}$)	Fever (subjective or $\geq 100.4^{\circ}\text{F}$ of $\geq 38^{\circ}\text{C}$)
Headache	Chills
Joint and muscle aches	Cough
Weakness	Sore throat
Vomiting	Shortness of breath
Diarrhea	Pneumonia
<u>Some Patients May also experience</u>	<u>Some Patients May also experience</u>
Bleeding inside and outside of the body	Muscle aches
Rash	Vomiting
Red eyes	Diarrhea
Hiccups, Cough	
Sore throat	
Chest pain	

Initial Assessment and Isolation:

1. **Always first ask the patient whether they have recently traveled anywhere outside of the United States!**
2. Acknowledge if the patient presents with symptoms noted above for either disease.
3. Contact Infection Control to determine the current status of travel associated illnesses and high-risk exposure. If symptoms are present **but NO high risk exposure in the indicated time frame**, please proceed with routine assessment and evaluation for more typical infectious disease using routine infection control guidelines.
4. If symptoms are present **AND high risk exposure in the indicated time frame**, please proceed as noted below:
 - a. Immediately hand a surgical mask to the patient.
 - b. For Ebola: Triage nurse should put on surgical mask as well as additional PPE labeled "Biological PPE" located in triage. Instructions are located in the bag. Institute standard + contact + airborne precautions.
For MERS: Triage nurse is to adhere to standard + contact + airborne precautions; as well as a face shield/goggles for eye protection. Goggles are located in the decon shower storage room.
 - c. Limit the number of people entering the room.
 - d. Anyone entering the room where the patient is isolated must put on ALL PPE as indicated for either disease.
 - e. The patient must **remain in the triage room** until further instructions are given.
 - f. Contact the House Supervisor. The HS will then contact Mo Smith at 419-345-4794 (backup Deanna Montanaro 419-350-7878). They will make the decision to initiate a Code Orange if necessary. The attending physician will be given contact information for a physician consult (Paul Rega 419-779-4423).
 - g. If it is determined by the on-site physician that patient meets the criteria, contact Infection Prevention and Control at x5006 (pager 419-218-3744) to contact the Toledo Lucas County Health Department (TLCHD).
 - h. After additional details of the case are reviewed with the physician on-site:
 - i. Patient will remain in ED until further notice.
 - ii. Decisions will be made about transportation of the patient to another location within UTMC.
 - iii. Decisions on diagnostic testing will be made in consultation with the TLCHD.

Patient Transport from Point(s) of Entry to Designated Highly Infectious Disease Treatment Area



EMS Transport Route

1. When knowledge of a suspect patient is received EMS will contact UTMC and advise them of the anticipated transport arrival. This will give UTMC staff time to prepare the ED to receive such a patient.
2. Upon arrival at UTMC the squad should arrive & remain at the ED lobby entrance in their unit until met by UTMC staff.
3. At this time, the patient will be taken into room 21 by UTMC staff.
4. EMS squad should then drive to the trauma entrance.
5. They should remove their PPE outside (if weather permits). If weather does not permit, they should enter through the ambulance doors. There they will remove their PPE after tarps are laid down. They will then shower/decontaminate.
6. Once clean, EMS squad will be relocated to room 16 through the decontamination room.

Patient Route

1. In either of these two scenarios the patient will be screened by registration or pre-hospital by EMS personnel.
2. A patient arrival by either of these mechanisms will be given an isolation mask and held in the Triage room behind a closed door and observed through the window.
3. After two staff members have donned required PPE and activated protocol (See Initial Assessment and Isolation Protocol).
4. Patient will be moved by two staff members to room #21 and isolated. Containment in North/South corridor off of the waiting room. Triage room not utilized again until proper cleaning/disinfection has taken place.

Staffing of Patients Care Team

All Emergency Department nurses are required to go through training and will perform phlebotomy. Laboratory personnel and select physicians have also been included in the PPE training and functional exercises. A Telemedicine approach is being used to provide consultation with those not entering the room. Protocols are in place to deliver food through nursing staff utilizing Policy #3364-104-305 Tray Preparation and Delivery.

Patient Placement

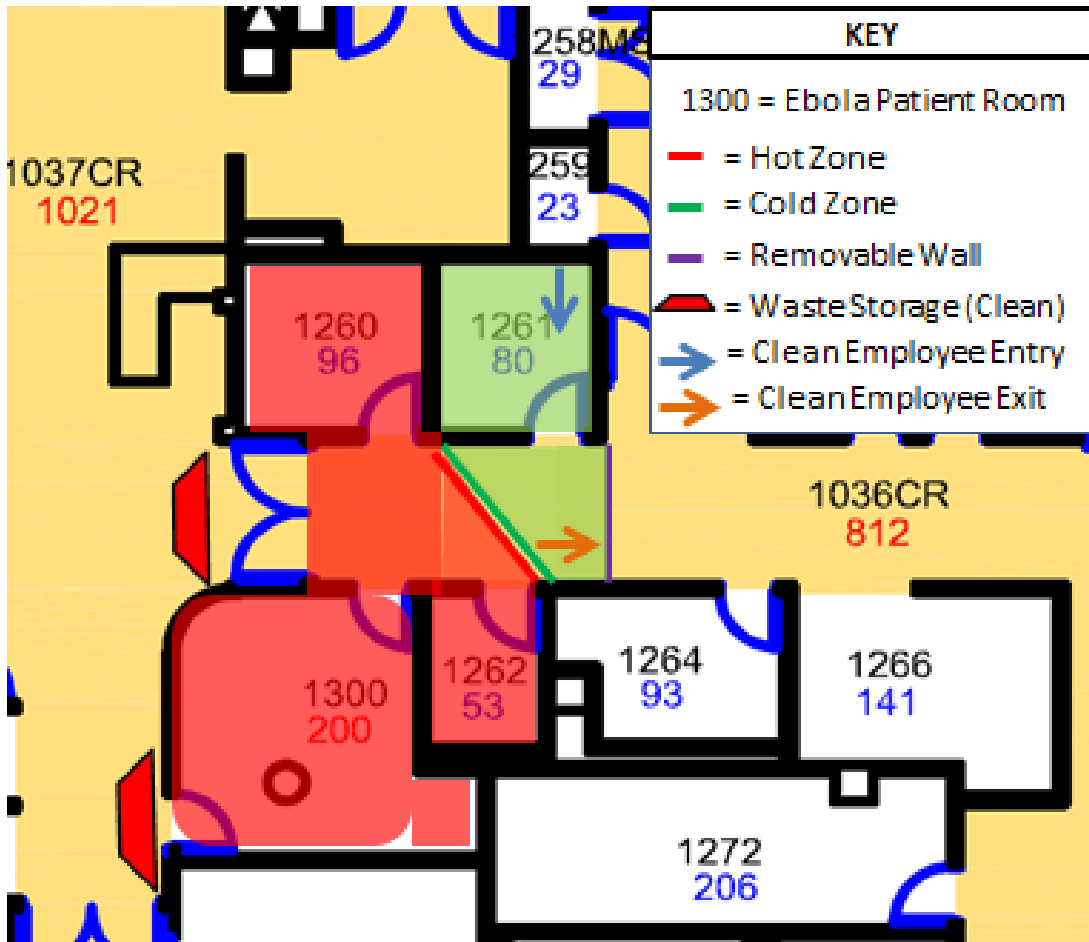
Initial Checklist for Nursing Staff

1. Once suspect patient has arrived to the ED, **notify Hospital Security** to unlock storage room 1310 to remove the red/black cart and the WOW.
2. The WOW goes inside of the patient room 21 and the computer goes by the back nursing station. Instructions to set up WOW are located on moving cart.
3. Cart (red/black) goes inside of room 19.
4. Place two chairs in the patients room 21 for Nurses.
5. Two nursing staff members should suit up together wearing the appropriate PPE for the PAPR.
6. Once the staffers are suited up, remove the SANE equipment: POC cart, light and wall from patient room 21. Ensure Treatment room door 21 should be unlocked prior to patient arrival.
7. Patient should be given a surgical mask if they do not present with one.
8. Place the infectious waste container close to the patient's bed under the sharps container for disposal at the site of generation.
9. All medical supplies (thermometer, B/P cuff, vacutainer) are located in the left side of the bottom cabinet. Along with container for blood sample vials. Electronic stethoscope is located in lock box on red cart.
10. Instructions for the packaging of blood vial samples are located inside manila folder.

Initial Checklist for Containment Area

1. Obtain two Decontamination carts.
 - Decontamination Cart 1 goes inside room 20 (biohazard bins, bleach buckets, spray bottles, and bleach, 5 gallon buckets)
 - Cart 2 goes outside of room 20 in hallway on the clean side.
2. Place two chairs in the hallway for doffing.
3. Set up two piece removable wall placing the door section next too room 1264, and the solid section next to 1261. Clip walls to ceiling grids and to each other to secure.
4. Place mirror inside of patient room 19.
5. Shut door to patient room 19.
6. Shut automatic doors off (do not lock doors, waste will be stored in this area).
7. Ensure laboratory personnel have confirmed receipt of Code Orange page.

NOTE: Post doffing staff shower is located on the second floor across from the SICU.



Personal Protective Equipment and Procedures for Donning and Doffing

PPE Kit with N95 Use

[8 1/2 x 11 Printable Format \(N95\)](#)

[Poster Size "Putting On" Instructions \(N95\)](#)

[Poster Size "Taking Off" Instruction \(N95\)](#)

[Instructional Video \(N95\)](#)

PPE Kit with PAPR Use

[8 1/2 x 11 Printable Format \(PAPR\)](#)

[Poster Size "Putting On" Instructions \(PAPR\)](#)

[Poster Size "Taking Off" Instructions \(PAPR\)](#)

[Instructional Video \(PAPR\)](#)

SITE MANAGER/PPE TECHNICIAN

Mission: Coordinate the on-site staff PPE donning/doffing and decontamination activities related to hazardous materials within the bio-containment area.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _____
Position Reports to: HazMat Branch Director			Signature: _____	
Hospital Command Center (HCC) Location: _____			Telephone: _____	
Fax: _____		Other Contact Info: _____		Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the Hazardous Materials Branch Director.		
Read this entire Job Action Sheet and review incident management team chart.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log on a continual basis.		
Appoint Decontamination Unit members that act as backup to your position.		
Brief patient care staff members on current situation, incident objectives and strategy; outline action plan; emergency safety procedures and designate time for next briefing.		
Oversee the set-up of biocontainment/decontamination areas to perform technical, and emergency decontamination for all patient care staff. <ul style="list-style-type: none"> • In ED setup hard walls • Shut off automatic door in ED • Obtain PPE Response cart from storage near ED • Spray bottles/Alcohol Based Hand Rub • Provide 5 gallon patient waste buckets 		
Ensure Unit members comply with safety policies and procedures and use appropriate personal protective equipment.		
Collect and secure staff valuables in lockbox on PPE cart; coordinate with Security Branch Director.		
Ensure timely processing of patient care staff through decontamination (consider 20 minutes for donning (2) individuals and 30 minutes for doffing).		
Ensure entry log is completed. Ensure medical monitoring of decontamination and patient care team members through Employee Health & Well-Being Unit.		
Ensure proper waste and water collection, disinfection and disposal, in compliance with recommendations from water authority, emergency management, and local hazardous material team/fire department.		
Ensure post PPE session shower is operational (work with facilities).		
Ensure ongoing staff rotation.(4hours in then switch w/backup for 4 hours out) 12 hour shift		

Immediate (Operational Period 0-2 Hours)	Time	Initial
Coordinate any requests for external resources with Hazardous Materials Branch Director and Liaison Officer.		
Attend briefings and meetings as needed.		
Communicate to patient care and support outside via phone or radio.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Communicate or meet regularly with the Hazardous Materials Branch Director for status reports, and relay important information to Unit Members.		
Ensure staff are rotated and replaced as needed.		
Track results of medical monitoring of staff; coordinate with the Employee Health & Well-Being Unit Leader.		
Ensure hazard monitoring continues and issues are addressed; coordinate with the Safety Officer.		
Ensure chain of custody of personal valuables in coordination with the Security Branch.		
Ensure decontamination supplies are replaced as needed.		
Prepare for the possibility of evacuation and/or the relocation of the decontamination area, if needed.		
Communicate status with external authorities, as appropriate through Hazardous Materials Branch Director and in coordination with the Liaison Officer.		
Develop and submit an action plan to the Hazardous Materials Branch Director when requested.		
Advise Hazardous Materials Branch Director immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor Patient care unit personnel's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Monitor levels of all supplies, equipment, and needs relevant to all decontamination operations, in coordination with Supply Unit.		
Address patient valuables issues; coordinate with the Security Branch Director.		
Brief Hazardous Materials Branch Director regularly on current condition of all decontamination operations; communicate needs in advance.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and send to the Hazardous Materials Branch Director at assigned intervals and as needed.		
Continue communication with appropriate external authorities; coordinate with the Liaison Officer.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
management techniques.		
Observe all staff for signs of stress and inappropriate behavior. Report concerns to the Employee Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for the Unit's staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner.		
Ensure Patient care Decontamination Unit members are notified to terminate operations.		
Ensure decontamination equipment is cleaned, repaired, and replaced as warranted to equipment		
Ensure disposable materials and waste are properly managed.		
Address return of patient valuables with the Security Branch Director, law enforcement, fire department, and hazardous material team.		
Ensure the decontamination area is decontaminated, commensurate with agent risks.		
Ensure medical monitoring data on decontamination staff is collected and submitted to Employee Health & Well-Being Unit for review and entry into personnel health files.		
Ensure medical surveillance of decontamination staff is initiated as needed and/or per recommendations of internal/external experts, in collaboration with Employee Health & Well-Being Unit.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Notify Hazardous Materials Branch Director when clean-up/restoration is complete.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Hazardous Materials Branch Director or Operations Section Chief, as appropriate.		
Upon deactivation of your position, brief the Hazardous Materials Branch Director or Operations Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Hazardous Materials Branch Director for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Monitoring Healthcare Personnel and Managing Exposures

Monitoring and Management of Potentially Exposed Personnel to Ebola Virus Disease (EVD)

1. Employees with percutaneous or mucocutaneous exposures to blood, body fluids, secretions, or excretions from a person under investigation (PUI) for or with confirmed highly infectious disease, should:
 - a. Stop working and immediately wash the affected skin surfaces with soap and water. Mucous membranes (e.g., conjunctiva) should be irrigated with copious amounts of water or eyewash solution.
 - b. Immediately contact your supervisor and Infection Prevention (218-3744).
 - c. Report to the Emergency Department for assessment and access to post-exposure management services for all appropriate pathogens (e.g., HIV, Hepatitis B, Hepatitis C).

2. Healthcare personnel with known exposure, **while not wearing appropriate personal protective equipment**, to a person under investigation for, or with confirmed highly infectious disease, who develops sudden onset of fever, fatigue, intense weakness or muscle pains, vomiting, diarrhea, or any signs of hemorrhage should:
 - i. Not report to work or immediately stop working.
 - ii. Notify your supervisor and Infection Prevention (pager 419-218-3744) immediately.
 1. Note: Infection Prevention will notify local and state health departments.
 - iii. Comply with work exclusion until deemed no longer infectious to others.

The following is a guide to be used to determine exposure and response. All response activities will be under the guidance of the Infection Prevention in coordination with Local and or State Public Health Authorities.

Ebola Virus Disease (EVD)

Exposure Category	Clinical Criteria	Employee Action
<p>High Risk includes the following:</p> <ol style="list-style-type: none"> 1. Percutaneous or mucous membrane exposure to blood or body fluids (including but not limited to feces, saliva, sweat, urine, vomit, and semen) from a person with EVD who has symptoms. 2. Direct contact with a person with Ebola who has symptoms, or the person's body fluids, while not wearing appropriate personal protective equipment (PPE). 3. Laboratory processing of blood or body fluids from a person with EVD while not wearing appropriate PPE or without using standard biosafety precautions. 4. Providing direct care to a person showing symptoms of EVD in a household setting. 5. Direct contact with a dead body while not wearing appropriate PPE. 	<p>Fever (defined as temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) or any of the following:</p> <ul style="list-style-type: none"> • Severe headache • Muscle pain • Vomiting • Diarrhea • Stomach pain • Unexplained bruising or bleeding 	<p>Immediately isolate yourself and contact Infection Prevention (pager 218-3744) and your supervisor.</p> <p>Infection Prevention will immediately notify the Toledo Lucas County Health Department.</p> <p>Follow the recommendations from Infection Prevention / Infectious Disease and the Local Public Health agency.</p> <p>Exclusion from work for the duration of time determined by the local or state health department.</p>
<p>High Risk continued</p>	<p>Asymptomatic (no fever or other symptoms)</p>	<p>Immediately notify Infection Prevention (pager 218-2744).</p> <p>Active monitoring as directed by Infection Prevention or the Health Department.</p> <p>Exclusion from public places for the duration of time determined by the local or state health department.</p> <p>Exclusion from work for the duration of time determined by the local or state health department.</p>
<p>Some Risk includes the following:</p> <ol style="list-style-type: none"> 1. Being in close contact with a person with EVD who has symptoms while not wearing appropriate PPE. 	<p>Fever (defined as temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) or any of the following:</p> <ul style="list-style-type: none"> • Severe headache • Muscle pain • Vomiting • Diarrhea • Stomach pain 	<p>Immediately isolate yourself and contact Infection Prevention (pager 218-3744) and your supervisor.</p> <p>Infection Prevention will immediately notify the Local Public Health authority.</p> <p>Follow the recommendations from Infection Prevention / Infectious Disease and the</p>

	<ul style="list-style-type: none"> Unexplained bruising or bleeding 	Local Public Health agency.
Some Risk (continued)	Asymptomatic (no fever or other symptoms)	<p>Immediately notify Infection Prevention (pager 218-2744).</p> <p>Active monitoring as directed by Infection Prevention.</p> <p>Exclusion from public places for the duration of time determined by the local or state health department.</p> <p>Exclusion from work for the duration of time determined by the local or state health department.</p>
<p>Low Risk includes :</p> <p>Brief direct contact (IE: shaking hands) with a person in the early stages of EVD, while not wearing appropriate PPE. Early signs can include fever, fatigue, or headache.</p>	<p>Fever (defined as temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) or any of the following:</p> <ul style="list-style-type: none"> Vomiting Diarrhea Unexplained bruising or bleeding 	<p>Immediately isolate yourself and contact Infection Prevention (pager 218-3744) and your supervisor.</p> <p>If medically evaluated and discharged with a diagnosis other than Ebola, conditions as outlined for asymptomatic individuals in this exposure category will apply.</p>
Low Risk continued	Asymptomatic (no fever or other symptoms)	<p>No restrictions for work.</p> <p>Active monitoring may be required for:</p> <ol style="list-style-type: none"> Healthcare workers that may have cared for symptomatic EVD patients while wearing appropriate PPE. Person that traveled on an aircraft with, and sitting within 3 feet of, a person with known EVD.
<p>No identifiable risk includes any of the following:</p> <ol style="list-style-type: none"> Laboratory processing of Ebola-containing specimens in a Biosafety Level 4 facility. Any contact with a person who isn't showing symptoms of EVD, even if the person had potential exposure to Ebola virus. Contact with a person with EVD before the person developed symptoms. Any potential exposure to EVD that 	Symptomatic (any symptoms)	Routine medical evaluation and management of ill persons, as needed.

<p>occurred more than 21 days previously.</p> <ol style="list-style-type: none"> 5. Having been in a country with EVD cases, but without widespread transmission, uncertain control measures, or former widespread transmission and now established control measures, and not having had any other exposures. 6. Having stayed on or very close to an airplane or ship during the entire time that the airplane or ship was in a country with widespread transmission or a country with cases in urban settings with uncertain control measures, and having had no direct contact with anyone from the community. 7. Having had laboratory confirmed Ebola and subsequently been determined by public health authorities to no longer be infectious. 		
<p>No identifiable risk continued</p>	<p>Asymptomatic</p>	<p>No actions needed.</p>

References:

Centers for Disease "Control and Prevention . *Interim U.S. Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure*. 30 sept. 2015. < <http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html>.

Centers for Disease "Control and Prevention . *Epidemiologic Risk Factors to Consider When Evaluating a Person for Exposure to Ebola Virus*. 30 Sept. 2015. <http://www.cdc.gov/vhf/ebola/exposure/risk-factors-when-evaluating-person-for-exposure.html>

Centers for Disease "Control and Prevention . *Epidemiologic Risk Factors to Consider When Evaluating a Person for Exposure to Ebola Virus*. 30 Sept. 2015. <http://www.cdc.gov/vhf/ebola/healthcare-us/hospitals/infection-control.html>

Infectious Disease Containment Entry/Exit Log

DATE	Printed Name of Personnel Entering or Receiving Items from I.D. Containment Area	Contact Information	<p align="center">Training</p> Signature acknowledges personnel's name is listed on the below sheet, indicating that training is current. If name is not listed as current, personnel WILL NOT enter	Magnetohelic Gauge Reading	TIME OF ENTRY	TIME OF EXIT	PURPOSE FOR ENTERING
		Job Title:	Signature:				
		Phone Number					
		Job Title:	Signature:				
		Phone Number					
		Job Title:	Signature:				
		Phone Number					
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		Job Title:	Signature:				
		Phone Number					

Laboratory Safety for Highly Infectious Disease

Pathology Standard Operating Procedure (Hospital Room 0107)

1. PURPOSE: In the event of a suspected highly infectious disease patient, trained employees in the pathology department will follow the steps listed below in order to mitigate risk associated with highly infectious disease. It is imperative that specimens from suspected and confirmed patients are handled in a safe manner, with strict adherence to standard safety precautions and the protocol outlined below.
2. INITIAL SET-UP:
After being notified of a possible highly infectious disease patient, the following steps must occur before bringing in the biological specimen:
 - a) Obtain scrubs, and change clothes in mens/womens locker room
 - b) Obtain PPE Kit from room 0107 (Appendix A), and place in hallway for later donning of PPE
 - c) Set up BioSafety Cabinet (Area 2 of Appendix A) with all needed materials, including:
 - i) Flu A and B kit
 - ii) Malaria Kit (travel dependent)
 - iii) Pregnancy Test
 - iv) Inside Packaging Container for Shipment (leak-proof container)
 - v) 10% Bleach spray
 - vi) Double lined (red bio bag) infectious waste bin
3. COMMUNICATION AND DONNING OF PPE AFTER COLLECTION OF SPECIMEN:
 - a) Notifications will be made to Clinical Laboratory Staff when the blood has been drawn and collected. When the notification occurs, two of the Clinical Laboratory Staff currently trained in PPE will begin donning according to the procedures listed in PPE Kit. Donning will occur in the hallway outside of room 0107 (Area 1 of Appendix A).
 - b) After fully gowned, Clinical Laboratory Staff will notify Clinical Staff (Emergency Department or Others) that they are ready for the specimen.
4. DELIVERY OF SPECIMEN:
 - a) After collection and notification of Clinical Laboratory Staff, delivery of specimen will occur by hand, directly to Hospital Room 0107 following the "Shipping SOP, Route to Microbiology BSL2 Laboratory."
 - b) Clinical Laboratory Staff will receive the container and bring it directly to the BioSafety Cabinet (Area 2).
5. SPECIMEN HANDLING AND PACKAGING:
 - a) All processing and testing will be completed in the certified class II biosafety cabinet located in the lab. Liberally spray outer gloves with 10% bleach solution between steps.
 - b) Any disposable waste must be placed in a 10% bleach solution and left in the hood (i.e. plastic loops, pipettes).
 - c) After processing of the specimen, the specimen container (tube) must be externally cleaned with a 10% bleach or bleach wipe before being properly packaged and placed into primary leak-proof shipping container.
 - d) After being wiped, the specimen will be placed in the primary leak-proof shipping container. Be sure to spray gloves with bleach solution after this step.
 - e) Following placement, the container will be sealed, wiped down with bleach wipe, and then handed over to the second Clinical Laboratory staffer, who will place it in the Outer shipping container.
 - f) The container will then be placed by the door for removal from lab after doffing of PPE has occurred.
6. CLEANING AND DISINFECTING OF BIOSAFETY CABINET
 - a) Spray 10% bleach solution to the work surface and walls of BSC and wipe. Dispose of wipe in biohazard bin.
 - b) Spray forearms and gloved hands with disinfectant as noted above.

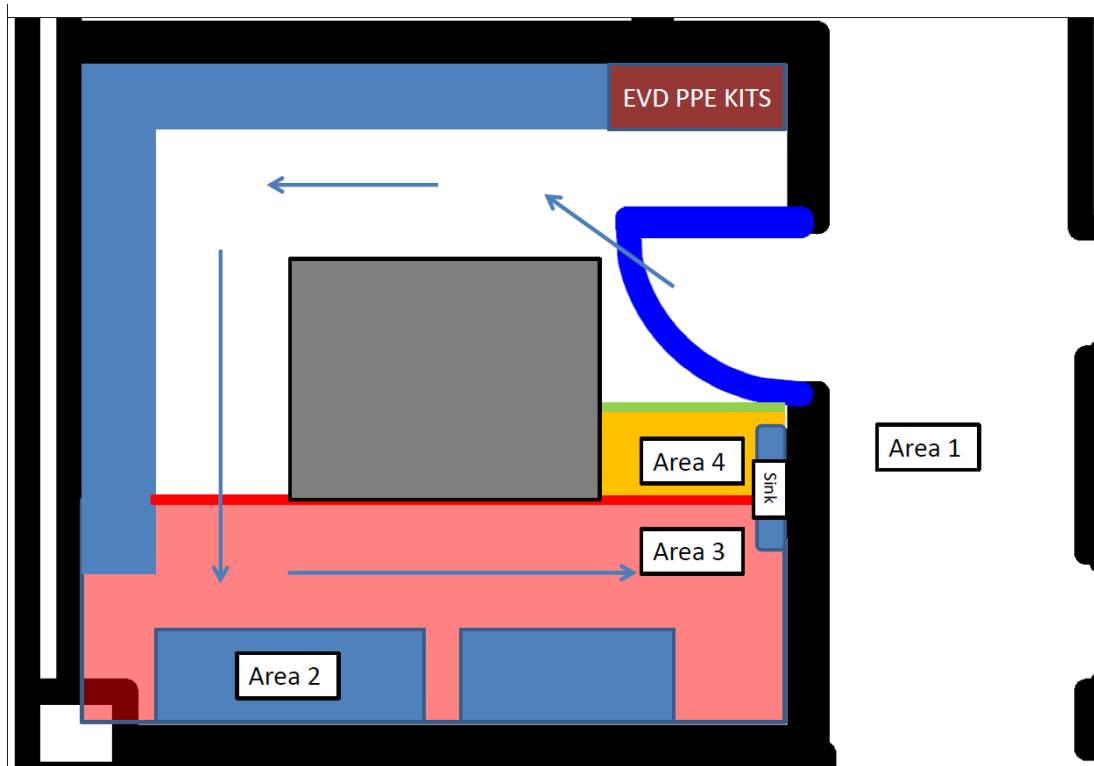
7. DOFFING OF PPE:
 - a) Staff will move to Area 3 (Appendix A) to remove PPE in accordance with the instructions in the PPE Kit.
 - b) After removal, they will step from Area 3 to Area 4, in which staff will then wash hands with soap and water.
 - c) Staff will then leave the laboratory through the door, not returning into the warm or red zones depicted on Appendix A by yellow and red, and also denoted in the lab with yellow and red tape.

8. MANAGEMENT OF SPILLS:

All spills will be small due to the minimal amount of specimen collected. If a spill occurs, follow the steps listed below:

 - a) Limit traffic near contaminated area. Cover accidental spills of potentially contaminated material with a paper towel saturated with 10% bleach. Allow to soak for 30 minutes.
 - b) Dispose of spill waste in biohazard waste container with closed lid. .
 - c) Liberally spray area with 10% bleach solution, allow to sit for 10 minutes, and then wipe up with paper towel, and dispose of in biohazardous waste container and seal the lid.
 - d) Notify Environmental Health and Radiation Safety (419-530-3600) of spill and wait for further instructions to finish clean-up.

HOSPITAL ROOM 0107 ZONES



Instructions for Shipping Of Blood Sample for Diagnostic Testing

1. Nurse will complete blood draw using two purple top plastic tubes and one dark green plastic tube.
2. Nurse will collect a nasal swab using a green flu swab.
3. Wipe down both purple top and the dark green plastic tube with a bleach wipe (White Dispatch Container) ensuring the top of the tube is clean.
4. Place both purple top and dark green plastic tubes in the sealed container labeled Ebola Blood Samples found on the PPE response cart.
5. Spray the outer plastic red rimmed container with a 10% bleach solution.
6. Place the sealed container in a clear zip lock bag.
7. Spray the outer zip lock bag with a 10% bleach solution.
8. The Site Manager/PPE technician with clean gloved hands, inside containment, will receive the zip locked bag container. The PPE technician will spray the outer zip locked bag with a 10% bleach solution and place it outside the warm zone.
9. Support personnel will receive zip lock bag outside of containment and will deliver the diagnostic specimen by hand to the Microbiology BLS2 Lab in the hospital pathology laboratory for packaging in a Category A shipping box.
10. The diagnostic specimen must be stored at 2-8° C until ready for shipment.

Route to Microbiology BSL2 Laboratory

1. Walk through automatic doors on the back side of the Emergency Department, towards Radiology/MRI Suite.
2. Proceed to the patient elevators.
3. Once off the elevator proceed to the "Back Entrance" of the Pathology Laboratory.
4. Go straight down the hallway towards the Caged Area (Molecular Diagnostics).
5. Walk through the Caged Area and proceed towards the Microbiology Lab, room 0107.
6. Personnel from the Microbiology Lab will be there to receive specimen.

Environmental Infection Control and Equipment Reprocessing

Non disposable medical equipment will be cleaned per manufacturer's recommendations

1. In the patient room, the patient's nurse should cleanse the contaminated equipment with bleach wipes. Be sure to clean all irregular surfaces and wheels of equipment.
2. The room nurse will then roll/hand off the unofficial cleaned equipment to the PPE tech, where he/she will clean equipment again with bleach wipes/solution while in full PPE.
3. Cover equipment with plastic bag and label as dirty so that it will be further decontaminated.
4. Roll/hand off equipment to staff member and store in designated dirty storage area.

Standard Operating Procedure for Cleaning an Occupied Room

Responsibility: Nursing Staff

Equipment Needed: Use only disposable, single use products

Bleach wipes/1:10 bleach solution

Red Biohazard Bags/Container

Wet mop

Frequency of room cleaning: Every 12 hours, to be completed by RNs.

Work from clean to dirty, outside toward center of room, and high to low.

Surfaces contaminated with blood or body fluids should be cleaned immediately with bleach.

Use a minimum of one bleach wipe for each item/surface. Use enough wipes to thoroughly saturate the area. Discard wipes after use on each item/surface. Surfaces must remain wet for 5 minutes for required contact time with disinfecting solutions. Use friction and be sure to wipe areas with irregular surfaces well.

1. Explain procedure to patient
2. Clean door handles, and door frame
3. Spot clean walls, windows, and baseboards, if soilage has occurred.
4. Clean light switches and thermostats
5. Clean wall mounted items – thermometer, glove box holder, Purell dispenser
6. Clean glass door panels, mirrors, and window sill
7. Clean counter tops, sink, and sink fixtures
8. Wipe furniture and horizontal surfaces-chairs, radiators etc.
9. Wipe the bedside table (include underside and drawer)
10. Clean any dedicated patient equipment
11. Wipe equipment on walls—top of suction bottle, intercom, monitors, IV pole(s)
12. Clean the call button, phone, side rails and bed (cart) frame
13. Clean the commode. Start at the back, top of commode and work toward the areas that touch the patient. Pay close attention to the underside of the rim. Clean “legs” of commode.
14. Check sharps container. Replace if $\frac{3}{4}$ full. Do not wipe the top of the sharps container.
15. Inspect the privacy curtain for soilage. If soiled, remove and discard
16. Replenish paper towels, toilet paper and soap if needed
17. Wet mop the floor of room. Use bleach solution. Start at outer aspect of room and move toward the center. Discard mop head.
18. Wipe mop handle and place in designated area in room.
19. Dispose of all cleaning products in leak proof bags.

Prior to Shift Change:

1. Spray trash with bleach solution.
2. Empty all waste baskets, if $\frac{3}{4}$ full.
3. Wet mop complete area (including patient room, and bathroom where waste was stored)
4. Wipe down motor cords with disinfectant wipes.
5. Restock items needed for next shift (PPE, patient care items, etc.).

Doffing Area

Responsibility: PPE Technician

Equipment Needed: Use only disposable, single use products

Bleach wipes/bleach solution
Red Biohazard Bags/Container
Wet mop

The area is to be cleaned with bleach wipes/solution after each doffing procedure.
Hallways of "hot zone" mopped with bleach solution whenever patient care nurse exits patient room.

1. Doffing room is cleaned daily.
2. Wipe walls with bleach solution.
3. Surfaces contaminated with blood or body fluids to be cleaned immediately.
4. Wipe all surfaces with bleach solution, allowing too dry for 5 minutes.

Doffing Area PPE

All PPE will be disposed of in a red biohazard container lined with a red biohazard bag in the doffing area. The only reusable equipment will be the PAPR and breathing tube.

1. Follow procedures as listed in the PPE donning and doffing procedures.
2. PAPR's will be placed on the Decontamination Cart 1 located inside room 20.
3. PAPR's will be externally wiped down with bleach wipes.
4. Hoses will be placed in 10% bleach bins and allowed to soak for 25 minutes before being removed.
5. Hoses will then be immersed in clean water for a final rinse.
6. Cleaned PAPR's and hoses will be placed on Cart 2 outside of room 20 in the hallway on the clean side.
7. Bleach water and rinsing water will be changed on a daily basis.

Body fluid spills:

Responsibility: Nursing Staff

Equipment Needed: Use only disposable, single use products

Bleach wipes/bleach solution
Towel
Red Biohazard Bags/Container
Wet mop
Tongs

Spills involving infectious materials must be contained, decontaminated, and cleaned up by staff properly trained and equipped to work with highly infectious material.

1. Small spills (<25 ml).
 - a. Wipe up immediately using *bleach*-soaked paper towel or bleach-wipe. Allow the disinfectant to act (about 15 minutes).
 - b. Discard waste into a red bin waste container for disposal.
 - c. Report the incident to the lead if you believe that it occurred as the result of poor practice or equipment failure.

2. Significant spills (greater than 25 ml. i.e.: body fluids), or spills which have splashed extensively or have contaminated personnel, are treated as follows:
 - a. Alert staff in room and notify PPE technician of spill and affected area
 - b. Assist patient being careful to not spread contamination
 - c. Establish a spill parameter
 - d. Visual check of PPE and clean any visible contamination. Wash/change contaminated gloves.
 - e. Using a 10% bleach solution, saturate a towel and place over spill
 - f. Leave saturated towel to soak on the spill for 15 minutes, maintaining saturation by pouring more bleach solution on top if needed
 - g. Clean up spill working from the outside-in.
 - h. Dispose contaminated towel into red bin waste container
 - i. Repeat process if needed to remove spill
 - j. Sanitize and remove outer layer of gloves
 - k. Don new outer gloves
 - l. Mop entire area of contamination with 10% bleach solution
 - m. Dispose of mop head in red bin waste container.
 - n. Sanitize and remove outer layer of gloves
 - o. Don new pair of outer gloves
 - p. Report to the staff and PPE technician that normal operation can continue.

Discharge Cleaning Allow room to be vacant for 48 hours. (Negative pressure)

Responsibility: Environmental Health and Radiation Safety Staff

Equipment Needed: Use only disposable, single use products

Bleach wipes/bleach solution
Red biohazard Bags/Container
Wet mop

All waste will be disposed of as contaminated infectious waste in the red biohazard bag/container Use a minimum of one bleach wipe for each surface and discard wipe after use on each surface. Use enough wipes to thoroughly saturate the area. Discard wipes after use on each item/surface. Use friction and be sure to wipe all areas with irregular surfaces well. Clean outer gloves with alcohol based hand rub frequently during process.

Discard all paper towels, toilet paper, toilet articles, all patient supplies, pillow, mattress and all disposable equipment.

1. Remove sharps container and discard.
2. Remove any containers that hold body fluids (suction canisters and IV fluids) and discard into commode. Add a 10% bleach solution. Seal container and allow to sit for 25 minutes.
3. Discard all patient care items,
4. Remove all linens from cart and discard (including pillow),
5. Remove privacy curtain and discard,
6. Clean any visible blood and body fluid from walls and floor. Check ceiling.
7. Clean door handles and push plate.
8. Clean light switches and thermostats.
9. Clean wall mounted items – thermometer, glove box holder, Purell dispenser.
10. Clean glass door panels, mirrors, windows, and window sill.
11. Clean counter tops, shelves, sink, and sink fixtures.
12. Wipe equipment on walls-intercom, oxygen outlet, suction outlet.
13. Clean dedicated patient equipment such as IV poles, IV pump and monitors (leave commode until end of room clean).
14. Wipe the over-bed table (include underside). Pay particular attention to areas frequently touched by patient.
15. Clean the stretcher.
16. Clean tops and sides of mattress—check for any cracks or holes. (Mattress must be discarded)
17. Clean stretcher rails and call light. Check and clean lower parts of stretcher frame, including casters.
18. Dispose of commode bucket.
19. Clean commode holder. Start at the back, top of commode and work toward the areas that touch the patient. Pay close attention to the underside of the rim. Clean “legs” of commode
20. Empty wastebaskets, clean with bleach wipes
21. Wet mop floors with bleach solution. Discard mop head. Wipe mop handle with bleach wipe.
22. Dispose of all cleaning products in leak proof bags. Including mop handle.
23. Allow room to be vacant for 48 hours after cleaning. (Negative pressure)

Cleaning Checklists

UTMC Patient Room Cleaning Checklist

Date: _____

Unit: ED Room 21 _____

Instruction	Component	AM Yes/No	PM Yes/No
Use bleach wiped or 1:10 bleach solution	Work from clean to dirty, outside to center, high to low		
	Spot clean surfaces of gross contamination before you disinfect. Friction is the key to bio burden		
	Use one disinfectant wipe per item or enough wipes to thoroughly saturate the item. Allow to dry for 5 minutes.		
Every shift	Door handles and door frame		
	Clean walls, windows, and baseboards		
	Light switches and thermostats		
	Wall mounted items – thermometer, glove box holder, Purell dispenser		
	Clean glass door panels, mirrors, and window sill		
	Counter tops, sink, and sink fixtures		
	Furniture and horizontal surfaces-chairs, radiators etc.		
	Over bed table and drawer (and under table top)		
	Dedicated patient equipment		
	Equipment on walls: top of suction bottle, intercom, monitors, sharps container, IV pole		
	Call button, phone, side rails and bed (cart) frame		
	Bed frame, mattress,		
	Wet mop floor		
	Wipe handle of wet mop		
	Dispose of all cleaning materials		
Commode			
Replace as needed: For terminal cleaning, damp dust:	Hand sanitizer, Paper Towels, Soiled Curtains		
	Mattress: top, sides, bottom		
	Remake bed with clean linen		
	Thoroughly dust after patient has been discharged		
	Replace as needed: Pillows, mattresses, pillow covers, mattress covers		

AM

Signature of person cleaning room: _____

PM

Signature of person cleaning room: _____

UTMC Daily Cleaning Checklist for Non-Patient Care Areas

Clean surfaces of gross contamination before you disinfect

Friction is the key to bio burden

Use one disinfectant wipe per item or enough wipes to thoroughly saturate the item

Do not use the same wipe for multiple items

Use bleach wipes or 1:10 bleach solution. Allow to air dry

Date: _____

Time: _____

HIGH touch surfaces/doffing area	Initial when completed
Staff entry door handles (both sides)	
12" square area around door handle (both sides)	
Undressing area cupboards (pay special attention to handles/knobs)	
Any chairs/stools in undressing area	
Staff bathroom	
Bathroom door knob/plate (inner/outer)	
12" square area above/below door handle (both sides)	
Bathroom light switch	
Bathroom handrails by toilet	
Bathroom sink	
Toilet seat/chin	
Toilet flush handle	
Sink/faucet/handles	
Mirror	
Paper towel holder	
Toilet paper holder	
Empty trash/re-bag trash can	
Staff Shower (SICU area)	
Shower room door knob/plate (inner/outer)	
12" square area above/below door handle (both sides)	
Shower room light switch	
Shower room sink	
Shower stall	
Toilet seat/chin	
Toilet flush handle	
Sink/faucet/handles	
Mirror	
Paper towel holder	
Toilet paper holder	
Empty trash/re-bag trash can	
Change linen bag	
High touch surfaces redressing area	
Clean front of cart with clean scrubs--handles of cart	
Walls, door/door frame in shower	
Empty trash/re-bag trash can	
Change linen bag	

Signature of person cleaning room: _____

Management of Waste

Category "A" Infectious Waste Disposal Guidance

Questions regarding the designation of wastes as infectious may be directed to the Environmental Health and Radiation Safety Department. Large quantities of infectious waste (liquid and solid) can be expected with a disease outbreak event.

Liquid Wastes

1. Patients should use the bedside commode.
 - a. Primary handling of liquid waste should occur in the patient's room and be performed by the primary healthcare workers (i.e., doctors and nurses) wearing recommended PPE.
 - b. Wastes, including blood, feces and urine, shall be treated by adding a standard liquid bleach (~5%) until a 1:10 ratio bleach to water/waste ratio is achieved. The bleach/waste solution should sit for a minimum 25 minutes before being disposed of in the toilet next to the patient's room.
 - c. Pour waste, avoiding splashing by pouring from a low level, into the toilet.
 - d. Close the lid first, and then flush toilet.
 - e. Clean and disinfect flush handles, toilet seat, and lid surfaces with EPA-registered hospital disinfectant/cleaner.
 - f. Discard cleaning cloths in biohazard bags.
 - g. Discard emesis and portable toileting containers as solid waste.
2. Follow [recommended procedures for disinfecting visibly soiled PPE and removal of PPE](#).

Solid Wastes

1. Solid wastes, including used personal protective equipment, shall be packaged in a specific manner at the point of care and appropriately repackaged for shipment.
 - a. Point of Care – Hot Zone
 - i. Standard Infectious waste containers (red, plastic 28-gallon) shall be utilized at the point of care ("Hot Area").
 - ii. Containers shall be double-lined with infectious waste (red) bags.
 - iii. Carefully place sharps waste in appropriate disposable sharps container and close the container.
 - iv. When the bag (or sharps container) is no more than 2/3 full, a freshly prepared 10% bleach solution should be poured or sprayed to sufficiently cover the surface of the contents.
 - v. After pouring the disinfectant over the waste:
 1. Close the sharps container and place the full sharps container into the red infectious waste container.
 2. Tightly tie the red infectious waste bag closed.
 3. The outside of the bag should be wiped down with bleach wipes.
 4. Placed into another infectious waste bag which is then tied shut.
 5. The outside of the bag should be wiped down with bleach wipes.
 - a. The now triple-bagged waste should be placed into a clean category A waste shipping container located in the ED lobby.

NOTE: Hands should be decontaminated with alcohol based hand rub between each step of waste management.

2. Waste Transport and Storage
 - a. The category A shippers will be closed and stored in the ED lobby until a coordinated shipment is scheduled with Daniels.

Communications

The ICS system will be implemented with an established Public Information Officer from the Office of Communications. Additional information will be posted on the Infection Control website at <http://www.utoledo.edu/depts/infectioncontrol/CurrentHotTopics.html>.

All health department correspondence will go through the Infection Control Department.

Management of Deceased

Mortuary Guidance: Postmortem Preparation in a Hospital Room

1. Turn on thermal sealer.
3. Use digital camera or mobile phone to take a photo of the deceased's face. Send photo through secure means to the site manager. Decontaminate or properly dispose of camera or mobile phone.
4. Position gurney with three pre-opened body bags next to the hospital bed.
5. Pull bed sheet(s) up and around the body, leaving all medical equipment inserted. Do not wash or clean the body.
6. Remove first bag from gurney, gently roll the body allowing for body bag to be placed under sheets.
7. Complete transfer of body to the first bag. Minimize air inside of bag and zip up.
8. Disinfect gloved hands using ABHR. If any areas of PPE have been contaminated use EPA-registered disinfectant.
9. Disinfect outside of first body bag using EPA-registered disinfectant.
10. Transfer first bag with body to gurney, placing it on top of second bag.
11. Disinfect gloved hands using ABHR.
12. Fold second bag around first bag and heat seal approximately 2" from edges. Remove air from second bag. Heat seal bag again approximately 1" below initial seal and heat seal diagonally across corners. Use scissors to trim off any excess material along seam. Turn off or unplug thermal sealer. Decontaminate thermal sealer before it is removed from hot zone or reused.
13. Disinfect outside of second bag with EPA-registered hospital disinfectant.
14. Disinfect gloved hands with ABHR.
15. Work third bag around second bag. Zip up third bag and zip tie the zipper shut.
16. Disinfect gloved hands using ABHR.
17. Wheel gurney to decontamination area.
18. Decontaminate surface of body bag with EPA-registered hospital disinfectant.
 - a. Begin by applying the hospital disinfectant to top of bag and any exposed areas of the gurney's cot.
 - b. Roll bag to one side to decontaminate half of bottom of bag and newly exposed portion of gurney's cot.
 - c. Repeat with other side of bag and gurney.
 - d. After visible soil has been removed with EPA-registered hospital disinfectant wipe, reapply EPA-registered disinfectant and allow sufficient contact time, as specified by manufacturer.
19. Disinfect surfaces of gurney from handles to wheels with an EPA-registered hospital disinfectant.
20. Disinfect gloved hands with ABHR.
21. Push gurney so only gurney and decontaminated body bag enter cold zone. Do not enter cold zone. A new set of workers will receive the body.
22. Proceed to PPE removal area.

Special Populations

UTMC does not have a Pediatric or Labor and Delivery Service. With advance notice we would defer them based on ODH guidance. For emergent situations we would manage the patient using standardized emergency management techniques.

Review Date:

9/21/06
5/1/07
8/10/08
12/2/09
8/13/10
3/14/11
2/1/2013
8/25/14
4/15/15
8/6/2015
9/23/15
10/7/15
12/3/15
2/29/15
4/27/17