



## Recommended Standard Infection Prevention & Control Precautions For Ebola Viral Disease Transmission

*August 2014*

Components	Recommendations
Patient Placement	<ul style="list-style-type: none"> <li>• Single patient room with a bathroom and door closed</li> <li>• Maintain a log of all persons entering the patient's room</li> <li>• Standard, contact and droplet precautions</li> <li>• Ensure appropriate and consistent use of PPEs by all persons entering the patient room</li> </ul>
Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> <li>• Every one entering the patient's room must wear gloves, gown, eye protection and facemask</li> <li>• Additional PPEs might be required in certain situations</li> <li>• Upon exit PPEs should be carefully removed</li> <li>• Discarded if disposable, or cleaned and disinfected</li> <li>• Perform hand hygiene</li> </ul>
Patient Care Equipment	<ul style="list-style-type: none"> <li>• Dedicated medical equipment should be used for patient care</li> <li>• All non-dedicated, non-disposable medical equipment(s) be cleaned and disinfected after use.</li> </ul>
Patient Care Considerations	<ul style="list-style-type: none"> <li>• Limit the use of needles and other sharps as much as possible</li> <li>• All needles and sharps should be handled with extreme care and disposed in puncture-proof sealed containers</li> <li>• Phlebotomy, procedures and laboratory testing should be limited to the minimum necessary for essential diagnostic evaluation and medical care</li> </ul>
Aerosol Generating Procedures (AGPs)	<ul style="list-style-type: none"> <li>• Avoid Aerosol Generating Procedures (AGPs). If unavoidable, use enhanced precautions to reduce exposures</li> <li>• Visitors should not be present &amp; limiting the number of Health Care Personals (HCP) during AGPs.</li> <li>• Entry and exit should be minimized during and shortly after the procedure.</li> <li>• Conduct the procedures ideally in an Airborne Infection Isolation Room (AIIR).</li> <li>• The National Institute for Occupational Safety and Health (NIOSH) certified fit-tested N95 respirator or higher must be used</li> <li>• Conduct environmental surface cleaning following procedures</li> <li>• Clean and disinfect reusable items according to the manufacturers' instructions</li> <li>• Properly dispose all contaminated disposable items</li> </ul>
Hand Hygiene	<ul style="list-style-type: none"> <li>• Perform hand hygiene frequently, before and after all patient and potentially infectious material contact and before putting on and upon removal of PPEs including gloves.</li> <li>• Healthcare facilities should ensure the availability of hand hygiene performing supplies</li> </ul>

Environmental Infection Control	<ul style="list-style-type: none"> <li>• Diligent environmental cleaning and disinfection and safe handling of potentially contaminated materials is paramount</li> <li>• HCP performing environmental cleaning and disinfection should wear recommended PPEs</li> </ul>
Safe Injection practices	<ul style="list-style-type: none"> <li>• All health facilities should follow standard safe injection practices and precautions</li> <li>• Any injection equipment or parenteral medication container that enters the patient treatment area should be dedicated to that patient and disposed of at the point of use</li> </ul>
Monitoring and Management of Potentially Exposed Personnel	<ul style="list-style-type: none"> <li>• Develop SOPs for monitoring and management of potentially exposed HCP</li> <li>• For asymptomatic HCP who had an unprotected exposure should receive medical evaluation and follow-up care including fever monitoring twice daily for 21 days after the last known exposure.</li> </ul>
Monitoring, Management, and Training of Visitors	<ul style="list-style-type: none"> <li>• Avoid entry of visitors into the patient's room</li> <li>• Establish procedures for monitoring managing and training visitors.</li> <li>• Visitor movement within the facility should be restricted to the patient care area and an immediately adjacent waiting area.</li> <li>• Visitors who have been in contact with the Ebola HF patient before and during hospitalization should be considered potential contacts and should be monitored with restricted movements for 21days</li> </ul>

**Compiled**  
**by**  
**Field Epidemiology and Disease Surveillance Division**  
**National Institute of Health,**  
**Ministry of National Health Services, Regulation and Coordination**  
**Government of Pakistan Islamabad**  
**With joint collaboration of**  
**World Health Organization**  
 Tel. Ph. No. +92-51-9255237, +92-51-9255117,  
 Fax No. +92-51-9255575, +92-51-9255099  
 E-mail: [eic.nih@gmail.com](mailto:eic.nih@gmail.com).,  
 Web site: [www.nih.org.pk](http://www.nih.org.pk)

References:

1. <http://www.cdc.gov/mmwr/pdf/rr/rr5210.pdf>
2. <http://www.who.int/csr/resources/who-ipc-guidance-ebolafinal-09082014.pdf?ua=1>
3. <http://www.cdc.gov/niosh/>
4. [http://www.cdc.gov/vhf/ebola/index.html?s\\_cid=cdc\\_homepage\\_feature\\_001](http://www.cdc.gov/vhf/ebola/index.html?s_cid=cdc_homepage_feature_001)
5. <http://www.cdc.gov/media/dpk/2014/dpk-ebola-outbreak.html>