

New Mexico Department of Health Guidance for Ebola Virus Disease (EVD) Personal Protective Equipment (PPE)

Personal protective equipment (PPE) is critical to protect healthcare workers from exposure to Ebola Virus Disease (EVD). Healthcare providers should follow standard, contact, and droplet precautions when caring for patients under investigation (PUI), probable, or confirmed patients with Ebola (see footnote for CDC definitions). NMDOH will continue to monitor CDC EVD PPE guidance updates and recommends healthcare providers also keep abreast of the most current CDC guidance for appropriate EVD PPE in various healthcare settings.

PPE for Healthcare Workers When Evaluating Patients for Potential Ebola Virus Disease in Non-Hospitalized Settings

NMDOH recommends following current CDC PPE guidance when evaluating patients for potential EVD in non-hospitalized settings (e.g., outpatient offices, EMS, and emergency departments). This includes using at least the following PPE:

- Gloves
- Gown (fluid resistant or impermeable)
- Eye protection (goggles or face shield that fully covers the front and sides of the face)
- Facemask (OR, if performing aerosol generating procedures, a NIOSH-certified fit-tested N95 filtering facepiece respirator or higher should be worn)
- Additional PPE might be required in certain situations (e.g., large amounts of blood and body fluids present in the environment), including but not limited to double gloving, disposable shoe covers, and leg coverings.

PPE for Healthcare Workers During Management of Patients with Confirmed Ebola Virus Disease in U.S. hospitals

Current CDC guidance for EVD PPE for healthcare workers during management of patients with confirmed EVD in U.S. hospitals includes the following three general principles related to PPE:

Principle #1: Rigorous and repeated training

Focusing only on PPE gives a false sense of security of safe care and worker safety. Training is a critical aspect of ensuring infection control. Facilities need to ensure all healthcare providers practice numerous times to make sure they understand how to appropriately use the equipment, especially in the step by step donning and doffing of PPE.

Principle #2: No skin exposure when PPE is worn

PPE recommended for U.S. healthcare workers caring for patients with confirmed Ebola includes:

- Double gloves
- Boot covers that are waterproof and go to at least mid-calf or leg covers
- Single use fluid resistant or impermeable gown that extends to at least mid-calf **or** coverall without intergraded hood.
- Respirators, including either N95 respirators or powered air purifying respirator (PAPR)
- Single-use, full-face shield that is disposable
- Surgical hoods to ensure complete coverage of the head and neck
- Apron that is waterproof and covers the torso to the level of the mid-calf should be used if Ebola patients have vomiting or diarrhea

Principle #3: Trained monitor

CDC recommends a trained monitor actively observe and supervise each worker taking PPE on and off. This is to ensure each worker follows the step by step processes, especially to disinfect visibly contaminated PPE. The trained monitor can spot any missteps in real-time and immediately address.

NMDOH recommends that healthcare providers that are part of a hospital Ebola clinical care response team conduct PPE practice drills at least weekly initially to ensure adequate staff training, preparation, and comfort level with recommended PPE protocols and procedures. Staff competencies should be documented. Once staff competencies have been assured, PPE training drills should continue to be conducted in order to maintain staff competency, but may be conducted less frequently (e.g., monthly).

Specific CDC guidance for healthcare workers during management of patients with confirmed EVD in U.S. hospitals can be found at: <http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>.

Footnote

Person Under Investigation (PUI)

A person who has both consistent symptoms and risk factors as follows:

1. Clinical criteria, which includes fever of equal to or greater than 38.0 degrees Celsius or 101.4 degrees Fahrenheit, and additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage; AND
2. Epidemiologic risk factors within the past 21 days before the onset of symptoms, such as contact with blood or other body fluids or human remains of a patient known to have or suspected to have EVD; residence in—or travel to—an area where EVD transmission is active; or direct handling of bats or non-human primates from disease-endemic areas.

Probable Case

A PUI whose epidemiologic risk factors include high or low risk exposure(s) (see exposure risk categories below)

Confirmed Case

A case with laboratory-confirmed diagnostic evidence of Ebola virus infection

Exposure Risk Levels

Levels of exposure risk are defined as follows:

High risk exposures

A high risk exposure includes any of the following:

- Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids of EVD patient
- Direct skin contact with, or exposure to blood or body fluids of, an EVD patient without appropriate personal protective equipment (PPE)
- Processing blood or body fluids of a confirmed EVD patient without appropriate PPE or standard biosafety precautions
- Direct contact with a dead body without appropriate PPE in a country where an EVD outbreak is occurring*

Low risk exposures

A low risk exposure includes any of the following

- Household contact with an EVD patient
- Other close contact with EVD patients in health care facilities or community settings. Close contact is defined as
 - a. being within approximately 3 feet (1 meter) of an EVD patient or within the patient's room or care area for a prolonged period of time (e.g., health care personnel, household members) while not wearing recommended personal protective equipment (i.e., standard, droplet, and contact precautions; see [Infection Prevention and Control Recommendations](http://www.cdc.gov/vhf/ebola/hcp/patient-management-us-hospitals.html)(<http://www.cdc.gov/vhf/ebola/hcp/patient-management-us-hospitals.html>))
 - b. having direct brief contact (e.g., shaking hands) with an EVD patient while not wearing recommended personal protective equipment.
- Brief interactions, such as walking by a person or moving through a hospital, do not constitute close contact

No known exposure

Having been in a country in which an EVD outbreak occurred within the past 21 days and having had no high or low risk exposures