Ebola Update- Home and Hospice Care

Ebola patients are very seriously ill and chances are slim community providers will see an acutely ill patient with Ebola in the home care and hospice setting at this point in time. Ebola patients will most likely seek out emergency room intervention. However, situations can change quickly. This is a good time to prepare for the possibility of encountering a possible Ebola patient.

1. Agencies should begin a comprehensive infection prevention education program for all staff but especially for field staff. Intensive training in the use of personal protective equipment (ppe) is paramount. Staff need to know how to don and doff ppe without contaminating themselves. This includes gloves, masks (N95 respirator masks), gowns, and face shields. Handwashing is included. Agencies should bring staff in for demonstrations and re-demonstrations. An increase in field supervision should follow as a “buddy system” to monitor infection prevention technique.

2. Reinforce the proper use of bag technique. According to the World Health Organization, Ebola can be spread by contact with previously contaminated surfaces. (October 6, 2014) Home care and hospice providers do not control their environment.

3. Reassure staff by giving them the facts on Ebola and how it is spread. According to the CDC it can be shared through direct contact with blood and body fluids. In addition, it can be spread by large droplets, contaminated equipment such as needles and syringes, and as stated above on contaminated surfaces.

4. Share your mission to keep employees safe while providing patient care. Have a communication plan for your staff and patients.

This information is extrapolated from state and federal guidelines for acute care of Ebola patients to make it relevant to community practice such as home care, PACE, and hospice.
5. Review and update policies such as your pandemic plan, influenza protocols, and monitoring staff that may have been exposed. Don’t forget to include the intake process of new patients. All new patients, and the referral source, should be asked questions following the CDC algorithm. This can also apply to employees returning from leaves of absence. Policies should include:

- Practicing donning and doffing PPE
- Use of PPE
- Educating with a buddy system
- Utilizing an Infection Prevention expert in your agency
- Demonstrations and return demonstrations.

The CDC algorithm has been updated to four levels.

**High risk—direct contact of infected body fluids through:**
- needle stick, or splashes to eyes, nose, or mouth
- getting body fluids directly on skin
- handling body fluids, such as in a laboratory, without wearing personal protective equipment (PPE) or following recommended safety precautions
- touching a dead body without correctly wearing PPE in a country with widespread Ebola transmission (In countries with widespread Ebola transmission, it is not always known what a person died of. Therefore touching any dead body in one of these countries is considered a high risk exposure.)
- living with and caring for a person showing symptoms of Ebola

**Some risk—close contact with a person showing symptoms of Ebola such as in a household, health care facility, or the community (no PPE worn). Close contact means being within 3 feet of the person with Ebola for a long time without wearing PPE.**
- in countries with widespread Ebola transmission: direct contact with a person showing symptoms of Ebola while wearing PPE

**Low risk (but not zero)—having been in a country with widespread Ebola transmission within the previous 21 days and having no known exposure**
- being in the same room for a brief period of time (without direct contact) with a person showing symptoms of Ebola
- having brief skin contact with a person showing symptoms of Ebola when the person was believed to be not very contagious
- in countries without widespread Ebola transmission: direct contact with a person showing symptoms of Ebola while wearing PPE
- travel on an airplane with a person showing symptoms of Ebola

**No risk—contact with a person who is NOT showing symptoms AFTER that person was in contact with a person with Ebola**

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•contact with a person with Ebola BEFORE the person was showing symptoms
•having traveled to a country with Ebola outbreak MORE than 21 days ago
•having been in a country where there is no widespread Ebola transmission (e.g., the United States), and having no other exposures to Ebola

6. Check your supplies of ppe. If they are outdated- DO NOT USE. The integrity may be compromised. Order additional supplies including some booties and head coverings. Don’t wait. Remember how quickly health care providers ran out of ppe during the H1N1 pandemic.

7. If a possible Ebola patient (meeting the criteria) is identified during a home visit. The staff should immediately don personal protective equipment and place patient in a room by him or herself. It should preferably be one with a door but this is home care and we may not always have that option. Staff should then call the health department and 9-1-1 explaining the situation and wait for guidance.

No one should leave the home until clear guidance has been given. That includes staff. Don’t remove PPE until you have direction from authorities. Do not make any attempts to clean up body excretions. Ebola is a category A and is deemed hazardous material so do not flush/wash down sinks etc. WAIT FOR GUIDANCE FROM THE AUTHORITIES.

The ordering of donning PPE is as follows:
•Wash hands
•Inspect PPE before donning
•First pair of gloves nitrile
•Booties
•Gown/coverall
•Outer gloves
•N95 respirator mask and face shield
•apron.

8. Research your state health department’s website. They all have the most recent information and may have some specifics for your state. Keep your staff informed daily but be sure the information you share is accurate. People are anxious and inaccurate information can spread easily.

9. Encourage staff and patients to get influenza vaccination. We are coming into peak flu season.

As home care and hospice providers, our role is to prevent and control the spread of the Ebola virus while protecting our staff and patients.

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