

# Ebola How to Prepare Your Organization

Melinda Reed RN

Owner of No Worries Comprehensive In-home Care

# Ebola How to Prepare Your Organization

## Questions

- What is Ebola?
- Where did it come from?
- What does my organization need to do?

# Ebola-Employer Responsibilities

## OHSA

**“Employers must train workers about the sources of Ebola exposure and appropriate precautions. Employers must train workers required to use personal protective equipment on what equipment is necessary, when and how they must use it, and how to dispose of the equipment. In addition where workers are exposed to blood or other potentially infectious materials, employers must provide the training required by the Bloodborne Pathogens standard, including information about how to recognize tasks that may involve exposure and the methods to reduce exposure, including engineering controls, work practices, and personal protective equipment.”**

# Ebola and other infectious diseases

## Agenda

- Workplace Issues
- Resources
- Ebola CAREgiving Training
  - PowerPoint with Instructors comments
  - Handout
  - Quiz

# Workplace Issues

## Reality

- Lack of Training
- Fear of exposure and infection
- Shock that HCWs (Health Care Workers) became infected
- Travel by HCWs prior to 21-day observation period lead to airplane and cruise ship panic

# Workplace Issues

## Reality

- Employer costs
- Employer Questions
  - Can HCWs say “No”
  - Can Employers require HCWs to care for Ebola patients
  - Can exposed HCWs be quarantined
  - How to train and keep up with changing guidelines

# Workplace Issues

## Answers

- HCWs can say “No”

“Stanford Wilson, an employment lawyer based in Atlanta, says hospitals could face lawsuits or federal complaints if they try to force employees to work and they refuse.”

Wall Street Journal October, 15, 2014 “When Ebola is a Workplace Issue” by Rachel Feintzeig.

# Workplace Issues

## Answers

“Howard Mavity, an attorney with Fisher & Phillips said the No. 1 question he’s fielding from employers is: If someone comes back from West Africa or I think they’ve been exposed to Ebola through other means, can I tell them to stay home for 21 days?”

In the Employment Benefit News article “Easing Ebola fears in the workplace” by Andrea Davis, Mr. Mavity states:

# Questionnaire


“As best we can tell from the CDC guidance, if someone’s been traveling in West Africa and the questionnaire’s been completed accurately and you can rule out contact [with Ebola] and they don’t have a fever, it’s safe to return to work,’ says Mavity.”

<http://ebn.benefitnews.com/search/index.html?zkDo=search&script=zkSearch&u=+qwwFq40w5oDta0xdcwanwG5aoDaBrnaidGApcwqnqFqA5BdGOe6DwwBnmFqnmn5qnzmearwwwwwwzFqnnxDe67btqAXseRy4deRyBDW6cFqAWXeRymdeRyBDW6&redirect=1>


# Questionnaire

Health Care Workers

Could it be  
**EBOLA?**



Think Ebola IF



• Liberia  
• Guinea  
• Sierra Leone

The patient has a

- Travel history
- History of exposure to person with Ebola.

Evaluate the patient

- Do they have
  - Fever (subjective or  $\geq 100.4^{\circ}\text{F}$  or  $\geq 38^{\circ}\text{C}$ )
  - Other symptoms, including:
    - Severe headache
    - Muscle pain
    - Weakness
    - Diarrhea
    - Vomiting
    - Abdominal (stomach) pain
    - Unexplained hemorrhage (bleeding or bruising)
- Take a detailed **travel and exposure history**. In the past 21 days, has the patient been:
  - To an area with Ebola
  - Exposed to a person with Ebola
- If YES, Isolate the patient IMMEDIATELY.


Consult with public health

- Do you have a question about a possible case of Ebola?
  - For a list of state and local health department numbers, visit: <http://go.usa.gov/t74V>
- Do I need to test?
  - You, the health department, and CDC will work together to determine if testing is necessary

Patient care checklist for patients under investigation for Ebola virus disease

- ☐ Isolate the patient in a separate room with a private bathroom.
- ☐ Activate the hospital preparedness plan for Ebola.
- ☐ Ensure standardized protocols are in place for PPE use and disposal.
- ☐ Wear appropriate PPE when in physical contact with the patient.
- ☐ Attend to the patient's medical needs.
- ☐ Consider and evaluate patient for alternative diagnoses.
- ☐ Obtain detailed information about symptoms, contacts, and travel history.
- ☐ Perform only necessary tests and procedures.
- ☐ Ensure patient has the ability to communicate with family.
- ☐ Allow visitors only if they are wearing appropriate PPE.

For more information on how to care for a person under investigation for Ebola, please visit: <http://www.cdc.gov/ebola>



<http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/index.html>

# Workplace Issues

## Answers

Check the CDC website:

<http://wwwnc.cdc.gov/travel/>

to see if your caregiver is traveling to or from an area with a travel alert.

Follow CDC guidelines for responding to the return to work of a caregiver who has traveled in a travel alert area.

# Workplace Issues

How  
can  
In-home  
Care  
Agencies  
Prepare

- **Assess Risk**
- **Use Resources**
- Have PPE for every Client
- Train Caregivers
- Be Informed
- Communicate with Caregivers

# Workplace Issues

## Assess Risk and Use Resources

- Consolidated Ebola Virus Disease Preparedness Checklist <http://www.who.int/csr/disease/ebola/en/>
- Hand hygiene in outpatient care, home-based care and long-term care facilities  
<http://www.who.int/gpsc/5may/en/>
- World Health Organization (WHO) videos on Youtube and podcasts
- CDC PowerPoint on Guidance for PPE use in health care settings  
<http://www.cdc.gov/HAI/pdfs/ppe/PPEslides6-29-04.pdf>

# Workplace Issues

How  
can  
In-home  
Care  
Agencies  
Prepare

- Assess Risk
- Use Resources
- **Have PPE for every Client**
- **Train Caregivers**
- **Be Informed**
- **Communicate with Caregivers**

# Workplace Issues

You  
already  
have  
Policies  
for this

- Review your Policies and see if they need updating for Ebola safety and other infectious diseases

# Workplace Issues

Do you  
have  
these  
policies?

## No Worries Policies

- Job Hazard Analysis
- PPE Agreement Form
- Safety Policy Agreement
- Infection Control Policy
- Workplace Illness Plan if you become sick at work
- Ebola Exposure Reporting Plan if you think you have been exposed to Ebola
- Start of Shift and End of Shift Procedure
- Revised Charting Notes

# Workplace Issues

## Training

### **Ebola and Infectious Disease CAREgiver Training**

- PowerPoint with Instructor comments
- Handout-includes Policies
- Quiz and Answer Sheet

# Ebola CAREgiving Training

30  
minute  
Training  
Format

- **Commit to Safety**
- **Access Information**
- **Respond to Risks**
- **Educate Everyone**
- **Quiz**

# Policies in Ebola CAREgiving Training

- Job Hazard Analysis
- PPE Agreement Form
- Safety Policy Agreement
- Infection Control Policy
- Workplace Illness Plan if you become sick at work
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# Job Hazard Analysis



## Job Hazard Analysis for PCAs

Personal Protective Equipment To Be  
Used:

Task to be performed	Gloves*	Gown with sleeves	Plastic Apron	Respirator Mask	Paper Towels	Hazardous Waste Bag	Microbial Wipes
Bathing (Bed, Tub or Shower) Plastic apron is optional	X		X				
Blood Smears/Spills	X					X	X
Bowel Care (gown or apron is needed for severe cases)	X	X	X				
Catheter: emptying urinary drainage bag	X				X		
Diabetic Care (CBGs and Insulin Administration)	X						
Dusting (for caregivers with asthma, allergies, etc.)				X			
Incontinent care (gown or apron for severe cases)	X	X	X				
Laundry soiled with body fluids (gown or apron for severe cases)	X	X	X				
Measuring and recording urinary output	X						
Oral Hygiene (includes denture care)	X						
Pet Care: Cleaning litter box	X			X			
Pet care: Picking up dog feces	X						
Shaving client	X						
Taking oral temperature	X						
Toileting client with a bedpan, bedside commode or urinal	X						
Gloves should be worn if the client has draining wounds, non-intact skin, or you will have contact with blood and body fluids including mucous.							

# PPE Agreement Form



**All Employees of No Worries Corporation**

## **PPE Policy Agreement**

No Worries has provided training on Standard Precautions through a video and quiz at orientation and will provide yearly refreshers during In-services. Working in this field, I am aware of the reasons why I am responsible for wearing Personal Protective Equipment (PPE) that No Worries has provided me.

I understand that, due to occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring HIV, HBV, or other infectious diseases. I take responsibility for wearing me PPE whenever I am at risk or feel that there is a chance of exposure.

I will call No Worries to inform them of any circumstances that I feel may put me at risk and request any materials or replacement of PPE to protect myself and my co-workers. I will report any unprotected occupational exposures to infectious materials to my supervisor immediately.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

# Safety Policy Agreement



Comprehensive In-home Care

All Employees of No Worries Corporation

## Safety Policy Agreement

We take care of our clients and we take care of each other

**Each employee, regardless of position within the company, is expected to cooperate in all aspects of the company's safety and health program. Some major points of our safety program require that:**

- ✓ Accidents must be reported immediately to your supervisor.
- ✓ All employees will wear required personal protective equipment. There are NO EXCEPTIONS.
- ✓ Equipment that is in questionable condition will not be used. Report this equipment to your supervisor.
- ✓ Hazardous conditions or other safety concerns will be reported to your supervisor immediately.

Supervisors are available 24 hours a day, 7 days a week by calling 503.641.4949.

Each employee is personally responsible for his or her own safety as well as the safety of co-workers. If everyone does his or her part by doing what is necessary to ensure workplace safety, we all benefit.

No job is so urgent that we cannot take time to do it safely.

I agree to this policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

# Infection Control Policy

## Comprehensive In-home Care

### Infection Control Policy

#### Policy Statement

Clients are given a bag containing basic personal protective equipment and a first aid kit at the start of service and on an as needed basis. Each staff person is responsible for keeping this supply adequate and for replacing equipment as necessary. Staff are taught basic infection control measures, use of protective equipment, method, and how to request replacement equipment during orientation. Each staff member is also offered the Hepatitis B vaccination series. The agency staff members implement infection control procedures, as appropriate.

#### Purpose

- To control the spread of infection
- To ensure protection of individuals from transmission of communicable/infectious diseases
- To meet OSHA regulations
- To ensure that all staff persons understand proper use of protective equipment

#### Equipment

- Personal protective Equipment Kits (PPE Kits) contain, but are not limited to the following items:

- 6 pairs vinyl gloves (small, medium or large)
- 1 disposable mouth and nose mask with eye shield
- 1 disposable isolation gown
- 2 vinyl, disposable aprons
- 1 biohazard garbage bag
- 2 paper towels
- 1 Job Hazard Analysis (Defines the proper PPE to use in different situations)
- 1 incident report form

- First aid kits contain, but are not limited to the following:

- 6, 3/4 x 3 inch sterile bandages
- 1, 4 x 4 inch sterile gauze
- 1 roll surgical tape
- 3 disposable packs antibiotic ointment
- 4 disposable alcohol wipes
- 4 disposable disinfectant wipes
- 3 safety pins

# Workplace Illness Plan if you become sick at work



## Workplace Illness Plan

If you become sick at work

If you are at a client's home and become ill:

- \_\_\_\_ Notify No Worries Supervisor immediately at (503) 641-4949.
- \_\_\_\_ Put on PPE that will protect the Client: Mask, gloves, and gown.
- \_\_\_\_ Explain to the Client you are not feeling well and another Caregiver is on the way.
- \_\_\_\_ Explain to the Client you are wearing PPE as a precaution.
- \_\_\_\_ Explain to the Client you will be cleaning all surfaces you have come in contact with.
- \_\_\_\_ Continue to monitor Client but do not approach Client unless necessary.
- \_\_\_\_ When Caregiver arrives, give report and go outside before taking off PPE.
- \_\_\_\_ Call in your time on the Timeline and report the PPE that needs to be restocked.
- \_\_\_\_ Call Scheduling daily with reports on how you are feeling and if you need a standby.

Caregiver Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Client Name (If applicable): \_\_\_\_\_

Explanation of exposure: \_\_\_\_\_

Received by: \_\_\_\_\_ Name of Administrator Notified: \_\_\_\_\_

PPE restocked at Clients by: \_\_\_\_\_ Date: \_\_\_\_\_



# Ebola Exposure Reporting Plan

As recommended by OSHA ([https://www.osha.gov/SLTC/ebola/control\\_prevention.html](https://www.osha.gov/SLTC/ebola/control_prevention.html))

**If you are not at a client's home and believe you have been exposed to the Ebola virus through travel, assisting an ill traveller or other person, handling a contaminated object, or cleaning a contaminated environment:**

\_\_\_\_ Notify No Worries Supervisor immediately at (503) 641-4949.

\_\_\_\_\_ Monitor your health for 21 days. Watch for fever (temperature of 101°F/38.3°C or higher), muscle pain, headache, sore throat, diarrhea, vomiting, rash, and other symptoms consistent with Ebola.

Seek medical attention if you develop any of these symptoms

\_\_\_\_\_ Before visiting a health care provider, alert the clinic or emergency room in advance about your possible exposure to Ebola virus so that arrangements can be made to prevent spreading it to others.

\_\_\_\_\_ When traveling to a health care provider, limit contact with other people. Avoid all other travel.

**If you are at a client's home and believe the client or family member may have been exposed to Ebola or is actively infected:**

\_\_\_\_ Immediately clean off any body fluid you have been exposed to. Wash your hands thoroughly with soap and warm water. Put on PPE – Mask, Gloves, Gown.

\_\_\_\_ Notify No Worries Supervisor immediately at (503) 641-4949. Supervisor will notify Administrator and provide further instruction at that time.

Caregiver Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Client Name (If applicable) \_\_\_\_\_

Explanation of exposure:

Received by: \_\_\_\_\_ Name of Administrator Notified: \_\_\_\_\_

9030 SW Gemini Drive, Beaverton, OR 97008  
Office: 503.641.4949 Fax: 503.641.4969 <http://noworriescare.com>

# Start of Shift Procedure



## Start of Shift Procedure

**It is everyone's responsibilities to ensure the best care for every client. The following procedure will help meet this goal by making certain that every caregiver has the most up to date information for their client.**

1. **Arrive for your shift on time** to allow the outgoing caregiver to give you a good report and to count controlled substances if in use
2. **Review the Service Plan** at the beginning of each shift. Note sleeping and eating schedules. These will help you plan your day. Note items such as hearing aids, glasses, and other assistive devices that need to be used
3. **Review the Medication Administration Record (MAR)** at the beginning of every shift if in use. Note what times medications are to be given. Check the mediset slots for your entire shift against the MAR. Doing this early in the shift will prevent administration delays and last minute phone calls for incorrect/missing medications. Sign and initial the bottom of the MAR if this is your first visit to the house that month
4. **Review the PRN medications** at the beginning of each shift. Looking over these will give you a better understanding of your client's medical status and will prepare you for medical complications such as chest pain, shortness of breath, or constipation. Sign and initial the bottom of the sheet if this is your first visit to the house that month
5. **Review all flow sheets** at the beginning of each shift and note what times procedures are to be done. If the Service Plan indicates that we chart bowel movements (BM), note the last time the client had a BM. Sign and initial the bottom of the sheets if this is your first visit to the house that month
6. **Review the daily charting notes** for the past week or since your last shift (whichever is shorter). These notes will tell you how the client is doing, if there are problems or concerns to be aware of, and if there are any planned activities
7. **Wash hands before performing client care.** By thoroughly washing hands with soap and warm water, we significantly reduce to the risk spreading infectious illness.

I have reviewed the Start of Shift Procedure and a copy has been provided to me for use at client homes. I understand that I am responsible for following the procedure and for reporting changes to my supervisor immediately.

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

# End of Shift Procedure



## End of Shift Procedure

It is everyone's responsibilities to ensure the best care for every client. The following procedure will help meet this goal by making certain that every caregiver has the most up to date information for their client.

1. **Clean and sanitize all durable medical equipment that has been used during the shift.** By wiping down walkers, lifts, commodes and other durable medical equipment with approved sanitizer, we are greatly reducing the risk of spreading infectious illness to our co-workers, clients and their family members.
2. **Wash hands after performing client care.** By thoroughly washing hands with soap and warm water, we significantly reduce to the risk spreading infectious illness.
3. **Complete the daily charting note for your shift.** Be sure to document all care that was completed or offered to your client on the front check list and complete the narrative on the back using only objective information.
4. **Review the Medication Administration Record (MAR)** at the end of every shift. Be sure that you have signed for all medications that you administered. Notify a No Worries supervisor if there are any discrepancies.
5. **Review the PRN medications** at the end of each shift. Be sure that any PRN medications you have administered have been documented and signed. Use this information to complete the controlled substance count.
6. **Review all flow sheets** at the end of each shift and be sure that you have signed for all tasks that you have completed. If the Service Plan indicates that we chart bowel movements (BM), document the size and consistency of all BMs during your shift using the exceptions report if needed.
7. **Call the office if the client chooses to send you home early or asks you to stay longer.**
8. **Report your name, the date, your client's name, time worked, any mileage and where you drove to No Worries Time Line (503) 968-9099.**

I have reviewed the End of Shift Procedure and a copy has been provided to me for use at client homes. I understand that I am responsible for following the procedure and for reporting changes to my supervisor immediately.

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

# Revised Charting Notes

- Caregivers now have to initial:

Washed hands at beginning of shift

Washed hands at end of shift

# Results of Ebola CAREgiving Training

Caregivers will be better prepared to safely  
CARE for Clients with diseases they are likely  
to see:

Hepatitis

MRSA

Norovirus

C-diff

Influenza

HIV

# Ebola CAREgiving Training

## Training

- Available at:  
[www.NoWorriesCARE.com](http://www.NoWorriesCARE.com)