



# Special Response Protocol - 1

EVD

November 10 2014 Version 3

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Please note: EVD protocols and procedures are changing at a rapid pace. This plan along with its advice and direction in Emergency Medical Services is for information purposes only.

This protocol will be updated as more information becomes available from scientific based evidence and or from the experience and best practices learned at actual EVD treatment centres. This plan will adopt the best practices that will protect the worker in the event they have to be treating EVD patients.

Date updated	Section updated	Update	Reason
November 6 <sup>th</sup> 2014	EVD SRP1 – PATIENT ARRIVAL AT RECEIVING HOSPITAL	Added: The Safety Officer will monitor the time paramedics have been in full PPE and evaluate their health and status. Safety Officers will be evaluating signs and symptoms for dehydration and ability to cope. A max time limit of 45min in full PPE is a standard. When that time limit has past Safety Officers must evaluate the possible need of replacement staff and if required will initiate that process.	The Health and Safety of paramedics will be our priority there is risk of dehydration and ability to cope while treating EVD patients. A standard has been set at Ebola treatment Centre's of 45 min shifts in the PPE we presently use so that standard has been included in this plan.
Nov 6 <sup>th</sup> 2014	ADDED: SRP-1 EVD – Responder Crisis	In development	Concern has been raised how would we attend to a responder who has been treating a EVD patient and has a personal medical emergency while in full PPE. How do you remove their PPE to treat them without contaminating them from their own PPE
November 10 <sup>th</sup> 2014	EVD SUSPECT CALL RECEIVED AT 911 or OTHER	Updated the call screening process the MOH Implemented for EVD screening	There was no process prior to the latest update
November 10 <sup>th</sup> 2014	EVD SRP1 - ON SCENCE INCIDNET COMMAND ACTIONS;	- If after a consultation with a designated infections disease (ID) specialist (a protocol that may be established by the Ministry to assist paramedics with making	CMOH Directive 2 Nov 7 <sup>th</sup> update with the possible ID protocol



		on scene determinations). - The Safety Officer will notify local public health (via designated officer line)	Local Public Health would like Immediate notification, and will direct family on next steps.
November 10 <sup>th</sup> 2014	EVD SRP1 – ON SITE PARAMEDIC PPE DONNING PROCEDURE	-Added PPE Option: full head protection to cover the head and neck, gown, and foot coverings (foot coverings to provide at least mid-calf protection) - Changed Boot Covers to mid-thigh Boot Covers	CMOH Directive 2 requirement Nov 7 <sup>th</sup>
November 10, 2014	EVD SRP1 – PARAMEDIC ENTERING RESIDENCE & VEHICLE PREPARATION	Removed “until Paramedics receive direction for treatment” to paramedics will follow patient care direction provided by the Base Hospital Program, Public Health, or the Province  Limiting the use of needles and other sharps as much as possible and ADDED: “only in a non-moving ambulance.” And ADDED: A needleless system and safety-engineered medical devices must be used in accordance with the regulation O. Reg. 474/07 Needle Safety made under the Occupational Health and Safety Act. Extreme care should be used when handling all sharps. A puncture resistant sharps container must be available at point-of-use.	Paramedics have now received direction from the BHP and PHO for patient care activities  CMOH Directive #2 requirement Nov 7 <sup>th</sup>
November 10, 2014	EVD SRP1 - REMOVING PATIENT & LOADING THE AMBULANCE	-If the suspect EVD patient is in the later progression of the EVD and is experiencing frequent diarrhea or is bleeding have the patient put on an adult diaper or have them	Information received from best practice from EVD transportation specialists



		<p>put on a Tyvek suit which will help in containing infectious bodily fluids from spreading.</p> <p>-Additionally placing the patient in a waterproof patient transport bag may be an option if copious bodily fluids are a potential hazard</p>	
November 10, 2014	EVD SRP1 – AMBULANCE DECONTAMINATION PROCEDURE	Added expanded direction on the process of cleaning and disinfecting ambulance/ equipment	CHMO Directive 2 requirement November 7 <sup>th</sup>
November 10 2014	EVD PPE DONNING PROCESS	<p>-#1 Updated Tyvek Apron to optional</p> <p>-#1 Changed Tyvek Boot covers to mid-calf if available</p> <p>-#1 Tape clarified as Masking type</p> <p>-#12 Updated boot covers to mid-calf if available</p> <p>-#13 Removed requirement to tape boot covers to suit if using mid-calf boot covers</p> <p>-#15 Inner gloves are to be tucked under suit cuffs</p>	<p>-CHMO Directive 2 did not list as mandatory</p> <p>-CHMO Directive 2 - requirement of boot covers mid-calf</p> <p>-Ease of removal</p> <p>-CHMO Directive #2</p> <p>-Clarification of the process</p>
<b>November 10<sup>th</sup> 2014</b>	EVD PPE DOFFING PROCESS	<p>#4 Partner assisting will be in full PPE</p> <p>#4 removed apron “if utilized”</p> <p>#6 If masking tape was used it can be removed from boot covers.</p> <p>#8 #17 # 23 # 27 added “beak glove removal process”</p> <p>#29 added 30 Seconds for bleach soak</p>	<p>-Clarification that anyone assisting in the doffing process will be in full PPE</p> <p>-Changed to mandatory equipment</p> <p>-Change to process if used due to available boot covers at time of call</p> <p>-Added best practice from Emory Health “YouTube video” in references</p> <p>- Time limit clarification</p>
November 10 2012	EVD SRP1 – AMBULANCE DECONTAMINATION PROCEDURE	Added additional steps on decontamination and cleaning of ambulance and equipment	-information from CMOH Directive 2 November 7 <sup>th</sup>



## **EVD SUSPECT CALL RECEIVED AT 911 or OTHER**

Calls received by the London Central Ambulance Communication Centre (CACC) for any patients in the Perth County EMS response area may fall under this protocol will be subject to the following **EVD Special Response Protocol - 1 (EVD SRP1)** as ordered by Perth County EMS;

Criteria for Activation of **EVD Special Response Protocol - 1**;

London and Cambridge CACC call takers will be screening callers for symptoms and risk factors of Ebola. CACC will be using their DPCI 11 using the EVD screening tool for EMS published and maintained by the Ministry of Health and Long-Term Care.

When the screening indicates a suspect EVD case the ambulance communication centre they shall immediately advise the responding paramedics that the patient has **failed EVD screening**. Additional medical information will be provided as soon as available/possible.

For suspect EVD cases as identified by the ambulance communications centre, the allied responders that participate in medical tiered response shall be immediately notified by the dispatch centre that the patient has **failed EVD screening**. Unless fire and police services are required to attend to a suspect EVD case for a specific purpose (e.g. for extrication or for the restraint of a combative patient), all measures should be taken to avoid a tiered response. If police or fire are needed for a suspect EVD case, paramedic service providers should consult with the allied agency to establish the appropriate response procedures.

If CACC call takers have information alerting them to a caller that has **failed EVD screening**, they will make sure all first responders and EMS personnel are made confidentially (via landline / cell) aware of the potential for EVD before the responders arrive on scene.

### **EVD SRP1 - DEPLOYMENT RESPONSE FOR SUSPECT EBOLA;**

1. All suspected EVD calls in Perth County will have a modified emergency response.
2. Perth County Paramedics assigned to a possible EVD calls will be staged prior to responding.
3. Perth County on duty Commander must be notified prior to dispatching our ambulance to a suspect EVD address
4. If fire services fall under tiered criteria they will confirm with CACC upon notification if they will respond to the suspect EVD call or not and that information will be relayed to Perth EMS.
5. Police may be notified if patient is experiencing agitation, hallucinating or a possible threat to others. Police will follow their PPE procedures for these incidents.
6. Perth County EMS Commander will consider requesting additional resources and or agencies after an assessment of the scene.



## **EVD SRP1 - ON SCENCE INCIDNET COMMAND ACTIONS;**

1. The On Scene Commander role will become the Safety Officer for this incident and will be responsible for the safety of those at the scene along with limiting the chances of cross contaminating of people or things.
2. The Safety Officer will notify the originating caller upon arrival of the scene that the responders must don protective equipment (PPE) prior to entering their residence and not to come out of the residence to meet the responders until advised it is safe to do so (if appropriate). Callers will be told that responders will attend to them when they are ready. This notification can be done via phone with CACC assistance if required.
3. If this incident proves to be a **positive suspect EVD patient** after using the *Ebola virus disease (EVD) screening tool for Emergency Medical Services* issued by the province (attached) or if after a consultation with an designated infections disease (ID) specialist ( a protocol that may be established by the Ministry to assist paramedics with making on scene determinations). The Safety Officer will notify the local hospital who will be receiving this patient, notify local public health (via designated officer line) and have CACC arrange to have one of Perth County spare ambulances sent to the hospital for use later.

## **EVD SRP1 – ON SITE PARAMEDIC PPE DONNING PROCEDURE**

1. Paramedics will don the appropriate PPE as directed by the on Scene Commander who will become the Safety Officer for this process. The Safety officer will utilize the *Perth EVD Tracking Sheet and Perth EMS EVD Donning Process* (attached).
2. Paramedics and the Safety Officer will have the following PPE utilized prior treating a suspect EVD patient;
  - Full head protection to cover the head and neck, gown, and foot coverings (foot coverings to provide at least mid-calf protection); or
  - One piece full body protective suit (coverall) with integrated or separate hood and covered seams, and foot coverings providing at least mid-calf protection i
  - Safety glasses
  - N95 mask (fit tested)
  - Tyvek Apron (optional if available)
  - Face shield
  - Two sets of gloves; one set of exam and one set of long cuff
  - Masking Tape

## **EVD SRP1 – PARAMEDIC ENTERING RESIDENCE & VEHICLE PREPARATION**

1. Paramedics will place and seal their response bags and equipment that may be needed for treatment in clear plastic bags prior to entering a suspect address or treating a suspect EVD patient. (This will assist in limiting contaminating equipment if not required)
2. When Paramedics enter the residence they will take with them the stretcher and equipment



required for assessment and treatment of the patient and will follow patient care direction provided by the Base Hospital Program, Public Health, or the Province. Paramedics will limit activities, especially during transport that can increase the risk of exposure to infectious material (e.g., airway management, CPR, blood glucose). Limiting the use of needles and other sharps as much as possible and only in a non-moving ambulance. A needleless system and safety-engineered medical devices must be used in accordance with the regulation O. Reg. 474/07 Needle Safety made under the Occupational Health and Safety Act. Extreme care should be used when handling all sharps. A puncture resistant sharps container must be available at point-of-use.

3. If the patient is coughing, provide them with a surgical mask to wear if tolerated. If the patient requires oxygen, a nasal cannula under the mask can be used or an oxygen mask with a filter system should be used (e.g. high concentration / low flow oxygen mask) as appropriate.
4. Do not attempt aerosol generating medical procedures such as nebulized therapy or endotracheal intubation unless absolutely necessary. If patient is in cardiac arrest, provide CPR and bag valve mask (BVM) only (PHO direction)
5. The On-site Safety Officer will ready the vehicle by removing any unnecessary equipment that may become contaminated from bodily fluids and will place it in the front cab or the supervisor vehicle.
5. The Safety Officer will turn on the air or heat in the patient compartment area along with the suction, ventilation and area lighting. (This is to reduce the Paramedics need to touch any buttons or parts of the interior of the vehicle)
4. The Safety Officer will confirm the cupboards are sealed shut along with the sliding window between the cab and the patient compartment area.

### **EVD SRP1 - REMOVING PATIENT & LOADING THE AMBULANCE**

1. Patients will be wrapped up in sheets with their arms and legs inside to prevent them from touching anyone or anything. If the suspect EVD patient is in the later progression of the EVD and is experiencing frequent diarrhea or is bleeding have the patient put on an adult diaper and or have them put on a Tyvek suit which will help in containing infectious bodily fluids from spreading. Additionally placing the patient in a waterproof patient transport bag may be an option if copious bodily fluids are a potential hazard.
2. Paramedics must be mindful that anything they touch after treating a patient with suspect EBOLA (doors, knobs, elevator buttons, walls) may become cross contaminated and should wipe down that surface with an approved disinfectant prior to leaving.
3. The Safety Officer will open the back doors of the ambulance.
4. The patient will be placed in the patient compartment area of the ambulance with both of the treating paramedics. (Removing the need for the driver to have to doff their PPE at site and then re don PPE at hospital)
5. The Safety Officer will observe the patient and Paramedics as they enter the vehicle and will point out any area of the ambulance that they may have touched so it can be immediately wiped down with an approved disinfectant wipe.



6. The Safety Officer will close the doors of the ambulance.
7. The Safety Officer will drive the ambulance to the appropriate local Hospital.

#### **EVD SRP1 – PATIENT ARRIVAL AT RECEIVING HOSPITAL**

1. The Safety Officer will park the ambulance and enter the ED and confirm that the ED is ready and available to accept the patient and where the patient will be placed.
2. The Safety Officer will monitor the time paramedics have been in full PPE and evaluate their health and status. Safety Officers will be evaluating signs and symptoms for dehydration and ability to cope. A max time limit of 45min in full PPE is a standard. When that time limit has past Safety Officers must evaluate the possible need of replacement staff and if required will initiate that process.
3. The Safety Officer will return to the ambulance open the rear doors and advise the Paramedics on where they are to take the patient.
3. The Paramedics will place the patient in a bed as assigned by the hospital.
4. The Paramedics will then take the equipment and stretcher back to the ambulance and clean the surfaces that may have been in contact with the patient with an approved disinfectant, prior to placing them back in the ambulance.
5. The Safety Officer will then shut the ambulance doors, (if gross contamination of the vehicle occurred with bodily fluids the doors will be taped shut and caution note attached for expanded decontamination later at our predetermined location).
6. Treating Paramedics and the Safety Officer will then report to the decontamination area at the hospital for the decontamination procedure.

#### **EVD SRP1 – PARAMEDIC DECONTAMINATION / DOFFING PPE PROCEDURE**

1. If Paramedics have become **grossly contaminated** with bodily fluids they will wipe down the visible contaminated area with approved disinfectant wipes to clean off the area of contaminate. (Spraying off staff members with a bleach solution of 1:10 has raised concern of potentially aerosoling the virus and requires medical officer of health consult).
2. The Safety Officer will instruct Paramedics using our Perth EMS approved *doffing check sheet* along with the *Perth EMS EVD tracking sheet* for step by step guidance during the doffing process.
3. Paramedics will be instructed what is required at each step to assist in limiting any accidental self-contamination during this process.
4. Staff will place all contaminated PPE in a double bag marked bio hazard and place it in the approved waste container.
5. Paramedics will then report for a personal shower prior to returning for duty.

#### **EVD SRP1 – PARAMEDIC BACK IN SERVICE PROCEDURE**

1. Paramedics will book into the spare ambulance if their original ambulance was grossly contaminated which was brought to the hospital (arrange by CACC).
2. If the original Ambulance was grossly contaminated, the Safety Officer will stay in their PPE and will either





complete the cleaning process in the ambulance by wiping down the areas that may have been contaminated in the ambulance during transport (walls and seats) or if the vehicle is grossly contaminated by bodily fluids they will move the contaminated vehicle to the pre- approved area for decontamination.

3. A grossly contaminated ambulance will be moved to the pre-approved area for decontamination and the areas that have bodily fluids will be cleaned with approved disinfectant.
4. When the Safety Officer has completed the vehicle decontamination process a crew member will monitor and advise the Safety Officer using the approved check sheet during the doffing process of their PPE. All used PPE will be placed in a double bio hazard bag and put in an approved waste bin.
5. Safety Officer will report to for a personal shower prior to returning for duty.
6. After decontamination the vehicle may sit for 12 hours at room temperature or be placed into service if required.

### **EVD SRP1 – AMBULANCE DECONTAMINATION PROCEDURE**

1. EMS personnel performing cleaning and disinfection should wear recommended PPE (described above)
2. Patient-care surfaces (including stretchers, railings, medical equipment control panels, and adjacent flooring, walls and work surfaces) are likely to become contaminated and should be sprayed and wipe down with approved disinfectant along with any equipment used.
3. Any response bags used will be dismantled and the bags will be laundered using a high temperature setting in our washing machine.
4. When the cleaning is completed and if staff are **grossly contaminated** with bodily fluids they will wipe down the visible contaminated area with approved disinfectant wipes to clean off the area of contaminate. (Spraying off staff members with a bleach solution of 1:10 has raised concern of potentially aerosoling the virus and requires medical officer of health consult).

**Note: A blood spill or spill of other body fluid or substance (e.g., feces or vomit) should be managed through removal of bulk spill matter, cleaning the site, and then disinfecting the site. For large spills, a chemical disinfectant with sufficient potency is needed to overcome the tendency of proteins in blood and other body substances to neutralize the disinfectant's active ingredient. An EPA-registered hospital disinfectant with label claims for viruses that share some technical similarities to Ebola (such as, norovirus, rotavirus, adenovirus, poliovirus) and instructions for cleaning and decontaminating surfaces or objects soiled with blood or body fluids should be used according to those instructions. Alternatively, a 1:10 dilution of household bleach (final working concentration of 500 parts per million or 0. 5% hypochlorite solution) that is prepared fresh daily (i.e., within 12 hours) can be used to treat the spill before covering with absorbent material and wiping up. After the bulk waste is wiped up, the surface should be disinfected as described above.**

#### **Cleaning and Decontamination continued:**

- Blood and all body fluids from EVD patients are highly infectious.
- Safe handling of potentially infectious materials and the cleaning and disinfection of the land



or air ambulance and equipment is paramount

- Waste management is also critical.
- Use hospital-grade disinfectants to clean the ambulance and follow the manufacturer's recommendations.
- Any impermeable draping material used in an ambulance and any containment material used to isolate equipment should be collected by ensuring external surfaces are folded inwards, minimizing contamination risk.
- All used cleaning wipes/cloths should be disposed of in a leak-proof waste bag. To minimize contamination of the exterior of the waste bag, place this bag in a second bag or in a rigid waste receptacle designed for this use and wipe it down with an approved hospital-grade disinfectant before removal from the decontamination area. Removal from the decontamination area should be in accordance with Ontario Ministry of the Environment and Climate Change guidelines.

Upon transfer of care of the patient to the ED, paramedics will doff PPE and don fresh PPE prior to commencing deep environmental cleaning and decontamination of the land or air ambulance. Deep environmental cleaning includes, but is not limited to:

- the removal of all dirty/used items (e.g., suction container, disposable items)
- the removal of any draping before starting to clean the ambulance
- if draping is used, what is covered by drapes does not need to be disposed of
- the disposal of anything in the ambulance that was not protected by an impermeable barrier or cannot be cleaned as noted above and in accordance with Ontario Ministry of the Environment and Climate Change guidelines
- the use of hospital-grade single-use wipes (preferred) or microfibre fresh cloths, microfiber mop, supplies and solutions to clean the ambulance
- use of as many wipes/cloths as necessary to clean an ambulance. Use each wipe/cloth one time only.

**During the cleaning process:**

- do not dip a cloth back into disinfectant solution after use
- do not re-use clothes
- clean and disinfect all surfaces
- allow for the appropriate surface contact time with the disinfectant
- discard all contaminated linens and cloths used during cleaning process
- all other equipment used to clean the ambulance must be cleaned and disinfected before being put back into general use or disposed of
- fluid contaminants must be controlled during the cleaning process to ensure contamination of the cleaning area does not occur (i.e., body fluids such as vomit are not 'hosed out')
- all local processes to control the decontamination process must be followed along with all current environmental policies as well as any guidance that is issued for waste management and disposal.



## **EVD SRP 1- Follow-up reporting measures for EMS personnel after caring for a suspect or confirmed Ebola patient**

Paramedics that are exposure to blood, bodily fluids, secretions, or excretions from a patient with suspect or confirmed Ebola should immediately:

1. Stop working and wash the affected skin surfaces with soap and water. Mucous membranes (e.g. conjunctiva) should be irrigated with a large amount of water or eyewash solution.
2. Immediately notify CACC that for a second response if still at scene.
3. Contact the on duty Commander or Safety Officer for assessment and access to post-exposure management services.
4. Receive medical evaluation and follow-up care at the receiving hospital.
5. Continued follow up should include fever monitoring twice daily for 21 days, after the last known exposure. Staff may continue to work while receiving twice daily fever checks, as directed by local, provincial, or federal public health authorities.
6. EMS personnel who develop sudden onset of fever, intense weakness or muscle pains, vomiting, diarrhea, or any signs of hemorrhage after an unprotected exposure (i.e., not wearing recommended PPE at the time of patient contact or through direct contact to blood or body fluids) to a patient with suspected or confirmed Ebola should:
  - Not report to work or immediately stop working and isolate themselves;
  - Notify their supervisor, who should notify their local and the provincial health authorities;
  - Contact Perth County management for information and access to post-exposure management services.
6. All Perth County Staff that have had contact with a suspect or known Ebola patient will have the appropriate documentation file on their behalf. The Duty Commanders and / or the Safety Officer will complete and send to HR and Public Health;
  - Form 7.1a
  - WSIB possible exposure
  - Designated Officer notification form

### **SRP-1 EVD – Responder Crisis**

In the unlikely event that one of our paramedics experiences a medical emergency while attending to a EVD patient the following should occur

*In development*



## References;

<http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-emergency-medical-services-systems-911-public-safety-answering-points-management-patients-known-suspected-united-states.html>

<http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/Pages/Viral-Hemorrhagic-Fevers.aspx>

<http://app1.unmc.edu/nursing/heroes/pdf/vhfppe/donningBiologicalPPE-EbolaPatients-8.5x11-CC-v1.02.pdf>

<http://app1.unmc.edu/nursing/heroes/pdf/vhfppe/doffingBiologicalPPE-EbolaPatients-8.5x11-CC-v1.01.pdf>

PIDAC's Best Practices for Environmental Cleaning for Prevention and Control of Infections in all Healthcare Settings

[www.emoryhealthcare.org/ebola-protocol/pdf/ehc-evd-protocols.pdf](http://www.emoryhealthcare.org/ebola-protocol/pdf/ehc-evd-protocols.pdf)

“Beak Glove Removal Process”

<http://www.youtube.com/watch?v=g1nDtVZlbEc&feature=youtu.be>

Ebola Virus Disease

Directive # 2 – November 7, 2014

Issued under Section 77.7 of the Health Protection and Promotion Act, R.S.O. 1990, c. H.7 (“HPPA”)



# Initial assessment and management of the returning traveller from countries/areas affected by Ebola virus disease for Emergency Medical Services

**September 19, 2014**

*This document is intended to assist in the initial assessment and management of both symptomatic and asymptomatic returning travellers from countries/areas affected by Ebola virus disease. As the risk of Ebola virus disease in Ontario is currently very low, routine screening specifically for Ebola virus disease is not currently recommended. Usual screening practices for your setting should continue. Patients with a recent travel history should be asked about travel to countries/areas affected by Ebola virus disease. Please visit [www.publichealthontario.ca/ebola](http://www.publichealthontario.ca/ebola) for updated information on Ebola virus disease.*

## ASSESSMENT

### 1. TRAVEL HISTORY

In the past 21 days, have you been to any of the following countries/areas?

**Note:** These countries/areas are current as of September 5, 2014. For updated geographic information, visit the [Public Health Ontario website](http://www.publichealthontario.ca)

- Guinea
- Sierra Leone
- Liberia
- Nigeria (Lagos and Port Harcourt)
- Democratic Republic of the Congo (Equateur Province)

YES

NO

### 2. FEVER OR OTHER SYMPTOMS (Note: patients WITHOUT symptoms CANNOT transmit EVD)

Are you feeling unwell with symptoms such as:

- |                                    |  |                |  |
|------------------------------------|--|----------------|--|
| • Fever of 38°C (101°F) or greater | Yes <input type="checkbox"/> No <input type="checkbox"/> | • Diarrhea     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Feeling feverish                 | Yes <input type="checkbox"/> No <input type="checkbox"/> | • Vomiting     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Severe headache                  | Yes <input type="checkbox"/> No <input type="checkbox"/> | • Sore throat  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Muscle pain                      | Yes <input type="checkbox"/> No <input type="checkbox"/> | • Stomach pain | Yes <input type="checkbox"/> No <input type="checkbox"/> |

*Special Response Protocol – EVD*

YES to ANY of the above

NO to ALL of the above

November 10 2014



# [EVD RESPONSE TRACKING SHEET]

**Safety Officers will be required to complete this check sheet during and after a call for a suspect or confirmed EVD patient.**

Date:	Day/	Month /	Year /		
CACC Call #					
EVD Suspect Name:	First:	Last:			
Call Address:					
Medic 1 Name:					
Medic 2 Name:					
Safety Officer Name:					
Other staff on scene Names / Agencies					
<b>Pre Donning Vitals</b>	<b>B/P</b>	<b>Pulse</b>	<b>Res</b>	<b>Temp</b>	
<b>Time:</b>					
Medic 1					
Medic 2					
Safety Officer					
Other Staff					
<b>Post Doffing Vitals</b>	<b>B/P</b>	<b>Pulse</b>	<b>Res</b>	<b>Temp</b>	
<b>Time:</b>					
Medic 1					
Medic 2					
Safety Officer					
Other Staff					
<b>Doffing Protocol Occurrences / Mitigation</b>					
Medic 1		Medic 2		Safety Officer	
Occurrence	Mitigation	Occurrence	Mitigation	Occurrence	Mitigation
Notes:					



## [EVD PPE DONNING PROCESS]

Staff are required to follow the following check sheet with no deviation from this protocol.

1. Collect all PPE prior to Donning :	Complete	Observation
<ul style="list-style-type: none"> <li>• Tyvek suit (quick seal placed on the zipper)</li> <li>• Tyvek Boot Covers mid-calf if available</li> <li>• Tyvek Apron (Optional if available)</li> <li>• Safety Glasses</li> <li>• Face Shield</li> <li>• N95 Mask</li> <li>• Exam Gloves</li> <li>• Long Cuff Exam Gloves</li> <li>• Masking Tape</li> <li>• Bottle of Water</li> <li>• Disinfectant Wipes</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Inspect each piece of equipment to ensure the integrity that that no rips or tears are present
2. Document Pre Donning Vitals on all staff involved on the EVD Response Tracking sheet	<input type="checkbox"/>	Sheet attached
3. Remove all Jewelry, Rings, Watches and Necklaces (small stud earrings may be permissible) and place in a med bag for safe keeping.	<input type="checkbox"/>	Check for any objects that may cause a tear in the suit if caught on something
4. Hydrate with Bottled Water	<input type="checkbox"/>	Staff need to drink water as they may be in the suit for extended time
5. Remove Uniform shirt	<input type="checkbox"/>	Shirt Collars catch on the suit when doffing
6. Tuck Pants Into socks or tape pants around ankles	<input type="checkbox"/>	This assists in donning and doffing
7. Tape over any boot zippers	<input type="checkbox"/>	Zippers can catch on covers
8. Remove items from pockets, paramedic scissors and belt buckles	<input type="checkbox"/>	Check for any protrusions that may puncture suit
9. Long haired staff members to tieback hair or use a O.R. hair bonnet.	<input type="checkbox"/>	Check that hair is contained so it does not impede sight
10. Wash hands with approved hand sanitizer	<input type="checkbox"/>	Start off clean
11. Place the Tyvek Suit on	<input type="checkbox"/>	Ensure proper fit, Staff can squat and lunge safely
12. Place Boot Covers on (mid-calf preferred)	<input type="checkbox"/>	Place boot covers under suit pants
13. If mid-calf boot covers not available staff will need to tape suit pants to boot covers - Do not tape tightly around ankles as this will be a hazard during doffing try taping suit legs and covers together only once around	<input type="checkbox"/>	Confirm dog ears are used on the tape for easy removal no need to tape if mid-calf are used
14. Place Tyvek Apron on and secure ties in bow	<input type="checkbox"/>	No knots for easy removal
15. Put on inner exam gloves and tuck under suit cuffs	<input type="checkbox"/>	No rips
16. Place Long cuff gloves on over suit arms	<input type="checkbox"/>	No rips



## [EVD PPE DONNING PROCESS]

Staff are required to follow the following check sheet with no deviation from this protocol.

17. Tape Long cuff gloves to suit arms as high up as possible. This will assist in doffing the gloves and suit as one unit.	<input type="checkbox"/>	Confirm dog ears are used on the tape for easy removal if needed
18. N95 mask placed on and self-fit tested	<input type="checkbox"/>	No leaks or air movement during fit test and mask straps are above and below back of head
19. Eye Protection Placed on	<input type="checkbox"/>	Proper fit
20. Face Shield Placed on head (face shield may have to be placed on after the suit hood is up depending on the suit size and make)		Shield should go under hood for good fit but may be used over if needed
21. Place Suit Hood on	<input type="checkbox"/>	Complete coverage of head area
22. Tyvek suit zipped up with neck covered	<input type="checkbox"/>	If neck area not covered appropriately by suit place tape over the exposed area with dog ears on tape
23. Final Inspection – Staff to turn around and be able to lunge, squat and self-hug	<input type="checkbox"/>	Check for tears, rips, skin showing
24. Words of encouragement! (Remind staff to take a zip lock bag with approved disinfectant wipes for mitigation procedures if needed)	<input type="checkbox"/>	Acknowledge the stress staff will feel and remind them that they are now safe





## [EVD PPE DOFFING PROCESS]

Staff are required to follow the following check sheet with no deviation from this protocol. Doffing should be a slow and secure process which ensure staff safety.

1. Paramedics Report to the assigned doffing area that will have the following in the area	Complete	Observation
<p>A doffing kit will be used containing;</p> <ul style="list-style-type: none"> <li>• Decontamination drop sheet to be placed on the floor</li> <li>• Can of approved disinfectant wipes to be available on the drop sheet</li> <li>• Approved biohazard garbage receptacle to be placed on the drop sheet</li> <li>• extra exam gloves</li> <li>• Approved 1:10 bleach solution to be prepared fresh in sprayer if required (within 12 hours)</li> <li>• A chair or bench to be placed on doffing drop sheet for use during the doffing procedure</li> <li>• Bleach Solution at exit door/ or foot spray</li> <li>• Note the time that Doffing begins _____</li> </ul>	<input type="checkbox"/>	<p>Ensure all equipment is available prior to beginning the doffing process remind staff that they are to wait for direction and not to complete a task unless told to do so</p>
<p>2. Clean their Gloved hands with approved disinfectant wipes and dispose wipes in bio hazard receptacle</p>	<input type="checkbox"/>	<p>Advise staff to take their time and wipe each individual fingers and hands</p>
<p>3. If staff are grossly contaminated with blood or bodily fluids have staff wipe off visible contamination with approved disinfectant wipes. (Spraying off staff members with a bleach solution of 1:10 has raised concern of potentially aerosoling the virus and requires medical officer of health consult).</p>	<input type="checkbox"/>	<p>Staff should use as many wipes needed to remove visible contaminate prior to continuing doffing. if spraying staff will stand in a T position and be sprayed down starting from the top working down front and back (do not spray face or head area)</p>
<p>4. Remove apron <i>if utilized</i> – Staff to un do tie and slowly remove over head or have partner* cut neck tie for easy removal and place in bio hazard receptacle (remind staff to keep their chin up)</p>	<input type="checkbox"/>	<p>Watch for face contamination during process. *utilizing a Partner who is in full PPE</p>
<p>5. Clean Hands with approved disinfectant wipe, dispose of wipes in bio hazard receptacle.</p>	<input type="checkbox"/>	<p>Advise staff to take their time and wipe each individual fingers and hands</p>
<p>6. If masking tape was used to secure non mid-calf boot covers to legs of Tyvek suit it can be removed and placed in the bio hazard receptacle. Use of the partner (if appropriate) to assist each other in this process is preferred</p>	<input type="checkbox"/>	<p>Advise staff to take their time and remove tape slowly using the dog ears for removal Partners will be in full PPE to assist</p>
<p>7. Clean Hands with approved disinfectant wipe, dispose of wipes in bio hazard receptacle.</p>	<input type="checkbox"/>	<p>Advise staff to take their time and wipe each individual fingers and hands</p>
<p>8. If masking tape was used to secure long cuff gloves to suit it can be removed and placed in bio hazard receptacle. Staff can remove Gloves using the “glove in glove” or “beak glove removal process”</p>	<input type="checkbox"/>	<p>Advise staff to take their time and remove tape slowly using the dog ears for removal if the inner gloves come off</p>



## [EVD PPE DOFFING PROCESS]

Staff are required to follow the following check sheet with no deviation from this protocol. Doffing should be a slow and secure process which ensure staff safety.

		during this process hands will be cleaned with alcohol
9. Clean Hands with approved disinfectant wipe, dispose of wipes in bio hazard receptacle.	<input type="checkbox"/>	Advise staff to take their time and wipe each individual fingers and hands
10. If face shield was placed on top of hood of Tyvek suit – it can be removed now and then have staff remove hood of suit, staff need to pull away from head and roll inside out away from head	<input type="checkbox"/>	Remind staff with long hair to be mindful of pony tails or bunched up hair that may get caught during this process
11. Removing the suit – Staff need to <b>take their time</b> and grab the back of the suit with either right or left hand and shimmy one shoulder out while pulling the back of the suit down. First one side then the other.	<input type="checkbox"/>	This process takes time you must coach staff to slowly go through this process
12. Removing arms from suit one at a time- have staff slowly fold out the arms of the suit over the arms inside out taking with them the outer gloves as they remove the arms. Bundle suit inward as much as possible during this process	<input type="checkbox"/>	This process takes time staff need to be aware of what they are touching during the process
13. Continue to remove the suit downward folding outward as they go from the waist down to the ankles	<input type="checkbox"/>	Keep a close eye on what they touch as this process continues. If at any time staff touch a possible contaminated area, Immediately stop the process mitigate the mistake with hand washing or spray and document on this form
14. Have staff sit to complete the removal of the boot covers. Male staff member with bigger feet will need to take extra time to remove the covers.	<input type="checkbox"/>	Continue to watch and guide staff
15. When boots are freed from boot covers have staff stand with boots standing on the inside of the suit	<input type="checkbox"/>	Staff are not to walk on the doffing pad
16. Clean inner glove with approved disinfectant wipe, dispose of wipes in bio hazard receptacle.	<input type="checkbox"/>	Advise staff to take their time and wipe each individual fingers and hands
17. Direct staff to remove their inner gloves in the “glove in glove” procedure or using the “beak glove removal process”	<input type="checkbox"/>	Advise staff to take time and not flick gloves as they remove
18. Have staff clean bare hands, and all exposed skin on the arms with approved hand cleaner ( i.e. alcohol based gel) and wait until completely dry	<input type="checkbox"/>	Advise staff to take their time and wipe each individual fingers and hands
19. Direct Staff to don a fresh pair of exam gloves	<input type="checkbox"/>	Check for tears and rips
20. Remove Face Shield (if not already in step# 10) and dispose in Biohazard receptacle		Advise to be slow and remove above using the strap at the back of the head away from the body
21. Direct staff to remove their eye protection by placing hands near the back or sides of the arms of the glasses and not to remove them by holding the front of the	<input type="checkbox"/>	Keep a lookout to where hands touch and document if required



## [EVD PPE DOFFING PROCESS]

Staff are required to follow the following check sheet with no deviation from this protocol. Doffing should be a slow and secure process which ensure staff safety.

glasses. Place glasses in the bio hazard receptacle or pail of bleach solution.		
22. Direct staff to remove mask by grabbing the straps at the back of the head keeping their chin up and slowly bringing it forward and away from the face. Place the mask in the bio hazard receptacle.	<input type="checkbox"/>	Have the staff take their time with reminders to keep chin up and remove away from head mask not to touch gloves or clothing
23. Direct Staff to remove gloves in the “glove in glove” or “beak glove removal” process and place in the biohazard receptacle.	<input type="checkbox"/>	Advise staff to take time and not flick gloves as they remove
24. Have staff clean bare hands and arms with approved hand cleaner and wait until completely dry	<input type="checkbox"/>	Advise staff to take their time and wipe each individual fingers and hands
25. Direct Staff don a fresh pair of exam gloves	<input type="checkbox"/>	Check for rips and tears
26. Have staff roll up drop sheet keeping outside up and place in the bio hazard receptacle	<input type="checkbox"/>	Advise staff to be careful of the areas they touch and not to stuff drop sheet in the receptacle
27. Direct Staff to remove gloves in the “glove in glove” or “beak glove removal” process and place in the biohazard receptacle	<input type="checkbox"/>	Advise staff to take their time and not to flick gloves as they remove
28. Have staff clean bare hands and arms with approved hand cleaner and wait until completely dry	<input type="checkbox"/>	Advise staff to take their time and wipe and clean each finger hands and arms
29. Have staff proceed to the exit and step their boots in a bleach solution prior to leaving the doffing area	<input type="checkbox"/>	Confirm the soles of the boots covered in the bleach solution for 30 seconds
30. Document a post set of vitals on the EVD tracking sheet and have them rehydrate with water	<input type="checkbox"/>	Staff may be dehydrated
31. Note time Staff finish Doffing Procedure Time: <input type="text"/>	<input type="checkbox"/>	Suggested we keep track of times
32. Direct Staff to report to the station for a personal shower and donning a new uniform prior to returning to duty	<input type="checkbox"/>	Staff can change into new uniform at station after shower
33. Have staff place uniforms in a bag for cleaning if requested	<input type="checkbox"/>	Cleaning at Home street is appropriate
34. Congratulate staff on a job well done and have appropriate paperwork filed on their behalf and notify their CISM team member or CISM buddy of this call for follow up later.	<input type="checkbox"/>	Staff may be very stressed and require additional psychological support which is available