Ebola Frequently Asked Questions

Question: Are there PPE caches currently available for hospitals?

Answer: At this time, MHA is not aware of any existing personal protective equipment supplies available for hospitals. PPE has historically been stored and maintained at the organizational level as it requires rotation and maintenance.

PPE has been purchased for Missouri hospitals in prior years utilizing Hospital Preparedness Program grant funds. When funding available, MHA issued hospital-specific purchase plans for hospitals to identify and purchase equipment for their facility based on risk. If you haven’t reviewed your current “stored” preparedness supplies, we encourage you to do that first. More recently, with the 40 percent decline in federal preparedness dollars, we have been unable to provide such purchase plans to hospitals.

Question: Where can I purchase PPE?

Answer: Hospitals are encouraged to place PPE orders with your current vendors. Vendors are allocating PPE at present and there is reportedly a four to eight week waiting period.

Missouri hospitals may also contact Linda Wiedner, linda.wiedner@apskc.org, at APS, who can place an order through their contracts and suppliers.

APS
7015 College Blvd., Suite 150
Overland Park, KS 66211
www.apskc.org
Phone: 913/327-8730
Fax: 913/327-7210

Question: CDC guidance outlines designated space for donning/doffing of PPEs. How should this be set up within/near patient rooms on a floor? When an anteroom is not available, should PPE be doffed within the room or outside of the patient room?

Answer: Facilities should ensure that space and layout allow for clear separation between clean and potentially contaminated areas. It is critical that physical barriers (e.g., plastic enclosures) be used where necessary, along with visible signage, to separate distinct areas and ensure a one-way flow of care moving from clean areas (e.g., area where PPE is donned and unused equipment is stored) to the patient room and to the PPE removal area (area where PPE is removed and discarded).

PPE Removal Area
This is an area in proximity to the patient’s room (e.g., anteroom or adjacent vacant patient room that is separate from the clean area) where health care workers leaving the patient’s room can doff and discard their PPE. Alternatively, some steps of the PPE removal process may be performed in a clearly designated area of the patient’s room near the door, provided these steps can be seen and supervised by a trained observer (e.g., through a window such that the healthcare worker doffing PPE can still hear
the instructions of the trained observer). Do not use this clearly designated area within the patient room for any other purpose. Stock gloves in a clean section of the PPE removal area accessible to the health care worker while doffing.

In the PPE removal area, provide supplies for disinfection of PPE and for performing hand hygiene and space to remove PPE, including a place for sitting that can be easily cleaned and disinfected, where the health care workers can remove boot covers. Provide leak-proof infectious waste containers for discarding used PPE. Perform frequent environmental cleaning and disinfection of the PPE removal area, including upon completion of doffing procedure by health care workers.

If a facility must use the hallway outside the patient room as the PPE removal area, construct physical barriers to close the hallway to through traffic and thereby create an anteroom. In so doing, the facility should make sure that this hallway space complies with fire-codes. Restrict access to this hallway to essential personnel who are properly trained on recommended infection prevention practices for the care of Ebola patients.

Facilities should consider making showers available for use by health care workers after doffing of PPE.

Source: [http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html](http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html)

**Question:** Is Missouri’s State Public Health Lab approved to test Ebola specimens?

**Answer:** Missouri State Public Health Lab can perform presumptive testing of Ebola samples prior to confirmation testing at the CDC in Atlanta.


**Questions: Are negative pressure rooms required for initial patient screening and care for patients with Ebola?**

**Answer:** Standard, contact and droplet precautions are recommended for management of hospitalized patients with known or suspected Ebola.

Patients should be placed in a single patient room with a private bathroom with the door closed.

Aerosol generating procedures should be conducted in a private room and ideally in an Airborne Infection Isolation Room when feasible. Room doors should be kept closed during the procedure except when entering or leaving the room, and entry and exit should be minimized during and shortly after the procedure.

Question: Can a nurse refuse to care for an Ebola patient?

Answer: A nurse may refuse to take assignment (assume care) of a patient or perform a particular task/procedure if she believes that she does not have the training, education, competency and/or resources to safely care for a patient. If a nurse abandons a patient already under his/her care without reporting off or transferring care to another qualified nurse, the hospital could file a complaint and the Board of Nursing may take disciplinary action against a licensee for violation of the Nursing Practice Act RSMo 335.066.

Hospitals should review their nursing policies to ensure they adequately address how nursing assignments are made, tasks are delegated and staff refusal of assignments in challenging, hazardous situations. Hospitals are required under Missouri hospital licensure regulations 19 CSR 30-20.096 Nursing Services and Medicare Conditions of Participation §482.23(b)(5) to ensure nursing assignments are made in accordance with the patient’s needs and the specialized qualifications and competence of the nursing staff available.