

Infection prevention and control measures for care of patients with suspected or confirmed Filovirus haemorrhagic fever in health-care settings	
Standard Precautions	<ul style="list-style-type: none"> • Use for ALL patients regardless of signs and symptoms • Hand hygiene – with alcohol handrub solutions or soap and running water and single-use towels <ul style="list-style-type: none"> ○ Before donning gloves and wearing personal protective equipment (PPE) upon entry to the isolation room/area; before any clean or aseptic procedures is being performed on a patient; after any exposure risk or actual exposure with a patient’s blood or bodily fluids; after touching (even potentially) contaminated surfaces, items, or equipment in the patient’s surroundings; and after removal of PPE, upon leaving the isolation area.
Isolation	<ul style="list-style-type: none"> • Isolate suspected cases in single isolation rooms or cohort them in specific confined areas, separate from confirmed cases. Ensure at least 1 metre (3 feet) distance between patient beds. Dedicate care equipment to suspected cases only and ideally, to each patient.
Assignment & Access	<ul style="list-style-type: none"> • Exclusively assign clinical and non-clinical staff to care areas. Restrict access of all others to dedicated areas.
Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> • Strict use of PPE <ul style="list-style-type: none"> ○ Prior to entering care areas, don PPE - this includes gloves, an impermeable long-sleeve gown, boots/closed-toe shoes with overshoes, and a mask and eye protection for splashes. ○ Perform careful removal of PPE to avoid contamination of any area of the face (i.e. eyes, nose, or mouth) or non-intact skin.
Injection, sharp & phlebotomy safety	<ul style="list-style-type: none"> • Limit the use of needles and other sharp objects, cover abrasions, and wear PPE. • Dispose of sharps safely in appropriate, puncture-resistant containers.
Environmental cleaning, waste & linen disposal	<ul style="list-style-type: none"> • PPE (as detailed above) including heavy duty/rubber gloves should be worn by cleaners. • Clean surfaces at least once a day with clean water and detergent and follow additional instructions below for contaminated surfaces. • Contaminated surfaces – as soon as possible, clean and then use standard hospital disinfectant (e.g. a 0.5% chlorine solution or a solution containing 1000 ppm available free chlorine). • Soiled linen from confirmed or suspected cases should be placed in clearly-labelled, leak-proof bags or buckets and transported to the laundry. Scrape away solid excrement (i.e. faeces or vomit), wash with detergent and water, rinse and then soak in 0.05% chlorine for approximately 30 minutes.
Laboratory safety	<ul style="list-style-type: none"> • Ensure safe handling of laboratory samples, i.e. use of PPE, safe collection and sample processes from confirmed or suspected cases.
Safe care of the dead	<ul style="list-style-type: none"> • Keep the handling of human remains and dead bodies to a minimum. Wear PPE. • Only trained staff should undertake the recommended procedures for burial while taking into account cultural and religious concerns.
Exposure incidents	<ul style="list-style-type: none"> • Evaluate, care for, and if necessary, isolate health-care workers or any person exposed to blood or body fluids from confirmed or suspected patients.
<p>The actions described here must be supported by: ongoing surveillance of cases, appropriately assigned roles and responsibilities, the availability of supplies, staff and visitors’ training, and the effective use of reminders e.g. posters displayed in key clinical areas.</p>	
<p>From: Interim Infection Prevention and Control Guidance for Care of Patients with Suspected or Confirmed Filovirus Haemorrhagic Fever in Health-Care Settings, with Focus on Ebola. Geneva: World Health Organization, 2014. Available at _____</p>	