

EVD MONITOR TRAINING AND ON-GOING REFRESHERS: JK3 and PICU

Purpose: To increase understanding of Ebola virus disease (EVD), standardize preparedness for managing patients under investigation for, or considered probable or confirmed cases of EVD, and provide training to monitor healthcare workers' adherence to EVD protocols.

Role: The trained monitor is a dedicated individual with the sole responsibilities of ensuring adherence to infection prevention and control measures during the care of EVD cases and suspects.

The trained monitor must be knowledgeable about all Personal Protective Equipment (PPE) recommended in the WRHA EVD protocol and the correct donning and doffing procedures, including disposal of used PPE. This person must be qualified to provide guidance and technique recommendations to the HCW.

The trained monitor observes donning and doffing procedures, providing guidance and immediate corrective instruction if the HCW is not following the recommended steps.

The trained monitor also observes HCW interactions in the care environment for adherence to infection prevention and control measures and HCW fatigue.

The trained monitor must also be knowledgeable about the specimen collection, spill management and waste removal procedure as well as the exposure management plan in the event of an unintentional break in procedure or accident such as PPE failure (e.g., glove tear).

An effective trained monitor:

- is vigilant in spotting defects in PPE/equipment/breaches in technique
- is proactive in identifying upcoming risks
- critically troubleshoots unanticipated events to guide staff through them
- follows the provided checklist, but focuses on the big picture
- is informative, supportive and well-paced in issuing instructions or advice
- understands principles in EVD management and infection prevention and control

Considerations for Appropriate Trained Monitors

Consider healthcare workers who:

1. Will be available during various shifts (days, evenings, and nights).
2. Understand basic principles of infection control and organism transmission.
3. Have demonstrated critical thinking abilities, as well as the ability to provide appropriate guidance (think clearly and remain calm) at a fast pace and during stressful situations.
4. Have demonstrated high attention to detail.

Frequency of Training: Monthly. Designated staff will receive orientation and ongoing monthly education. Specific emphasis is placed on PPE donning and doffing protocols.

Who Needs Training: HCWs who have been identified to support staff as the trained monitor for persons under investigation for, or considered probable or confirmed cases of EVD.

****Prior to attending the initial training session, staff are to review the [WRHA Operational Directive, Infection Prevention & Control Management of Ebola Virus Disease \(EVD\) in EVD – Designated In-Patient Areas](#); the applicable Checklists and Fact Sheet; Safe Work Procedures (SWPs); FAQ document; and other supporting documents as applicable to HCW-scope. Staff are expected to ensure they are reviewing the most current updates available****

Description of Training

Initial and Refresher Training

1. The initial training is ~ 6 hours and involves a 2 hour education session re:
 - a. EVD signs and symptoms
 - b. Appropriate PPE use
 - c. Isolation room set-up
 - d. Monitor role (one monitor/room):
 - i. Monitor/supervise PPE use and safe removal; does not enter patient room
 - ii. Guide/read aloud to HCW, each step in donning PPE (use checklist)
 - iii. Ensure PPE fits correctly and all skin is covered before the HCW enters patient room
 - iv. Observe and guide doffing of PPE as indicated in the PPE checklist
 - v. Visually confirm and document each step was completed correctly for PPE use/removal
 - vi. Observe and guide HCW to comply with infection prevention and control requirements during procedures, including but not limited to:
 - Specimen collection
 - Spill management
 - Waste removal
 - vii. Constantly monitor technique while HCW is in patient room and anteroom
 - viii. Provide immediate corrective instruction if HCW is not following recommended steps
 - ix. Guide HCW through the decontamination process in event of unintended break in procedure
2. Triage procedures (including patient placement) and relevant questions for patients arriving with compatible illnesses from affected areas (e.g., exposure to case, travel within 21 days from affected country)
3. How to maintain infection prevention and control measures while obtaining specimens
4. How to remove equipment/supplies from the rooms
5. How and to whom EVD cases should be reported
6. Occupational and Environmental Safety and Health (OESH) information
 - a. Self-monitoring
 - b. Procedures to take following unprotected exposures
7. Review of power point and embedded videos for donning and doffing PPE
8. Review of videos for specimen collection
9. The remaining time ~ 6 hours for initial training will include:
 - a. Return demonstration of donning and doffing of PPE (maximum of 3 participants/return demo group)
 - b. A review of what to observe during donning and doffing of PPE. Instructor will represent the HCW and lead the discussion on what to observe as per checklist.
 - c. Walk through of processes listed in the Elements of Training

Elements of Training

1. [Level IV Special Pathogens SharePoint](#)
2. [PPE donning and doffing](#)
3. [Specimen collection process](#)
4. [Supply/equipment management points](#)
5. [Waste management points](#)
6. [Decontamination processes](#)
7. [Removal of diagnostic equipment from room](#)
8. [Other points for monitors to observe/be aware of](#)
9. [Spill management process](#)
10. [Vocera Quick Guide](#)
11. Trained Monitor Simulations

Element One:

Level IV Special Pathogens SharePoint

1. Refer to EVD/Level IV SharePoint prior to providing teaching sessions: https://wrhasp.manitoba-health.ca/hospitals/hsc/cledu/EVD/_layouts/15/start.aspx#

SharePoint lists:

- Current documents
- Available resources
- PPE videos
- EVD OD
- Questions & Answers: current questions asked by staff with IP&C responses
- Specimen collection video

Element Two:

PPE donning and doffing

The monitor should:

1. Introduce his/herself to the primary and assistant and clarify roles.
2. Suggest to the primary/assistant that he/she attend to personal needs such as using the restroom and hydration prior to donning PPE.
3. Establish closed loop communication.

Element Three:

EVD specimen collection process

1. Disinfect bedside table. Place 2 basins on bedside table, with specimen collection tube in the basin closest to the patient and biohazard bags in the basin furthest from patient.
2. Collect specimens as per standard nursing process.
3. Place filled specimen tubes in basin closest to patient.
4. Disinfect biohazard bags.
5. Put specimen tubes in biohazard bag.
6. Seal biohazard bag.
7. Exit patient room door with the specimens.
8. Place Collected Specimens in Lab Canisters and Hand Off to Lab Staff.

Element Four:

Supply/Equipment management points

1. Dedicate patient equipment to a single patient.
2. Keep dedicated patient equipment within the patient isolation room until discharge. If this is not possible, clean, disinfect, and allow equipment to air dry prior to removal from room. Repeat disinfection after removing from room.
3. Where use of the medical vacuum system for suctioning is required, implement a two in-series canister system.
4. Utilize single-patient-use elimination systems.
5. Disinfect commodes during routine cleaning, and if grossly soiled.
6. Dispose of equipment as biomedical waste if it cannot be effectively cleaned and disinfected.
7. Upon discharge, dispose of commodes as biomedical waste.

Element Five:

Waste management points

1. Ensure waste drums are lined appropriately and labeled with an “incinerate only” sticker. Confirm drums are in the correct locations. Have additional necessary equipment available (e.g., wheeled dolly).
2. Ensure solidifier is in the waste drums.
3. When bag is 2/3 full, balloon-tie it and place in the waste drum.
4. Pick bags up by the neck and carry away from the body; never throw or compress.
5. Liquid waste must be diluted with liquid disinfectant; ensure required contact time, then addition of solidifier.
6. Outside of the waste drums must be disinfected immediately before removing from the anteroom.
7. Security Services shall close public areas during cart movement until movement is complete and floors are disinfected.
8. Transfer waste drum to appropriate storage area.

Element Six:

Decontamination processes

1. Confirm all required HCWs are present for decontamination process.
2. Designate the 2nd Assistant to prepare shower area with waste bag.
3. Monitor PPE donning and doffing.
4. Verbally direct Primary out of the designated staff shower area after shower.
5. Document breach in Ebola Virus Disease Incident Log.

Element Seven:

Removal of diagnostic equipment from room

1. Ensure all required HCWs and supplies are present prior to start of process.
2. Be familiar with process for DI equipment removal from the room.

Element Eight:

Other Points for Monitors to Observe/Be Aware of

1. Ensure box of gloves available inside patient room, as far from patient bed space as possible.
2. Document HCW feedback on the back of the log sheets.
3. Use closed-loop communication for clarity (i.e., when giving a command, have the HCW repeat the command back so there are no misunderstandings).
4. Use the S.T.E.P. practice to make sure the physical surroundings promote safety. With each section, ask questions to ensure preparation to begin the donning and doffing process.
 - a. **Situation** - What is the situation? Is there correct PPE in the needed sizes? Is the equipment functioning properly? Is the process set up to ensure safety for all before and after attending to the patient?
 - b. **Team members** - Be familiar with the protocols for donning and doffing PPE. Are staff fatigued or feeling anxiety? Are you making them feel safe? Are they wearing and using the proper PPE? Has everyone been trained on the process properly?
 - c. **Environment** - Anticipate contamination of areas, surfaces or equipment. Is the room set up for donning or doffing properly? Are the required waste receptacles available and within reach? Is the proper signage posted where it needs to be?
 - d. **Progress toward goal** - Be prepared with the latest procedures and know them to where you can lead others through them. Do you have the latest checklist? Are you maintaining a connection with the HCW you are assisting? Are you getting verbal confirmation as you complete each step?
5. Work with HCWs to establish 'red flag' words so any situations can be handled by all parties involved. Red flag words are verbal 'short hand' for important information passed between yourself and the HCW.
 - a. Have red flag words defined for situations such as a breach in protocol requiring a full stop but no immediate hazard, or a breach in protocol and immediate hazard.
 - b. Make certain both you and the HCW are in agreement on these words and on their clear meaning.

Inside Room:

1. Monitor for body fluid splashes and instruct HCW to change gloves if necessary or re-enter anteroom if new gown must be applied. Assistant to be prepared to enter isolation if necessary.
 - If Primary requires assistance, Assistant may be required to enter isolation room. A replacement Assistant will be necessary

2. Monitor HCW for breaches in technique (e.g., removing face shield, attempting to scratch face). Ensure mucous membranes (i.e., eyes, nose, and mouth) are not obviously contaminated.
3. If soiling of outer gloves takes place:
 - Remove excess soiling using towel/paper towel
 - Remove outer gloves with caution; discard
 - Apply new outer gloves
4. If soiling of inner gloves takes place:
 - Immerse gloved hands in basin and rub together without splashing
 - Pat dry gloves with paper towels (do NOT remove inner gloves)
 - Apply new outer gloves
5. If soiling of gown takes place inside patient room, instruct HCW to immerse gloves, clean door handle and step into anteroom to remove soiled gown and apply new one.
6. Continuously observe for caregiver fatigue while HCW is in patient room.

During PPE Doffing:

1. Ensure HCWs are not contaminating themselves during this process (e.g., disposable scrubs may be contaminated if inside of coveralls are handled with gloved hands, therefore grasp outside during removal).
2. Observe whether soiling is evident on PPE and instruct best removal techniques whenever possible (e.g., if soiling on shoe/leg covers, assistant should avoid contact with body fluid and may need to roll shoe/leg cover downwards and handle inside only). Suggestions for removal technique may vary from situation to situation.
3. Ensure Primary and Assistant immerse gloves at appropriate times.
4. Direct Assistant to help Primary with removal of any items if removal is difficult; or if there are evident balance issues the Assistant does not observe.

Element Nine:

Spill Management Process

1. Ensure 'spill kits' available for use in designated assessment/care areas.
2. Allow aerosols to settle.
3. Bring an extra pair of gloves into room in a sealed bag.
4. Ensure use of appropriate tools (e.g., tongs, forceps) for spills involving sharps or broken glass.
5. Ensure a spill parameter (contain the spill and section off area immediately, as appropriate) is established.
6. Monitor process where HCW cleans spill area removing the organic material, cleaning the area, and disinfecting the area.



Element Ten:

Vocera Quick Guide

1. PLACE VOCERA ON YOUR SCRUB TOP
2. LOG IN
 - Press the round call button on the front of the Vocera
 - Wait for the prompt
 - Say OR Spell your full first and last name
3. PLACE A CALL
 - Press the call button
 - Say “CALL (first and last name of the person you are trying to reach)”
4. ACCEPT A CALL
 - When asked if you can accept a call, say “yes” or “no”.
5. EXIT A CALL
 - Press the call button on the front of the Vocera
6. LOG OUT
 - Press the call button
 - Wait for the prompt
 - Say “Log out”