

AT A GLANCE

Summary of IPAC Recommendations for Preventing VHF Transmission in Acute Care

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Note: Table 1 is an excerpt from [Infection Prevention and Control Management of Viral Hemorrhagic Fever in Acute Care](#) and has been reformatted for ease of use. For more information, please visit publichealthontario.ca.

Table 1: IPAC Recommendations for Patients with a Suspect or Confirmed VHF Based on Clinical Status^{1,2,3}

Component	Stable Suspect Cases of VHF	Additional Considerations for Unstable Suspect or Confirmed Cases of VHF	Comments
Additional Precautions	<ul style="list-style-type: none"> At a minimum Droplet and Contact Precautions in addition to Routine Practices. Dedicate patient care equipment to the room. Use disposable equipment where possible. 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> If dedicated or disposable multi-use equipment is not available, then ensure the shareable equipment is cleaned and disinfected as per Manufacturer’s instructions for use (MIFU). Airborne Precautions may also be needed if the patient is exhibiting signs of VHF pneumonia, has a differential diagnosis of an infection that requires Airborne Precautions (e.g., tuberculosis, varicella, or measles) or performance of AGMPs are anticipated/possible.

Component	Stable Suspect Cases of VHF	Additional Considerations for Unstable Suspect or Confirmed Cases of VHF	Comments
Personal protective equipment (all staff)	<ul style="list-style-type: none"> Well-fitting fluid-resistant medical mask.* Disposable full-face shield. Disposable fluid-resistant.** cuffed sleeve gown that covers to mid-calf. Gloves with extended cuffs to pull over gown cuffs. 	<ul style="list-style-type: none"> A fit-tested, seal-checked N95 respirator*** Fluid resistant/impermeable hair/head/neck covering. Impermeable**** long-sleeved, cuffed gown that covers to mid-calf and fluid resistant/impermeable shoe cover with/plus gaiters that come up to the knee. <p>OR</p> <ul style="list-style-type: none"> Impermeable coverall and fluid resistant/impermeable shoe covers/integrated sock. Apron can be worn if coverall has zipper on the front. Double gloves should be considered, depending on activity (e.g., phlebotomy), to allow for changing of glove if required between activities while in the patient room. In this case the outer pair of gloves should have extended cuffs. Ensure cuffs of the inner gloves are tucked under the sleeves of gown or coverall. 	<ul style="list-style-type: none"> When removing the outer pair of gloves, use ABHR to sanitize the inner gloves prior to putting on a new pair of outer gloves.⁴ Fit-tested and seal-checked N95 respirator required for all AGMPs.***** Staff escorting the patient who are not anticipating contact should wear at a minimum PPE consistent with Droplet and Contact Precautions (i.e., well fitting medical mask, eye protection, gown and gloves).

Component	Stable Suspect Cases of VHF	Additional Considerations for Unstable Suspect or Confirmed Cases of VHF	Comments
Patient Placement	<ul style="list-style-type: none"> • Single room with a dedicated washroom. • Door to always remain closed. • Location allows for separate spaces that are clearly delineated “clean” (outside patient room) and “contaminated” areas. • Storage for clean PPE in clean area. • Alcohol-based hand rub (ABHR) and waste containers available at point of care and “contaminated” or doffing area. 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Consider Airborne Infection Isolation Room (AIIR) to accommodate potential clinical changes (e.g., need for AGMP).***** • If a dedicated washroom is unavailable, a dedicated commode with appropriate disposable absorbent pads or disposable bedpans may be used as an alternative.
Staffing	<ul style="list-style-type: none"> • Only essential/dedicated staff members who have been trained and have demonstrated competency in putting on and taking off recommended PPE are to be assigned to provide care for the patient. • Assess the need for secondary personnel to monitor donning and removal of PPE. 	<ul style="list-style-type: none"> • Institute an observer to coach and observe putting on, taking off and disposal of PPE. 	<ul style="list-style-type: none"> • If unfamiliar PPE is being worn, refresher training is to be provided prior to use (just-in-time training may be needed). • Maintain a log of all people entering the room. • Observers can be used to ensure that HCPs follow the appropriate procedure for donning and doffing PPE. This can be supported through the use of a visual aid and checklist that is read aloud to the HCP while they don and doff PPE.⁶ • There is some evidence that having an additional HCP assist with donning and doffing can further reduce the risk of contamination.⁷

Component	Stable Suspect Cases of VHF	Additional Considerations for Unstable Suspect or Confirmed Cases of VHF	Comments
Environmental Cleaning	<ul style="list-style-type: none"> Environmental services cleaning equipment is to be disposable or remain in the room for duration of patient admission. Frequency of routine and/or high touch surface cleaning is to be based on the level of contamination with blood and/or body fluids—but, at a minimum, cleaning is to be done daily and when visibly soiled. Use approved hospital-grade disinfectant with a Drug Identification Number (DIN) and claim sufficient to inactivate enveloped viruses. 	<ul style="list-style-type: none"> Consider additional cleaning (e.g., twice daily or more frequent) based on level of environmental contamination. 	<ul style="list-style-type: none"> Cleaning of the patient room and PPE doffing area is important in reducing the environmental contamination which in turn decreases the risk of transmission to HCPs. VHF viruses have a lipid envelope which make them relatively easy to inactivate with most approved hospital-grade disinfectants.
Linen and Waste Management	<ul style="list-style-type: none"> General patient care waste (e.g., dressings, diapers) from patients undergoing investigation for possible VHF is to be stored in a labelled leak-proof container if possible until such time as a VHF diagnosis is confirmed or eliminated. Urine/feces/emesis and dialysis effluent may be disposed of through the normal sanitary sewer system, or in accordance with municipal/regional regulations. When pouring waste in to the toilet, do it slowly from a low height to avoid splashing, close the lid before flushing, then disinfect all toilet surfaces and discard cleaning materials as biohazard waste. 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> All VHF associated waste is considered biohazardous (or infectious) waste and includes items (including linen and sharps) contaminated with human blood and body fluids that warrants special handling and disposal. Where municipal regulatory restrictions exist on disposal through the normal sanitary sewer system refer to Health Canada recommendations on VHF waste management for alternate strategies.⁵ VHF is classified under Transport Canada regulations as Class A agents and require special handling and packaging.⁸ Do not use hand hygiene sinks or patient sinks for disposal of body fluids/liquids, instead dispose them through the dedicated toilet.

Component	Stable Suspect Cases of VHF	Additional Considerations for Unstable Suspect or Confirmed Cases of VHF	Comments
Duration of Precautions	<ul style="list-style-type: none"> Duration of precautions is to be determined on case-by-case basis based on laboratory findings and patient symptoms Decisions to revise or discontinue Additional Precautions for confirmed cases are to be made in conjunction with the IPAC department and local Medical Officer of Health 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Other co-conditions may require specific Additional Precautions be continued for the patient (tuberculosis, ARO colonization, etc.). De-escalation of PPE to that of a stable case of VHF for confirmed cases can be considered when they are later in the course of illness (once viral load dropping and symptoms of vomiting, diarrhea and bleeding has stopped).

*Medical Masks of ASTM level 2 and level 3 (refer to [COVID-19 medical masks and respirators: For health professionals - Canada.ca](https://www.canada.ca/en/health-canada/services/covid-19/medical-masks-respirators-for-health-professionals.html))

**Fluid resistant gowns meet CSA or AAMI level 2 or 3 standards (refer to [Personal Protective Equipment against COVID-19: Medical gowns - Canada.ca](https://www.canada.ca/en/health-canada/services/covid-19/personal-protective-equipment-against-covid-19-medical-gowns.html))

***A PAPR is an alternative and may be used based on considerations such as length of time in patient room, availability of equipment, user training, and PPE assistance/observers.

**** Impermeable gowns meet CSA or AAMI level 4 standard (refer to [Personal Protective Equipment against COVID-19: Medical gowns - Canada.ca](https://www.canada.ca/en/health-canada/services/covid-19/personal-protective-equipment-against-covid-19-medical-gowns.html))

***** Performance of AGMPs can increase the creation and mobilization of in particular very small, respiratory particles which may result in a risk of transmission to healthcare staff.

References

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