

## National Ebola Training and Education Center (NETEC) Metrics Table of Contents

**Domain 1:** [Emergency Management & Facility Preparedness](#)

**Domain 2:** [Pre-hospital Transport Plans, Emergency Medical Services \(EMS\), Emergency Department \(ED\) Preparedness, & Patient Transport from Points of Entry, \(CDC Domains A & C\)](#)

**Domain 3:** [Patient Placement](#), (CDC Domain D)

**Domain 4:** [Staffing and Training of Patient Care Team & Managing Healthcare Personnel and Managing Exposures](#), (CDC Domains B & F)

**Domain 5:** [Personal Protective Equipment \(PPE\) and Procedures for Donning and Doffing](#), (CDC Domain E)

**Domain 6:** [Clinical Care & Special Populations](#), (CDC Domain L)

**Domain 7:** [Laboratory Safety](#), (CDC Domain G)

**Domain 8:** [Environmental Infection Control, Equipment Reprocessing, and General Infrastructure](#), (CDC Domain H)

**Domain 9:** [Management of Waste](#), (CDC Domain I)

**Domain 10:** [Management of the Deceased](#)  
(CDC Domain K)

### These metrics were compiled and revised from the following references:

- Emory, Environmental Health and Safety Office, Research Administration, "Serious Communicable Diseases Unit - SCU - Preparedness Inspection Form"
- NYC Health + Hospitals Ebola and Special Pathogens Treatment Assessment Tool
- European Network for Highly Infectious Diseases, EuroNHIDCDC, Inspection Checklist
- ASPR, Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities CFDA # 93.817, Hospital Preparedness Program (HPP) Measurement Implementation Guidance for Ebola Preparedness Measures, July 15, 2015
- CDC, Assessment Tool for Ebola Treatment Centers and Assessment Hospitals, 5-18-2015 (v17)

<b>Domain 1: Emergency Management &amp; Facility Preparedness</b>		
<b>Metric</b> <i>(All metrics will be assessed with yes/no/partial and written comments as needed)</i>	<b>Please comment if you meet the metric with "Yes," "No" or "Partial" and indicate if you have an SOP</b>	<b>Please provide additional comments that will be helpful to the NETEC site assessors</b>
<b>1.1. Time until a regional Ebola and other special pathogen treatment center is ready to admit a patient with confirmed Ebola (adult or pediatric patient), as evidenced by an exercise or actual patient transfer (Goal: Within 8 hours of notification).</b>		
1.2. The facility's emergency operations plan (EOP) describes the leadership process used to assess an incident, develop a plan of action, and carry out the plan using Hospital Incident Command System (HICS) (or an equivalent) when there is a Person under investigation (PUI) or confirmed Ebola case.		

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<p>1.3. The facility's EOP describe the integration of emergency management activities into the overall hospital quality management/performance improvement process?</p>		
<p>1.4. The facility's EOP describes the purpose, function, and location(s) of the Hospital/Facility Command Center (HCC) or equivalent and its role in Ebola events.</p>		
<p>1.5. The facility's EOP describes coordination of activities and establishment of liaison with key external agencies for PUI or confirmed Ebola case.</p>		
<p>1.6. The facility's EOP describes the process for managing <b>critical</b> and <b>logistical resources</b>, and personnel, including tracking and rationing, when there is a PUI and/or confirmed Ebola case.</p>		
<p>1.7. The facility's EOP describes the process for maintaining continuity of facility operations and essential clinical functions when there is a PUI or confirmed Ebola case.</p>		
<p>1.8. The facility's EOP is maintained and <b>revised</b> following training drills, exercises and/or actual incidents (e.g. such as After Action Reporting, Debriefing and Improvement Planning)</p>		

<p>1.9. The facility has protocols for the management of the main types of <b>incidents</b> (biological, chemical, other)</p> <p>Check all that apply:</p> <ul style="list-style-type: none"> <li>• Biological incident (e.g. needle stick injury)</li> <li>• Chemical incident</li> <li>• Staff member incident (e.g. faints while wearing PPE)</li> <li>• Mechanical incident (e.g. failure of power)</li> <li>• Fire in the unit</li> <li>• All hazards (e.g natural, technological and intentional)</li> </ul> <p>Other accident. Please specify.</p>		
<p>1.10. The EOP describes the Public Information Officer (PIO) communication processes utilized to interact with internal stakeholders and with the external public environment through mass media or public information process. Statements are coordinated in advance by the administration, the medical director, and the medical care team.</p>		

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<p><b>1.11. Time until an Ebola treatment center is ready to admit a patient with Ebola as evidenced by an exercise or actual patient transfer (Goal: Within 72 hours of contamination of an Ebola patient at a regional center).</b></p>		
<p>1.12. The EOP has been exercised Please describe:</p> <ul style="list-style-type: none"> <li>• Types of exercises,</li> <li>• Tabletop, Functional; Full Scale</li> <li>• Intervals (at least quarterly)</li> <li>• Participants:</li> <li>• Attendance logs</li> </ul>		

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<p align="center"><b>Domain 2: Pre-hospital Transport Plans, Emergency Medical Services (EMS), Emergency Department (ED) Preparedness, &amp; Patient Transport from Points of Entry (CDC Domains A &amp; C)</b></p>		
<p align="center"><b>Metric</b> <i>(All metrics will be assessed with yes/no/partial and written comments as needed)</i></p>	<p align="center">Please comment if you meet the metric with "Yes," "No" or "Partial" and indicate if you have an SOP</p>	<p align="center">Please provide additional comments that will be helpful to the NETEC site assessors</p>

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<p>2.1. There are guidelines in place for a <b>clinical risk assessment</b> before the person under investigation (PUI) or confirmed patient is transported, including:</p> <ul style="list-style-type: none"> <li>• patient’s condition/stability</li> <li>• the risk of exposures during transport</li> </ul>		
<p>2.2. <b>EMS providers are identified that will transport</b> a PUI or confirmed patient to facility for further evaluation</p> <ul style="list-style-type: none"> <li>• SOPs exist outlining procedures for the transport</li> <li>• Protocols have been practiced through drills and training</li> <li>• If yes, frequency? Monthly, Quarterly, Bi-annual</li> </ul>		
<p>2.3. <b>Time, in minutes, it takes from an assessment hospital’s notification to the health department of the need for an inter-facility transfer of a patient with confirmed Ebola to the arrival of a staffed and equipped EMS/inter-facility transport unit, as evidenced by a no-notice exercise (Goal: Within 240 minutes or 4 hours).</b></p>		
<p>2.4. There are SOPs for monitoring <b>adherence to established practices</b> for the safe transportation of the confirmed patient or PUI?</p>		
<p>2.5. Facility <b>entry point</b> has been identified and communicated with EMS</p> <ul style="list-style-type: none"> <li>• Isolation unit has designated personnel to</li> </ul>		

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<p>meet the EMS provider upon arrival to the hospital to assume care of the patient</p> <ul style="list-style-type: none"> <li>• Entry point is secured?</li> <li>• There are SOPs for EMS to hospital patient handoff that identify location and roles of all personnel (EMS, hospital) involved in handoff.</li> </ul>		
<p><b>2.6. An external, securable, area exists for ambulance decontamination</b></p> <ul style="list-style-type: none"> <li>• There are written protocols for the decontamination of the ambulance and equipment and for safe storage before decontamination.</li> <li>• There are appropriate areas where EMS personnel can doff PPE.</li> </ul>		
<p><b>2.7. There are always trained ED triage personnel available</b> ED triage personnel ask:</p> <ul style="list-style-type: none"> <li>• Has patient been in a country with Ebola virus transmission or had contact with an individual with Ebola within 21 days</li> <li>• Does patient have signs or symptoms compatible with Ebola</li> </ul> <p>ED personnel ask EMS providers about risk factors for Ebola in patients being transported</p>		
<p><b>2.8. Proportion of Ebola Treatment Centers (ETCs) that can access their PPE supply (i.e., know location and have sufficient quantity of unexpired supply) within 10 minutes of patient with suspected Ebola transfer notification or upon the patient's arrival (if</b></p>		

<p><b>no notification) (Goal: 100%).</b></p>		
<p><b>2.9. Time, in seconds, from active monitoring/direct active monitoring (AM/DAM) patient's arrival to placement in isolation at assessment hospital (Goal: =&lt; 60 seconds).</b></p> <p><b>2.10. Time, in minutes, it takes an assessment hospital to identify and isolate a patient with Ebola or other highly infectious disease (e.g., MERS-CoV, measles, etc.) following emergency department triage, as evidenced by a real-world case or no-notice exercise (Goal: Within 5 minutes).</b></p>		
<p><b>2.11. SOPs exist for notifying the hospital infection control (other appropriate personnel)</b></p> <p><b>2.12. SOPs exist for immediately notifying the health department(s)</b></p> <p><b>2.13. Proportion of health care and emergency medical service (EMS) workers in PPE that an AM/DAM suspected Ebola patient under investigation (PUI) makes contact with after health department notification to the assessment hospital or ETC (Goal: 100%).</b></p>		



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<p>Proportion of healthcare workers in PPE with patient contact (Goal 100%)</p> <p><b>2.14. Number of health care and EMS workers in PPE that an AM/DAM suspected Ebola patient makes contact with after health department notification until isolation (Goal: =&lt;3).</b></p>		
<p>2.15. Protocols are in place to <b>immediately isolate ED patient(s)</b> who report a relevant exposure history and who exhibit signs or symptoms consistent with Ebola</p> <ul style="list-style-type: none"> <li>• Availability of high-level PPE for ED personnel (N95 respirators, full-face shields, PAPR, etc.)?</li> <li>• SOPs for PPE, including donning and doffing procedures</li> <li>• Separate ED areas for donning and doffing of PPE are designated in proximity to patient room (see Domain E)</li> </ul>		
<p><b>2.16. Only essential personnel with documented competency-based training for Ebola</b> provide patient care</p>		
<p>2.17. A <b>log</b> is maintained of all the personnel who enter any potentially contaminated space or handle potentially infectious materials The log includes sufficient information to assign exposure categories (e.g. high risk, some risk, low-risk) (See Domain F)</p>		
<p><b>2.18. Proportion of emergency department</b></p>		

<p><b>staff trained at least annually in infection control and safety (Goal: 100%).</b></p>		
<p>2.19. All <b>personnel</b> use appropriate PPE based on patient's clinical status</p> <ul style="list-style-type: none"> <li>• If the patient is exhibiting bleeding, vomiting, diarrhea or has a clinical condition that might require invasive or aerosol-generating procedures (e.g. intubation, suctioning, active resuscitation).</li> </ul> <p><i>Guidance on PPE to be used by HCWs during management of patients who are clinically unstable or have bleeding described at:</i> <a href="http://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance.html">http://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance.html</a></p> <ul style="list-style-type: none"> <li>• If <b>no</b> signs and symptoms such as bleeding, vomiting, diarrhea or conditions do <b>not</b> warrant invasive or aerosol-generating procedures and the patient is clinically stable, personnel at a minimum wear PPE.</li> </ul> <p><i>Guidance on PPE to be used by HCWs during management of patients who are clinically stable or have no bleeding described at:</i> <a href="http://www.cdc.gov/vhf/ebola/healthcare-us/emergency-services/emergency-departments.html">http://www.cdc.gov/vhf/ebola/healthcare-us/emergency-services/emergency-departments.html</a></p>		
<p>2.20. No ED equipment used in the care of PUIs is used for the care of other patients until appropriately decontaminated</p>		
<p>2.21. SOPs exist for the collection/testing of laboratory specimens from the ED for both Ebola and alternative diagnoses support timely care</p> <ul style="list-style-type: none"> <li>• SOPs exist outlining environmental infection</li> </ul>		

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<p>control of the treatment area in the ED (see Domain H)</p> <ul style="list-style-type: none"> <li>• SOPs exist outlining the management of waste generated in the ED (see Domain I)</li> </ul>		
<p>2.22. Protocols are in place for the <b>transport</b> of the PUI or confirmed Ebola patient via a pre-identified route</p> <ul style="list-style-type: none"> <li>• Route from ambulance to Unit entrance</li> <li>• From the facility point of entry or Emergency Department, to pre-identified room/ care area</li> <li>• For out of facility transportation</li> </ul>		
<p>2.23. Protocols are in place for through hospital <b>transport personnel to wear appropriate PPE</b></p> <ul style="list-style-type: none"> <li>• Personnel have received training and demonstrate competency on proper procedures for donning and doffing of PPE</li> </ul>		
<p>2.24. Protocols are in place for patient to be transported in appropriate isolation methods to <b>prevent</b> spillage of body fluids</p>		
<p>2.25. Protocols are in place to manage body fluid <b>spills</b> that occur during transport</p>		
<p>2.26. Protocols are in place to manage <b>cleaning and disinfection of reusable transportation equipment</b> and potentially contaminated areas of the transportation route.</p> <ul style="list-style-type: none"> <li>• Appropriate methods are used for</li> </ul>		

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<p>disinfection and adequate processes in place for validation and quality assurance</p>		
<p>2.27. Once patient is in the designated patient room/care area further movement of the patient within the facility is limited</p>		
<p>2.28. Protocols are in place for emergency evacuation of patient while maintaining isolation. (Fire, etc.)</p>		
<p>2.29. Rational has been developed for patient placement of PUI's identified prior to transport to be placed in ED isolation or isolation unit.</p>		
<p><b>Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus can be accessed at:</b> <a href="http://www.cdc.gov/vhf/ebola/healthcare-us/cleaning/hospitals.html">http://www.cdc.gov/vhf/ebola/healthcare-us/cleaning/hospitals.html</a></p>		

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<b>Domain 3: Patient Placement (CDC Domain D)</b>		
<b>Metric</b> <i>(All metrics will be assessed with yes/no/partial and written comments as needed)</i>	<b>Please comment if you meet the metric with “Yes,” “No” or “Partial” and indicate if you have an SOP</b>	<b>Please provide additional comments that will be helpful to the NETEC site assessors</b>
<p>3.1. Isolation Unit is located either a stand alone building or a distinct Unit (with a secure, controllable, entrance/exit route)</p> <p>3.2. Isolation Unit capacity for patient rooms for:</p> <ul style="list-style-type: none"> <li>• adult ICU treatment (n = ___patients_/___rooms). If no information, please specify.</li> <li>• pediatric ICU treatment (n = ___patients_/___rooms).</li> </ul> <p>3.3. Isolation Unit is equipped with HEPA filtered exhaust and negative air pressure indicators?</p>		

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<p>If yes, please specify (e.g. audio alarm, visual alarm, both, other)</p> <p>3.4. Entrance into the Isolation Unit is limited to trained personnel while the room is occupied and takes place under the direct supervision of trained staff.</p> <p>3.5. Patient room is equipped with: (Check all that apply)</p> <ul style="list-style-type: none"> <li>• Private room with bathroom or bedside commode.</li> <li>• Room has been evaluated for patient and staff safety (slips, trips, sharp edges, etc.).</li> <li>• Negative pressure isolation room with air changes per hour.</li> <li>• Each patient room has an anteroom or space.</li> <li>• Patient room large enough accommodate patient, equipment, and personnel. (Consider staffing model)</li> </ul>		
<p>3.6. There are SOPs for all personnel:</p> <ul style="list-style-type: none"> <li>• Entering patient room</li> <li>• Exiting patient room</li> <li>• Passing supplies into or out of patient room</li> <li>• Moving from one patient room to another</li> <li>• Moving items between patient rooms</li> </ul> <p>3.7. A log is maintained of personnel who enter contaminated spaces or handle potentially infectious materials with sufficient information to assign exposure categories to inform monitoring</p>		

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<p>guidance (See section f)</p>		
<p>3.8. Strategies are implemented (patient-staff, patient-family, interdisciplinary round) to limit essential personnel entry into patient room. Patient rooms are equipped with a window/video system to allow direct observation of patient care.</p>		
<p>3.9. The patient room has dedicated and/or disposable equipment <b>OR</b> protocols are in place for reusable equipment to be cleaned and disinfected according to manufacturers' instructions or best practices when Manufacturers' instructions don't exist.</p>		
<p>3.10. In proximity to the patient room, there are designated areas for:</p> <ul style="list-style-type: none"> <li>• personnel changing</li> <li>• PPE donning</li> <li>• PPE doffing</li> <li>• personnel showering</li> </ul>		
<p>3.11. The space for donning and doffing properly marked, including designated clean and contaminated areas</p> <p>3.12. Donning and Doffing areas incorporate: (Check all that apply)</p> <ul style="list-style-type: none"> <li>• There are place(s) for sitting</li> <li>• Signs prompting donning and doffing</li> <li>• Full length mirror</li> <li>• Supplies for disinfection of reusable PPE</li> <li>• Hand hygiene</li> </ul>		

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<ul style="list-style-type: none"> <li>• PPE removal waste containers/storage containers</li> </ul> <p>The gloves and other disposable PPE (such as gowns and masks) are disposed with other contaminated waste.</p>		
<p>3.13. The layout includes organized waste storage that meets applicable codes and a clutter-free, secure environment.</p>		
<p>3.14. Based on maximum bed capacity, the facility has adequate supply of:</p> <ul style="list-style-type: none"> <li>• Medical devices (e.g. PPE)</li> <li>• Medical instruments (e.g. ventilators)</li> <li>• Management and storage of waste</li> </ul>		
<p>3.15. Number of times in the past year the facility was activated for:</p> <ul style="list-style-type: none"> <li>• Drill</li> <li>• PUI</li> <li>• Actual Patient</li> </ul>		

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<b>Domain 4: Staffing and Training of Patient Care Team &amp; Managing Healthcare Personnel and Managing Exposures</b> <b>(CDC Domains B &amp; F)</b>		
<b>Metric</b> <i>(All metrics will be assessed with yes/no/partial and written comments as needed)</i>	<b>Please comment if you meet the metric with “Yes,” “No” or “Partial” and indicate if you have an SOP</b>	<b>Please provide additional comments that will be helpful to the NETEC site assessors</b>
4.1. There is a designated isolation unit leadership team with overall responsibility for coordination, training, liaison, and communication: <ul style="list-style-type: none"> <li>• Medical director</li> <li>• Unit nursing leader</li> </ul>		
4.2. Trained patient care team has been pre-identified for management of the PUI and/or confirmed patient. <ul style="list-style-type: none"> <li>• The team is available</li> </ul>		

<p>24/7 throughout the year to open and operate the Unit</p> <ul style="list-style-type: none"> <li>• There is a protocol in place to notify the team of activation.</li> <li>• Please explain:</li> </ul>		
<p><b>4.3. Proportion of rostered staff contacted by hospital within 4 hours of a patient with confirmed Ebola's admission to a regional Ebola and other special pathogen treatment center (Goal: 100%).</b></p> <p><b>4.4. Proportion of rostered staff contacted that indicated they are able to report to fulfill Ebola-related staffing needs within 72 hours (Goal: 100%).</b></p>		
<p><b>4.5. Proportion of rostered staff at the regional Ebola and other special pathogen treatment</b></p>		

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<p><b>center that received quarterly training in infection control and safety, and patient care for a patient with Ebola (Goal: 100%).</b></p>		
<p>4.6. Supporting Roles Available to Unit:</p> <p>The following <b>services are present in the facility</b>, with specific roles and functions in case of an event: (Check all that apply)</p> <ul style="list-style-type: none"> <li>• Risk manager</li> <li>• Infection Control Team and/or responsible person</li> <li>• Occupational Health Service and/or responsible person</li> <li>• Bio-safety committee and/or manager</li> <li>• Laboratory services</li> <li>• Other similar services, please specify:</li> </ul>		
<p>4.7. Specify the total number and composition of personnel specifically trained for working in the facility and on-site</p>		

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<p>when operating, and their number:</p> <p><u>Physicians:</u>          ID-Specialists          Intensive Care          Gastroenterology          Pulmonology          Microbiology          Radiology          Surgery          Psychiatry          Pediatrician          Cardiology          Gynecology          Nephrology</p> <p><u>Nurses:</u>          ID-Specialists/Infection Preventionists (IP)          Intensive Care          Infection Control          Surgery          Pediatrics</p> <p><u>Other:</u>  <u>Technologists:</u>          Radiology          Laboratory</p> <p><u>Unit Support Staff:</u>          Cleaning staff          Maintenance          Transport</p>		
<p>4.8. There is a process</p>		

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<p>that allows team members to provide feedback to leadership.</p>		
<p>4.9. The facility has a process available to assess personnel (“fitness for duty”) including psychological support as needed.</p>		

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<p>4.10. The facility has a plan describing the policies for personnel education, training, and exercises. Please describe:</p> <hr/> <p>4.11. The facility has a <b>training requirement</b> to be completed before working in the facility? Please specify:</p> <ul style="list-style-type: none"> <li>• Unit specific training module</li> <li>• Hospital infection control module</li> <li>• Other, please describe:</li> </ul> <p>4.12. Processes are in place to complete training and maintain records for: (Check all that apply)</p> <ul style="list-style-type: none"> <li>• High PPE, PAPR-PPE</li> <li>• Infection control</li> <li>• Infection prevention</li> <li>• Infectious disease procedures and protocols</li> </ul>		
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<ul style="list-style-type: none"> <li>• PPE use, hand washing technique</li> <li>• Triage techniques and ID questions</li> <li>• Disease identification, testing, specimen collection</li> <li>• Communication and reporting procedures</li> <li>• Cleaning and disinfection procedures</li> <li>• Solid and liquid Waste management</li> <li>• Bloodborne pathogens</li> <li>• Waste management</li> </ul>		
<p>4.13. Qualified, trained personnel are identified for obtaining, handling, processing and testing specimens from a PUI and/or confirmed Ebola patient.</p>		

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<p>4.14. There is a defined plan for shift length time in PPE for clinical staff. If yes, please define.</p> <p>4.15. There is a defined staffing model that considers acuity and patient volume. (including accounting for surge and backflow). Please describe:</p>		
<p>4.16. A <b>medical surveillance program is in place for all personnel</b> with an exposure risk</p> <p>4.17. Medical surveillance program addresses: (Check all that apply:)</p> <ul style="list-style-type: none"> <li>• Personnel have been <b>trained to recognize the signs and symptoms</b> of illness typically caused by the agents with which</li> </ul>		



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<p>they are working.</p> <ul style="list-style-type: none"> <li>• The facility has protocols for the monitoring of health status of personnel working in the isolation unit.</li> <li>• SOP for monitoring personnel who are asymptomatic or symptomatic</li> <li>• SOP in place for employees traveling during their monitoring period</li> </ul>		
<p>4.18. Strategies are defined for clinician-to-patient communication (without entering the isolation room)? If yes, please specify (e.g. intercom, headsets, telephone)</p> <p>4.19. The Isolation Unit has a high-quality, secure communication system (e.g., scan-safe internet and e-mail,</p>		

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<p>secure radio, emergency-assistance alarms).</p>		
<p>4.20. Procedures for <b>reporting possible staff exposures</b> are clearly delineated and streamlined for 24/7 reporting.</p> <p>4.21. The Exposure Plan has been discussed with all personnel, keeping in mind the consideration of the limitations of lab testing of patients</p> <p>4.22. Isolation Unit personnel have reviewed SOPs which deal with the team member who may require immediate isolation or care due to an exposure or other medical condition</p>		
<p><b>4.23. Time it takes for all rostered staff, upon notification of a</b></p>		

<p>patient with Ebola at the regional Ebola and other special pathogen treatment center, to receive just-in-time (JIT) training (Goal: Within 72 hours).</p>		
<p>Interim U.S. Guidance for Monitoring and Movement of Person with Potential Ebola Virus Exposure can be accessed at: <a href="http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html">http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html</a></p>		

## Domain 5: Personal Protective Equipment (PPE) and Procedures for Donning and Doffing (CDC Domain E)

<p><b>Metric</b></p>	<p><b>Please comment if you meet the metric with</b></p>	<p><b>Please provide additional comments that</b></p>
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<p><i>(All metrics will be assessed with yes/no/partial and written comments as needed)</i></p>	<p><b>“Yes,” “No” or “Partial” and indicate if you have an SOP</b></p>	<p><b>will be helpful to the NETEC site assessors</b></p>
<p>5.1. Proportion of rostered staff that are trained in safely donning and doffing personal protective equipment (PPE) (Goal: 100%).</p>		
<p>5.2. Transmission-route - specific and procedure-specific protocols, based on transmission based risk assessment, on infection control and prevention, including use of personal protective equipment (PPE), and a program for testing these protocols are in place.</p>		
<p>5.3. Isolation unit has a protocol in place that outlines procedures for PPE use.</p> <ul style="list-style-type: none"> <li>• Protocols/procedures for the seal/fit check and</li> </ul>		

<p>PPE use before entering in the patient's room are in place.</p> <p>5.4. Isolation Unit personnel receive periodic training in which they must demonstrate competency in the use of proper procedures for donning and doffing of PPE</p> <p>5.5. PPE procedures include (Check all that apply)</p> <ul style="list-style-type: none"> <li>• Protocols are in place for the periodic testing of respirator fit for all Isolation Unit personnel potentially involved in the management of the patient.</li> <li>• Protocols dealing with time shift (maximum time for use without changing) for PPE are in place?</li> <li>• Batteries Check logs and training for</li> </ul>		
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<p>PAPR units are on file with SOPs.</p>		
<p>5.6. A designated space within the unit for donning and doffing is available and is properly marked:</p> <ul style="list-style-type: none"> <li>• Space includes identified clean and contaminated areas, a PPE storage area, and a donning area</li> <li>• Space contains an area for PPE removal (i.e. doffing)</li> <li>• Entry into these areas is restricted to essential personnel.</li> </ul> <p>5.7. Instructions for donning and doffing of PPE are posted in areas where this is performed. These instructions Include:</p> <ul style="list-style-type: none"> <li>• A reminder to wait for the presence of a trained observer before doffing</li> <li>• The specific steps to be employed in doffing contaminated PPE</li> <li>• Techniques for the</li> </ul>		

<p>disinfection of gloved hands between doffing steps</p>		
<p>5.8. The Donning and Doffing protocol includes (Check all that apply☺)</p> <ul style="list-style-type: none"> <li>• A “buddy” or “trained observer” system is in place during donning and doffing of PPE in order to monitor and document successful donning/doffing procedures. Donning and doffing partners are specifically designated.</li> <li>• A protocol is in place which recommends the appropriate PPE for the trained observer</li> <li>• The trained observer is proficient in the use of all PPE recommended for the Unit and is familiar with the exposure plan.</li> <li>• The trained observer</li> </ul>		

<p>is the designated individual with the sole responsibility, during donning/doffing process, of ensuring quality control in all steps of the procedure.</p> <ul style="list-style-type: none"> <li>• The trained observer reads aloud each step of the procedure to HCW using checklist, then visibly confirms and documents that each step has been completed correctly.</li> <li>• Donning and doffing of PPE proceeds slowly and deliberately to ensure full-coverage and prevent self-contamination.</li> <li>• Doffing procedure includes steps for the disinfection of <u>visibly contaminated PPE</u> with EPA-registered disinfectant or wipes prior to the removal and steps for disinfection of gloved hands with ABHR</li> </ul>		
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<p>(ideally with touch-free dispensing system) or EPA-registered disinfectant wipe between each step in the doffing process.</p> <ul style="list-style-type: none"> <li>• Minimum of double gloves are worn and as appropriate for the hazards.</li> <li>• HCWs change gloves when contaminated, their integrity is compromised, or when otherwise necessary.</li> <li>• Personnel remove gloves before leaving the isolation unit and between procedures.</li> <li>• Hand hygiene is performed before donning and after doffing and disposing of gloves and at any time during doffing procedure when contamination of hands is suspected.</li> <li>• Showers are available for Isolation Unit</li> </ul>		
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<p>personnel to use after doffing PPE and are clearly marked.</p> <ul style="list-style-type: none"> <li>• Specific emergency procedures are in place in case of PPE damage, leakage, or other accidents.</li> </ul>		
<p>5.9. The facility has plans and procedures in place designed to maintain current inventory of PPE supplies, including details on specific make and models of selected PPE (number of days on hand).</p> <ul style="list-style-type: none"> <li>• For assessment hospitals, at least a 4-5 day supply of PPE in stock.</li> <li>• For treatment hospitals, at least a 7 day supply of PPE in stock.</li> </ul> <p>Procedures for the PPE supply in case of sudden increase of demand.</p> <p><i>Considerations for U.S. Healthcare Facilities to Ensure Adequate Supplies of PPE for Ebola described at:</i></p>		

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<a href="http://www.cdc.gov/vhf/ebola/healthcare-us/ppe/supplies.html">http://www.cdc.gov/vhf/ebola/healthcare-us/ppe/supplies.html</a>		
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## Domain 6: Clinical Care & Special Populations (CDC Domain L)

Metric <i>(All metrics will be assessed with yes/no/partial and written comments as needed)</i>	Please comment if you meet the metric with “Yes,” “No” or “Partial” and indicate if you have an SOP	Please provide additional comments that will be helpful to the NETEC site assessors
<p>6.1. The facility has established baseline procedures and standards of care for patients admitted to their Isolation Unit. These standards address relevant special populations (by either providing for their care or addressing transfer to another institution for such care):</p> <ul style="list-style-type: none"> <li>• Pediatric Patients</li> <li>• Neonates</li> <li>• Pregnant Women</li> <li>• Uncooperative or Disruptive Patients</li> </ul> <p>The institution has a process in place to address situations wherein care might be scaled back or withdrawn (e.g. should a patient require modalities which cannot safely or realistically be provided in a containment care environment).</p>		
<p>6.2. The Isolation Unit has a plan in place to address the performance of routine nursing care under high level containment:</p> <ul style="list-style-type: none"> <li>• The plan addresses the monitoring of vital signs.</li> <li>• The plan addresses the performance</li> </ul>		

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<p>of auscultation using disposable or digital stethoscopes.</p> <ul style="list-style-type: none"> <li>• The plan addresses the safe measurement of body fluids (I's &amp; O's).</li> <li>• The plan addresses toileting in the continent patient and in the incontinent patient.</li> </ul>		
<p>6.3. The Isolation Unit has a plan in place to deal with patients requiring life-sustaining modalities:</p> <ul style="list-style-type: none"> <li>• Mechanical ventilation</li> <li>• Renal replacement therapy</li> <li>• Invasive hemodynamic monitoring</li> <li>• Central venous access</li> </ul>		
<p>6.4. The Isolation Unit has a plan in place to address the patient who might require specific radiologic imaging.</p>		
<p>6.5. The Isolation Unit has a plan in place to deal with the patient who might be in labor. The Isolation Unit has a plan in place to deal with the patient who might require surgery or obstetrical delivery. The plan specifically addresses:</p> <ul style="list-style-type: none"> <li>• Minor procedures which might be performed in the containment care unit</li> <li>• Procedures which might require movement to an operating theatre</li> <li>• Aerosol-generating procedures</li> </ul>		

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<p>6.6. A plan is in place to address the patient’s psychological, emotional, and spiritual needs.</p> <ul style="list-style-type: none"> <li>• The plan enables the patient to interact with family (e.g. via Skype).</li> <li>• The plan will identify an area for the family outside the Isolation Unit if appropriate based on movement and monitoring guidance and in consultation with local health department</li> <li>• The plan addresses parental visitation (If it will care for Pediatric patients, under what circumstances, if any, will a parent be permitted in the Isolation Unit with their child)</li> </ul>		
<p>6.7. The facility has a plan in place for determining when a patient is no longer infectious and for safely discharging such a patient.</p>		
<p><b>Guidance for Screening and Caring for Pregnant Women with Ebola Virus Disease for Healthcare Providers in U.S. Hospitals can be accessed at:</b>  <a href="http://www.cdc.gov/vhf/ebola/healthcare-us/hospitals/pregnant-women.html">http://www.cdc.gov/vhf/ebola/healthcare-us/hospitals/pregnant-women.html</a></p> <p><b>Recommendations for Safely Performing Acute Hemodialysis in Patients with Ebola Virus Disease in U.S. Hospitals can be accessed at:</b>  <a href="http://www.cdc.gov/vhf/ebola/healthcare-us/hospitals/acute-hemodialysis.html">http://www.cdc.gov/vhf/ebola/healthcare-us/hospitals/acute-hemodialysis.html</a></p>		

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<b>Domain 7: Laboratory (CDC Domain G)</b>		
<b>Metric (All metrics will be assessed with yes/no/partial and written comments as needed)</b>	<b>Please comment if you meet the metric with “Yes,” “No” or “Partial” and indicate if you have an SOP</b>	<b>Please provide additional comments that will be helpful to the NETEC site assessors</b>
<p>7.1. Laboratory is certified by agencies that monitor quality systems (e.g., College of American Pathologists [CAP], Clinical Laboratory Improvement Act of 1988 [CLIA88], etc.).</p> <p>7.2. All active Biological Safety Cabinets (Biosafety Cabinets) have been certified within the last 12 months.</p>		

<p>7.3. A site-specific risk assessment has been performed to identify potential exposure risks and to mitigate these risks by implementing engineering controls, administrative and work practice controls, and use of appropriate PPE. The risk assessment considers the path of the sample throughout the laboratory and all work processes, procedures, and tasks performed.</p>		
<p>7.4. Protocols are in place which specify the PPE worn by laboratory personnel when collecting patient specimens from a PUI.</p> <p><i>Guidance on PPE to be used by HCWs during management of patients who are clinically unstable or have bleeding described at:</i>  <a href="http://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance.html">http://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance.html</a></p>		
<p>7.5. PPE and engineering controls are to be employed when performing laboratory testing. These controls include (but are not limited to):</p> <ul style="list-style-type: none"> <li>• A certified biological safety cabinet</li> </ul>		



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<ul style="list-style-type: none"> <li>• Disposable gloves</li> <li>• Solid-front wrap around gowns that are fluid resistant or impermeable</li> <li>• N-95 respirators to cover all of nose and mouth</li> <li>• Eye protection such as a full face shield or goggles/safely glasses with side shields (ANSI approved)</li> </ul>		
<p>7.6. Protocols are in place for the cleaning and disinfection of laboratory surfaces and equipment, as well as the management of blood and body fluid spills.</p>		
<p>7.7. The Isolation Unit has a plan in place to obtain necessary laboratory support.</p> <ul style="list-style-type: none"> <li>• The plan addresses the safe handling and transport of specimens</li> <li>• The plan delineates those studies to be performed at:             <ul style="list-style-type: none"> <li>i) The patient's room</li> <li>ii) The hospital laboratory</li> <li>iii) Reference laboratories</li> </ul> </li> <li>• The Isolation Unit has mechanisms in place to safely move specimens out of the containment care unit.</li> <li>• The plan addresses the patient who may require anatomic pathology support (e.g. Biopsy).</li> </ul>		
<p>7.8. Appropriate laboratory testing equipment is available on site for closed-system testing.</p>		
<p>7.9. Clinical samples are placed in a durable,</p>		

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<p>leak proof container during collection, handling, processing, storage, or transport within the facility.</p> <p>7.10. A plan exists to enable the storage of specimens for future study</p>		
<p>7.11. A protocol exists for the transport of samples to external testing facilities.</p> <ul style="list-style-type: none"> <li>• This protocol addresses the full chain-of-custody.</li> <li>• Proper certifications necessary for such transport have been obtained.</li> </ul>		
<p>7.12. A tracking system is in place for patient specimens that are transported to the laboratory. This tracking system specifically monitors the ultimate destruction of these specimens in compliance with CDC's select agent rules.</p>		
<p><b>Additional Information on Ebola in Laboratories can be accessed at:</b>  <a href="http://www.cdc.gov/vhf/ebola/healthcare-us/laboratories/index.html">http://www.cdc.gov/vhf/ebola/healthcare-us/laboratories/index.html</a></p> <p><b>Guidance for Collection, Transport, and Submission of Specimens for Ebola Virus Testing can be accessed at:</b>  <a href="http://www.cdc.gov/vhf/ebola/healthcare-us/laboratories/specimens.html">http://www.cdc.gov/vhf/ebola/healthcare-us/laboratories/specimens.html</a></p>		



<b>Domain 8: Environmental Infection Control, Equipment Reprocessing, and General Infrastructure</b> <b>(CDC Domain H)</b>		
<b>Metric</b> <i>(All metrics will be assessed with yes/no/partial and written comments as needed)</i>	<b>Please comment if you meet the metric with “Yes,” “No” or “Partial” and indicate if you have an SOP</b>	<b>Please provide additional comments that will be helpful to the NETEC site assessors</b>
<p>8.1. The <b>isolation unit</b> is functionally independent/not routinely depending on other hospital facilities and equipped to care for Highly Infectious Diseases</p> <p>8.2. The layout includes: (Check all that apply)</p> <ul style="list-style-type: none"> <li>• space for clean and soiled equipment handling.</li> <li>• storage area for supplies.</li> <li>• decontamination area for large items (wastes, beds, large</li> </ul>		

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<p>equipment, and reusable supplies)</p> <ul style="list-style-type: none"> <li>• construction materials include non-porous surfaces.</li> </ul>		
<p>8.3. There are control protocols for main technical and infrastructure characteristics that can be implemented while isolation unit is in operation:</p> <ul style="list-style-type: none"> <li>• air handling,</li> <li>• plumbing,</li> <li>• on-site sterilizer</li> <li>• fire suppression system.</li> </ul>		
<p>8.4. Windows and doors of the isolation room: (Check all that apply)</p> <ul style="list-style-type: none"> <li>• Self-closing doors for the isolation room.</li> <li>• Decontamination of windows and doors is possible</li> <li>• Windows and doors sealed (water and particle-proven)</li> <li>• Windows WITHIN doors/walls for observation</li> </ul>		
<p>8.5. Equipment and medical devices located in the Isolation Unit are evaluated by infection control for utilization and for ease of decontamination.</p>		
<p>8.6. Manufacturers are consulted regarding the equipment disinfection to ensure that these procedures will not compromise equipment function.</p>		

<p>8.7. Isolation unit utilizes EPA-registered hospital disinfectants and uses all cleaning and disinfecting products, including disposable wipes, in accordance with manufacturers' instructions (e.g. dilution, storage, shelf life, contact time).</p>		
<p>8.8. Protocols are in place for cleaning and disinfecting environmental surfaces throughout the isolation unit to be cleaned with a detergent and disinfected on a regular basis (e.g. at least daily), when spills occur, and when surfaces are visibly contaminated, using EPA-registered hospital disinfectants.</p>		
<p>8.9. Environmental infection control plan addresses: (Check all that apply)</p> <ul style="list-style-type: none"> <li>• Protocols delineate responsibility for cleaning and disinfection of reusable patient care equipment including documentation of cleaning log (who/when/how)</li> <li>• Designated personnel have been trained to perform routine cleaning and disinfection within the isolation unit</li> <li>• Cleaning supplies and spill kit are strategically placed within the isolation unit</li> <li>• Materials to be used for cleaning and disinfection of isolation rooms and patient-care equipment are</li> </ul>		

<p>disposable, for single-use only.</p> <ul style="list-style-type: none"> <li>• Patient room has dedicated and/or disposable patient care equipment.</li> </ul>		
<p>8.10. Strategically placed dispensers for alcohol-based hand cleaner:</p> <ul style="list-style-type: none"> <li>• (near to each hand-washing basin, anteroom, patient room, corridor, staff areas)</li> <li>• There is a strategy for promoting and monitoring hand-washing</li> </ul>		
<p>8.11. AVAILABILITY OF MEDICAL EQUIPMENT</p> <ul style="list-style-type: none"> <li>• Portable ultra-sonography Permanently stationed in the isolation unit? If yes, n = __ Identified available "on call"? if yes, n = __</li> <li>• Portable/digital radiography devices Permanently stationed in the isolation unit? If yes, n = __ Identified available "on call"? if yes, n = __</li> <li>• Mechanical ventilator Permanently stationed in the isolation unit? If yes, n + __ Identified available "on call"? if yes, n = __</li> <li>• Equipment for renal replacement/CVV HDF Permanently stationed in the isolation unit? If yes, n = __ Identified available "on call"? if yes, n</li> </ul>		

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<p>= __</p> <ul style="list-style-type: none"> <li>• ECG/BP monitors (also if included in life-support systems) Permanently stationed in the isolation unit? If yes, n = __ Identified available "on call"? if yes, n = __</li> </ul>		
<p>8.12. Specific procedures/written protocols for final disinfection of patient isolation room include:</p> <ul style="list-style-type: none"> <li>• Use surface disinfection process for disinfection of isolation unit including patient care room(s)</li> <li>• Use automated process for area disinfection of isolation unit (fumigation, UVGI)</li> <li>• Use both surface disinfection and automated process</li> <li>• Please describe in comment: _____</li> </ul>		

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<p>8.13. Existence of specific procedures/written protocols for <b>routine hygiene/final disinfection of other areas</b> (emergency department, radiological department, other)?</p> <ul style="list-style-type: none"> <li>• Surface disinfection both for routine hygiene and final disinfection</li> <li>• Final fumigation process only, without specific procedures for routine hygiene</li> <li>• Both surface disinfection for routine hygiene and final fumigation</li> <li>• Other, please describe:</li> </ul>		
<p>8.14. Protocols are in place for ALL personnel to wear appropriate PPE to prevent exposure during routine and final cleaning of the patient room and equipment. Staff, including EVS personnel, have received job-specific training and demonstrated competency prior to performing duties.</p>		
<p>8.15. Key <b>maintenance</b> personnel are trained in advance to address maintenance needs while the Isolation Unit is operational.</p> <p>During activation, the maintenance and repair of infrastructure conducted by:</p> <ul style="list-style-type: none"> <li>• hospital-employed staff,</li> <li>• commercial/private contractor</li> </ul>		
<p>Interim Guidance for Environmental Infection Control in Hospitals for Ebola</p>		



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<p>Virus can be accessed at: Interim guidance for Environmental Infection Control in Hospitals for EVD outlined at: <a href="http://www.cdc.gov/vhf/ebola/healthcare-us/cleaning/hospitals.html">http://www.cdc.gov/vhf/ebola/healthcare-us/cleaning/hospitals.html</a></p>	
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## Domain 9: Management of Waste (CDC Domain I)

Metric <i>(All metrics will be assessed with yes/no/partial and written comments as needed)</i>	Please comment if you meet the metric with “Yes,” “No” or “Partial” and indicate if you have an SOP	Please provide additional comments that will be helpful to the NETEC site assessors
9.1. The isolation unit has procedures in place for handling and disposal of medical waste generated during the care of PUIs or confirmed EVD patients; such procedures are determined by risk assessment. <ul style="list-style-type: none"> <li>• Safe containment and packaging of waste are performed as close as possible to the point of generation.</li> <li>• Removal of waste from the room.</li> <li>• Through hospital transport of waste to storage or shipping.</li> </ul>		
9.2. Soiled linens are collected and disposed of per established protocol.		
9.3. Trays, dishes and cutlery provided to the patient are disposable.		
9.4. Protocols compliant with federal, local and state regulations exist for the disposal of: <ul style="list-style-type: none"> <li>• Liquid waste.</li> </ul>		

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<ul style="list-style-type: none"> <li>• Sharps.</li> <li>• If applicable, solid waste as Category A.</li> </ul> <p>If applicable, sterilization on site includes protocol for validation of sterility approved by state/local regulators and waste vendor.</p>		
<p>9.5. Procedures are in place for use of PPE while handling waste at each stage</p>		
<p>9.6. Protocols exist to transport the waste with pre-identified route to a secure storage location.</p>		
<p>9.7. A designated waste management team has been identified and has had appropriate job-specific training.</p>		
<p>9.8. If applicable, protocols are in place for storage of packed Category A waste containers prior to waste vendor transport. <i>Storage location should be outside of patient care area, secure, allow physical separation of Category A waste, under video surveillance or routinely patrolled by security, supported with integrated pest management program, safe from the elements, and easily cleanable.</i></p>		

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<p>9.9. The facility's waste vendor has ability to request a special permit from the US Department of Transportation</p>		
<p>Procedures for Safe Handling and Management of Ebola-Associated Waste can be accessed at: <a href="http://www.cdc.gov/vhf/ebola/healthcare-us/cleaning/handling-waste.html">http://www.cdc.gov/vhf/ebola/healthcare-us/cleaning/handling-waste.html</a></p> <p>Safe Handling, Treatment, Transport, and Disposal of Ebola-Contaminated Waste can be accessed at: <a href="https://www.osha.gov/Publications/OSHA_FS-3766.pdf">https://www.osha.gov/Publications/OSHA_FS-3766.pdf</a></p> <p>Guidance on Ebola-Associated Waste Management can be accessed at: <a href="http://www.cdc.gov/vhf/ebola/healthcare-us/cleaning/waste-management.html">http://www.cdc.gov/vhf/ebola/healthcare-us/cleaning/waste-management.html</a></p>		

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## Domain 10: Management of the Deceased (CDC Domain K)

Metric <i>(All metrics will be assessed with yes/no/partial and written comments as needed)</i>	Please comment if you meet the metric with “Yes,” “No” or “Partial” and indicate if you have an SOP	Please provide additional comments that will be helpful to the NETEC site assessors
<p>10.1. Protocols are in place for post-mortem care of deceased patient remains</p> <ul style="list-style-type: none"> <li>• Isolation Unit officials establish plan for appropriate handling of infectious remains and communicate with mortuary personnel.</li> <li>• Protocols delineate roles of agencies (eg. Isolation Unit Personnel, Medical Examiner, Public Health, Law Enforcement, Mortuary) involved in managing infectious remains.</li> <li>• Only designated, trained personnel or mortuary workers wearing PPE participate in post-mortem preparation of the remains.</li> </ul> <p><i>Guidance on PPE to be used by HCWs during management of patients who are clinically unstable or have bleeding described at:</i> <a href="http://www.cdc.gov/vhf/ebola/health">http://www.cdc.gov/vhf/ebola/health</a></p>		

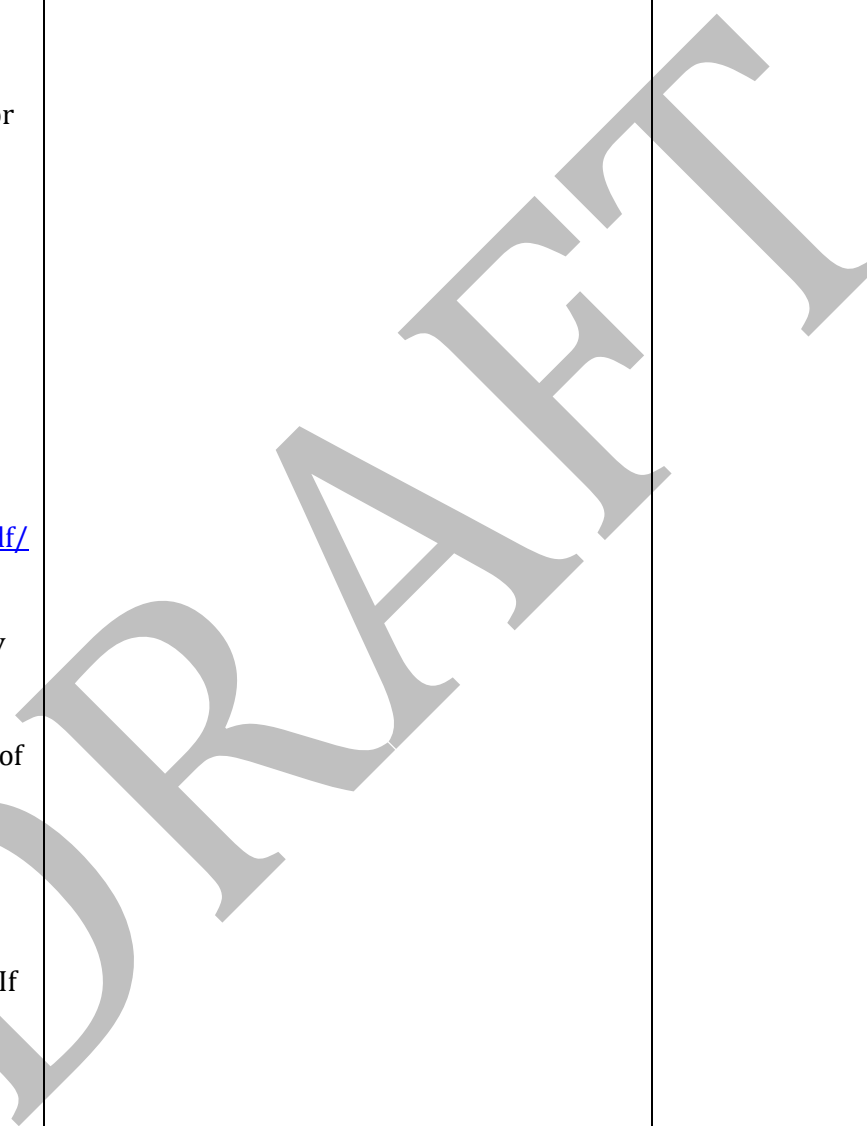
[hcare-us/ppe/guidance.html](http://hcare-us/ppe/guidance.html)

- Inserted medical equipment such as intravenous lines, endotracheal or other tubing, or implanted medical devices are not removed, they are left in place
- There are specific procedures/written protocols for the safe handling and disposition of remains.

*Mortuary guidance for postmortem preparation in a hospital room described at:*

<http://www.cdc.gov/vhf/ebola/pdf/postmortom-preparation.pdf>

- The institution has the capacity to safely refrigerate and store bodies before final disposition.
- Remains are sealed in leak-proof body bags and placed in transport containers for cremation.
- Embalming is NOT performed, and remains are not viewed
- Human remains are cremated. If cremation cannot be done, the body is buried in a standard metal casket or comparable burial method.
- Autopsies are not performed



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<p>10.2. Mortuary and funeral directors in the community were engaged when drafting the SOPs to ensure that there is adequate capacity for cremation and that the need for prompt disposition of remains without viewing is clearly communicated</p> <p>Planning for disposal of human remains is coordinated with state and local agencies pertaining to emergency plans, mass casualty, and related issues.</p>		
<p><b><i>Guidance for Safe Handling of Human Remains of Ebola Patients in U.S.</i></b></p> <p><b><i>Hospitals and Mortuaries described at:</i></b></p> <p><a href="http://www.cdc.gov/vhf/ebola/healthcare-us/hospitals/handling-human-remains.html">http://www.cdc.gov/vhf/ebola/healthcare-us/hospitals/handling-human-remains.html</a></p>		