

Infection Prevention and Control (IPC) for Ebola or Marburg:

Creating an Isolation Area in Your Facility

Speaker's Notes and Script

Slide 1:

Intended Audience: *This presentation focuses on what **facilities management personnel** need to know to prevent Ebola disease (Ebola) or Marburg virus disease (Marburg) from entering healthcare facilities. See Facilities Mgmt Slide Deck 1 – Preparing a Screening Area at Your Facility for details on what healthcare workers should know to assist the process of identifying isolating suspect Ebola or Marburg cases.*

Please note that the training topics for IPC for Ebola or Marburg are presented in sequence, with the expectation that participants will progress through the series. You may, however, mix and match content to meet participant needs, and you may need to adjust the sample script below accordingly.

Estimated time with audience participation: 25 minutes

Script:

Welcome! Today we'll continue focusing on key strategies to protect you, your patients and co-workers, and your friends and family from Ebola disease - or Ebola - and Marburg virus disease - or Marburg. The key strategy we'll focus on today is isolation and how to prepare isolation areas for people arriving to health facilities who might have Ebola or Marburg.

Slide 2:

Script:

We have two learning objectives for today. By the end of this session, you should be able to explain why isolating people suspected of having Ebola or Marburg is important and describe at least 3 best practices for setting up a short-term isolation area for suspected Ebola or Marburg patients.

Slide 3:

Activating background knowledge:

A key benefit of working with adult learners is that they likely already have some knowledge or experience related to the topic you are teaching. Use this as an opportunity to let students share what they already know to prime them for learning related ideas.

Script:

Let's start with a question. Why is it important to keep people who are suspected of having Ebola or Marburg isolated from other patients in a healthcare facility?

[Allow participants 2 minutes to discuss as a large group or in small groups. If it doesn't come up in discussion, add the following.]

Slide 4:

[Based on participant answers for the last slide, you may wish to adapt this script.]

Script:

As we discussed when talking about screening in the context of Ebola or Marburg, if a person with undiagnosed Ebola or Marburg were to be allowed into a healthcare facility, they could spread the virus to patients nearby and to the staff that cares for them. Early identification and separation of suspected

Ebola or Marburg patients prevents bringing unrecognized Ebola or Marburg into the healthcare setting, which protects you and the co-workers and patients at your facility. By keeping yourself healthy, you also avoid spreading illness to your family and friends. So, **keeping Ebola or Marburg patients separate in a healthcare facility protects you, your co-workers and patients, and your community.**”

In the last session, we focused on setting up a screening area for identification of people potentially ill with Ebola or Marburg before they enter the healthcare facility. This session, we’ll focus on setting up an isolation area – a place where people identified as potentially being ill with Ebola or Marburg can wait, away from others, for temporary care and then transport to a facility designed to treat people with Ebola or Marburg.

Slide 5:

Script:

Let’s first talk more about what isolation is. Then, we’ll discuss how to set up an isolation area.

Slide 6:

Script:

If, through the screening process, someone is identified as potentially having Ebola or Marburg, they should immediately be separated from other patients and from healthcare workers. This separation is called isolation. **Isolation prevents the person from spreading Ebola or Marburg to people near them including you, other healthcare workers, or patients.**

1.

Every facility should have space identified that can function as isolation until the patient can be transferred to a designated facility for testing and care. Sometimes this is called a “holding area” or “temporary isolation.”

Slide 7:

Script:

Isolation areas must be separate from other patient care areas to prevent sick people from passing their illness to others. This could mean a separate building, but based on your facility design and resources, it could also be a temporary structure such as a tent as seen in the top picture here or an area outside that is marked off for people in isolation, such as under a tree, which we see in the bottom photo.

The isolation area should be designated for use only by people suspected of having Ebola or Marburg. If some patients will need to be isolated for other reasons, there needs to be a different isolation area for them.

The isolation area should also have restricted access so that only healthcare workers, such as to provide oral medicines. You may need to fence or tape off areas or entryways to restrict access.

Slide 8:

Script:

The isolation area should be designed with unidirectional flow. That means that people should only move through the space in one direction like a one-way street. Ideally, your isolation area will have a separate entrance and exit, dedicated spaces for putting on and removing personal protective equipment, also called PPE, and separate patient care supplies to help ensure unidirectional flow.

The isolation area should also have at least one meter between beds. Just because a patient is in an isolation unit doesn’t mean they have Ebola or Marburg, although some patients might. Keeping appropriate spacing between patients helps protect uninfected patients from becoming infected.

Finally, the isolation area should be designed to hold patients temporarily and safely. This means that hand hygiene stations must be available, and separate toileting options for each patient such as a latrine or commode bucket are required.

Both of these pictures show examples of isolation areas. You can see in the picture at the top that the isolation area has a bed and a chair for the patient and that there is a dedicated toileting option for each patient. And that brings us to our next slide on the equipment and supplies that should be in the isolation area.

Slide 9:

cript:

A lot of equipment and supplies are necessary both in the isolation area and the areas where people will put on and take off PPE.

Every isolation area should have the following available for patients:

- A chair or bench for each patient and/or a bed with a plastic-covered mattress
- Food and water
- A hand hygiene station
- And a toileting option dedicated to each isolated patient such as a toilet, latrine, or bedpan
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If the area will be used for patient care, it should also have

- PPE for healthcare workers
- And designated patient care equipment.
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For cleaning and disinfection, the isolation area should have

- 0.5% chlorine solution or some other disinfectant
- Soap and water
- And designated cleaning equipment for the isolation unit such as mops, buckets, and cleaning cloths

For waste disposal there should be

- A biohazard waste bin
- And a general waste bin

Slide 10:

Script:

Ideally, the isolation area will have a separate space for putting on and taking off PPE.

The area for putting on PPE should have a hand hygiene station and a supply of clean PPE.

The PPE removal area should be supplied with these things to allow safe removal of PPE:

A bucket of strong (.5%) chlorine solution

A bucket of mild (.05%) chlorine solution

A container with a lid for biohazard waste such as disposable PPE and other infectious waste

A container for reusable PPE that will be reprocessed

And hand hygiene supplies

We will talk more in another session about how to clean and disinfect PPE so that it can be re-used. If you would like to review how to put on and take off PPE, you can check out the slides from the session focused on that topic.

Slide 11:

Script:

Let's return to our example from the last session of what facility setup could look like. Remember that, just like the screening area, your isolation area may look different from this facility because it will be tailored to the design of your facility and the available resources. This is just an example.

Notice [again] that anyone who is suspected of having Ebola or Marburg after screening is sent directly to the isolation area.

Notice that the isolation area has separate entries and exits for patients and staff, which allow for unidirectional flow of traffic through the space.

Notice also that there is a place for healthcare workers to put on PPE and a separate place for them to take it off. The positioning of these areas also encourages unidirectional flow and ensures that clean PPE is kept separate from used PPE.

Notice that the PPE dressing area has a hand hygiene station and clean PPE supplies. The removal area contains supplies needed for safe removal of soiled PPE including chlorine solutions, a footbath, a container with a lid for burnable waste, and a container for reusable PPE.

Notice that the isolation area has room for appropriate spacing between beds and that each patient would have their own toileting option – in this case, a commode bucket. There are also chlorine stations in the room.

Slide 12:

Reflection: *Encourages participants to apply, analyze, and/or evaluate what they've learned, which helps them to deepen their understanding of the topic and also allows you to check their comprehension of what's been discussed.*

Personalization: *Helps participants think about how what they have learned applies to their specific situations. Connecting learning to personal experiences helps learners to better understand and remember the ideas taught.*

Script:

Now that you're familiar with how to set up an isolation area for Ebola or Marburg in a healthcare facility, let's think about how this might work specifically in your facility.

If you've ever needed to isolate people at your facility, how is the isolation area setup for Ebola or Marburg similar to or different from other isolation areas your facility has set up in the past (for example, COVID-19)? *[Give participants a few minutes to discuss in small groups or as a large group.]*

What challenges has your facility encountered in the past with creating isolation areas? If you haven't experienced this before, what challenges do you imagine your facility might have?

[List challenges as participants mention them. Then, ask the group to offer suggestions for ways they might overcome those challenges. Answers will vary. You may also offer suggestions as you see fit. Recommended time for this discussion is 7-10 minutes. You may choose to keep this conversation shorter due to time constraints or to extend it if time allows.]

Slide 13:

Script:

To wrap up today's session, let's review some key points. First, **isolation** prevents people sick with Ebola or Marburg from spreading the illness to others. **It protects you, your co-workers and patients, and your**

community, and, in fact, it is one of the most important things you can do at your healthcare facility to protect yourself and your community from Ebola or Marburg.

Every facility should have a separate isolation area for suspected Ebola or Marburg patients until they can be transferred to a designated facility for testing and care.