



KENYATTA NATIONAL HOSPITAL

SOP/KNH/IPC-EBOLA/007

VERSION: 00

DEPARTMENT: INFECTION PREVENTION & CONTROL

## MOVEMENT OF AN EBOLA PATIENT WITHIN THE HEALTH FACILITY TO THE EBOLA ISOLATION UNIT



**1. Scope**

This procedure describes the process of moving a confirmed or suspected Ebola patient to the Ebola isolation Unit within Kenyatta National Hospital (KNH).

**2. Purpose**

To ensure that a patient suspected or confirmed to have Ebola is moved to the Ebola Isolation Unit within KNH using the safest and shortest route possible without exposing the attending staff, other health care workers, other patients, relatives and the environment to contamination.

**3. Terms and Definitions**

- 3.1 Ebola Isolation Unit: A physical place within KNH designated for the dedicated management of Ebola patients. It includes the patient area, staff area, changing rooms, store, sluice and body holding room.
- 3.2 Personal Protective Equipment (PPE): specialized clothing or equipment worn by an individual for protection against infectious material
- 3.3 Patient environment: Objects, equipment and physical space within one meter distance from the patient.

**4. Responsibilities**

- 4.1 The DDCS has the overall responsibility for ensuring that this procedure remains adequate for the intended use or purpose.
- 4.2 The Head of Unit: Infection Control has the responsibility for ensuring the development, review and maintenance of this SOP.
- 4.3 The Ebola response team have the responsibility of ensuring implementation of the procedure for transferring patients to the Ebola Isolation Unit.

**5. Method**

Requirements:

Full PPE

Patient transport equipment (wheelchair, stretcher)

- 5.1 Once informed of the presence of a suspected or confirmed Ebola patient within the hospital, the Ebola Response team will put on protective personal equipment (PPE) before approaching the patient. (Refer to SOP on wearing PPE SOP/KNH/IPC-EBOLA/001).
- 5.2 A minimum of two appropriately gowned healthcare workers move the patient using the shortest and safest route to the Ebola Isolation Unit.
- 5.3 Approach the patient calmly.
- 5.4 Explain to the patient that you intend to move him/her to another treatment area.
- 5.5 Assess the patient's ability to stand without touching them.



- 5.6 If able to stand provide a wheelchair and instruct them to sit on it.
- 5.7 If unable to stand assist him/her to get into a stretcher if available or to lie on a bed sheet/blanket as a makeshift sling.
- 5.8 The patient is handed over to the Ebola Isolation Unit care team.
- 5.9 The public health officer shall ensure the place vacated by the patient is disinfected and cleaned, any contacts of the patient within the hospital are identified and any patient material/samples are disposed of appropriately. (Refer to SOP/KNH/IPC-EBOLA/003 and SOP/KNH/IPC-EBOLA/004 on contact tracing and management).
- 5.10 The stretcher/wheelchair/bed sheet/blanket used to move the patient shall be taken to the decontamination/disinfection area for disinfection or incineration. (Refer to SOP on disinfecting reusable materials SOP/KNH/IPC-EBOLA/009).
- 5.11 The team that brought in the patient shall move to the degowning area and degown appropriately as per the de-gowning SOP.

## 6.0 References

- 6.1 Ebola & Marburg Outbreak Control Guidance Manual Version 2.0 Peter Thomson MSF 2007
- 6.2 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 August 2014 World Health Organisation
- 6.3 Infection control for viral haemorrhagic fevers in the African health care setting – World Health Organisation, US Department of Health and Human services