

DATE: September 29, 2014

TO: Acute Care Facilities, Local Health Departments, and NYSDOH Regional Epidemiologists

FROM: NYSDOH

Health Advisory:
**Interim Supplementary Infection Control Guidance for
Ebola Virus Disease (EVD) Patients**
**Please distribute immediately to: Medical Director, Nursing Administration,
Epidemiology/Infection Prevention, Central Sterile Processing, Facilities/Maintenance,
and Dietary Departments**

This document provides interim infection control recommendations from NYSDOH in areas where gaps exist in other guidance. This guidance applies to patients with suspected Ebola virus disease (EVD) who report either low or high risk exposures for EVD and to confirmed cases.

Patients under investigation who have no known exposures should be cared for using routine hospital procedures with standard, droplet, and contact precautions. Use of additional precautions should be based on their clinical status, and removal of precautions should be decided on a case by case basis.

Recent CDC guidance documents with infection control recommendations related to EVD are available at <http://www.cdc.gov/vhf/ebola/hcp/index.html>. Some of the CDC documents have been updated since their original release.

Regulated Medical Waste

- Facilities should dispose of all waste from EVD patient rooms (including linens, food trays, and used personal protective equipment (PPE) as regulated medical waste.
- The U.S. Department of Transportation (U.S. DOT) recently released guidance about transporting Ebola-contaminated items, which has implications for handling of regulated medical waste from EVD patients. The guidance states that regulated medical waste from EVD patients must be either treated on-site (e.g. autoclaved) before disposal or packaged and transported as a Category A infectious substance (by a permitted New York State transporter). This U.S. DOT document is available at <http://phmsa.dot.gov/portal/site/PHMSA/menuitem.6f23687cf7b00b0f22e4c6962d9c8789/?vgnextoid=4d1800e36b978410VgnVCM100000d2c97898RCRD&vgnextchannel=d248724dd7d6c010VgnVCM10000080e8a8c0RCRD&vgnextfmt=print>.
- Facilities are encouraged to communicate with their regulated medical waste contractors (transporters) to devise mutually acceptable plans for this waste. Plans might need to be institution-specific, depending on capabilities of the facility. Autoclaving of waste is likely to be a new procedure for hospital staff, and careful plans should be in place to ensure safe handling.

- New York State regulations address requirements for autoclaves used to treat regulated medical waste. Healthcare facilities regulated by NYSDOH that will use an autoclave to treat regulated medical waste on-site are required to submit an operation plan and a validation testing protocol prior to conducting a validation test. Results from the validation test are evaluated by the NYSDOH, and written authorization from the NYSDOH must be received prior to conducting on-site treatment. All treated regulated medical waste is considered as an industrial/commercial solid waste; therefore transport of treated regulated medical waste requires a 6 NYCRR Part 364 Waste Transporter permit issued by the New York State Department of Environmental Conservation (NYSDEC). Additional information on NYSDEC and NYSDOH regulations pertaining to regulated medical waste is found at: <http://www.dec.ny.gov/chemical/8789.html> and [https://govt.westlaw.com/nycrr/Browse/Home/NewYork/NewYorkCodesRulesandRegulations?guid=If3924df0b65511ddb903a4af59fec65a&originationContext=documenttoc&transitionType=Default&contextData=\(sc.Default\)](https://govt.westlaw.com/nycrr/Browse/Home/NewYork/NewYorkCodesRulesandRegulations?guid=If3924df0b65511ddb903a4af59fec65a&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default)).
- NYSDOH recognizes the many challenges facing hospitals regarding regulated medical waste from EVD patients. Discussions with CDC and US DOT to determine if there are alternate acceptable means of disposal are ongoing. Additional updates will be provided as more information becomes available or if other mechanisms for managing such waste are developed.
- Concerns or questions regarding regulated medical waste should be directed to NYSDOH at sally.patterson@health.ny.gov or 518-402-4781.

Environmental Infection Control

- CDC recommends use of an EPA-registered hospital disinfectant with a label claim for a non-enveloped virus (e.g. norovirus, rotavirus, adenovirus). Ebola virus is an enveloped virus. Non-enveloped viruses are typically more difficult to kill. The recommendation for a label claim for non-enveloped viruses is made to provide a substantial margin of safety.
- Proper environmental infection control includes both a cleaning step and a disinfection step. Many commercial disinfectants include a cleanser (e.g. detergent) which allows for completion of both steps at the same time. If this is not the case for your product, then environmental surfaces will need to be cleaned before they are disinfected. As always, careful attention should be paid to manufacturers' instructions, such as contact time, when cleaning and disinfecting rooms of probable or confirmed EVD patients.
- Although previous recommendations included a 1:10 dilution of bleach as an alternative to a commercial, EPA-registered hospital disinfectant, that option is not included in the most current CDC guidance. The disadvantages to using a diluted bleach solution prepared at your facility include the need to prepare a new solution at least daily, the possibility of errors in dilution, and the lack of a cleanser, which necessitates a separate cleaning step before use of the bleach solution. Therefore, facility-prepared bleach solutions are not recommended. Bleach-based commercial products that are EPA-registered as described above are appropriate for use with probable or confirmed EVD patients.
- NYSDOH recommends that infection control staff or other personnel trained by infection control staff monitor cleaning and disinfection of probable or confirmed EVD patients' rooms.

Personal Protective Equipment

- CDC has provided recommendations for the correct sequence and technique for putting on and removing PPE in the document "Sequence for Putting On and Removing Personal Protective Equipment" available at <http://www.cdc.gov/vhf/ebola/pdf/ppe-poster.pdf>.

- All PPE should be removed in a manner that prevents contamination of clean sites and surfaces. NYSDOH recognizes that some hospitals may choose to use various combinations or types of PPE beyond those recommended by CDC. In such situations, procedures for putting on and removing PPE will depend on the exact PPE chosen, and hospitals should develop procedures for removal that avoid contamination.
- Facilities should ensure that staff are trained in putting on and removing PPE, have practiced the procedures, and are competent in conducting them safely.
- Facilities should institute a “buddy system” for putting on and removing PPE such that a trained person is always available to observe and direct other personnel, especially in the safe removal of PPE.
- NYSDOH recommends that personnel transporting patients within the hospital use the same PPE as recommended for patient care within the patient room. Transport of patients within the hospital should be minimized. Plan transports such that hallways and elevators are clear and EVD patients are not left waiting for their procedures to begin. Plan for safe disposal of linens, equipment, PPE, etc. used during transport and procedures.
- All disposable PPE must be discarded as described above in the Regulated Medical Waste section.

Laundry/Linens

- CDC and NYSDOH recommend that all textiles (linens, privacy curtains, etc.) be disposed of as regulated medical waste.
- Use of disposable linen is an option. Regardless of whether linen is intended to be washed or discarded, it should be discarded as described above in the Regulated Medical Waste section.

Trays, Dishes, and Utensils

- NYSDOH recommends use of disposable trays, dishes, and utensils. These items should be discarded as described above in the Regulated Medical Waste section.

Sanitary Sewers

- The most recent guidance from CDC on August 19, 2014 states that EVD patients may use the bathroom. Patient waste (e.g. urine, feces) may be disposed of in toilets, taking care to avoid splashes.
- NYS regulations state that “discharge into a sanitary sewerage system connected to a secondary treatment facility, if the waste is liquid or semi-liquid, except as specifically prohibited by the Commissioner of Health, or by local law or ordinance” is an acceptable form of treatment of this waste. See full text at [https://govt.westlaw.com/nycrr/Browse/Home/NewYork/NewYorkCodesRulesandRegulations?guid=If3924df0b65511ddb903a4af59fec65a&originationContext=documenttoc&transitionType=Default&contextData=\(sc.Default\)](https://govt.westlaw.com/nycrr/Browse/Home/NewYork/NewYorkCodesRulesandRegulations?guid=If3924df0b65511ddb903a4af59fec65a&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default)).
- Additional information will be provided as it becomes available.