

# **Manual for the care and management of patients in Ebola Care Units/ Community Care Centres**

Interim emergency guidance

January 2015



World Health  
Organization

WHO/EVD/Manual/ECU/15.1

© **World Health Organization 2015**

All rights reserved.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Design and layout by L'IV Com Sàrl, Villars-sous-Yens, Switzerland.

# TABLE OF CONTENTS

PURPOSE OF THIS MANUAL .....	iii
INTRODUCTION .....	iv
TIPS FOR SAFE AND FRIENDLY ECUs/CCCs .....	1
<b>TRIAGE</b> .....	3
<b>Triage in ECUs/CCCs</b> .....	3
What is triage? .....	3
Triage area .....	3
Triage process .....	6
Making decisions about patients .....	7
Flow of suspected EVD patients .....	10
Patients not likely to have EVD .....	10
Facility design .....	10
<b>TREATMENT</b> .....	12
<b>Treatment of patients with suspected or confirmed EVD</b> .....	12
Principles of treatment in ECUs/CCCs .....	12
Rehydration with oral rehydration solution (ORS) .....	13
Malaria .....	15
Managing symptoms .....	16
Antibiotics .....	16
Nutrition .....	17
Pregnant women with EVD .....	17
Discharging a patient from ECUs/CCCs .....	17
Patient deaths in ECUs/CCCs .....	19

<b>SAFETY</b> .....	21
Preventing transmission during health care – infection prevention and control (IPC) in ECUs/CCCs .....	21
General considerations .....	21
Hand hygiene in ECUs/CCCs .....	22
Personal protective equipment (PPE) .....	23
Removing PPE .....	25
Protocol to follow if accidental contact with infectious body fluids occurs .....	26
Cleaning and disinfection in the ECU/CCC .....	27
<b>FACILITIES</b> .....	29
Facility considerations including water, sanitation and hygiene .....	29
Water supply .....	29
Sanitation .....	30
Drainage .....	32
Monitoring of water and sanitation .....	32
Waste management .....	32
<b>ANNEXES</b> .....	35
Annex 1: Advice for individuals and families in Ebola-affected areas .....	35
Annex 2: Patient record and checklist .....	38
Annex 3: Nutrition .....	40
Annex 4: Hand hygiene .....	45
Annex 5: Putting on and removing PPE .....	47

# PURPOSE OF THIS MANUAL

This manual provides guidance on best practices to be followed in Ebola Care Units (ECUs)/Community Care Centres (CCCs). It is intended for health aid workers (including junior nurses and community health-care workers) and others providing care for patients in ECUs/CCCs. While the focus is on the care and management of patients with Ebola Virus Disease (EVD), the care of patients with other causes of fever is also described.

EVD spreads from an infected sick person to others when there is direct contact with bodily fluids. EVD should be considered a possible diagnosis for every patient presenting to an ECU/CCC with fever. Attending health aid workers should protect themselves by taking appropriate precautions. At the same time, health aid workers should respect each patient and provide treatment and care with dignity.

Patients with EVD can have symptoms similar to patients with malaria and other endemic infectious diseases including typhoid and Lassa fever. Given that the EVD-affected areas in West Africa are located in high malaria-endemic zones, patients with fever should be appropriately treated for malaria.

Procedures detailed here to care for and manage patients with fever and EVD in ECUs/CCCs should help to establish a systematic approach at the community level for providing reliable and acceptable health care.

# INTRODUCTION

The Ebola virus disease (EVD) outbreak in West Africa is the most severe and complex outbreak of this disease in history. Containing it requires several public health interventions. These include early identification of cases; appropriate treatment of people with EVD (to reduce suffering and to improve chances of survival); physical isolation of cases to reduce further spread; rigorous tracing of contacts; and burial practices that are safe in terms of EVD-transmission risk and dignified in terms of allowing culturally-appropriate grieving. These measures are supported by strong social mobilization and sound risk communication practices. Much of the care of patients with EVD has taken place in hospitals and Ebola Treatment Centres (ETCs). However, as the number of cases has grown, the capacity of ETCs in some areas has been insufficient to cope. This has led to some patients with EVD remaining at home, putting family members at risk.

WHO, with the support of UN, NGO and government partners, has devised a complementary strategy to increase the capacity for treating large numbers of EVD patients and to help reduce EVD transmission through patient isolation. This has been done through the establishment of controlled settings, called Ebola Care Units (ECUs) or Community Care Centres (CCCs). These centres enable infected persons to receive basic curative and palliative care along with access to essentials including food, drink, clean clothing and linens, while being isolated. This is done in the community, meaning the ECUs/CCCs can be set up and maintained with local supports. It also reduces the transportation of patients with EVD, a practice that can lead to infections among transporters and helpers.

An advantage of ECUs/CCCs is that they can be operated by trained health aid workers with help from community workers and volunteers. A well-managed ECU/CCC can draw upon community will and support, while at the same time offering basic care in a safe and friendly setting, above what can be provided at home. The facilities created for these ECUs/CCCs could also be used in the future for other community-level health-care provision.

# TIPS FOR SAFE AND FRIENDLY ECUs/CCCs

**Rule No.1** Protect yourself and others from infection.

**Rule No. 2** Treat patients with respect and dignity.

- It is important for ECU/CCU health aid workers to develop trust and good relationships with patients and their families. To facilitate this:
  - Write your name on your outfit (for example on your personal protective equipment – PPE), so they know who you are.
  - Put pictures of the health aid workers on the walls of the treatment area (when your face will be hidden behind PPE).
- Allow patients to communicate with their family and friends
  - Find a creative way to allow communication. For example, designate meeting areas that are physically separated, introduce transparent separations and permit the use of cell phones. This is usually easier to manage if only one visitor at a time is permitted per patient.
  - If the patient is bedbound, one person at a time may be permitted to see the patient. Visitors should be trained in proper use of PPE and hand hygiene, and instructed not to touch the patient, bed linens or other objects. A staff member may accompany or observe the visit to ensure safe practices are followed.
- Dos and Don'ts for ECU/CCC Health aid workers

**DO:**

  - **inform patients and families** about EVD. Explain how it is transmitted from one person to another and how to take precautions to prevent it. Keep families updated on the patient's condition, and provide any other information they may seek;
  - provide **care and support** to patients, particularly in helping them to drink and eat if it is possible. If needed, help patients use the latrine/ toilet;

- ❑ **monitor** patients for new signs or symptoms, or improvements in their condition. Observe and respond to their needs, such as the need for comfort;
- ❑ **record** patients' details on a chart maintained within the facility. **Report to data management and supervisory personnel on the condition of patients.**

### **DON'T**

- ❑ touch the patient or environment except when wearing PPE;
- ❑ treat the patient in a way that is disrespectful or hurtful;
- ❑ provide unnecessary medication, as this can be harmful – e.g., non-steroidal anti-inflammatory medicines (NSAIDs such as aspirin or ibuprofen).

## **Make ECUs/CCCs friendly and safe for patients and their families**

Patients coming to an ECU/CCC are often scared and full of speculation and questions. ECU/CCC staff should explain what Ebola is and how it is transmitted (see Annex 1, page 35). Explain that you are wearing PPE to protect yourself and other people from infection. For patients who will be admitted as suspected cases, try to reduce their distress by explaining to them and their families how they will be cared for in the ECU/CCC.

预览已结束，完整报告链接和二维码如下：

[https://www.yunbaogao.cn/report/index/report?reportId=5\\_27578](https://www.yunbaogao.cn/report/index/report?reportId=5_27578)

