## October 22, 2014

**HMC Lab Ebola Plan – Version 5**

# Notification

# When a patient is placed in Ebola precautions, HMC Infection Control will notify impacted departments, including the LMR, who will notify faculty and activate the lab notification plan.

# If the lab finds out about the patient in a different way, the lab will notify the LMR. If confirmed, the LMR will activate the lab notification plan.

# When notified that a patient is in-house, the laboratory will prepare by following Initial Preparation checklist (see page 3).

# If SPS receives a phone call notifying the lab that specimens are coming – ask what tests have been ordered.

# If tests other than standard approved tests requested, inform caller that LMR will need to be contacted for approval of non-essential tests.

# If samples are received for non-approved testing, hold samples in a secure location in receiving laboratory (do not ship samples to other locations within or outside of Lab Medicine without clear direction from receiving lab faculty).

# If specimens received for Anatomic Pathology, hold samples in receiving lab and call Pathology to inform them of presence of specimen. Pathology will review test necessity with clinicians, and either pick up specimen or inform Lab Medicine that specimen can be discarded.

# SPS will notify impacted lab areas to prepare to receive samples:

# Each area selects a two-person team – a specimen HANDLER and a Helper.

# During off-shifts, one or two teams will perform all testing.

# When specimens ready to be taken to testing areas, each team member will suit up (isolation gown, double gloves, eye protection, face mask/shield) – supplies located on cart near shared lab supplies.

# Inform any non-lab personnel in laboratory of the situation and request they leave impacted area.

# Prepare to clear all non-essential lab staff from testing areas (to minimize distractions and limit exposure).

# Approved Testing

# The following tests can be ordered and performed without prior approval on HMC patients. All other testing requires LMR approval.

|  |  |
| --- | --- |
| Division | Testing Available |
| Hematology | CBC/Differential/ReticMalaria thin smear |
| Coagulation | PT, PTT, FIB, TT, DDI |
| Chemistry | Automated line tests below – only lime green or orange tops (no aliquoting)ALB, ALP,ALT, AMY, AST, BUN, CA, CHOL, CK, CL, CO2, CRE, CRPH, BILT, BILD, ETOH, FE, FERRITIN, GGT, GLU, HDLD, HCG, K, LD, LIP, MG, MYO, NA, TTHY, PO4, TROPI, TP, TRFN, TRIG, URIC ACID |
| Urinalysis | UA, yellow top tube onlyNo urine cups, no manual microscopic exam |
| Blood Gas | Any ABG test |
| Micro | Blood Culture |
| Transfusion | Automated testing |
| Send Outs | Ebola PCR Testing to State Lab |

# Testing Division General Overview:

1. Division team (**HANDLER** and **Helper**) prepare according to division plan:
   1. Ready testing area and collect supplies needed (i.e. red bag to for contaminated testing supplies, Sani-wipes open, bucket of 10% bleach water, etc. Divisions can share bleach buckets if desired).
   2. Put on PPE when specimens ready to be retrieved.
2. When ready, go to Bench 100 to retrieve samples. If another team is already working in BSC, remain out of the way until area is clear.
3. **HANDLER** wipes outside of specimen containers with Sani-Wipe.
4. If testing is to be performed in BSC:
   1. **HANDLER** perform test(s) and informs **Helper** of results.
   2. **Helper** record results on testing form outside of BSC.
5. If testing is to be performed on automated instrument:
   1. **HANDLER** removes capped specimens from BSC and carries to testing location.
   2. **Helper** clears the way and assists in performing clean tasks as needed.
   3. If specimen must be uncapped on the bench, **HANDLER** decaps the tube behind a shield using gauze to capture any aerosols generated.
6. Once testing completed, **HANDLER** does the following:
   1. Retrieves the sample and either disposes or places in rack located in BSC on Bench 100.
   2. Safely places all contaminated testing supplies into red bag and places bag into designated Ebola waste red bio-bin.
   3. Decontaminates lab benches and external surfaces of testing analyzer as appropriate.
7. **HANDLER** can now carefully remove PPE – **Helper** watch carefully to ensure **HANDLER** doesn’t contaminate self through removal of PPE. When done, perform hand hygiene.
8. **Helper** now carefully removes own PPE and performs hand hygiene.
9. Automated instruments are internally decontaminated if necessary.
10. Replace large red Ebola Waste bio-bin with a new one from the lab autoclave room when bin is about half full.
    1. Tech in Hematology will monitor bio-bin and take responsibility to get full bins removed.
    2. Wear full PPE to close up liner bag (detach bags from back of bin, push inner bag down over waste, tie a knot in top of outer bag).
    3. With clean gloves, close lid of bio-bin and call EVS (744-3131) and request transport of Ebola waste.
11. Specimens without orders or those with unapproved orders will be held in BSC on bench 100 for 24 hours before autoclaving.
12. When testing complete on all specimens received, tech in Hematology will discard waste from BSC and perform final wipe down inside and outside BSC (including chair).
13. If more PPE needed, order from HMC Stores using list and ordering instructions (located on cart).

# Initial Preparation Checklist (when first hear patient is in-house):

# Responsibility of Floor Warden to ensure each section completed – can delegate sections to other staff to accomplish. Signs noted below are located on Ebola PPE cart.

# Obtain appropriate Personal Protective Equipment (PPE).

# \_\_ Collect supplies stored in the reagent room (GWH-67)

# \_\_ Place cart with Ebola supplies near shared supply cabinet in main aisle way of lab.

# \_\_ Tape up ‘Sequence for Putting On PPE’ sign near cart.

# \_\_ Put a small garbage can near PPE cart.

# Prepare for waste disposal (main lab and TSL if needed).

# \_\_ Obtain a large red regulated medical waste bio-bin (on wheels) from lab autoclave room

# \_\_ Add an additional large plastic liner bag inside bio-bin – extras are located on cart near bins.

# \_\_ Place double-bagged bio-bin near Heme’s Bench 100 to collect contaminated testing supplies and PPE

# \_\_ Tape ‘Ebola Waste’ sign to top of bio-bin (copies of sign located on cart)

# \_\_ Tape a ‘Sequence for Removing PPE’ sign to bench near the red bio-bin

# Prepare BSC on Bench 100.

# \_\_ Clear out any non-essential items from BSC on bench 100.

# \_\_ Tape ‘Ebola Area’ sign to front of BSC.

# \_\_ On bench across from BSC place a clean Styrofoam box and some specimen bags (obtain from SPS), and some pens.

# \_\_ Ensure chair in front of BSC has no rips in seat or back (so it can be cleaned).

# \_\_ Place the following inside BSC:

# \_\_ Rack with holes large enough for 10ml tubes

# \_\_ Freshly opened purple- or grey-top container of Sani-Wipes

# \_\_ Bio-wipes (orange plastic back)

# \_\_ Labeled rack or bin to hold specimens for 24 hours prior to autoclaving

# \_\_ Specimen bags (around 10) – obtain from SPS.

# SPS prepare supplies for specimen transport.

# \_\_ Obtain 1-2 clean Styrofoam boxes for patient care providers to collect from the lab.

# \_\_ Place 2 specimen bags with absorbent pads into the Styrofoam boxes.

# \_\_ Obtain ‘’DO NOT ENTER” sign from cart to post on SPS lab door when specimens arrive.

# Inform non-lab employees (instrument service personnel, SI, sales reps, etc.) of situation, and request they stay out of impacted area.

# 

# If needed, do a quick refresher for staff regarding Ebola plan, appropriate PPE and disrobing techniques.

# SPS Plan

When specimens arrive:

\_\_ Get requisition from transporter – if paperwork has been placed inside the Styrofoam box, request that they leave paperwork outside of box next time.

\_\_ Give the transporter a clean Styrofoam box containing 2 specimen bags with absorbent pads to take back to patient area.

\_\_ Take box of specimens to BSC on Bench 100 and place unopened box inside BSC.

\_\_ Do overhead page to entire lab, informing everyone that specimens have arrived in lab.

\_\_ SPS 2-person team suit up in appropriate PPE.

\_\_ Assign a ‘Runner’ to monitor team and assist team as needed.

\_\_ Place “DO NOT ENTER” sign on outside of SPS door.

SPS **HANDLER** will perform the following inside the BSC:

\_\_ Remove specimen bag from Styrofoam box.

* + 1. If any sign of leakage, discard all specimens without opening bag, log and credit samples, enter into specimen tracker and notify floor.
    2. Styrofoam box can be used as waste container inside BSC.

\_\_ If no sign of leakage, open bag and remove samples.

\_\_ Wipe outside of the specimen container(s) with a Sani-Wipe (purple or gray top).

\_\_ Verify samples labeled correctly, appropriate specimens present for testing ordered, and sample volume at least half full.

\_\_ Place sample(s) in rack inside BSC.

\_\_ If requisition was placed inside Styrofoam box, discard requisition once information is transferred (Runner can call floor and request reprints of CPOE slips).

\_\_ When specimen labels arrive from SPS, label samples in BSC.

\_\_ If Ebola send-out test or specimens for Pathology sent:

* + - 1. Place specimen into specimen bag
      2. Close and wipe down bag
      3. Have SPS **Helper** hold open a clean specimen bag containing absorbent material.
      4. Carefully transfer bagged specimen into clean specimen bag – Helper will place sample into a clean Styrofoam box (separate box for each location).

\_\_ When done handling specimens, use a Sani-Wipe to wipe inside of BSC where any contamination may have occurred.

\_\_ Carefully remove and discard PPE according to protocol – perform hand hygiene.

\_\_ Watch Helper remove PPE and ensure appropriate protocol followed.

SPS **Helper** will do the following:

\_\_ Ensure requisition (or blank, if original paperwork contaminated) and a pen available to document tubes received.

\_\_ Open large red Ebola waste bio-bin to prepare for discard of waste.

\_\_ Assist SPS **HANDLER** to follow this protocol, and remind them of safety considerations as needed.

\_\_ Document tube types received on the requisition.

\_\_ Verify all tests ordered are on ‘approved’ list – if not, will need LMR approval.

\_\_ Have runner take requisitions to SPS, log in approved tests and bring you labels.

\_\_ When labels arrive via runner, give labels to SPS **HANDLER** to label specimens.

\_\_ If send-out Ebola or Pathology specimens present, assist with placing bagged samples into clean specimen bags and inside clean Styrofoam boxes. See Sendout Plan for further instructions.

\_\_ When ready to remove PPE, watch carefully to ensure **HANDLER** doesn’t contaminate self through removal of PPE.

\_\_ Remove own PPE and perform hand hygiene

\_\_ Return to SPS and do overhead page to notify lab divisions that samples are ready to be retrieved.

1. If TSL samples were received, call TSL to transport specimens downstairs.
2. If Pathology specimens were received, call Pathology to inform them specimen is present.

Sendout Plan:

* 1. OFFSHIFT: The bagged sample will be placed into a new crashbox labeled “Ebola testing to statelab” and placed in the SPS fridge for dayshift. Notify the incoming shift of the sample and its location.
  2. DAY SHIFT: Leave the bagged and labeled sample in the hood, and notify the reference sendouts department.

Reference send-out responsibilities:

1. View OLTG page for Ebola Virus PCR to Washington State Lab (Code: 595)
2. Contact Seattle/King County Public Health Epidemiologist at 206-296-4774.
3. Print and complete the Test Requisition Request form from the OLTG page.
4. Complete and file all paperwork as normal for undefined sendouts testing.
5. Provide Microbiology lead-in-charge with the completed Washington State req, and notify them that the sample is ready for packaging and its location. Micro will package as a Category A substance.
6. Call Delivery Express for transport of specimen to State Lab in Shoreline.

# Heme/Coag Pre-Sample Preparation

# Place an open red biohazard bag on bench near coag shield.

# Remove all coag samples from inside one Stago Compact (to eliminate confusion).

# Set Micro’s centrifuge on bench 105 to Program #3 (Heme) - if necessary, communicate with Micro not to use centrifuge (verbal or note).

# Create bucket of 10% bleach water for disinfecting XE racks & centrifuge bucket & lid.

# Open Sani-wipes near Heme/Coag benches.

# Place first XE on heme line in Stand-Alone mode and place empty rack in front of instrument – other samples can continue to be run on line until Ebola sample is ready to be put on line.

# Prepare Sysmex decontamination rack by filling 3 empty vacutainers with 6% bleach (pre-made in brown bottle on XE bench) and placing in rack, followed by 2 vacutainer tubes filled with distilled water.

# If Malaria Prep likely (usually upon initial arrival of patient), place the following in BSC:

# Pencil

# Box of slides

# Microhematocrit tubes (5-10 sufficient)

# Coplin jar full of methanol (full to top of jar to cover slides completely)

# Metal forceps

# Coagulation Sample Plan

1. Specimens will not be checked for clots – no manual manipulation of sample.
2. Capped blue top tube will be centrifuged in Micro’s Eppendorph centrifuge.
   1. **Helper** opens centrifuge bucket
   2. **HANDLER** places specimen into bucket without touching exterior of bucket.
   3. **Helper** places balance tube in bucket, snaps lid onto bucket, places bucket into centrifuge and starts centrifuge using program #3.
3. When centrifuging is complete, **Helper** opens centrifuge, **HANDLER** carries bucket to BSC, opens bucket and retrieves sample.
4. **HANDLER** carries centrifuged blue top to Coag bench and removes cap behind shield, discarding cap and gauze into open red bag.
5. **Helper** opens drawer on coag instrument.
6. **HANDLER** places open tube on instrument.
7. **Helper** closes drawer on instrument and ensures PT/PTT/FIB/TT/DDI tests are running (run all tests regardless of tests ordered).
8. When testing complete, **Helper** opens drawer on coag instrument, and **HANDLER** caps tube with tainer top before removing from instrument, then retrieves tube and places in BSC rack on Bench 100.
9. **HANDLER** decontaminates area, including coag bench area and plexiglass shield with 10% bleach solution or Sani-Wipe, instrument drawer (use Sani-wipe around patient sample slot), and centrifuge bucket and lid (place in bleach water 5 minutes, rinse well with water and leave to drain/dry on paper towel near sink).
10. **Helper** or other staff member do internal instrument decontamination by bleaching needles and wash posts for 10 minutes prior to running other samples on that instrument.
    1. Open front transparent panel on instrument.
    2. Carefully fill each wash well with 10% bleach using bleach bottle or transfer pipet.
    3. Close transparent panel.
    4. Press ESC, go to needle purge and lower needles into bleach solution.
    5. Leave the needles in the bleach solution for 10 minutes.
11. Remove Cuvette waste bag from instrument, place in red biohazard bag, and put in Ebola waste bio-bin.

# Hematology Sample Plan

1. No microtainers accepted. No spun microhematocrits, clot checking or dilutions will be performed on samples.
2. **HANDLER** brings labeled, disinfected and capped lavender tube to hematology line.
3. **Helper** ensure XE-5000 is in stand-alone mode and empty rack in front of instrument.
4. **HANDLER** holds tube so **Helper** can scan barcode on tube.
5. **Helper** adds on tests to ensure sample will run CBC, Diff and Retic.
   1. Scan barcode and bring up patient sample in WAM.
   2. Click ACTION tab at bottom of screen.
   3. In Add-on box, select ADIFF, HRET and SMEAR (unless already ordered)
   4. Click ADD button, then hit ACCEPT
6. **HANDLER** places tube into Sysmex rack in front of designated instrument.
7. **Helper** pushes start button, and reviews results on computer.
8. If slide review needed, **Helper** puts SP10 in single mode and **HANDLER** moves rack to SP10. Virus will be inactivated by methanol in stain, so slides may be reviewed as normal.
9. When testing complete, **HANDLER** retrieves tube and places in rack in BSC on Bench 100.
10. **HANDLER** decontaminate area, including Sysmex rack (5 minutes in 10% bleach solution and rinse with water) and exterior of hematology analyzer (with Sani-Wipe).\
11. Decontaminate Internal instrument by cleaning the Piercer on both XE and SP10 as needed.
12. Verify XE and CVR are ready and “Manual” is displayed on the XE LED.
13. Place rack containing 3 vacutainer tubes with 6% Clorox bleach and 2 with diH2O in the CVR waiting area.
14. On the CVR keypad press and hold **[ALARM RESET]** and press **[STOP].** **RUN READY** LEDs light on the keypad.
15. Press **[START]** on the CVR keypad.
16. The rack will sample as usual.
17. When the cleaning is complete, remove the rack from the end of the CVR and press and hold **[ALARM RESET]** and press **[STOP]. READY** LED lights on the keypad.

# HMC Heme Malaria Testing Plan

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# Hematology will create thin smears in BSC.

# Smears will be immediately placed in methanol for 5 minutes to fix the specimen and deactivate the virus.

# Once deactivated, smears can be removed from the BSC and stained as normal.

# Micro will not make thick smears nor perform rapid malarial antigen testing.

# HMC CSF Cell Count Plan (Requires Faculty Approval)

# If approved, create appropriate Iris dilutions within BSC.

# Recap dilution tubes with red cap and carry to Iris bench.

# Uncap tubes behind bench shield using gauze to capture any droplets or aerosols.

# Place dilutions in rack and run on Iris.

# For cytospin slide, bring cytospin bucket to BSC to pipet into disposable cups.

# After centrifugation, open cytospin bucket within BSC and carefully dispose of cups.

# Fix slide in methanol for *5* minutes to inactivate virus prior to staining.

# CHEMISTRY PLAN:

# Upon Notification of Samples Coming:

# Available tech make 10% bleach solution using tub large enough to accommodate racks. Keep in sink on Bench 10.

# Two techs, Handler and Helper, will handle all chemistry tests. Suggest one tech from automation line and UA tech.

# ABG Plan

1. In BSC, wrap the sample with gauze / absorbent pad, mix the sample, remove the cap and check for clot. Remove any air bubble and replace cap.
2. Place sample back into Ziploc bag for transport to ABG bench.
3. Behind the splash shield, remove the sample from the Ziploc bag; wrap the sample with gauze / absorbent pad and remove the cap.
4. Place the sample in the ABL sample port and run.
5. Remove the syringe from the instrument; bring it behind the splash shield and replace the cap.
6. Remove the waste container from the instrument and close it tight.
7. Place waste container, the contaminated gauze/absorbent pad, and sample into the biohazard waste ( double bagged ) bag
8. Decontaminate the surface of inlet port area with 10% bleach or Sani-wipe from purple or grey top container.
9. Discard anything contaminated into the biohazard waste bag; tie the bag, and place it in the Ebola waste bio-bin.

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# Urinalysis Plan

1. Accept only yellow top tube sample (no urine cups).
2. Remove the yellow top behind the splash shield using gauze; place tube on the rack.
3. Load the rack onto the analyzer.
4. Upon completion of analysis, bring rack back to behind the splash shield, close the cap.

Discard the contaminated gauze, sample, mat on the bench behind the splash shield, and used test strips into a biohazard (double bagged) bag; tie the bag, and place it in the Ebola waste bio-bin.

# Neither manual microscope review nor confirmatory testing will be done.

# Decontamination of instrument is not required due to detergent in wash solutions

# Soak the IRIS rack and strip waste container in 10% bleach for 10 minutes and rinse.

# Decontaminate the loading area with 10% bleach or Sani-wipe from purple or grey top container. Allow to air dry.

# Chemistry Automation Plan

# Hold all non-Ebola samples until Ebola sample testing is completed and area is decontaminated.

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1. Tape a biohazard bag over cap discard chute to enable the vacutainer cap to be captured.
2. Visually inspect sample volume in tube:
   * 1. Full tube of sample: Add “EBOLA” panel on Remisol
     2. Half full tube of sample: Order “Visual” (we will only run requested tests)
     3. Less than half full tube of sample: Do not run.

**Ebola panel : ALB, ALP,ALT, AMY, AST, BUN, CA, CHOL, CK, CL, CO2,CREAT, CRPH,T/D BIL, ETOH, FE, FERRITIN, GGT, GLU, HDLD, HCG, K, LD, LIP, MG, MYO, NA, PAB, PO4, TROPI, TP, TRFN, TRIG, URIC ACID, LIH, VISUAL.**

1. Load the sample on the automation track. When completed, the sample will be routed to the outlet.
2. **Handler follows tube down the line to completion and removes tube from outlet.**
3. Soak the loading rack in 10% bleach solution for 10 minutes and rinse.
4. Remove the biohazard bag from the discard chute, place completed sample in this biohazard bag; tie the bag, and place it in the Ebola waste bio-bin.
5. Decontaminate the discard chute and the surrounding area with 10% bleach or Sani-wipe from purple or grey top container.
6. No auto or manual dilutions. Report result ‘greater’ or ‘less than’ upper or lower limits as needed.

How to clean out reserved sample on the DxI wheel:

Standby mode 🡪 Menu🡪Diagnostics🡪 initialize system 🡪 pop up window shows

“ Clean Out Sample Wheel Vessels” 🡪 Select “ All Positions “

This action will clean out all vessels

1. Remove the waste liners from DxI; tie the bag, and place it in the Ebola waste bio-bin.
2. Decontamination of instruments is not required due to detergent in wash solutions.

**Urine Drug Screen Plan ( if approved by LMR to run )**

1. Accept only yellow top urine tube (no urine cups)
2. Open the AU680 Stat wheel lid and remove the adaptor. Wrap the urine sample tube with gauze/bio wipes, remove the yellow top, load on the stat wheel and run.
3. When testing is completed, remove the sample from the stat wheel; close the tube with a new yellow top. Discard the contaminated gauze, original cap, and sample into a biohazard (double bagged) bag, tie the bag and place it in the red plastic bio hazard bin.
4. Decontaminate the Stat wheel with 10% bleach or Sani-wipe from purple or grey top container. Allow to air dry.

**Once testing is completed and areas are properly de-contaminated, Helper helps handler removing PPE, then handler helps helper removing PPE. Discard PPE in the Ebola waste bio-bin.**

# Blood Culture Plan

# SPS- If blood cultures are received on midnight shift, log in as described above and leave blood culture bottles in the hood and the requisition in the designated benchtop across from the BSC. Micro will set up samples on day shift.

# Bottles are disinfected initially by SPS and remain in the Hematology BSC until retrieved by day shift Microbiology staff.

# See the Microbiology Division’s Processing Blood Cultures and Specimens in VersaTREK Bottles for guidance on handling blood culture bottles.

# Malaria Testing Plan

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# Hematology will create thin smears in BSC.

# Smears will be immediately placed in methanol for 5 minutes to fix the specimen and deactivate the virus.

# Once deactivated, smears can be removed from the BSC and stained as normal.

# Transfusion Services Testing Plan

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1. If the patient is using more than just a few uncrossmatched units we will test the sample on the Tango to make crossmatch compatible products available. Decision to test will be made by the TSL Medical Director.
2. Samples will arrive in SPS. SPS will place TSL samples in specimen bags inside a Styrofoam container, and notify TSL that sample is ready to be picked up.
3. Two TSL employees will walk upstairs to retrieve the sample. These two will be selected on a volunteer basis and will either be one CLT and one MLS or two MLS.
   1. Samples can be carried inside Styrofoam container down to TSL while wearing normal PPE (Styrofoam box is ‘clean’ on the outside).
   2. TSL staff can collect PPE from supply in main laboratory, or maintain a stock in TSL.
   3. TSL staff can retrieve an additional large red biohazard waste bin from the autoclave room in the main laboratory to use for ‘Ebola Waste’.
4. TSL computer at Bench A will be designated for Ebola handling only. All other employees will clear the area to limit chance of exposure. Set up testing area with an open biohazard waste bag and orange absorbent pads.
5. The **HANDLER** and **Helper** will put on full PPE as outlined in the Ebola Policy.
6. Do not open Styrofoam box and remove sample(s) until all tests are completed on the Tango instrument so the Ebola sample is run by itself.
7. **HANDLER** employee will examine the specimen for acceptability and or leakage. If leakage is present the specimen will not be opened from the transport bags and will be thrown away. If the sample is unacceptable (i.e. missing a signature, date, time, etc.) please inquire with the TSL Medical Director for a deviation.
8. **Helper** employee will order the test in the computer and will hand labels to the **HANDLER**.
9. **HANDLER** employee will remove specimen cap with an orange absorbent pad behind a plexiglass shield and discard cap in biohazard bag. A new cap will be placed on the specimen when testing is complete. New caps can be found in the Ebola Precaution Box.
10. **HANDLER** will centrifuge the sample by itself.
11. **Helper** will hold a specimen rack for the **HANDLER** to place the specimen onto and will open the Tango door and slide the rack into place.
12. The **Helper** will then order the tests and start the run on the instrument.
13. After starting the test run the **Helper** will watch the **HANDLER** dispose of the waste, clean the area and remove their PPE and before removing their own PPE.
14. The area around the Tango will be kept clear until testing is complete. Upon completion the pair will re-gown into designated PPE to remove the sample from the Tango and validate testing. The sample will be capped with a new cap and parafilmed before double bagging into clear biohazard bags. The sample will then be placed in its designated rack or Styrofoam box in the refrigerator.
15. The **HANDLER** will ensure that all specimen strips are removed from the Tango instrument into a biohazard bucket with the assistance of the **Helper**.
16. The **Helper** will start the decontamination process on the Tango and will wipe down all surfaces nearby including the refrigerator and specimen rack before observing the **HANDLER** remove PPE and then removing their own. The biohazard bags used will be placed into the designated red biohazard bin and facilities will be called for immediate pick up.
17. Specimens will be tested by hand only with TSL Medical Director approval for cases that involve antibodies or any extended workup.
    1. Specimens tested by hand will be brought into the Hematology laboratory to be run under the BSL II hood on Bench 100.
    2. The “buddy system” will be used for manual testing where the Handler touches the sample, drops the plasma and RBC suspension and reads the tubes. The Helper will drop reagents only if using panel cells and will take great care not to touch the dispenser into the patient tube. If contact is made the panel cell will be considered contaminated. All other reagents will remain designated for Ebola testing and will be kept separately upstairs.

PPE Ordering Information

HMC Medical Stores

Isolation Gowns – Stores # 39131

Medline ThumbsUp Isolation Gown – Over the Head Style Neck

Size XL

Ref #CR15001

Procedure Mask – Stores # 1100

Kimberly Clark Procedure Mask – Yellow with ear loops

Ref # 47117

Hair Covers – Stores # 1082

Cardinal Health Convertors Blue Comfort Bouffant Cap

Size Large (24”)

Ref # 3274

Other Ordering Locations

Face Shields

Fisher Scientific, Order #S98127 (Box of 25) $51.37