**GUIDANCE FOR OXFAM STAFF PROVIDING SUPPORT TO EBOLA CENTRES**

**Key points**

* No Oxfam staff are permitted to enter an active red zone, however they may be authorised by their supervisor to carry out specific tasks within a green zone
* Although there can be an elevated risk of working in and around Ebola centres due to the proximity to potentially infectious materials, in a centre that meets basic IPC standards these risks are comparable to other activities Oxfam staff are engaged in (eg supporting quarantined areas)
* Safe working in a green zone requires an understanding of the layout and operation of that centre
* Red zones are considered active unless no Ebola positive patients have been admitted and continue to be active until they are decontaminated and signed off by the IPC supervisor

**Introduction**

During the current Ebola virus disease (EVD) outbreak in West Africa, all persons suspected to have contracted EVD should be admitted to an isolation health care facility as soon as possible so that testing, care and treatment can be provided whilst minimising the risks to health care staff and the surrounding communities. Oxfam is involved in the design, construction, operation and maintenance of Ebola centres. Staff operating in and around these facilities must adhere to the following procedures in order to minimise the risks to themselves and others.

**Purpose**

The purpose of these SoPs is to guide ways of working in and around small formal Ebola isolation centres, such as community care centres and holding centres. It is expected that Oxfam staff will primarily be working in centres that have been designed and constructed by Oxfam, alongside medical partners. Where staff may be operating in centres not constructed by Oxfam a risk assessment should be made by a competent person before any work is planned.

**Scope**

These SoPs are designed for routine operation and maintenance work that needs to be undertaken in either white or green zones (see below) they are based on experience and development of best practice alongside medical partners over several months. A separate set of SoPs have been developed to guide the decontamination and urgent maintenance of red zones.

**Responsibilities**

The operation and maintenance of Ebola centres is the joint responsibility of Oxfam and the medical partner. Each organisation should designate a senior supervisor on site at any given time. The Oxfam supervisor is responsible for managing Oxfam staff and contractors working in and around the site, including authorising entry to the green zone if required and supervising activities. The medical supervisor is responsible for managing medical and hygienist staff within the green and red zones. Any activities undertaken by Oxfam staff that may impact on the functioning of the centre, such as maintenance of the water supply system, must be agreed before work commences by Oxfam and the medical partner .

Managing safety of Oxfam teams working in Ebola centres is the responsibility of the Oxfam supervisor, who will discuss plans with the medical partner as required. However, where it relates to staff safety directions from the medical team should be followed immediately.

All staff are ultimately responsible for their own safety, and for adhering to these SoPs. If at any time a member of staff is not comfortable with working around the centre they should notify their Oxfam supervisor.

**Ebola Centres**

Ebola centres designed and constructed by Oxfam should, where possible, meet the MSF guidelines set out in the MSF FVF Guidelines[[1]](#footnote-1) or, as appropriate, alternative standards agreed with medical partners. Although each centre will be slightly different, all isolation areas should conform to some basic IPC concepts including ‘isolation’, ‘flow’ and ‘zones’.

* Isolation involves the physical and behavioural barriers that prevent contact between suspected or confirmed cases, other patients, staff and the surrounding community. Physical barriers include fences and personal protective clothing whilst behavioural barriers might include avoiding patient contact and washing hands.
* Flow refers to the strict movement control of patients, staff and materials inside the centre, from lower risk / contamination areas to higher risk / contamination areas (from suspected to confirmed cases, or from dry to wet cases). This is to reduce the risk of cross infection between patients.
* In order to limit the risks of cross infection the Ebola centre will be split into zones with different levels of risk, each requiring different levels of personal protective equipment, access restrictions and protocols.

The high-risk zone (‘**RED ZONE**’) is the isolation area inside the Ebola centre used to accommodate and care for patients. It is activated as soon as a suspected Ebola patient is admitted to the centre and remains active until decontaminated following applicable SoPs (unless it can be shown that every patient admitted to the centre has been tested, found negative for Ebola and discharged).

It is considered that everything inside the red zone is contaminated with viable Ebola virus and therefore is highly infectious. Anything entering the red zone must be either disposed of safely by burning, or decontaminated completely before being removed.

Access to a red zone is limited to patients, suitably trained medical teams and hygienists under the direct supervision of a medical partner. Full PPE is worn at all times and strict IPC protocols must be adhered to.

***No Oxfam staff are authorised to enter an active red zone.***

The low-risk zone (‘**GREEN ZONE**’) is an area inside the Ebola centre used for supporting activities such as dressing, laundry and storage. In principle no infectious material should be present in the green zone, however due to the proximity to the red zone it is considered to have an elevated risk compared to the outside environment. Because of this, access to the green zone is restricted to medical staff, hygienists and those involved in operation and maintenance of the centre as needed. Those authorised to enter the green zone should be briefed on the risks and protocols to be followed before entering. All people entering the green zone must first change into scrubs and rubber boots.

***Oxfam staff may be authorised to enter a green zone based on the need to carry out specific tasks, they should be supervised by a senior focal person with an understanding of the IPC protocols effective in that particular centre.***

The security zone (‘WHITE ZONE’) is an area inside the Ebola centre that is deemed to have no higher risk of coming into contact with infectious material than the surrounding environment. Access is restricted for security reasons only to authorised staff and visitors on a needs basis. In an Ebola outbreak there is no ‘no risk’ zone, and standard precautions should continue to be taken both inside and outside the centre.

Procedures for entering and exiting green and white zones:

|  |  |
| --- | --- |
| White Zone | |
| Entry   * Wash hands thoroughly with 0.05% chlorine solution * Sign in with temperature check at guard station * Walk through chlorine footbath | Exit   * Wash hands thoroughly with 0.05% chlorine solution * Sign out at guard station * Walk through chlorine footbath |

|  |  |
| --- | --- |
| Green Zone | |
| Entry   * Notify team leader and medical team that you are entering the green zone * Wash hands thoroughly with 0.05% chlorine solution * Change into a clean set of scrubs and rubber boots, do not bring clothing or other personal items into the green zone * Walk through chlorine footbath | Exit   * Notify team leader and medical team that you are leaving the green zone * Wash hands thoroughly with 0.05% chlorine solution * Walk through footbath * Change back into personal clothes and leave scrubs and boots in the designated space for laundry |

**Guidelines for working in Green Zones**

The designated Oxfam supervisor must give authorisation before Oxfam staff enter a green zone. This authorisation should be given for a specific task or set of tasks, staff should not enter the green zone without good reason.

Before entering staff should be aware of the layout of the green zone, the entry and exit point, the PPE dressing and spray down areas and the red zone fence. Also, staff should be briefed on the general situation in the centre, whether there are patients admitted, if they are wet or dry, whether there are medical/hygienist teams in the red zone.

Staff should keep a distance from the red zone fence (>1.5m) and the PPE spray down area (especially when teams are exiting the red zone).

Directions given by the medical team in charge or the Oxfam focal point should be followed immediately.

Touching or handling objects within the green zone should be avoided wherever possible. Where practical, surgical or heavy duty gloves should be worn. Wash gloves thoroughly in 0.05% or dip in 0.5% chlorine solution before removing.

In the event that any staff feels that they have come into contact with material that may have been contaminated, the medical or Oxfam focal point should be alerted immediately.

If, at any time, the staff member feels unwell, or otherwise uncomfortable with remaining in the green zone they should notify the focal point and leave, following the exit procedures above.

**DECISION TREE FOR CLASSIFYING RISK ZONES**

START

Has the centre ever admitted a patient?

CLASSIFICATION:

**WHITE ZONE**

(No higher risk than general environment)

Oxfam staff to follow white zone SoPs

N

Y

N

N

Has any patient admitted tested positive for Ebola?

Y

CLASSIFICATION:

**GREEN ZONE**

(Low risk)

Oxfam staff to follow green zone SoPs

Is there currently a patient admitted?

CLASSIFICATION:

**RED ZONE**

(High risk)

Oxfam staff not authorised to enter

Y

CLASSIFICATION:

**RED ZONE**

(High risk)

Oxfam staff not authorised to enter

**Note:**

*The above decision tree aims to guide the general classification of risk zones in Oxfam managed Ebola centres. However in specific cases agreement must be reached between Oxfam and the medical partner on this classification before any authorisation is granted to Oxfam staff to enter the area.*

1. ‘Filovirus Haemorrhagic Fever Guidelines’, MSF 2008 http://www.slamviweb.org/es/Ebola/FHFfinal.pdf [↑](#footnote-ref-1)