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| Item not available / Not enough of item available | • Setting up blanket barrier/dam on floor  
• Might want to consider all linen, garbage cans and dirty linen bie  
• “Gelling” gloves  
• Setting up blanket barrier/dam on floor | Hygienic care for EVD patients generally requires additional steps and supplies than what is routinely needed, especially if patient continues to contaminate clean materials. It is easy for HCPs to forget to gather required items prior to initiating the process. This poses a threat as it means repeatedly leaving the bedside with dirty gloves/gown to move across the room. | • Pre-brief checklist  
• Scheduled time-out | 20 – 60 |
| Item not in close proximity | • Placing fitted sheet onto mattress  
• “Gelling” gloves  
• Setting up blanket barrier/dam on floor | Providing hygienic care requires the HCP to move from one side of the patient to the other. Having easily accessible supplies regardless of which side of the bed the HCP is working from is important. This includes sanitizing gel. | • Pre-brief checklist  
• Scheduled time-out | 20 – 168 |
| Provider contamination (feet) | • Setting up blanket barrier/dam on floor | When providing hygienic care to patients with copious watery diarrhea there is increased risk of having stool leak onto the floor. | • No clear solution identified  
• Early rectal tube placement could ameliorate some risk | 10 |
| Provider contamination (body) | • Roll patient onto side  
• Removing dirty linens  
• Wipe patient yes, change to clean  
• Place contaminated linens into bin  
• Clean floor to remove contaminated linens | HCP is often in close contact with the patient. Multiple steps require the HCP to directly handle soiled materials or use tools (e.g., tongs) or materials (e.g., towels) that are not well-designed for the task. Despite best efforts, observers were not able to notice all high-risk exposures due to positioning or inattention, how about something | • Ensure gowns are proper length for HCPs  
• Scheduled time-out  
• Larger sized cleansing wipes for patient and equipment  
• Tongs or other device to remove items from floor  
• SUBOPTIMAL, I guess I would consider a footnote | 175 – 400 |
| Spreading agent to other areas of the room | • Towel barrier on floor  
• Placing incontinence pad under patient  
• Removing fitted sheet  
• Wipe mattress | Areas with no obvious gross contamination are at risk for direct exposure to infectious agent. Limited visibility resulting from the high level PPE was a contributing factor. | • Larger sized cleansing wipes for patient and equipment  
• Scheduled time-out  
• SUBOPTIMAL | 30 – 192 |
| Recontamination of clean linens | • Unrolling clean linens | This is a lengthy procedure. With patients having copious watery stools, there is a high risk of recontamination of clean linens before the procedure is over. | • Protocol for implementation of fecal management system  
• SUBOPTIMAL | 408 |
| Tripping over materials on the floor | • Towel barrier on floor | One recommended method to handle active stooling during this process is to create a dam of towels on the floor to limit spread of agent. This presents risk to the HCP especially considering limited mobility and vision related to high level PPE. | • Protocol for implementation of fecal management system  
• SUBOPTIMAL | 50 |

**Highest RPN associated with performing task with a patient that cannot assist with their care**