

**Regional Healthcare Coalition Ebola Preparedness Forum**  
**Johnson County Administration Building, Lower Level, Room 200**  
**111 S Cherry Street**  
**Olathe, KS**  
**November 17, 2014**

***Situational Update***

- 4<sup>th</sup> version of guidance last week
- [Response2014@kdheks.gov](mailto:Response2014@kdheks.gov)
- Largest outbreak of Ebola that has ever occurred
- Liberia hardest hit
- 35-40% mortality rate
- Mali – occurred last week
  - Three new fatal cases
  - CDC Level 2 travel notice for Mali
  - 2<sup>nd</sup> outbreak in Democratic Republic of Congo
    - Will soon be taken off the list
- Fruit bats are the natural reservoir
- Characterized by sporadic outbreaks
- Occasionally jumps over to being human cases
- Incubation period 8-10 days; can range 2-21 days
- Fever, severe headache, muscle pain, weakness, vomiting, diarrhea, bleeding
- Transmitted from bodily fluids of someone sick with Ebola
- Direct contact; contact with objects contaminated with the virus; infected animals
- Only transmissible from person to person when someone is experiencing symptoms
- Treatment: Maintain fluids, temperature, etc.
- 150 people/day from three West African nations in US
- 2<sup>nd</sup> person coming to US for treatment passed away in Nebraska
- Updated viral hemorrhagic fever guideline included in DIGS
- Pre-existing resources: Kansas Response Plan, Biological Incident Annex, KDHE-BEPHI Disease Investigation Guidelines

***Overview of Kansas Ebola Preparedness & Response Plan***

- Risk Assessment
  - Questions of health status, potential exposure, and temperature taken from anyone coming into the states via 5 airports; Mali being included
  - Information sent to KDHE as soon as a risk assessment is completed for anyone coming to Kansas
  - KDHE sends information to local health department
  - Placed in risk category

- High risk exposure: Direct contact with Ebola patient; needle stick – would undergo active monitoring and restricted movement
    - No exposure or contact: No commercial travel, monitoring
  - Active monitoring
    - LHD or KDHE has daily contact with person asking for symptoms, temperatures taken
    - Any movement must be approved by Local Health Officer
- Special Considerations for HC Workers
  - Tier 1 – highest level
    - Impermeable gown
    - PAPR
    - Double gloves
    - Shoe covers to the knee
    - Self-monitoring for 21 days, no movement restrictions except commercial travel
  - If using less than Tier 1 – restricted movement and active monitoring for 21 days
    - N95 respirator
    - Double glove
    - Shoe covers to the knee
  - No care for other patients when treating an Ebola patient
- Patient Care Equipment
  - Non-disposable should be cleaned and disinfected
  - Just finished checklist for PPE; how to store, transport
- Limit use of needles and sharps as much as possible
- Bodily fluid procedures limited as much as possible
- Laboratory Testing
  - Suspect cases report to KDHE right away
  - Use Epi Hotline – 24/7
  - Epi on call will work with HC provider to conduct assessment
  - CDC will not test on demand
  - KDHE must approve any specimens sent to CDC
  - Detailed guidelines in plan regarding packaging and shipping
  - Guidelines for how to conduct testing for Ebola patients
- Reporting to KDHE
  - Defined as unusual disease
  - KDHE has statutory authority to mandate a disease is reportable
  - Reportable immediately within 4 hours via phone
  - Case and contact investigation will be conducted
  - Risk assessment
  - Active monitoring
  - Ebola waste is classified as hazardous waste
  - Those handling hazardous waste must wear the same PPE
  - CDC recommends using EPA registered disinfectant

- Avoid contamination with porous surfaces – if porous and contaminated, will need to be destroyed
- All waste materials should be autoclaved on site, then can be labeled category B substance
- Large amount of vomiting and diarrhea
  - Collect and treat with bleach then discharge to sanitary sewer
  - Prime toilets with bleach solution 10 minutes prior to flushing
- Large volume of waste – several 55 gallon drums/day
- Untreated Ebola waste transportation guidelines – special permit 16279
- Triple corrugated drum
- Plastic lining
- Additional information in updated response plan
- Autoclave guidelines in updated response plan
- Large or bulky items
  - Reduce size of items as much as possible
  - Treat surfaces with EPA registered disinfectant for non-enveloped diseases
- Household decontamination
  - Local or regional hazmat team
  - Contractor
- If fatality – adopted most of the CDC guidance in regard to handling deceased patient

### ***Open Discussion/Questions & Answers***

**QUESTION:** Because of the scale do we expect Ebola to become endemic in Africa?

- Really don't know.
- There are some promising signs in Guinea, Liberia, and Sierra Leone.
- Have seen troubling developments in Mali.
- All outbreaks have been contained.
- Humans are not the reservoir.
- With dedicated contact investigations and control measures it should not be getting out of hand.

**QUESTION:** Any type of provision regarding the 21 days you have to remain in home? Is there homeowners insurance for loss due to decontamination? Stay in hotel because you don't want home destroyed?

- Patient became ill, went to hospital.
- Misdiagnosed and sent home.
- Became much more ill.
- That level of gutting the home was probably not necessary but they felt the need to do that in Dallas.
- If everything goes right with all the plans in place now, anyone potentially exposed will be monitoring their symptoms if they are at risk.
- First sign of illness will be put in hospital therefore possible contamination of home would be very minimal.

- One recommendation from CDC, standard cleaning and disinfecting should be adequate.

**QUESTION:** In regard to daily contact between the patient and LHDs during active monitoring, does that mean visual contact or is simply calling adequate?

- KDHE's guidance differs from CDC guidance a bit.
- CDC recommends in-person.
- KDHE has not adopted that; advised against it.
- However slight the risk, why would you want a healthcare worker out there possibly getting exposed.
- Potential of several persons being exposed, that many daily visits, including weekends, would be difficult to manage.
- CDC's guidance may help ensure active monitoring occurs.
- LHDs are free to do in-person monitoring.

**QUESTION:** In regard to handling medical waste, anyone who manages the waste from the patient room is in Tier 2. If requiring N95, at what point does it go from Tier 2 to normal precautions?

- Anyone who will be potentially exposed to patient(s) infectious materials – recommend Tier 1.
- Once packaged and outside of container is decontaminated, lower level of PPE would be appropriate.

**COMMENT:** There shouldn't be any ambiguity – need something more defined – not might or should.

- Difficult to write in every single detail.
- Goal is to confine as much as possible.

**QUESTION:** What about the containers? The recommendation conflicts with National Fire Protection Association for hazardous waste container. How would that be looked at for operational purposes? How do you get from small container to large container?

- When container moves from point of care should be in 55 gallon container that has been disinfected.
- Legal from hazardous waste perspective to store in 55 gallon container.
- Move from point of care into 90 day storage area on site without a permit. 2 choices: Triple wall corrugated fiber board container, polyethylene drum and moved to disinfected container.
- Wouldn't be using those containers and keeping containers in the room for any extended period of time.
- Only when moving out you put in larger container.
- Fiber board container recommended because it would be acceptable with DOT guidelines.
- If not Ebola could be shipped as medical waste through Stericycle.
- If it is confirmed Ebola waste – Viola in Port Arthur, TX.
- Facility wants it in 95 gallon over packed container.
- Requirement of facility that will incinerate.
- Private company can dictate what they want.
- KDHE recommends double packaging.
- Labeling guidance in is KDHE response plan.

- Lot of politics involved when shipping Ebola waste.
- If anyone gets to the point of having to manage waste, would be in close contact each step of the way.

**QUESTION:** What if the Governor is not allowing transport?

- No prohibition from the Governor at the present time to transport.
- Why we need to be engaged in process early on.
- Potential for large bulky items that are contaminated such as mattresses.
- Will want to talk to people responsible for that facility to see if volume reduction is appropriate and whether to put in 55 or 95 gallon container or if there are other options.

**QUESTION:** There have been a few contacts asking for additional guidance specifically for front line healthcare staff for potential cases affecting reception staff/front line staff. Is there a plan for educating staff?

- There is a section in the plan for outpatient settings.
- As much as possible maintain a distance of 3 feet, avoid direct contact, minimal PPE.

**QUESTION:** When a patient is suspected, do we call KDHE?

- Yes, once you have gotten patient into isolation contact KDHE.

**QUESTION:** Then KDHE will tell them what hospital to go to?

- We are not designating hospitals for Ebola patients to be transferred.

**QUESTION:** Will patients be able to choose where to go?

- Receptionist should be mindful to ask about travel history, timeframe, possible exposure risk.
- Who would you normally refer patient to that would be critical care type patient.
- Have discussions now to determine making arrangements for transport to other facilities.
- May only be one facility within regions.
- Larger areas may be having multiple options where patient may have more of a choice.
- Can recommend facility to patient.
- Don't have the jurisdiction to designate a facility as an Ebola treatment center.

**QUESTION:** Hospitals have to hold patients for 72 hours, right?

- Yes; must isolate and manage for 2-7 days.
- If you have patient who has exposure to someone three days ago; not symptomatic, first test negative, must be held for 2<sup>nd</sup> test to be done to totally rule out Ebola.
- Have to wait for test to come back.
- Intensity of the care may go up rather quickly.
- If facility doesn't feel they can handle the patient as they get sicker, there may be conversation about transferring.
- Once we had a case, KDHE would need to get engaged early on and begin any discussions with Nebraska Containment Center if confirmed Ebola.

**QUESTION:** Anything on the horizon about the lag it takes to get a confirmed Ebola test? Timeframe is pretty disruptive. Can we shorten the time it takes to get a test conducted?

- Treat any situation very urgently and would do everything we could to get test conducted as soon as possible.
- CDC has been getting tests back in an urgent matter.
- Plan for the worst but would hopefully be much shorter than that timeframe.
- CDC does have a special courier that can help facilitate getting a specimen sent.
- Could be a matter of hours rather than days.

**QUESTION:** What if we have someone with Ebola risk and we are waiting on a confirmation but they die of something else? Other departments are reluctant to provide any equipment for the possible Ebola patient to use.

- For planning purposes we say 2-3 days but we would push to get done as soon as possible.
- Can also look at other options to imaging such as bedside scans.
- Have planning discussions with staff on what other medical procedures to do while waiting.

**QUESTION:** Has the state considered an investment of a portable autoclave to house at a facility?

- Have looked at different options.
- Railcar, semi-bed type.
- Cost is incredible for larger one.
- 3-4 months layout time once something is ordered.
- Meeting took place between other government agencies about 2 weeks ago.
- Looking at longer term planning.
- This came up as a need for the state.

**QUESTION:** We are using Tier 1 precautions at our hospital. No one wants to be furloughed for 21 days. The exception to that would be a needle stick or breach in protocol. What if we make a mistake in doffing or notice a hole in a glove. Would that require 21 day monitoring?

- Would assess that on a case by case basis and determine the risk.
- Would consult with KDHE and the LHD.

**QUESTION:** Where is Kansas on Obama's \$6.2B funding for Ebola?

- Devil's in the details.
- Will have to wait and see what the proposals are.
- We don't have the jurisdiction to designate a facility to treat Ebola.
- May start visiting with facilities to have that conversation.

**QUESTION:** Some cities and their municipalities, even with treating waste, can't flush in city. Who has the ultimate authority to flushing Ebola waste?

- KDHE believes they are the owner of the sewer system.
- They have a right to say what will go into their sewer system.
- If we were seeing resistance, we'd want to have a conversation with them to see if they would reevaluate their decision.
- Work with them to have further precautions.
- Would have to agree to flushing.
- Atlanta objected to having waste discharged to sanitary sewer.

**COMMENT:** We looked at using dissolving bleach pellets to minimize splash. Just to share that...

**COMMENT:** Johnson County is not concerned.

- KDHE has communicated with sewer systems and conversations are still taking place.
- Not waiting for event to occur.

**QUESTION:** The American Hospital Association has calls with the CDC. CDC considers there to be no difference between PAPR and N95 respirator. Any recent thought to rethink our Tier 1?

- Look at how Emory's bio-containment center operates as well even though Nebraska is different.
- Quite difficult to manage patients with a PAPR.
- KDHE guidance remains the same but we are continuing to explore that.

**QUESTION:** How long will staff be furloughed while waiting on tests?

- Depends on when during the course of the illness when the test occurs.
- More than three days after symptoms, there wouldn't be a need for 2<sup>nd</sup> test.
- If negative, Ebola would be ruled out.
- If workers are utilizing Tier 1 PPE or if they are minimizing exposure to patient, we would assess on case by case basis.
- Wouldn't be a need to take them out of service.

**QUESTION:** If a patient doesn't readily admit exposure risk, we won't know where they are in the timeframe. They may be in denial. It sounds like it is possible KDHE will say there is a three day period on top of the initial three day period?

- Any person should be under active monitoring.
- Early on the risk of exposure will be much less.
- Transmitted through bodily fluids.
- So if they are only presenting with a fever, the risk of transmission is very low.
- If there was only slight risk of exposure, KDHE would work with the facility to determine if monitoring is necessary.

**QUESTION:** Sedgwick County transport team provisions – is it KDHE's expectations that MERGE would be used if there is the same capability locally?

- Not necessarily.
- Goal was to make certain we had a unit that could transport a patient appropriately.
- Would have conversation with bio-containment unit for transport.

**QUESTION:** Does MERGE have a plan that hospitals can take a look at?

- No; MERGE is a resource for KDHE.
- As far as training, contact Sedgwick County EMS directly for available training.
- Education materials are available through Dave in Sedgwick County.
- MERGE's mission is based on what KDHE needs.

**QUESTION:** Do you recommend that all outpatient facilities ask for travel history, symptoms, etc.?

- Yes.

**QUESTION:** What level of PPE is recommended for patient transport (Emergency Department to dedicated unit)?

- Depends on symptoms the patient is having.
- Fever – risk is low.

**QUESTION:** We are coming into flu season with similar symptoms. What is the plan for dealing with that?

- Have to meet travel history and have associated symptoms.
- Otherwise, it's not a concern.

**QUESTION:** Do you worry about other countries such as Kenya?

- We are monitoring information the CDC and WHO sends out.
- If there is any indication the outbreak is spreading to other countries, such as Mali, then measures would be taken into place.

**QUESTION:** In regard to the Crisis Standards of Care protocols, will there be two altered standards of care?

- Does kind of fall on legal counsel.
- Worst case scenario, several cases at once and would stress any system.
- Request from Governor emergency declaration.
- Through statutes and regulations, state of emergency would provide multitude of layers involved in response.
- Providers protected through Kansas tort claims act.

**QUESTION:** The President has asked for money for Ebola. Hospitals received caches of PPE for H1N1. The recommended shelf life is 5 years and caches are essentially expired. Is there any additional funding for caches?

- Have not received guidance for what funding will be used for.
- Waiting on information from CDC on what items to put into budget.

- They are segmenting federal funding in several pots.
- One of those is PPE but no details on what Kansas will receive if Congress signs off. Will be working with KHERF and KALHD to meet the needs of front line healthcare workers.

**QUESTION:** Has Ron heard any more through the American Hospital Association?

- \$2.7M – PPE for SNS
- If we do have a case in a Kansas facility, SNS will be available to us on request.
- Heard verbally SNS could be sent within 3 hours of request.
- Writing request – within 24 hours.
- PPE as well as other durable medical equipment if we have a case in our state.
- Work through your Healthcare Coalition first.
- Other hospitals, EMS, regional caches.
- Must exhaust and make all your contacts and you know what is and isn't available.
- Then turn to the state to ask for SNS (via Regional Coordinator).

**QUESTION:** If we do that, there will be hoarding. Question to feds was when they send out the SNS, when facility gets those supplies, can they replenish the hospitals they initially got supplies from?

- Yes.
- The state of Kansas would have to request the SNS.
- Can contact the Epi Hotline and we'll make the request.
- Feds also recommended reaching out and trying to order on your own.
- If you call your vendor and tell them they are in the pipeline for supplies, vendor can check on that and get you on the fast track.

**QUESTION:** Some have gone away from N95 and went to PAPRs. Are they looking at putting those resources in the cache since we don't use N95s?

- There are PAPRs, if you request PAPRs you will get them.
- State agency has 6 brand new PAPRs on their shelf if needed during a case.
- Feds have ancillary equipment as well.

**QUESTION:** What is the groups' recommendation if a patient presents at an offsite location? Is it appropriate to transport or contact EMS to transport?

- Have addressed this in the plan.
- Transport via private vehicle if at all possible.
- Clinic can call law enforcement to ensure patient goes to facility.

**QUESTION:** In regard to law enforcement, is there a secondary source to look at for any changes to law enforcement guidance?

- Any updates to KDHE's plan we will send through KS-HAN.
- We post everything pertinent on website and have dedicated page on KDHE site for Ebola.

- Trying to minimize updates to plan once per week.

**COMMENT:** Johnson County now has a mandatory vaccination program for health and MedAct staff. Approved by County Commission. Lougene would have more information on that if interested.