North Central Regional Healthcare Coalition Ebola Preparedness Forum

Ambassador Hotel and Convention Center

1616 W. Crawford

Salina, KS

November 21, 2014

Situational Update – For additional information refer to slides

- 4th version of guidance last week
- 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
    - 2nd 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
- 2nd 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: Can you talk about MERGe?

- Transports patients between facilities – State asset
- Manned out of Sedgwick County EMS
- Transfer of patient must be arranged and verified through KDHE
- Transfer team includes 7 people including transportation and safety
- Can help with arrangements if patient needs air transportation
- Does not transport from residence to facility – only from facility to facility; can transfer to out of state facility
- They are accompanied by law enforcement – have standing agreement with the highway patrol (escort vehicle to transferring hospital and then in between facilities; and then when transport is complete, KHP escorts the transport vehicle to final destination)
- MERGe number is: 1-800-HELPKS3
- The hospital and health department will coordinate the request for MERGe; MERGe will confirm approval with KDHE.

QUESTION: What is the local authority in terms of notifying partners if a person in the community is under active monitoring for Ebola?

- Most likely the community will know that a person with Ebola exposure is in the community. If the health department has been notified of a traveler into the county that requires active monitoring –

that information can be shared – but not the patient name. For transport, if the patient is able to get into a vehicle, they will likely arrive to the hospital via private vehicle and not ambulance.

QUESTION: How is isolation/quarantine enforced?

- At this point, science will likely go out the window! Public perception plays a significant role.
- KDHE, law enforcement and others would ask for voluntary isolation, not quarantine.
- Currently state agencies are discussing what help can be provided if isolated for 21 days.
- The goal is to make it desirable for patient.
- If it comes to it – local health officer does have authority to call on law enforcement for assistance.
- State and local health officer have authority if they believe the person is a public health risk.
- It will likely be a joint conversation among health officer, law enforcement, public health and will likely be worked through and not requirement "enforcement".

QUESTION: Who pays for grocery, loss of income, etc. if placed in quarantined?

- Kansas Department of Labor has been involved in conversations to determine laws related to benefit availability.
- Unemployment is not an option. State is likely not responsible.
- Employer may pay just so that person does not come back to work!
- Need to look at resources in the community to help support the patient. Sometimes the population benefit needs to outweigh personal benefit.

QUESTION: If the patient presents to facility or agency, but is not symptomatic, what action should be taken by the facility?

- It is possible – but not likely – for someone to slip through the national travelers screening process.
- First line of defense is to ask the screening questions.
- If the presenting patient has a positive screening, isolate.
- Don't get stuck on fever; 10-15% of patients don't have a fever.

QUESTION: How is equipment disinfected?

- See Kansas Ebola Response Plan – use of EPA disinfectants are required.

QUESTION: What is the explanation for why two nurses got Ebola?

- We may never know the specific reason; investigation by CDC into the care, PPE protocols, etc. is being conducted at the hospital in TX.
- PPE is only one part of infectious disease protection.
- Donning and doffing is extremely important.

QUESTION: Which hospitals will accept patients that have been diagnosed with Ebola?

- 4 biocontainment centers in the country

- Every hospital should be prepared to assess, stabilize and possibly transfer to a higher level of care.
- Every hospital should have discussions with their "regional hospital" to know plans
- KDHE should be involved in the conversations early
- Aggressive plans are being investigated.

QUESTION: If an Ebola patient is transferred from one facility to another, who is response for transportation payment?

- Congress is being asked for funding to have a dedicated Ebola treatment facility in each state. This plan is evolving continuously.
- A hospital in Kansas would have to get approval to transfer to NE – from state health department and NE Medical Center.

QUESTION: What if a patient does not want to go to a specific hospital – what options do they have?

- Start conversations with patient as early as possible – food needs, social needs, where they wish to get their care – visit with them about their willingness to comply.
- This conversation may start if a patient is in active monitoring due to travel history.

QUESTION: Does the active monitoring apply to household members?

- Only if showing symptoms. Household members are not subject to active monitoring if they have not had travel to impacted countries or are not showing symptoms.

QUESTION: What is the HIPAA policy related to Ebola and patient information?

- Policy is that we do not actively put out information.
- Need to balance the patient rights with the need to know.

QUESTION: What are your recommendations for taking charge of Ebola information in your community?

- Need to plan early on for communication issues.
- Need to provide early information on messages related to how disease is spread and the science of the disease.

QUESTION: Will you discuss the waste management guidelines?

- Guidance is based on current information and situation.
- It is important to keep KDHE informed of the situation – Bureau of Waste Management.
- Together, we will assess what the waste management situation is at the current time – it changes daily.
- May need to re-evaluate plan.

QUESTION: Is there evidence to declare Ebola waste as hazardous waste?

- Regulated medical waste guidelines are flexible – did not want the waste going to the local waste management center; the goal is to minimize the options and have limitations on where waste could go.

QUESTION: Would the virus eventually die off in terms of waste management – if there was restricted access to the waste?

- This issue is still being evaluated and studied.

QUESTION: When is the hospital room considered terminal clean?

- The hospital should clean the room as soon as possible.
- Porous surfaces can be cleaned safely with bleach.
- Absorbable surfaces need to be treated as hazardous waste.

QUESTION: Is there a risk to sanitation workers?

- More risk then they want to deal with! Treat with bleach and then bleach again prior to sending to the sanitary sewer system.

QUESTION: Does the vender have the right to refuse waste – weather treated or not?

- Yes, they own the sewage system. KDHE would want to have a conversation with vendor to provide education.

QUESTION: Is POC equipment recommended for lab tests?

- Cartridge based Point of Care equipment recommended.
- In emergency situation, you have some flexibility.
- Most patients in the initial phase of treatment don't need this extensive of treatment.
- If don't have point of care equipment, partner with larger regional hospital.

QUESTION: Who pays for all of these provisions necessary to treat an Ebola patient?

- Possible disaster money if declared.
- Possibly federal funding will become available – more information will follow from KDHE/KHA.
- Social needs can be addressed by local community through volunteer and community organizations; have these discussions at the local level.

QUESTION: What PPE does a hospital need?

- Chemical resistant, impermeable PPE (this is an all hazard response issue). Need to assess risk.
- If not planning to treat or contain – can use Tier 2.
- If planning to treat or contain until further treatment, need to plan for Tier 1.
- 48 changes of PPE needed for treatment of one patient in 24 hour treatment center.

QUESTION: How did hospital that treats Ebola patient dispose of PPE?

- All being treated as hazardous waste and disposed of?

QUESTION: Is there a possibility that any hazardous waste could be transported to Newton or Kansas City?

- No, these two facilities cannot receive hazardous waste, so they are ruled out.
- If this becomes bigger concern in KS, will need to re-evaluate ALL plans.
- Currently only having Ebola wastes go to facility in Texas.

QUESTION: Many hospitals in KS don't have autoclave capabilities.

- Correct, but they have the capability to get supplies needed to handle hazardous waste.
- Hospitals need to be prepared to package and store waste.
- KDHE will work with them closely to handle the last step in the process should the need arise.
- Details will be worked out if they become necessary.

QUESTION: Is there a timeframe for hazardous waste storage?

- Yes. 90 days.

QUESTION: What is the recommended PPE for Patient transport within a facility?

- Limit by maintaining 3 foot distance during initial screening and get them to isolation.
- If patient can tolerate – put mask on patient.
- If only exhibiting fever, not considered at high risk.

QUESTION: Do you recommend that all outpatient facilities ask screening questions?

- Yes, travel history is very important.

QUESTION: Would we ever need to extend the 21 day monitoring timeframe?

- Not unless the patient had second contact with an Ebola patient.

QUESTION: Is there a list of PPE for Law Enforcement, since they are often the first one on scene?

- No. The goal is to minimize exposure and maintain at least a three foot distance with the person.

QUESTION: In rural setting, if the person has septic or lagoon system, is this safe for discharge?

- Assessment would need to be done. Need to talk more to waste water people for recommendation on small rural water system.
- Will do research on a tablet to be used so as not to splash.
- Step by step guidance on disinfect.

QUESTION: Can Ebola be spread through semen?

- If the person is not diagnosed with Ebola – not really an issue.
- If diagnosed with Ebola – need to practice safe sex.
- The reason Ebola is spreading in some West African counties is burial procedures.

QUESTION: What about breast milk?

- Contains high level of antibodies – however, not a lot of science to support at this point.
- More information will be coming out in the near future.

QUESTION: What is the treatment for Ebola?

- Fatality rate in Africa is high because of level of health care.
- US is more sophisticated – so success rate should be higher.

- No treatment at this point.
- Some experimental drugs are available. IRB is needed within the facility to be able to provide experimental drugs.
- Supportive care is needed.
- Need to consider and balance putting other people at risk when doing heroic measures on a patient in late stages of Ebola.
- Vaccination is under investigation even in the United States.

QUESTION: If a person survives are they completely free of the virus?

- Yes. Except for potential detection in semen for up to 60 days.
- There are 5 strains of Ebola virus.
- In some cases, the treatment has been taking plasma from survivors and giving it to those under treatment.
- Full recovery can be achieved.

QUESTION: Is there evidence that Ebola may remain dormant and return later?

- No. Immune system can bring it under control.

QUESTION: Can nursing staff refuse to care for an Ebola patient?

- This is a difficult issue. Hopefully, it is covered in the human resource manual.
- Have conversations up front – if they are truly not comfortable, could find other place in the hospital for them to work.
- If they are not comfortable, they will likely not provide good care to the patient.
- Can call on other resources – KSERV, regional coordinators, other hospitals.

QUESTION: Why would a mask on the patient be necessary?

- This is an aggressive strategy to protect healthcare provider.
- Apron or blanket on the patient for additional protection.
- Most important is to get the patient into isolation as quickly as possible.

QUESTION: Should the health department be screening patients too?

- Yes. Train everyone to be ready.
- Get in the habit of asking travel history and understanding where the patient has been.
- This is an extremely important defense in early detection.

Closing comments: Currently focused on Ebola but other diseases need our attention, too.