

# Regional Healthcare Coalition Ebola Preparedness Forum

St. Francis Health Center Auditorium

1700 SW 7<sup>th</sup> Street, Topeka

November 20, 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:** When a patient is placed on movement restriction, what does the Public Health Department become responsible for?

- The main goal is to minimize potential for transmission.
- The actual restrictions would be determined on a case by case basis.
- A packed grocery store would not be the best place for a restricted patient to be.
- KDHE ultimately recommends little movement.

**QUESTION:** Does the CDC send a special Courier to the Lab?

- The hospital lab sends it to the nearest CDC lab.
- KDHE does not want it at our lab, since being there will just slow down the process.

**QUESTION:** Is there support for the smaller resource centers for legal ramifications? Example: Cobra Violations

- KDHE Lab delays results.
- Dr Moser: Large regional hospitals and smaller regional local health departments should be planning to send them with MERG to transport to larger hospitals. It is unlikely someone will just show up at a smaller facility. Instead of moving the patient around larger regional hospitals would send additional care to smaller hospitals.

- Have discussions with your area partners.

**QUESTION:** Anyone in Kansas have autoclave?

- Not for this volume.
- Classified at hazardous waste.
- Texas can handle the waste.
- Store waste close to patient, but the storage area should not disrupt traffic, fire procedures, etc.
- The Plan suggests facilities should contact Department of Environment to help go through plan.
- DoD has autoclave that we can reach out to the DoD for.
- Large quantity of waste does not increase facility to large quantity disposal facility.
- Everything used in patient care should be disposable or able to be cleaned properly.

**QUESTION:** Can medical staff on Ebola team care for other patients?

- Staff wearing Level 1 PPE can care for other patients.

**QUESTION:** Can you go home at night while using tier 2 PPE

- Yes, as long as you are not symptomatic.

**QUESTION:** At what point are Quarantined patients' rights taken away?

- Not answered outright, but it was said you do not need to physically lay eyes on a patient daily, can use FaceTime, Skype, etc.

**QUESTION:** What code is used for over radios?

**Comment:** The lady who asked this answered herself by saying they are working with partners to come up with code.

**QUESTION:** Does EMT response wipe out ambulance?

**Comment:** MERG can help; some counties/ LHD have an ambulance reserved just for Ebola cases.

**QUESTION:** The experimental medication, can we get it?

- Yes, Contacting KDHE will start the process to get medication needed.

**QUESTION:** If there is a case does KDHE take over and the LHD step away?

- KDHE and CDC will arrive and be technical support, but will not take over.

**QUESTION:** Who transports lab stuff?

- CDC

**QUESTION:** Does LHD need to invite KDHE?

- No, KDHE will show up after contacted.

**QUESTION:** Has there been a Volunteer Nurse Team created?

- Yes; through KSERV.

**QUESTION:** Did I handle it properly? Patient said they had symptoms, so I put on all my PPE and went in keeping the correct distance, started asking travel questions, she had not been out of the country or around anyone that had been.

- Start by asking those travel questions first.

**QUESTION:** What happens if someone refuses to answer screening symptom questions?

- Ask questions differently.
- Facility should talk to their legal staff.
- HIV Screening at KDHE might be able to ask the screening questions.
- Ask travel history to rule out other diseases.

**QUESTION:** What is the turnaround time from when a specimen is collected?

- A couple of days.
- Specimen will be highest priority.
- If specimen is collected in the first three days of having symptoms yields a negative result, it does not necessarily mean they are negative. A specimen needs to be redrawn and tested on day 5.

**QUESTION:** When should a patient be moved from ER?

- Move as soon as you know travel history.
- If you have someone with extreme symptoms, they should not be in the ER.

**QUESTION:** Will small hospital need to have Tyvek suit for patient to move out of ER?

- MERG will help wrap patient for transport.
- This is done on a case by case; if it's just a fever, little will need to be done, if they have more extreme symptoms, more extreme measures will be needed.

**QUESTION:** When does the virus show up in bodily fluids?

- A specimen collected on day 3 might still read negative, so the virus may be there, but it may be weak.
- Higher amount of bodily fluids, means higher amount of virus.

**QUESTION:** What do you do with the purple top tube once collected?

- AMS guidelines are in the tube.

- Call EPI hotline and follow instructions.

**QUESTION:** If using Chem 24 after test is sent off, does it need to be autoclaved?

- Yes. Point of care is strongly recommended.
- Potential for higher risk of contamination.
- Warranty on machine will most likely be null and void.

**QUESTION:** What point do you put on PPE?

- Guidance is in the plan.
- Case by Case
- Always keep 3 feet away, if you have to get closer use proper PPE.
- Keep as far from other patients as possible.

**QUESTION:** What is MERG?

- Major Emergency Response Group.
- 22 individuals who respond to state disasters.
- 800 # professional dispatch
- Duty officer on call 24/7
- Sedgwick Co EMS will move person.
- Has 1 ambulance ready to go.
- 2 aircraft in US to move patients.
- Request for service has to be from KDHE.

**QUESTION:** Is KDHE actively sending out Category A containers?

- No, Contact your regional hospital if you need additional containers.

**QUESTION:** Is there a recommendation on how to doff Tier 1 suit?

- Training and PPE training is being created.
- CDC has donning and doffing training and procedures.
- Wipe down suit using a dedicated assistant.
- Every PAPR has decontamination procedures for Ebola.

**QUESTION:** Some cities are not allowing Ebola waste to be put in systems

- Authority lies with city utilities.
- CDC should be putting out guidance.
- Portable camping toilet can be used.
- If you run into problems contact Bureau of Water.
- Letters were sent to each city.
  - **Comment:** Some cities have not received the letter. Can it be put online?
    - Answer: Yes.

**QUESTION: How do we get patient to the best possible place?**

- KDHE has tried to ensure all hospitals are prepared to receive an Ebola patient.
- We realize this may not be realistic, but have a plan in place to work with your community partners.