

**Ebola Preparedness Forum**  
**University of Kansas School of Medicine**  
**Roberts Amphitheater**  
**1010 N Kansas Ave.**  
**Wichita, KS**  
**November 19, 2014**

**QUESTION:** If we have a patient that comes to our facility through ambulance, can the regional hospital take care of them?

- Several different options to consider.
- If patient meets travel history, exposure risk, symptoms, etc., they are high risk.
- KDHE will ask for capability to isolate and manage care until test can confirm or rule out Ebola.
- Have conversations with larger hospitals in advance and see what appropriate transfers can be done and if hospitals would be willing to accept the patient.
- Will take 24 hours to get test result.
  - Have to get confirmation from CDC.
- Last date of contact was only three days of test...viral load will take a while to build up for test to be positive.
- Still have to hold patient for another 3 days to retest.
- Hospital would still have to be able to isolate patient until confirmation.
- If travel history, exposure risk, etc., is low they may not need to be held longer.
- For positive result, would eventually be handled at a bio-containment center.
- Would like you to keep patient at your facility and we can help with staffing until there is a positive or negative test.
- K-SERV volunteers to respond if KS gets an Ebola patient.
  - Help care for, backfill staff, etc.
- Still think scenario of going to bio-containment center is appropriate.
- KDHE is working on worst case scenarios such as large surge of Ebola patients.
- Intense care when you have an Ebola patient with the amount of bodily fluids being expelled and keeping patient up with fluids, oxygen, etc.
- Looking at utilizing a mobile hospital system and where to put it, how to staff it, inventory to have.
- Look at the same way we do with trauma plan. If capacity is not at the local level patient is referred.

**QUESTION:** Has KDHE worked with any universities that may have international students going home?

- Board of Regents pushed info out to students.
- Numbers of students leaving has been much smaller.
- Schools have that information.
- Asking students to plan on coming back on a particular date.
- Exit screening and evaluation when arriving at airport.
- Come back to campus and undergo active monitoring and do not go to classes yet.
- Making plans to ensure food, and other necessities for 21 days.
- KS National Guard to help construct healthcare facilities.
- DOD contrary to CDC.
  - Will keep them at foreign base for 21 days after they leave Africa before coming back to the states.

**QUESTION:** In regard to the screenings being done at the national level via the five airports, and the LHD monitors a person, are they passing information on to hospitals?

- Hope there is ongoing communication through Local Health Officer.
- KDHE can say you have someone in your community that should be on active monitoring.

- Will talk with LHD.
- LHD should notify their healthcare system and the patient's healthcare provider.
- Have to use guidelines that may not meet the science...have to manage "dis-ease".

**QUESTION:** How long does the Ebola virus stay viable outside the host?

- Some studies were done in S Africa.
- Were not picking virus up from handrails and such.
- Does not survive outside of any fluid to keep it moist.
- Will dry up and die pretty quickly within a few hours on a surface.

**QUESTION:** What amount of exam and lab testing should be done on someone?

- Minimal.
- If you really do feel you have a high risk case and they have been in W Africa, it depends on how symptomatic they are.
- Also think about what happens to lab equipment when you draw blood samples and the patient does have Ebola.

**QUESTION:** How do you decontaminate lab equipment and protect lab personnel?

- Each facility needs to think of how they will handle that.
- More advanced chemistry analysis would be down the road.
- Any tests nurses can do?

**QUESTION:** What about physical exams? In Tier 1, how will I use a stethoscope?

- Increase use of ultrasound for diagnostic imaging may be worth talking about.
- Hospitals have talked about director of radiology saying if you think you have an Ebola patient they will not come down for x-rays.

**QUESTION:** What about code blue? How do you perform tests/provide care?

- Slowly. We have Crisis Standards of Care...some of those will go out the window in terms of capacity and ability.

**QUESTION:** We are not going to get tests back immediately. When providing treatment during that period of time, what about liability? Where does liability fall in that process if they code prior to test results?

- The public health lab at Forbes is looking at physical layout of BSL 3 outfit.
- Ebola is level 4.
- CDC has talked about Level 3 labs doing Ebola testing.
- Some hospitals are also doing the same thing.
- Also visiting with another BSL 3 lab in their ability to ramp up to do Ebola tests.
- Machine to run tests...but test has to be run and confirmed by the CDC first even if test is done by hospital or KDHE.
- Still have to look at what they were doing prior to presenting.
- When was last contact with Ebola?
- Obligated to manage them.
- When you see more advanced signs of Ebola, you are obligated to intervene where you can until proven otherwise.

**QUESTION:** Can you provide insight to KDHE's thought process regarding hazardous waste vs. medical waste?

- When you're generating medical waste in that large of an amount when it's highly contagious and public is anxious, medical waste is being shipped across state lines to Kansas from Texas where Dallas has incinerators.
- Declare that as hazardous waste.
- Since then TX has revised their plans to handle waste within their state borders.

- Large quantity generator - wont trip into that category as long as its stored 90 days onsite.
- Doubt anyone will have that around longer than that period of time.

**QUESTION:** What about hazardous waste transport when EMS is transporting contaminated materials? EMS personnel discard waste at the facility being transferred to. We have no way to dispose of waste appropriately unless we are getting rid of at the facility when we hand off a patient.

- Will be in appropriate PPE, hopefully will contaminate before moving waste into next container.
- Visit with receiving unit and the facility you pick up from to decide how you will manage the waste.
- Household hazardous waste disposal sites may be a consideration for managing waste.
- Could still go through double bagging procedure and transport back to facility to handle waste.
- Bag it and disinfect bags.

**QUESTION:** Do we need waiver to transport?

- No.

**QUESTION:** Is there any assistance for obtaining PPE? We are on a 2-4 week backorder.

- CDC has been working on stocking up the SNS to have dedicated shipment for PPE.
- CDC is in line with everyone else.
- If a case were to occur, they have talked about any standing orders and working through Emergency Manager to request materials.
- Request would be ramped up.
- CDC would reach out to manufacturer to put the facility at the top of the list.
- SNS will be something that can be mobilized that will contain PPE and other supplies.

**QUESTION:** My facility can't afford Tier 1. Nurse would demand Tier 1 because they can't afford 21 days with no pay. How do you deal with a facility not providing Tier 1 PPE and nurses not providing care in that case?

- Continue to visit with infection control folks.
- Make sure CEO is engaged.
- CEO could talk with Texas Presbyterian CEO for their take on appropriate PPE.
- Tier 1 does not guarantee you would not get Ebola more so than Tier 2.
- Emory and Nebraska Medical Center have their SOPs online.
- For those willing to be an Ebola facility, they should be gearing up to be like a bio-containment center.
- CDC has a PEP Team for managing Ebola patients.
  - Team of CDC experts to Look at operating procedures, policies, physical layout, walkthrough demo at facility.
  - Shows you have things where they need to be to take care of healthcare workers.

**QUESTION:** Every time a provider comes out of a room the suit is destroyed. On the 4th day the patient doesn't have Ebola. Can suits be stored and reused if it's confirmed that it's not Ebola?

- Speak to manufacturer on their recommendations.
- Each time those are used there's always the risk of arm holes, neck, foot becoming an area of breach.
- Then would you feel comfortable in that suit with knowing there could be a possible breach?
- Any skin exposure puts you at high risk.
- One way to get rid of that is to put them in coverall with PAPR on the head.
- CDC guidelines have always stated during aerosol generating procedures, patients should be managed with the same care and optimal PPE.
- Care for that patient can go very quickly to needing aerosol generating procedures and healthcare worker would not have enough time to get Tier 1 PPE on and provide care.
- Some facilities will not use Tier 1 and will start in Tier 2 until symptoms warrant higher level of PPE.
- KDHE has resisted recommending PPE based on symptoms being shown.

**QUESTION:** Regarding medical equipment and a portable x-ray unit, if it is a hard surface and Ebola lives only a few hours, should the virus go dormant?

- Makes more sense to isolate equipment, decontaminate and not destroy it.

**QUESTION:** Can you address patient movement within a hospital, for example, patient presents to the Emergency Department then is moved to ICU. How do you keep them isolated during transfer?

- Recommended to have patient don a surgical mask, minimal level of PPE for staff that will be transporting patient.
- Double gloves.
- If not acutely ill with vomiting, risk of contamination is minimal.

**QUESTION:** What about wrapping a blanket around them?

- Mask and isolation gown would suffice if not shedding a lot of virus.

**QUESTION:** What is the recommended PPE for outpatient clinic points of entry?

- There is detailed information in the plan on page 12.

**QUESTION:** Our hospital chose to use Tier 2 PPE. The problem with PAPRs is that you used to have to have 12 hours of contact training to be able to use one. Is that level of training gone away or can you use them if you have them?

- Similar to HAZWOPER, OSHA has guidelines.
- Fairly specific right now about needing to have donning and doffing training.
- In a disaster, standards aren't always where they should be.
- One Regional Coordinator went back to Anniston to be able to do donning and doffing training through Kansas.
- Will be ramping up this training across the state.
- 8 hours is recommended training to have prior to providing care.

**QUESTION:** Is there more information about disasters and animals? Anything to brace ourselves for?

- KDHE did include some detailed guidance on how to manage pets in earlier version of plan.
- CDC now has published more detailed guidance that was developed in consultation with state public health veterinarians and other experts.
- New guidance may not be feasible.
- One recommendation is to have a facility to house pets from an owner with possible Ebola exposure.
- Recommended that animal be home quarantined and identify someone to care for animal.
- Animals' waste has to be handled as Category A medical waste.
- Working on feasible guidance.

**QUESTION:** As a local health department, there is no walk-in care. If someone presents and needs to be isolated, we don't have the capability to isolation. We would have to cordon off the hallway. Would we call KDHE and KDHE would provide us with guidance?

- KDHE has recommended at that stage they wouldn't be symptomatic.
- Turn them around to their car, give directions to local hospital.
- Inform hospital you are sending someone over.
- Inform law enforcement to ensure person presents straight to the hospital.
- Emphasize to patient their wellbeing.
- Let them know you can't manage and will work with hospital to make arrangements to take you in.

**QUESTION:** What about public angst if case were to be presented? Would KDHE assist with public information of the case?

- Facility will become more popular than they want to be.

- Because KDHE will be in communication with CDC, will mobilize a team from KDHE and CDC will mobilize a team to make a visit.
- Won't take things over but will provide technical assistance on resources, subject matter expertise, and public info. will be critical component.
- In TTXs and walkthroughs, develop talking points.
- KDHE would certainly be helping with that.
- Would need to establish a JIC.
- Have PIOs across the state that go through training.
- KDHE will visit with you early and often.
- Make sure you know who your PIO is.

**QUESTION:** Looking at the draft policy on deceased patients, what would the guidance be if a family member wants to see patient before they are shrouded and bagged?

- See but don't touch.
- Would not deny the opportunity to see their family member but they should be in appropriate PPE.

**QUESTION:** How do we decontaminate all the bodily fluid and not move it from room to room once someone is deceased?

- Clean surfaces enough to allow family member in.
- Another scenario for facility to talk through how they would manage that.

**QUESTION:** Are the presentation slides available on website?

- We can make them available.
- They have been updated on regular basis.

**QUESTION:** What if a Critical Access Hospital has a suspected patient and needs to hold them an extra three days and that person sustains a head injury from a fall? That patient is usually transferred out. Do they get transferred to facility and who transports?

- All these conversations need to be had now.
- Are EMS folks comfortable with appropriate PPE and providing initial point of care and getting them transferred?
- Try to get physicians engaged in walking through scenarios.
- Don't let crisis go to waste.
- Get healthcare system together.
- Engage in conversations and tweak response plans.

**QUESTION:** Critical Access Hospitals do not have point of care lab machines. How long will lab machines be out of order and what is the turnaround time?

- Look at acquiring some point of care testing equipment that you would need.
- KDHE does not have specifics.
- Contact manufacturer and look at documentation for appropriate disinfecting protocols.

**QUESTION:** Where is the U.S. on developing a vaccine for Ebola? Would it be a vaccine for prevention like a flu shot or after you're already infected?

- Have been intensive efforts to develop a vaccine.
- May be 9 months to develop and then approval, time for shipping.
- May be more preventative.
- Currently three in development.
- Tested on monkeys.
- Seems to improve survival in monkeys by 20%.

- Couple others are being looked at.
- Research groups are looking for healthy adult volunteers.
- Looking at safety, side effects, and proper dose for humans.
- May have something by February.
- Will be additional clinical trials before it is widespread.

**COMMENT:** Lab director received a letter that if they used equipment to test for Ebola, they would lose service contract.

**QUESTION:** Would worker's compensation be applicable if on 21 day monitoring?

- Yes, working on work comp policies during state exercises.
- Provide bump in pay while they are providing care.
- Will be paid time off and won't go against vacation or sick days the employee has.
- When it comes to formal quarantine order there is no promise of making up for lost pay.

**QUESTION:** Can a person re-contract Ebola?

- Not that we have heard of.
- Once you survive it you develop an immune response to it.
- Ebola has been going on for 40 years in smaller outbreaks.
- There will be more information resulting from this outbreak such as a survivors antibodies helping to fight off.