

**Southeast Kansas Healthcare Coalition**  
**Ebola Preparedness Forum**  
Neosho Memorial Medical Center  
Chanute, Kansas  
November 25, 2014

**Open and Welcome**

Handouts: Agenda, Sedgwick County EMS Biosafety Transport Team (MERGe)

PowerPoint: Our Job – Prevent “dis-ease” as well as “disease”

**Introduction, Janice Powell**

- Dr. Robert Moser (Secretary/State Health Officer), Aaron Dunkel (Deputy Secretary), John Mitchell (DOE Director) , Mindee Reece (BCHS Director), Myron Gunsalus (Laboratories Director), Fred Rinne (HCC Regional Coordinator), Samantha Ramskill and Laura Ross (KDHE Preparedness), Ron Marshall (KHA), Terry David (Sedgwick County MERGe)
  
- This is the biggest crowd that we have ever had! Disciplines present:
  - Law Enforcement
  - Hospitals
  - EMS
  - Public Health
  - Mental Health
  - KDHE
  - KDEM
  - Schools
  - University
  
- We are in for a treat because we have KDHE staff to present on the Ebola, and they are here to discuss with use. Dr. Moser is our State health officer.
  
- We appreciate Dr. Moser, he has really helped public health on the personal level and our concerns on the Public Health, and he has done a lot for us with the smaller health departments because he is from Tribune.
  
- Thanks [Dr. Moser] so much about what you have done for Public Health

**Introduction Dr. Moser:**

- Good morning, we want the opportunity to introduce the staff this is here we have made individuals available for our 6<sup>th</sup> regional talk
  
- We are going to go through our plan, and we want to put it in the right context, only a few tabletops have been completed in the community, we want to make sure the public is confident they have nothing to worry about
  
- We have a disease that is typically not present in the US, highly contagious when it is being shed, remember, it isn't shed until symptomatic
  
- Why we are here:
  - We have been working on Ebola response plan since August,
    - Using disease investigation guidelines

- Towards the end of August got it out to all the local health officers, sent the first letter through the local health officers, the resources at the KDHE
- Health officers got signed up for KSHAN, up the situational awareness.
- [KDHE] just put out version 4 of the plan
  - Version 5 will be based on these discussions
- [Kansas] has been consistently more aggressive than the CDC
  - Addressing anxiety about Ebola, until we have more education and more references
  - PPE: fact the CDC started with the mindset, that any hospital should handle Ebola patients. And the PPE wasn't even at the standard of W. Africa. We thought more aggressive form of PPE was necessary for the safety of Kansas until we had more information and training.
- [The KDHE team] have been traveling through all the hospital regions
  - Discuss the Ebola response plan
  - Open discussion
  - Question and answer session
    - Will not leave until all questions are answered!
    - Questions will be converted into a FAQs
- KSERV
  - A lot of people have signed up through KSERV
  - No one has signed up to be on the bio response team
  - This team will be dispatched to do your own job somewhere else because volunteers will back fill to cover their internal Ebola response team
  - Dr. Moser moving to a different position, so he can now participate as a physician responder
  - Recently KSERV has gotten over 40 health care professionals
- Importance of partnerships and working together in the healthcare field
  - Elevated the importance of working across the disciplines
  - Need to partner and recognize the roles and responsibility of each discipline
  - [Doctors] can get lost in the case of the patient, not necessary all the public health side
  - Public health is responsible for the disease tracking
  - This is one of the largest outbreaks in W. Africa ever
    - It is important to recognize the importance of partnering up and working together
    - Always ask the travel screening questions
    - Continue to listen to the population health calls

#### Situational Update, Charlie Hunt (PPT Presentation)

- First cases in the US
  - Mr. Duncan-traveled from one of the infected countries
  - Two nurses caring for Mr. Duncan while extremely ill
  - 4<sup>th</sup> case doctor taking care of patients in West Africa came back to the US
  - All the family members, social contact and public NO additional cases have come back positive for Ebola
  - Remember Ebola is not symptomatic until these people are very actively ill,
    - The patient will look like they are very sick they don't feel well enough or look well enough to be in public
    - It is very important to educate the public, unless we have someone who is very ill the likelihood they spread to public

- To further clarify and understand the individual responsibilities we have, this is a true PH response, what does that mean for institution
- We won't see more than one or two person with Ebola
  - Still has a large impact on PH because they have to complete the investigation with who is at risk and who is being monitored
- Very important to work on the communication and crisis management
  - Social media will be working overtime;
  - The area treating the patient in no time will become very popular at the local, regional, statewide and national levels
- If they actually have high risk Ebola [from the risk assessment/travel history]
  - PH will KDHE
  - KDHE will send a team to act as SME
    - Will not replace the local response, but to provide resources and help, another response team will be from the CDC
    - Each hospital in KS needs to be able manage their trauma cases and arrange for the transfer to maintain the care standard
    - Ebola patients need to be managed in the bio containment unit
      - If we are only getting one or two at a time, then the facilities that manage the patients usually, then they should continue to manage the patient's care
    - KDHE may need to visit early on in the case to assist with specimen collection and packaging and shipping
      - Send the specimen to the CDC and the LRN laboratory
        - CDC will not accept specimens not approved by KDHE
  - Time frame of the confirmation, couple days or a week,
    - Local jurisdiction needs to develop and discuss their Ebola response plan with all relevant parties
  - KDHE will discuss with MERGe about transfer of patient
  - Open to discussion on your local plan or the state's plan
    - Do not leave the room without your question answered. Write your questions on the index cards will read as we go.
- Kansas Ebola Response Plan
  - Contains history of the outbreak
  - Has been updated multiple times since its initial release
  - Being sent out on KSHAN
  - Available on the KDHE website

## **Ebola Preparedness Forum**

### **Overview**

- West Africa, status of the outbreak As of, November 13, 2014 Brief overview
  - >14000 cases, two outbreaks of EVD, mostly in Guinea, Liberia, Sierra Leone. Liberia most impacted.
  - Outbreak started in Dec. WHO announced in March an outbreak was happening.
  - The WHO has traced back to a 2 year old child was the first case
    - Then it to others, then it went viral

- The environmental conditions in West Africa are a breeding ground for the Ebola cases
- Liberia was the most impacted
  - Liberia cases have gone down
  - Sierra Leone has more cases, it is getting worse
- Mali is a new threat
  - One case earlier in the fall with one death
  - New cluster of cases reported not connected with the original cases
    - 250 contacts being investigated
  - Travel notice on Nov.13
    - US gets about 15-20 travelers a week from Mali
      - Add Mali to travel history risk assessment
- Democratic Republic of the Congo
  - Separate outbreak starting in Aug. 2014
  - Soon to be declared Ebola free
    - If 42 days have passed from the last case then it is considered Ebola free
      - 42 days= two incubation cycles
  - We will assume it is considered Ebola free now
- General Ebola Facts
  - First case of Ebola, 1976
  - VHF natural reservoir most likely bats
  - Not a virus that is normally present in humans
  - Characterized as sporadic outbreaks
    - More than 30 events since 1976
    - Some outbreaks few people- hundreds
    - Eight-ten day incubation period, max is 21 days
    - Early on, the symptoms are not specific
      - Similar to “normal” diseases, like Malaria, so the initially Ebola can be overlooked
    - Later on when the disease becomes more serious
      - Gastrointestinal problems, then hemorrhaging
  - Transmission
    - Direct contact with the body fluids
      - Person to person
      - Very hard, because the infectious person needs to be very ill
    - Contact with contaminated objects, like needles and medical equipment
    - Contact with infected animals
      - Primates and other mammals become infected. If a person comes in contact with those animals that maybe how it gets into the human population
  - Contagious
    - NOT infectious until symptoms appear
      - This is because the virus is transmitted through bodily fluids
  - Cure
    - No known cure
  - Treatment
    - Supportive care
      - The best and most effective care

- Balancing fluids/electrolytes
  - Maintaining O2 and blood pressure
  - Treating complicating infections
- Concerns for the US
  - Persons traveling in affected countries and coming back
    - Travel from W. Africa to Kansas is well within the incubation period
    - About 150 people a day
    - People are not coming in after being diagnosed
      - Initially there was anxiety about bringing patients for treatment, but that has waned
        - No additional cases in the US from the treatment of the patients
- US case review
  - Dallas: travel from Liberia, asymptomatic when he arrived. Liberia did exit travel interviews. He denied all contact with Ebola. His travel history was not communicated and he was allowed to go home, and when back and then he died on Oct 8.
  - Two nurses that became infected Oct 12, Oct 15, who cared for the Dallas patient
  - Doctor in Guinea , returned to states Oct 17, self- monitoring came down with a fever, he went to the hospital and was diagnosed on Oct 23
    - Exit and entry screening was being conducted
- Quarantine challenge
  - Nurse quarantined in New Jersey after medical care to Ebola patients in Sierra Leone
    - Placed in the tent and complained loudly of the conditions
    - Lots of media coverage
    - Released and placed under quarantine in Maine, she was to coordinate travel with Maine HD; her movement was not restricted, because she went to court, in Maine
      - Judge did note that her behavior increased public anxiety and she should have “known better”
- Kansas Response Plan
  - State’s all hazard’s plan
  - Very comprehensive document
    - Contains: Biological Incident annex, KDHE-BEPHI Disease Investigation Guidelines
      - Epi, lab testing, prevention control, applicable regulations
      - Contains one for VHF to account for the current conditions of Ebola
  - Updated with the Ebola Response Plan
- Kansas Ebola Plan
  - Plan is in coordination with the KS Response Plan
  - Ebola started in August, developed the plan then
    - Has gone through many updates
  - Overview
    - Entry screening at the five airports
      - Travelers from the affected countries are diverted to the five airports within the US
        - MCI is not one of them
      - Travelers are screened
        - Health status and their
        - Exposure risk

- Traveler will be assigned a risk category
- Travelers are given a Care Kit
  - Information about the disease,
  - Information about destination local and state HD
  - A thermometer and directions for use
- Travel history and screening at the healthcare facility
  - Make sure to screen every patient just in case upon entry into the health care facility
    - If they are at risk from the travel history contact the LHD and KDHE
      - Both will assess the health screen and will assist the health care facility to assign the patient a risk category
- Notification of the traveler whose final destination is Kansas
  - CDC will contact KDHE
    - Will include: traveler's name and contact information
  - KDHE will contact LHD
    - If there isn't contact with the LHD and KDHE within 4 hours KDHE will hold responsibility with the traveler until LHD is notified
  - LHD will contact traveler
  - LHD is responsible to contact traveler and initiate monitoring
- Risk Category
  - High risk: Patient care (with a breach in PPE)
    - We will ask that person to do the active monitoring process for 21 days
    - Keeping track of their symptoms and checking their temp 2x day
    - We will ask anyone to stay home and not have visitors
      - Travel from the home, or visitors to the home should be approved by LHD or KDHE
        - avoid the potential exposure to public
        - Make sure traveler has access to health care if they become symptomatic
    - High risk exposure events include;
      - Working/caring for an Ebola patient with a potential exposure: needle stick or splashing
      - Post-mortem care without PPE
  - Some risk: providing medical care, or in contact with Ebola at some degree no high risk exposure
    - Active monitoring
    - Do not use commercial travel
    - Some risk exposure events include
      - Providing medical care without exposure event
  - No known exposure (low/no risk): just in the country
    - Active monitoring
    - Do not use commercial travel
      - When a traveler cannot use commercial travel, they have to charter a flight or drive home from the airport; they are not allow to fly on their connecting flight
- Monitoring

- Active Monitoring
  - Take temperature and monitor symptoms twice daily
  - Log with sheet included in the Care kit from the airport
    - Also found in appendix one in the KDHE Ebola Plan
  - LHD will have daily contact with the patient
    - Recommend: using a phone or other means of communication
    - Ensure all basic needs are met
      - i.e. groceries
      - make it easy for the travelers to stay at home for 21 days
        - this can cause emotional stress as well
- Movement
  - Restricted
    - Reserved for those at some/high risk
    - Stay at home for 21 days without visitors
      - We need to address the anxiety within the community about Ebola
      - Ensure all potentially exposed travelers have times access to health care
      - Travel needs to be approved by LHD or KDHE
    - Movement restrictions
      - Work within the community to make a plan
        - LHD and other agencies: think about how the restricted movement process will work at the local level
  - Health care workers
    - PPE Tier 1 or higher
      - Active monitoring
      - No movement restrictions
      - Can see other patients
    - PPE Tier 2 or lower
      - Active monitoring
      - Restrict movement to home
      - Must be on a dedicated Ebola Clinical Care Team
        - Cannot see other patients

#### Tier 1 Level PPE

- Includes:
  - Impermeable, single use coverall
    - Can have no hood, if the head and neck is completely covered
    - Goal is to have all skin completely covered
  - 2 layers of nitrile gloves
  - PAPR
  - Latex or rubber boot or single use impermeable boot
- While caring for the patient
- 21 days active monitoring
- Movement is not restricted

#### Tier 2 PPE

- Includes:

- Impermeable gown
- Impermeable apron
- 2 layers of nitrile gloves
- N95 respirator
- Full face shield
- Shoe covers
- Goal: cover all the skin!
- Must be on the dedicated Ebola care team.
  - Care for that patient and only that patient

#### Patients presenting at the hospital

- Conduct screening for all patients
  - Post posters to help with screening
  - Must ask about travel history
    - If within 21 days of travel to one of the affected counties
    - If they have symptoms consistent with Ebola
- Ebola Patient Suggestions
  - Restrict visitors to hospital
  - Avoid entry of visitors into patient room
    - Exception on case by case basis
  - Log book all person entering room
    - Including health care professionals
  - Provide instruction to all visitors
    - Hand hygiene
    - PPE instructions
      - Review the visitor PPE protocol in your hospital
  - Dedicated medical equipment for Ebola patient
  - Ensure to follow disinfection processes
- Limit use of needles and sharps or other techniques that may increase the potential exposure to healthcare workers
- Limit diagnostic testing
  - Manufacturer will not service laboratory instrumentation that has been used with an Ebola patient

#### Laboratory testing to rule out EVD

- Notify KDHE
  - Consultation is very important with KDHE, CDC will not accept a specimen if KDHE has not been involved
  - Must call within four hours of knowing about patient
  - Epi hotline-877-427-7317
    - Will walk you through the careful assessment of the patient history and clinical picture
    - Intensive case and contact investigation
    - Use VHF disease investigation guideline as basis
    - This is considered: “Disease unusual in incident or behavior” it needs to be reported by telephone within 4 hours
  - KDHE will work with local health department
  - CDC will not test on demand, must go through KDHE

- Risk assessment process is very important
  - Only the CDC and the Level 1 LRN laboratories will test for Ebola
- Specimen collection
  - KDHE website has the information
  - Consider American Society for Microbiology guidelines
    - KDHE has adopted this at the laboratories
    - Guidelines call for POC testing so they don't go to the laboratory for testing in the hospital
  - The preparedness response plan has details about collect in and Packaging and Shipping
  - CDC has a special courier
    - collect two specimens
      - Closest LRN laboratory in Nebraska
      - CDC for confirmation
- Waste management
  - Flow chart in the plan
    - If a patient occurs in a hospitals, and how it will be handled
  - Environmental cleaning and disinfections:
    - Tier 1 PPE should be used
    - Use EPA approved disinfectants for non-enveloped virus, label will read: norovirus
      - Bleach solution will also work
  - USDOT has classified Ebola virus as a Category A Infectious Substance,
    - Must be handled using the hazardous materials regulation
    - DOT shipping packaging adequately satisfies the hazardous waste storage regulations
    - DOT has issued a special permit to ship Ebola waste
  - KS has determined Ebola medical waste as a Category A hazardous waste
    - All waste materials should be sterilized onsite, then it can be managed as regulated medical waste instead of hazardous waste
    - Autoclave guidelines
      - Make sure to use a chemical or biological indicator strip
  - CDC recommendations now appear to be consistent with WHO
  - Types of waste
    - Patient care waste
      - All vomit, diarrhea collect as hazardous waste
        - Can be treated with a bleach solution then released to the sewer system
        - KDHE suggests treating the toilet with a bleach solution before adding waste, then waiting ten minutes, then flushing
    - Environmental waste
      - Large or bulky waste inside the home
        - Treat with EPA registered disinfection or bleach solution
        - Avoid breaking things down
        - Isn't known to be infectious from inanimate objects
      - LHD
        - Identify resources
          - Local HazMat teams,
          - Refer to CDC guidance for residential cleanup

- Can be performed by family members or other residents of the home
- Human remains
  - KDHE has adopted CDC guidance
  - KDHE recommends remaining in tier 1 PPE
- Reminders
  - Facility needs to potentially provide isolation care for 2-3 days
  - Laboratory
    - If the rule out test is sent early in the symptoms may provide a false negative result
      - The test is not sensitive enough for the amount of the viral load in the blood at that time
      - Will re-test after 72 hours
    - ASM has put out guidelines for caring for the patient
    - Limit laboratory work
    - Utilize point of care as much as possible
  - Collaboration
    - KDHE will work with the LHD using the VHF investigation guideline as a basis
    - CDC will provide assistance and SMEs as well
  - There will be large amounts of waste, make sure to contact KDHE for a walk through

## Open Discussion

1. **There is minimal concern of transition by fomites (intimate objects) but a lot of emphasis on environmental decontamination procedures, why?** Ebola experience is very limited to only 30 outbreaks. There is no evidence that it has been transmitted by environment, the virus can survive in body fluids, so if body fluids are present it makes sense to clean the area.
2. **Do animals have symptoms of Ebola?** We don't know the full answer about pets. The US quarantined the pets of Ebola patients for 21 days; however, Spain had a different approach. The reservoir [animal] will carry without symptoms, and then when other species come into contact with it, they become ill.
3. **Why would you move the patient from the one of five airports? Why not keep them in that location; there would be a lot less cost, to set up quarantine area at those locations, so they don't have to come back to KS because we can't care for them!** There are about 150 travelers coming from the affected countries into the US and we must balance the individual rights with the public health. If the traveler had no exposure, then we need to balance their rights with what is suitable for public health needs. **What if they have a fever?!** If they come in [to the US] with a fever, or any symptoms, they would be isolated at that point. Only with no symptoms can they come back to Kansas; they must drive back or charter a plane, they are not on restricted movement, only active monitoring, but cannot utilize commercial travel. If they have high risk exposure, they will be quarantined and kept. Arrangements can be made to quarantine for 21 days, however, if they have no symptoms they can come back to Kansas. **Where at airports?** Local hospitals, they cannot leave.
4. **If hospital has a patient, and they think they have Ebola, they will contact KDHE, and they draw blood, does KDHE call person to transport that blood or does the hospital?** No we provided very detail in the guidance [in the plan], we will help arrange for shipment and we will use CDC courier.

5. **[What do you mean by] basic needs, so I have 4 different households that I am actively monitoring so I have to take care of their basic needs correct?** Yes, it is very important that we make it as easy as possible to make their restriction easy. The Statute is that Kansas is a home rule state; the responsibility starts with the local level. Talk with non-governmental organization for foods. Kansans take care of their community, and as a community member, I would like to make people happy and take out the community anxiety. [As public health professionals] we must do the education to ensure the limiting the possibility of community anxiety. Also, if the your local health officer say we don't agree with Dr. Moser about meeting the basic needs, then Dr. Moser can still override the local health officer. The local officer can make it more aggressive; regardless, the payment falls on local level.
6. **Activated the guard in my county, what is the process for them when they come back?** The DOD is handling the isolation at a base outside the country. After they are finished with their 30 days, with no direct patient care, they are released back into the US. By the time they are back in the country they will not require to do 21 days of monitoring.
7. **Basic health care** –American Red Cross issued guidelines, go through EM [ARC] will provide the basic care, they have issued protocols for that care, any response if you need resources go through your usual method.
8. **Small facility you can't do the Point Of Care testing, you can't run the labs, do you talk to the referral hospital?** Recommendation, do not take it down to the lab. Reach out to the regional hospitals, some will share their POC instrumentation, the goal is minimal testing, do not do the whole suite, we haven't talked about crisis care, but you wouldn't care about cross matching as much you would just go to a straight match.
9. **Isolation and quarantine touches a lot of nerves what are regulations?** We worked the laws a few years ago, at the local level and the state level we can do [isolation and quarantine] without a court order, sometimes we need to utilize law enforcement, we need to make sure the patient is educated about the reasons they are isolated. If it comes to the point where people feel their personal rights are exposed, we need to do better at education.
10. **Waste management- We cannot autoclave, do you know if they will be picking it up daily or every other day, we don't have a storage place, what do we have to do?** If that situation occurs, first thing contact KDHE. We will guide the waste management situation, more than likely, there will have to store the waste onsite, we will guide you through what containers, how its managed and the process, minimize transfer and know what you're going to do before it happens. KDHE has been in contact with hazardous waste facility, which is a source of disposal as hazardous waste. Normal hospital waste is medical waste, not hazardous waste, Ebola waste cannot be shipped over the road, across state lines, and we need to protect public health and environment. Volume of waste produced is very high a lot of disposable items, waste generation are very high. Hopefully, the scenario will allow the patient to be there only a few days until it is moved to a larger facility which can handle the storage of the waste. Also, that amount of waste will not be produced unless the patient has all the symptoms. **If we get a transport container, how do we house these double bags, how do we get prepared for that?** What is in your plan for handling mass casualties? Most plans, describes how that will work, how it must be secured and managed.

- 11. Do you know how the 55 gallon barrels are transported?** They are over-packed into a poly container that is put on a truck for transport. 96 gallon for the over pack.
- 12. We use the Ty-Chem suits and max air PAPR, the suits come over the head then the PPAR over the hood, is that okay?** All exposed skin is covered, so that is good.
- 13. If Ebola is not water borne then what is the question with the sewer?** Primarily to address small potential of exposure while working on the plumbing to utility workers before the waste water treatment plants. KDHE has been in contact with those municipalities who are permitted; their workers are used to working in the environments where infectious agents are found they need to work with their PPE.
- 14. What if a traveler is flying into Mexico or England and not undergoing screening process?** It is a possibility they have a separate itinerary and they fly into Europe then onto a different flight, there is a possibility, which is why there is a need to conduct the screening processes when a patient presents at a health care facility. Students need to undergo the risk assessment when they arrive. They may slip through the cracks just do the screen process.
- 15. What if they drive out of the community for holiday under active monitoring?** We will contact that state or LHD and provide the information; most likely the host LHD will continue the active monitoring process. In case the person does develop symptoms the health departments in the visiting community are aware and where the patient will need to go if they start presenting, some states have decided to have Ebola Care Centers.
- 16. Active monitor as a HD can we share info between hospitals and EMS?** Yes, you can, privacy laws do allow sharing if it is necessary to protect public health. Only share with the people who need to know.
- 17. Are county and CAD system through dispatch, can we put it in there, if they did call EMS because they got really ill then it popped up CAD then call over telephone not over the radio?** Information is not publically shared, and then it would be appropriate.
- 18. Health care workers are frequently challenged during event, what if the patient is not complying with quarantine?** Appeal and education to the reason, and the importance, even though the judge overturned some, he did make note that her behavior was not good, and creating concern and anxiety is not appropriate. Kansas have very strong quarantine laws in this state, they can be issued in by Local officer and the Secretary, do not need a court, must be challenged, but the quarantine order will be upheld.
- 19. Can we react the same way like with TB and other diseases?** Use a phase approach, first the voluntary approach, ask them to remain home without visitors, make sure basic needs met, if they want to out for some reason, and not around people jut limiting potential exposure, if we have to court then we will argue our side, and then it will be up to the judge at that point.
- 20. Symptoms in animals similar, is testing on animals used?** Species of animals came up due to pets, the nurse had a dog and the dog became famous and quarantined for 21 days and CDC tested the dog. Spain had a different approach and they euthanized the dog. Our plan we have recommended

quarantined at the patient's home. The CDC and the AVMA guidelines suggested very aggressive quarantines, and waste collected. Studies conducted on dogs, show they have immunity to Ebola, but none have developed symptoms and it has not determined if they can transfer. There is no place in Kansas to watch these animals.

- 21. If screened in the airport what does KDHE get?** We get some information, but not enough the LHD need to do the full tool [travel history/risk assessment] in the plan.
- 22. What about products from the areas infected?** Not a risk.
- 23. Since Ebola in Semen for several months, is KDHE doing anything? Are they doing any screening on semen?** India tested semen, and then the patient was quarantined until semen was clear. CDC has recommended condoms or abstinence for 3 months. Remember, semen and breast milk contains a high amount of antibodies, and there is no concern about getting it from these fluids. It is not like HIV; ignore that as a concern in the US.
- 24. Has KDHE been working with funeral directors, cremated and some in a casket, will it be marked? Will the burial site marked?** We talked about it: cremate the body, hermetically sealed casket, then it becomes a hazardous waste for a period of time but we don't know how long. There are some studies that need to be done, somehow we need to mark and we know it isn't to be opened but we haven't come across that yet.
- 25. We are using the supplies that we have in stock, and we are trained on; we have no exposed skin can we use that PPE?** Yes, no exposed skin is great!
- 26. Assistance to get PPE, is there assistance?** CDC has put PPE in the SNS and that can be activated with a confirmed case. At the point you have a confirmed or suspected patient, contact your normal resource chain. You will also get help from KDHE.
- 27. We are looking into alternate care sites, we are making a county plan what do you think about that?** KDHE does not have jurisdiction in KS over hospitals, so we cannot tell them they are Ebola treatment center. We have asked small hospitals to talk with their referral hospitals, like normal. Some regional hospitals will send resources down. We have utilized KSERV by asking people to participate on a bio response team, you may go to care for Ebola patient, or you will back up and support the staff that has been caring for the Ebola patient, so the health care system doesn't lose its entire people. Currently, we have over 40 people, mostly nurses, and lab techs respond to our request. Get your local providers engaged, it is very hard to do. It is very challenging because doctors like their patients to come to them. Once you get them engaged you can get them excited and understand their roles and responsibilities within a response effort like this.
- 28. What is MERGe how can they transfer patients?** MERGe consists of 22 EMS professionals with advanced training. It was formed after the Andover tornado and since has had a lot of deployment. KDHE engaged the EMS to address this system. Sometimes calling 911 isn't the best idea, we entered into an agreement to purchase equipment. Sedgwick County volunteered 15 people for additional training. They have pulled a truck off service; they removed the Sedgwick County logo, and outfitted that truck to specifically transfer a high risk patient. We have a number for any disaster that needs MERGe services: EMS 1800 helpKS3. Duty officers on call 24/7. Usually, MERGe will take a call from any

EMS director anywhere. However, MERGe will only initiate Ebola patient transfer from KDHE; hopefully the process will be deeply involved before transfer will happen. Time wise, it will take about 1 hour to ramp up the team. Then they will send 7 people 1 driver, 2 patient care personnel, 2 safety officers, 2 decontamination specialists. Recently there was a statewide tabletop, purposely set in Liberal. There are 300 miles from Liberal to Omaha, so road travel was not ideal, so we had to use aircraft. Currently, there are 2 aircrafts that can transfer an Ebola patient in the US, in the TTX the EMS transferred to airport, then air provider flew to Omaha then NE EMS transferred to the bio-containment facility. Sedgwick to Liberal is 4 hours, then transfer by ground, KDHE/Sedgwick ops chief. Need to remember if transferred all medical waste will be left with the originating hospital.

**29. Will MERGe have a law enforcement escort?** We appreciate and support, it is for security and resource needs. Highway patrol cannot cross the state line; however, KHP does have contacts in each of the surrounding states, and will make arrangements. KHP also has many resources and knowledge of the area, if we may have to refuel or other resources need to be obtained, and KHP can lead ahead and make arrangement that will be beneficial.

**30. What about type and cross matching?** Think of crisis mode, you will not type and cross match things.