# THIS IS AN OFFICIAL NH DHHS HEALTH ALERT

Distributed by the NH Health Alert Network
Health.Alert@nh.gov
October 3, 2014, 1230 EDT (12:30 PM EDT)
NH-HAN 20141003

NH DIVISION OF Public Health Services
Improving health, preventing disease, reducing costs *for all*
Department of Health and Human Services

## First Case of Ebola Virus Disease (EVD) Diagnosed in the US

### Key Points and Recommendations

1. The first patient to be diagnosed with Ebola in the US has been confirmed.
2. As long as the outbreak in West Africa continues, it is possible additional cases will be transported to the US.
3. The risk of extensive Ebola spread in the U.S. is extremely unlikely because our healthcare infrastructure uses infection control practices that will prevent uncontrolled transmission.
4. However, to prevent any spread, **all New Hampshire clinicians must immediately ensure that they ask all of their patients with fever or other possible symptoms of Ebola without other obvious etiology whether they have traveled to the outbreak setting in the previous month**.
5. All New Hampshire healthcare facilities must also continue to prepare for the possibility of initial evaluation and care for a suspect Ebola patient.
6. The CDC has issued an updated algorithm for traveler evaluation. This algorithm is appropriate for use in New Hampshire healthcare settings, and replaces previous versions.
7. NH DHHS will sponsor a practical webinar for clinicians toward Ebola awareness, readiness and response on Monday, October 6, 2014, from 12:00 - 1:30 PM. If you are interested in participating, please reserve your seat at https://www2.gotomeeting.com/register/402757194
8. Promptly notify NH DPHS at 603-271-4496 (after hours 1-800-852-3345, x5300) of any suspected Ebola patients.

### EVD Background and Situation Update

This Health Alert message updates the NH DHHS previous HAN 20140805 at http://www.dhhs.nh.gov/dphs/cdcs/alerts/documents/ebola.pdf. Ebola background and current outbreak updates are available at the U.S. Centers for Disease Control and Prevention (CDC) website (http://www.cdc.gov/vhf/ebola/index.html).

The first patient to be diagnosed with Ebola in the US has been confirmed. The patient is in serious condition in a Texas hospital. The CDC is supporting the Texas Department of Health to conduct a thorough investigation of this patient's contacts. All contacts will be monitored under appropriate quarantine. Details are found in the latest attached CDCHAN-00371 sent October 2, 2014.

This announcement is not unexpected, given the ease of global travel and the presence of US citizens, residents, and visitors in the epidemic region. The sequence and entirety of events in Texas are not known yet, but the initial report that this patient sought medical attention but was not initially recognized as at risk for Ebola is an urgent reminder that:

- ❑ All New Hampshire clinicians must immediately ensure that they ask all of their patients with fever or other possible symptoms of Ebola without other obvious etiology whether they have traveled to the outbreak setting in the previous month.
- ❑ Obtaining a travel history is a routine aspect of any ill patient encounter, but the significance of travel to Liberia, Sierra Leone, Guinea, and Nigeria must be recognized.
- ❑ All New Hampshire healthcare facilities must continue to prepare to provide initial evaluation and care for a possible Ebola patient. The attached CDC Hospital Checklist is a useful tool available at http://www.cdc.gov/vhf/ebola/pdf/hospital-checklist-ebola-preparedness.pdf.

As an aid, the CDC has issued an updated EVD Algorithm for Evaluation of the Returned Traveler at http://www.cdc.gov/vhf/ebola/pdf/ebola-algorithm.pdf. This algorithm is appropriate for use in New Hampshire healthcare settings, and replaces previous versions.

As a reminder, EVD is typically characterized by sudden onset of fever and malaise, accompanied by other non-specific signs and symptoms, such as myalgia, headache, vomiting, and diarrhea. Patients with severe forms of the disease may develop hemorrhagic symptoms and multi-organ dysfunction, including hepatic damage, renal failure, and central nervous system involvement, leading to shock and death. The fatality rate can vary from 40-90%.

In outbreak settings, EVD is typically first spread to humans after contact with infected wildlife and is then spread person-to-person only through direct contact with bodily fluids (e.g., blood, urine, sweat, semen, and breast milk). Ebola is not spread through the air. The incubation period is usually 8–10 days, but ranges from 2–21 days. Patients begin to transmit the virus when febrile and/or symptomatic, as well as postmortem.

**Reporting Suspect Cases to NH DPHS**
All patients with suspected EVD must be reported immediately to the NH DPHS at 603-271-4496 (after hours 1-800-852-3345, x5300). NH DPHS staff members are available 24/7 for consultation.

**Additional information and clinical guidance can be found at:**
- http://www.cdc.gov/ebola

For any questions regarding the contents of this message, please contact NH DHHS, DPHS, Bureau of Infectious Disease Control at 603-271-4496 (after hours 1-800-852-3345 ext.5300).

To change your contact information in the NH Health Alert Network, contact Denise Krol at 603-271-4596 or email Denise.Krol@dhhs.state.nh.us

| | |
|---|---|
| Status: | Actual |
| Message Type: | Alert |
| Severity: | Moderate |
| Sensitivity: | Not Sensitive |
| Message Identifier: | NH-HAN 20141003 Ebola Virus Disease (EVD) in the US |
| Delivery Time: | 12 hours |
| Acknowledgement: | No |
| Distribution Method: | Email, Fax |
| Distributed to: | Physicians, Physician Assistants, Practice Managers, Infection Control Practitioners, Infectious Disease Specialists, Community Health Centers, Hospital CEOs, Hospital Emergency Departments, Nurses, NHHA, Pharmacists, Laboratory Response Network, Manchester Health Department, Nashua Health Department, Public Health Network, DHHS Outbreak Team, DPHS Investigation Team, DPHS Management Team, Northeast State Epidemiologists |
| From: | Elizabeth A. Talbot, MD – Deputy State Epidemiologist |
| Originating Agency: | NH Department of Health and Human Services, Division of Public Health Services |

**Attachments**:
1) CDCHAN-00371 Evaluating Patients for Possible Ebola Virus Disease: Recommendations for Healthcare Personnel and Health Officials
2) EVD Algorithm for Evaluation of the Returned Traveler
3) Detailed Hospital Checklist for Ebola Preparedness

## Follow us on Twitter @NHIDWatch

This is an official

# CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
October 2, 2014, 20:00 ET (8:00 PM ET)
CDCHAN-00371

## Evaluating Patients for Possible Ebola Virus Disease: Recommendations for Healthcare Personnel and Health Officials

***Summary:*** *The first case of Ebola Virus Disease (Ebola) diagnosed in the United States was reported to CDC by Dallas County Health and Human Services on September 28, 2014, and laboratory-confirmed by CDC and the Texas Laboratory Response Network (LRN) laboratory on September 30. The patient departed Monrovia, Liberia, on September 19, and arrived in Dallas, Texas, on September 20. The patient was asymptomatic during travel and upon his arrival in the United States; he fell ill on September 24 and sought medical care at Texas Health Presbyterian Hospital of Dallas on September 26. He was treated and released. On September 28, he returned to the same hospital, and was admitted for treatment.*

***The purpose of this HAN Advisory is to remind healthcare personnel and health officials to:***

***(1) increase their vigilance in inquiring about a history of travel to West Africa in the 21 days before illness onset for any patient presenting with fever or other symptoms consistent with Ebola;***

***(2) isolate patients who report a travel history to an Ebola-affected country (currently Liberia, Sierra Leone, and Guinea) and who are exhibiting Ebola symptoms in a private room with a private bathroom and implement standard, contact, and droplet precautions (gowns, facemask, eye protection, and gloves); and***

***(3) immediately notify the local/state health department.***

***Please disseminate this information to infectious disease specialists, intensive care physicians, primary care physicians, and infection control specialists, as well as to emergency departments, urgent care centers, and microbiology laboratories.***

### Background

The first known case of Ebola with illness onset and laboratory confirmation in the United States occurred in Dallas, Texas, on September 2014, in a traveler from Liberia. The West African countries of Liberia, Sierra Leone, and Guinea are experiencing the largest Ebola epidemic in history. From March 24, 2014, through September 23, 2014, there have been 6,574 total cases (3,626 were laboratory-confirmed) and 3,091 total deaths reported in Africa. Ebola is a rare and deadly disease caused by infection with one of four viruses (Ebolavirus genus) that cause disease in humans. Ebola infection is associated with fever of greater than 38.6°C or 101.5°F, and additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage. Ebola is spread through direct contact (through broken skin or mucous membranes) with blood or body fluids (including but not limited to urine, saliva, feces, vomit, sweat, breast milk, and semen) of a person who is sick with Ebola or contact with objects (such as needles and syringes) that have been contaminated with these fluids. Ebola is not spread through the air or water. The main source for spread is human-to-human transmission. Avoiding contact with infected persons (as well as potentially infected corpses) and their blood and body fluids is of paramount importance. Persons are not contagious before they are symptomatic. The incubation period

(the time from exposure until onset of symptoms) is typically 8-10 days, but can range from 2-21 days. Additional information is available at http://www.cdc.gov/vhf/ebola/index.html.

**Recommendations**

Early recognition is critical to controlling the spread of Ebola virus. Consequently, healthcare personnel should elicit the patient's travel history and consider the possibility of Ebola in patients who present with fever, myalgia, severe headache, abdominal pain, vomiting, diarrhea, or unexplained bleeding or bruising. Should the patient report a history of recent travel to one of the affected West African countries (Liberia, Sierra Leone, and Guinea) *and* exhibit such symptoms, immediate action should be taken. The Ebola algorithm for the evaluation of a returned traveler and the checklist for evaluation of a patient being evaluated for Ebola are available at http://www.cdc.gov/vhf/ebola/pdf/ebola-algorithm.pdf and http://www.cdc.gov/vhf/ebola/pdf/checklist-patients-evaluated-us-evd.pdf .

Patients in whom a diagnosis of Ebola is being considered should be isolated in a single room (with a private bathroom), and healthcare personnel should follow standard, contact, and droplet precautions, including the use of appropriate personal protective equipment (PPE). Infection control personnel and the local health department should be immediately contacted for consultation.

The following guidance documents provide additional information about clinical presentation and clinical course of Ebola virus disease, infection control, and patient management:

- Guidelines for clinicians in U.S. healthcare settings are available at http://www.cdc.gov/vhf/ebola/hcp/clinician-information-us-healthcare-settings.html.
- Guidelines for infection prevention control for hospitalized patients with known or suspected Ebola in U.S. hospitals are available at http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html
- Guidelines for safe management of patients with Ebola in U.S. hospitals are at http://www.cdc.gov/vhf/ebola/hcp/patient-management-us-hospitals.html.

The case definitions for persons under investigation (PUI) for Ebola, probable cases, and confirmed cases as well as classification of exposure risk levels are at http://www.cdc.gov/vhf/ebola/hcp/case-definition.html.

Persons at highest risk of developing infection are:

- those who have had direct contact with the blood and body fluids of an individual diagnosed with Ebola – this includes any person who provided care for an Ebola patient, such as a healthcare provider or family member not adhering to recommended infection control precautions (i.e., not wearing recommended PPE
- those who have had close physical contact with an individual diagnosed with Ebola
- those who lived with or visited the Ebola-diagnosed patient while he or she was ill.

Persons who have been exposed, but who are asymptomatic, should be instructed to monitor their health for the development of fever or symptoms for 21 days after the last exposure. Guidelines for monitoring and movement of persons who have been exposed to Ebola are available at http://www.cdc.gov/vhf/ebola/hcp/monitoring-and-movement-of-persons-with-exposure.html.

Diagnostic tests are available for detection of Ebola at LRN laboratories as well as CDC. Consultation with CDC is required before shipping specimens to CDC. Information about diagnostic testing for Ebola can be found at http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html.

Healthcare personnel in the United States should immediately contact their state or local health department regarding any person being evaluated for Ebola if the medical evaluation suggests that diagnostic testing may be indicated. If there is a high index of suspicion, U.S. health departments should immediately report any probable cases or persons under investigation (PUI)

(http://www.cdc.gov/vhf/ebola/hcp/case-definition.html) to CDC's Emergency Operations Center at 770-488-7100.

*The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.*

---

**Categories of Health Alert Network messages:**

| | |
|---|---|
| **Health Alert** | Requires immediate action or attention; highest level of importance |
| **Health Advisory** | May not require immediate action; provides important information for a specific incident or situation |
| **Health Update** | Unlikely to require immediate action; provides updated information regarding an incident or situation |
| **HAN Info Service** | Does not require immediate action; provides general public health information |

##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations##

# Ebola Virus Disease (EVD)

## Algorithm for Evaluation of the Returned Traveler

**FEVER** (subjective or ≥101.5°F or 38.6°C) or compatible EVD symptoms* in patient who has traveled to an Ebola-affected area** in the 21 days before illness onset

* headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain or hemorrhage

**NO**

**Report** asymptomatic patients with high- or low-risk exposures (see below) in the past 21 days to the health department

**YES**

1. Isolate patient in single room with a private bathroom and with the door to hallway closed
2. Implement standard, contact, and droplet precautions (gown, facemask, eye protection, and gloves)
3. Notify the hospital Infection Control Program and other appropriate staff
4. Evaluate for any risk exposures for EVD
5. IMMEDIATELY report to the health department

### HIGH-RISK EXPOSURE

Percutaneous (e.g., needle stick) or mucous membrane contact with blood or body fluids from an EVD patient

**OR**

Direct skin contact with, or exposure to blood or body fluids of, an EVD patient

**OR**

Processing blood or body fluids from an EVD patient without appropriate personal protective equipment (PPE) or biosafety precautions

**OR**

Direct contact with a dead body (including during funeral rites) in an Ebola affected area** without appropriate PPE

### LOW-RISK EXPOSURE

Household members of an EVD patient and others who had brief direct contact (e.g., shaking hands) with an EVD patient without appropriate PPE

**OR**

Healthcare personnel in facilities with confirmed or probable EVD patients who have been in the care area for a prolonged period of time while not wearing recommended PPE

### NO KNOWN EXPOSURE

Residence in or travel to affected areas** without HIGH- or LOW-risk exposure

### Review Case with Health Department Including:

- Severity of illness
- Laboratory findings (e.g., platelet counts)
- Alternative diagnoses

**EVD suspected**

**EVD not suspected**

### TESTING IS INDICATED

The health department will arrange specimen transport and testing at a Public Health Laboratory and CDC

The health department, in consultation with CDC, will provide guidance to the hospital on all aspects of patient care and management

### TESTING IS NOT INDICATED

**If patient requires in-hospital management:**

Decisions regarding infection control precautions should be based on the patient's clinical situation and in consultation with hospital infection control and the health department

If patient's symptoms progress or change, re-assess need for testing with the health department

**If patient does not require in-hospital management**

Alert the health department before discharge to arrange appropriate discharge instructions and to determine if the patient should self-monitor for illness

Self-monitoring includes taking their temperature twice a day for 21 days after their last exposure to an Ebola patient

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

** CDC Website to check current affected areas: www.cdc.gov/vhf/ebola

CS251958-A

# Detailed Hospital Checklist for Ebola Preparedness

The U.S. Department of Health and Human Services (DHHS), Centers for Disease Control and Prevention (CDC), and Office of the Assistant Secretary for Preparedness and Response (ASPR), in addition to other federal, state, and local partners, aim to increase understanding of Ebola Virus Disease (EVD) and encourage U.S. hospitals to prepare for managing patients with Ebola and other infectious diseases. Every hospital should ensure that it can detect a patient with Ebola, protect healthcare workers so they can safely care for the patient, and respond in a coordinated fashion. Many of the signs and symptoms of Ebola are non-specific and similar to those of many common infectious diseases, as well as other infectious diseases with high mortality rates. Transmission can be prevented with appropriate infection control measures.

In order to enhance our collective preparedness and response efforts, this checklist highlights key areas for hospital staff -- especially hospital emergency management officers, infection control practitioners, and clinical practitioners -- to review in preparation for a person with Ebola arriving at a hospital for medical care. The checklist provides practical and specific suggestions to ensure your hospital is able to ***detect*** possible Ebola cases, ***protect*** your employees, and ***respond*** appropriately.

While we are not aware of any domestic Ebola cases, **now is the time to prepare,** as it is possible that individuals with Ebola in West Africa may travel to the United States, exhibit signs and symptoms of Ebola, and present to facilities.

Hospitals should review infection control policies and procedures and incorporate plans for administrative, environmental, and communication measures, as well as personal protective equipment (PPE) and training and education. Hospitals should also define the individual work practices that will be required to detect the introduction of a patient with Ebola or other emerging infectious diseases, prevent spread, and manage the impact on patients, the hospital, and staff.

The checklist format is not intended to set forth mandatory requirements or establish national standards. In this checklist, healthcare personnel refers to all persons, paid and unpaid, working in healthcare settings who have the potential for exposure to patients and/or to infectious materials, including body substances, contaminated medical supplies and equipment, or contaminated environmental surfaces.[1]

This detailed checklist for hospitals is part of a suite of HHS checklists found on the CDC Ebola site (http://www.cdc.gov/vhf/ebola/hcp/index.html).

CDC is available 24/7 for consultation by calling the CDC Emergency Operations Center (EOC) at 770-488-7100 or via email at eocreport@cdc.gov.

[1] Healthcare personnel includes, but is not limited to, physicians, nurses, nursing assistants, therapists, technicians, laboratory personnel, autopsy personnel, students and trainees, contractual personnel and persons not directly involved in patient care (e.g., house-keeping, laundry).

**C=Completed; IP=In Progress; NS=Not Started**

| PREPARE TO DETECT | C | IP | NS |
|---|---|---|---|
| Review risks and signs and symptoms of Ebola, and train all front-line clinical staff on how to identify signs and symptoms of Ebola. | | | |
| Review CDC Ebola case definition for guidance on who meets the criteria for a person under investigation for Ebola and proper specimen collection and shipment guidelines for testing. | | | |
| Ensure EMS Crews at hospitals and other agencies are aware of current guidance. | | | |
| Review Emergency Department (ED) triage procedures, including patient placement, and develop or adopt screening criteria (e.g. relevant questions: exposure to case, travel within 21 days from affected West African country) for use by healthcare personnel in the ED to ask patients during the triage process for patients arriving with compatible illnesses. | | | |
| Post screening criteria in conspicuous placements at ED triage stations, clinics, and other acute care locations (see suggested screening criteria in (Attachment A). | | | |
| Designate points of contact within your hospital responsible for communicating with state and local public health officials. **Remember:** Ebola is a nationally notifiable disease and must be reported to local, state, and federal public health authorities. | | | |
| Ensure that all triage staff, nursing leadership, and clinical leaders are familiar with the protocols and procedures for notifying the designated points of contacts to inform 1) hospital leadership (infection prevention and control, infectious disease, administration, laboratory, others as applicable), and 2) state and local public health authorities regarding a person under investigation (PUI). | | | |
| Conduct spot checks and inspections of triage staff to determine if they are incorporating screening procedures and are able to initiate notification, isolation, and PPE procedures for your hospital. | | | |
| Communicate with state and/or local health department on procedures for notification and consultation for Ebola testing requests. | | | |
| Ensure that laboratory personnel are aware of current guidelines for specimen collection, transport, testing, and submission for PUI. | | | |

| PREPARE TO PROTECT | C | IP | NS |
|---|---|---|---|
| Review and distribute the Guidelines for Environmental Infection Control in Health-Care Facilities. | | | |
| Treat all symptomatic travelers returning from affected West African countries as potential cases and obtain additional history. | | | |
| Conduct a detailed inventory of available supply of PPE suitable for | | | |

| | | | |
|---|---|---|---|
| standard, contact and droplet precautions. Ensure an adequate supply, for all healthcare personnel, of:<br>• Impermeable gowns (fluid resistant or impermeable),<br>• Gloves,<br>• Shoe covers, boots, and booties, and<br>• Appropriate combination of the following:<br>o Eye protection (face shield or goggles),<br>o Facemasks (goggles or face shield must be worn with facemasks),<br>o N95 respirators (for use during aerosol-generating procedures)<br>• Other infection control supplies (e.g. hand hygiene supplies). | | | |
| Ensure that PPE meets nationally recognized standards as defined by the Occupational Safety & Health Administration (OSHA), CDC, Food and Drug Administration (FDA), or Interagency Board for Equipment Standardization and Interoperability. | | | |
| Review plans, protocols, and PPE purchasing, with your community/coalition partners, that promote interoperability and inter-facility sharing if necessary. | | | |
| Ensure Ebola PPE supplies are maintained in triage, ED, and all patient care areas. | | | |
| Verify that all of your healthcare personnel:<br>• Meet all training requirements in PPE and infection control,<br>• Are able to use PPE correctly,<br>• Have proper medical clearance,<br>• Have been properly fit-tested on their respirator for use in aerosol-generating procedures or more broadly as desired, and<br>• Are trained on management and exposure precautions for suspected or confirmed Ebola cases. | | | |
| Encourage healthcare personnel to use a "buddy system" when caring for patients and when putting on and removing PPE. | | | |
| Spot-check frequently to be sure standard, contact and droplet infection control and isolation guidelines are being followed, including safe putting on and removing PPE. | | | |
| Ensure all healthcare personnel entering the patient room should wear at least: gloves, gown (fluid resistant or impermeable), eye protection (goggles or face shield), and a facemask. | | | |
| Ensure that non-clinical persons have limited access to PUI or confirmed Ebola patients' rooms. | | | |
| Review and update, as necessary, hospital infection control protocols/procedures. | | | |
| Review policies and procedures for screening, minimizing healthcare personnel exposure, isolation, medical consultation appropriate for Ebola exposure and/or illness, and monitoring and management of potentially exposed healthcare personnel. | | | |
| Review and update, as necessary, all hospital protocols and procedures for isolation of PUI or confirmed infectious diseases. | | | |
| Review your hospital's infection control procedures to ensure adequate implementation for preventing the spread of Ebola. | | | |
| Review protocols for sharps injuries and educate healthcare personnel about safe sharps practices to prevent sharps injuries. | | | |
| Emphasize the importance of proper hand hygiene to healthcare personnel. | | | |

| | | | |
|---|---|---|---|
| Post appropriate signage alerting healthcare personnel to isolation status, PPE required, proper hygiene, and handling/management of infected patients and contaminated supplies. | | | |
| Develop contingency plans for staffing, logistics, budget, procurement, security, and treatment. | | | |
| Review plans for special handling of linens, supplies, and equipment from PUI or confirmed Ebola patients. | | | |
| Review environmental cleaning procedures and provide education/refresher training for healthcare personnel responsible for cleaning. | | | |
| Distribute guidelines concerning laboratory diagnostics and specimen handling to all laboratory personnel, and post the guidelines conspicuously in your hospital laboratory. | | | |
| Provide education and refresher training for healthcare personnel on sick leave policies. | | | |
| Review policies and procedures for screening and work restrictions for exposed or ill healthcare personnel, and develop sick leave policies for healthcare personnel that are non-punitive, flexible and consistent with public health guidance. | | | |
| Ensure that healthcare personnel have ready access, including via telephone, to medical consultation. | | | |
| Conduct education and refresher training with healthcare personnel on Ebola for special pathogen handling in the laboratory. | | | |
| Ensure that all Airborne Infection Isolation Rooms (AIIR) are functioning correctly and are appropriately monitored for airflow and exhaust handling. **Remember:** CDC recommends an AIIR room be used if aerosol-producing procedures are absolutely necessary. | | | |

| **PREPARE TO RESPOND** | **C** | **IP** | **NS** |
|---|---|---|---|
| Review, implement, and frequently exercise the following elements with first-contact personnel, clinical providers, and ancillary staff:<br>• Appropriate infectious disease procedures and protocols, including PPE donning/removal,<br>• Appropriate triage techniques and additional Ebola screening questions,<br>• Disease identification, testing, specimen collection and transport procedures,<br>• Isolation, quarantine and security procedures,<br>• Communications and reporting procedures, and<br>• Cleaning and disinfection procedures. | | | |
| Review plans and protocols, and exercise/test the ability to share relevant health data between key stakeholders, coalition partners, public health, emergency management, etc. | | | |
| Review, develop, and implement plans to provide safe palliative care, adequate respiratory support, ventilator management, safe administration of medication, sharps procedures, and reinforce proper biohazard containment and disposal precautions. | | | |
| Review roles of the infection control practitioner to:<br>• Ensure appropriate infection control procedures are being followed, including for lab, food, environmental services, and other personnel, and<br>• Maintain updated case definitions, management, surveillance and reporting recommendations. | | | |

| | | | |
|---|---|---|---|
| • Properly train healthcare personnel in personal protection, isolation procedures, and care of Ebola patients. | | | |
| Ensure that administrators are familiar with responsibilities during a public health emergency. | | | |
| Identify a communications/public information officer who:<br>• Develops appropriate literature and signage for posting within the hospital (topics may include definitions of low-risk, high-risk and explanatory literature for patient, family members and contacts),<br>• Develops targeted public health risk communication messages for use in the event of a highly-suspected or confirmed Ebola case in your hospital,<br>• Develops internal messages for PUI and confirmed cases, and internal and external messages for confirmed Ebola cases,<br>• Contacts local- and state-identified Ebola subject matter experts,<br>• Requests Ebola-appropriate literature for dissemination to healthcare personnel, patients, and contacts,<br>• Prepares written and verbal messages ahead of time that have been approved, vetted, rehearsed and exercised,<br>• Works with internal department heads and clinicians to prepare and vet internal communications to keep healthcare personnel and volunteers informed, and<br>• Trains subject-matter experts to become spokespersons and practice sound media relations. | | | |
| Plan for regular situational briefs for decision-makers, including:<br>• PUI and confirmed Ebola patients who have been identified and reported to public health authorities,<br>• Isolation, quarantine and exposure reports,<br>• Supplies and logistical challenges,<br>• Personnel status, and<br>• Policy decisions on contingency plans and staffing. | | | |
| Maintain situational awareness of reported Ebola case locations, travel restrictions and public health advisories, and update triage guidelines accordingly. | | | |
| Incorporate Ebola information into educational activities, including physician Grand Rounds, nursing educational meetings, and other healthcare system and coalition healthcare personnel and management training opportunities. | | | |

## Quick Resources List

CDC has produced several resources and references to help you prepare, and more resources are in development. Information and guidance may change as experts learn more about Ebola. You should **frequently monitor** CDC's Ebola website and review CDC's Ebola response guide checklists for:

- Clinician and healthcare workers
- Healthcare facility information: Hospitals and Healthcare Settings

**Stay informed! Subscribe** to the following sources to receive updates about Ebola:

- CDC Health Alert Network (HAN)
- CDC Clinician Outreach and Communication Activity (COCA)
- CDC National Institute for Occupational Safety and Health
- U.S. Department of Labor's Occupational Safety & Health Administration Newsletter

Below are a few of the resources most relevant to healthcare preparedness:

- *Ebola Virus Disease Information for Clinicians in U.S. Healthcare Settings*
- *Case Definition for Ebola Virus Disease*. This case definition should be used for screening patients and should be implemented in all healthcare facilities.
- *Safe Management of Patients with Ebola Virus Disease in US Hospitals*
- *Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals*. This document provides a summary of the proper Personal Protective Equipment (PPE).
- *Interim Guidance for Specimen Collection, Transport, Testing, and Submission for Patients with Suspected Infection with Ebola Virus Disease*
- *Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus*
- *Sequence for Removing Personal Protective Equipment (PPE)*
- *National Guidance for Healthcare System Preparedness' Capabilities,* with particular emphases on Capability #6 *(Information Sharing)* and Capability #14 *(Responder Safety and Health)*
- *Interim Guidance for Emergency Medical Services Systems and 9-1-1 PSAPs*.

CDC is available 24/7 for consultation by calling the CDC Emergency Operations Center (EOC) at 770-488-7100 or via email at eocreport@cdc.gov.

*Check CDC's Ebola website regularly for the most current information. State and local health departments with questions should contact the CDC Emergency Operations Center (770-488-7100 or eocreport@cdc.gov).*