Shawnee Preparedness and Response Coalition (SPARC)

Ebola Virus Disease (EVD) Preparedness and Response Coordination Plan

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Table of Contents

Shawnee Preparedness and Response Coalition (SPARC) 1

EVD Preparedness and Response Plan 1

Purpose 1

Scope 1

Situation Overview 1

Assumptions 1

Concept of Operations 2

- General 2
- Emergency Operations 3
- Outpatient/ambulatory care 3
- Public Safety Answering Points (PSAPs) 3
- Emergency Departments (ED) 4
- Ebola Assessment Hospitals (EAH) 4
- Ebola Treatment Center (ETC) 4
- Emergency Medical Services (EMS) 5
- Local Health Departments (LHD) 6
- Laboratory testing 7

Appendix A - Contact Information 8

Appendix B - Waste Management 9

Appendix C - Isolation, Monitoring, and Quarantine 11

Ebola Traveler Tracing Flowchart 20

Appendix D - Mortuary Procedures for Ebola Death 21

Appendix E - Ebola and EMTALA Requirements 22

Appendix F – Acronyms and Abbreviations 26

Shawnee Preparedness and Response Coalition (SPARC)
EVD Preparedness and Response Plan

Purpose

The purpose of the Shawnee Preparedness and Response Coalition's (SPARC) Ebola Virus Disease (EVD) Preparedness and Response Plan is to provide a framework for local government, private sector, and nongovernmental entities within the Shawnee Preparedness and Response Coalition (herein also referred to as SPARC or The Coalition) to work together to reduce the morbidity, mortality and social disruption that would result from an outbreak of EVD. Due to the costs and risks of infection, this plan describes the expectations of a regional tiered system with facilities pre-designated to safely and effectively manage and transport persons/patients with suspected or confirmed EVD or any other highly infectious disease.

Scope

The SPARC EVD Preparedness and Response Plan is limited to describing operational intent when responding to suspected or confirmed EVD cases, and includes considerations for the public health, emergency medical services (EMS), and healthcare systems. Other planning factors may include jurisdictional legal authorities related to isolation/quarantine, monitoring, and law enforcement responsibilities.

Situation Overview

The EVD Preparedness and Response Plan has been developed due to the possibility of EVD being detected in the SPARC region. EVD poses a serious threat and calls for enhanced understanding and improved coordination between all public and private sectors and at different levels of the health care system.

Assumptions

- SPARC is well established and utilized to coordinate medical disaster response efforts, share resources, and address regional vulnerabilities during a natural or manmade disaster, or public health emergency. The coalition includes: Alexander, Clay, Edwards, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jefferson, Johnson, Marion, Massac, Perry, Pope, Pulaski, Randolph, Richland, Saline, Union, Wabash, Washington, Wayne, White, and Williamson counties in Illinois.
- The Coalition's geographic area closely matches the State of Illinois' Marion Public Health and Medical Services Response Region with the addition of Randolph County.
- This plan will serve to inform regional planning and response for those within this coalition's borders.
- SPARC is coordinated by the Regional Hospital Coordinating Center (RHCC) Coordinator from Memorial Hospital of Carbondale, designated as the RHCC hospital. The Coalition engages the local and regional health care facilities, local health departments (LHD), Emergency Medical Services (EMS), clinics, emergency

management agencies (EMA), local law enforcement, fire service, coroners, etc., in the development of regional medical disaster plans and response activities. The coalition functions under established by-laws and an executive committee, which also provides oversight and leadership.

- The Coalition also coordinates the provision of mutual aid between hospitals that have signed mutual aid agreements and with facilities outside the Coalition if necessary.
- EVD planning includes patient screening, evaluation and transfer protocols, equipment, training and staffing needs; EMS/transport protocols and coordination with outpatient/ambulatory care facilities.
- Hospitals, emergency departments (ED) and ambulatory care settings must be able to identify persons presenting with a travel history or exposure history compatible with EVD and be prepared to isolate patients, provide basic supportive care and inform and consult with public health officials.
- Periodically a regional assessment will be made on the status and capabilities of hospitals in regards to equipment, staff, space, and the ability to safely care for a potential EVD patient.
- The vast majority of people requiring evaluation and possible treatment for EVD will be those already being monitored by a LHD within this coalition.
- LHDs will conduct active and direct active monitoring of persons at risk of EVD and notify the designated Ebola Assessment Hospital (EAH) or Ebola Treatment Center (ETC) if further medical evaluation and management is needed.
- Suspected or confirmed EVD patients could possibly access the healthcare system through various points of entry, and some may self-transport to a healthcare facility.
- Healthcare workers at entry points and within the larger healthcare system have been trained to identify persons for potential EVD exposure and are able to employ appropriate infection control and waste management procedures.
- Personal protective equipment (PPE) may be back-ordered or in short supply from time to time. The Coalition will assist in coordinating and allocating PPE supplies. The goal is to ensure that needed PPE is available where and when it is needed.

Concept of Operations

General

The Coalition will provide a regional tiered healthcare delivery system in order to limit infection potential and consolidate expensive EVD planning and response efforts within the coalition. This system will practically and safely identify potential and confirmed EVD patients and have the ability to identify, isolate, assess, treat, and transport persons/patients to facilities capable of managing suspected or confirmed EVD cases.

Hospitals within the region will self designate as one of three tiers: Frontline Healthcare Facility, Ebola Assessment Hospital, or Ebola Treatment Center.

http://www.cdc.gov/vhf/ebola/hcp/us-hospital-preparedness.html

- **Emergency Operations**

    - If an Ebola case is confirmed within The Coalition boundaries, the jurisdictional emergency manager will be briefed so they are prepared to provide logistical, security and other support to the healthcare and public health system as needed.
    - The LHD will coordinate with the emergency manager and healthcare facility(ies) to assist with logistical and other support to the healthcare and public health system as needed.
    - Illinois Department of Public Health (IDPH) will activate its Public Health Emergency Operations Center (PHEOC), and Illinois will activate its State Incident Response Center (SIRC) to back up support needs that exceed the local response.
    - There are two counties in the region (Edwards and Richland) that do not have certified local health departments. In those counties, IDPH is responsible for the coordination and other efforts prescribed to the local health departments.

- **Outpatient/ambulatory care settings are expected to be able to:**

    - evaluate patients and properly identify those at risk of EVD and contact the LHD, EAH, ETC, and EMS as necessary.

    - follow IDPH Interim Guidance for Ambulatory / Outpatient Care Evaluation of Patients with Possible Ebola Virus Disease.

    - protect their staff, other patients and visitors from possible exposure.

    - consult with relevant public health officials if necessary to arrange for safe transport to an EAH or ETC, even on weekends and holidays.

  Outpatient/ ambulatory care facilities should plan, train, and exercise their Ebola response process. This should also be done with their local partners.

- **Public Safety Answering Points (PSAPs) are expected to be able to:**

    - use EVD protocols to conduct remote assessment and triage that is coordinated with EMS System protocols and communicate to EMS crews at time of dispatch. Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients with Known or Suspected Ebola.

- **Emergency Departments are expected to be able to:**

    - perform the functions listed in CDC's guidance Identify, Isolate, Inform: Emergency Department Evaluation and Management for Patients Who Present with Possible Ebola Virus Disease and should be considered first for patients when an EAH or ETC is not immediately available. Click here to view the CMS EMTALA memo related to EBOLA.
    - conduct a proper medical screening exam that can identify suspected EVD cases, and if necessary, temporarily isolate them and arrange for their immediate and safe transfer/transport to an EAH and/or ETC facility as directed by the state or local health department.
    - provide EVD testing and transport in consultation with IDPH, LHD, and EMS.
    - provide necessary stabilizing treatment within the hospital's capability and capacity.

- **Ebola Assessment Hospitals:**

    - Have agreed to share the initial evaluation and management care of suspected EVD patients and will be able to assess patients' travel history and exposure risk, isolate, and provide care if necessary.
    - As determined by IDPH (REMSC & ERC) in consultation with the RHCC and LHD, significantly meets the criteria of CDC's Interim Guidance for Preparing Ebola Assessment Hospitals.
    - Waste will be handled per Appendix B.
- *facilities should plan, train, and exercise their Ebola response process. This should also be done with their local partners.*

- **Ebola Treatment Center (ETC)**
    - ETC are hospitals that have the capability to care for a patient with EVD through the complete course of the disease.
    - ETC hospitals have been through a comprehensive preparedness and assessment program by the CDC and have earned the ETC designation through the CDC.
    - The number of ETC hospitals in the United States is limited and their capability to care for multiple EVD patients simultaneously varies from ETC to ETC. Therefore, it is possible the ETC hospital in which a patient from the coalition region is transferred may not be the closest ETC and could be located anywhere in the United States.
    - There are no ETC hospitals in the coalition boundaries.
    - Current ETC Hospital list http://www.cdc.gov/vhf/ebola/hcp/current-treatment-centers.html

- **Emergency medical services (EMS) are expected to be able to:**
  - provide care to for an emergent patient with suspected EVD and must have the necessary PPE and training to safely do so.
  - notify receiving hospital of suspected EVD patient as soon as possible to provide time for the destination facility to prepare for arrival of the patient.
  - coordinate with receiving hospital on the location and procedure for unloading and receiving the patient.
  - transport a suspected EVD patient according to written system protocol and/ or direct consultation with medical control.
  - have a protocol for the expected EVD patient which includes consultation with the LHD on transport destination decisions.
  - meet the IDPH Interim Guidance for Emergency Medical Services (EMS) Systems for Management of Patients with Known or Suspected Ebola Virus Disease in the United States
  - meet CDC's Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients with Known or Suspected Ebola
  - have IDPH-approved system / regional protocols for the evaluation, treatment, and transport of a suspected EVD patient. These protocols should, at a minimum, address the following: transport destination decisions, consultation procedures with LHD/IDPH, PPE and equipment requirements, Training requirements, equipment cleaning and disinfection, medical waste handling procedures, and emergency notification numbers and notification procedures.
  - Waste will be handled per Appendix B.

  EMS Systems and providers listed in the FOUO Appendix A* have identified an Infectious Disease Transport Vehicle (IDTV) that meets IDPH approval and are specially trained and equipped to transport suspected or diagnosed patients to an ETC or EAH for further evaluation, testing and possible hospitalization.

  *An IDPH approved IDTV would be the preferred mode of transport if EMS is utilized. If one is not available, contact local EMS. Currently there are no IDTVs identified within the region.

- **Local Health Departments are expected to be able to:**
    - monitor persons at risk of EVD as described in Appendix C. It is the LHD's responsibility to use the most current guidance as set forth by the IDPH. Any future guidance from IDPH that varies from Appendix C should take precedence.
    - notify the designated EAH facility, after consulting with IDPH, when a person being monitored requires an EVD evaluation.
    - Consult with IDPH, prior to requesting or providing approval to identified healthcare coalition members for EVD testing, transport, and transfer in coordination with this plan.
    - coordinate care and transport with EAH / ETC, EMS, patient, and other necessary partners to ensure patient arrival at the identified EAH/ETC via the agreed upon transportation and at the agreed upon time.
    - work with the destination hospitals in determining if it may be appropriate to allow the patient to transport self via private vehicle. This will depend on the circumstances including patient condition, ability to drive, access to vehicle, ability of hospital to receive the patient from a private vehicle and hospital's ability to sequester the vehicle from contact by others as long as necessary.
    - act as a liaison between patient and EAH/ETC.
    - issue Isolation and Quarantine requests or orders if necessary to protect public health in compliance with Illinois law as described in Appendix C.
    - ensure a person with suspected EVD will be referred to one of the coalition's EAHs after coordination with IDPH, EMS, and other relevant local health department. This will be based on individualized assessment if the patient has multiple risk factors and there is a reasonable probability for diagnosis of EVD. In some cases, early direct referral to an ETC prior to diagnosis may be appropriate. Consideration will be given to minimizing number of inter-facility patient transfers.

      Other factors to consider in selecting destination hospital:
        - patient preference.
        - if the patient has an attending physician at the EAH.
        - which EAH is closest.
        - if the EAH has accepted the patient.
    - assist in local response planning.

      * IDPH is responsible for the coordination and other efforts normally prescribed to the LHD for counties without a certified LHD (in this region, Edwards and Richland counties).

- **Laboratory testing**
  - The IDPH Division of Laboratories is able to test specimens for EVD. For further details, see IDPH lab guidance.
  - The Coalition hospital will contact their local health department to request EVD testing. If the local health department cannot be reached, submitters should contact the IDPH Division of Infectious Diseases at 217-782-2016.
  - The LHD will contact the IDPH Division of Infectious Diseases for a consultation. Contact the after-hours duty officer through IEMA, if necessary, at 800-782-7860.
  - CDC Emergency Operations Center will be consulted if necessary by IDPH.
  - If testing is authorized, IDPH Division of Infectious Diseases and Division of Laboratories will contact the submitter (i.e. hospital) to discuss submission of specimens.
  - All shipments to the IDPH laboratory must meet Category A Substances shipping requirements. IDPH laboratory staff will provide specimen transport instructions to the submitter at the time testing is authorized.

See CDC guidance on specimen collection and submission for details:
http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html

Plan Maintenance and Review

This plan will eventually be included as an annex to the SPARC regional response plan when it is fully revised and adopted. The Coalition Executive Committee will review and maintain this plan at least every two years or as needed.

Appendix A

Shawnee Preparedness and Response Coalition EVD Preparedness and Response Plan - EVD Contact Information

(Due to the sensitive nature of the information contained in Appendix A, there will be a limited distribution of this Appendix.)

*An IDPH approved IDTV would be the preferred mode of transport if EMS is utilized. If one is not available, contact local EMS. Currently there are no IDTVs identified within the region.

Appendix B
Waste Management

The following is guidance for the transportation and disposal of potentially infected medical waste from patients with Ebola virus disease (EVD). This guidance has been developed in cooperation with the Illinois Environmental Protection Agency (IEPA) and the U.S. Department of Transportation (DOT).

Disposable materials:

- Potentially infectious medical waste (PIMW), including disposable materials (e.g., any single-use PPE, cleaning cloths, wipes, single-use microfiber cloths, gowns, linens, food service) privacy curtains and other textiles, generated in connection with diagnoses and treatment activities need to be appropriately disposed of after their use in the patient room. Refer to OSHA Bloodborne Pathogen Standard.
- These materials should be placed in leak-proof containment and discarded appropriately. To minimize contamination of the exterior of the waste bag, place this bag in a rigid waste receptacle designed for this use. http://www.cdc.gov/vhf/ebola/hcp/medical-waste-management.html
- Incineration or autoclaving as a waste treatment process is effective in eliminating viral infectivity and provides waste minimization. Facilities with the capacity to process PIMW on-site must demonstrate efficacy standards of treatment facilities per IEPA regulations (35 Illinois Administrative Code: Subtitle M).
- All PIMW must be treated to eliminate the infectious potential prior to disposal. If offsite treatment is necessary, then strict compliance with the DOT's Hazardous Materials Regulations (HMR, 49 CFR, Parts 171-180) is required. Untreated PIMW can only be transported by an IEPA permitted waste hauler to a permitted transfer, storage or treatment facility. More information can be found at: http://www.epa.state.il.us/land/waste-mgmt/potentially-infectious-medical-waste.html. Lists of permitted waste haulers and transfer, storage or treatment facilities are available at http://www.epa.state.il.us/land/regulatory-programs/transportation-permits/ and http://www.epa.state.il.us/land/waste-mgmt/facility-tables/pimw-facilities.html.

Transporting PIMW by an IEPA permitted hauler:

- The Ebola virus is classified as a Category A infectious substance under the HMR. These regulations cover such areas as packaging, marking, labeling, documentation, security, transportation, etc. Any item transported offsite for disposal by an IEPA permitted hauler that is contaminated or suspected of being contaminated with a Category A infectious substance must be packaged and transported in accordance with 49 CFR 173.196 or under a special DOT permit. This includes medical equipment, sharps, linens, and used health care products (such as soiled absorbent pads or dressings, kidney-shaped emesis pans, portable toilets, used Personal Protection Equipment (gowns, masks, gloves, goggles, face shields, respirators, booties, etc.) or byproducts of cleaning) contaminated or suspected of being contaminated with a Category A infectious substance. Additional information can be found at the U.S Department of Transportation links below:

- http://phmsa.dot.gov/pv_obj_cache/pv_obj_id_54AC1BCBF0DFBE298024C4C700569893C2582700/filename/Transporting_Infectious_Substances_brochure.pdf
- Class 6, Division 6.2—Definitions and exceptions (49 CFR 173.134): http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=1483d3ee3a3f2bfbdf8f83f4d004804e&n=pt49.2.173&r=PART&ty=HTML#se49.2.173_1134
- Category A infectious substances (49 CFR 173.196): http://www.ecfr.gov/cgi-bin/text-idx?SID=2a97f2935677211e1785ac643163d2a9&node=49:2.1.1.3.10.5.25.33&rgn=div8

- Wastes generated during delivery of care to Ebola virus-infected patients must be packaged and transported in accordance U.S. DOT Hazardous Materials Regulations (HMR, 49 C.F.R., Parts 171-180). A special permit from U.S. DOT is required to allow alternative packaging from the requirements of the HMR for transportation. In addition to the alternative packaging, additional preparation and operation controls will apply to ensure an equivalent level of safety. Special permits are issued to the individual companies that apply, to ensure that each holder is fit to conduct the activity authorized. More information is available at U.S. DOT website: http://phmsa.dot.gov/hazmat/question-and-answer
- Once a patient with suspected EVD (e.g., patients under investigation) is determined to not be infected with the Ebola virus, their waste materials no longer need to be managed as if contaminated with a Category A infectious substance.
- CDC guidance for residential cleanup is at Interim Guidance for the U.S. Residence Decontamination for Ebola Virus Disease (Ebola) and Removal of Contaminated Waste

Appendix C
Isolation, Monitoring, and Quarantine

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Pat Quinn, Governor
LaMar Hasbrouck, MD, MPH, Director

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

MEMORANDUM

TO:	Local Health Departments and Regional Offices of Illinois Department of Public Health
FROM:	LaMar Hasbrouck, MD, MPH, Director
DATE:	November 17, 2014
SUBJECT:	**Update: Interim Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure**

The world is facing the biggest and most complex Ebola outbreak in history. On August 8, 2014, the Ebola outbreak in West Africa was declared by the World Health Organization (WHO) to be a Public Health Emergency of International Concern (PHEIC) because it was determined to be an "extraordinary event" with public health risks to other countries. The possible consequences of further international spread are particularly serious considering the following factors:

1. The virulence (ability to cause serious disease or death) of the virus
2. The widespread transmission in communities and healthcare facilities in the currently affected countries and
3. The strained health systems in the currently affected and most at-risk countries

Coordinated public health actions are essential to stop and reverse the spread of Ebola. Healthcare workers who take care of patients with Ebola are not only helping the nations facing the Ebola outbreak but also protecting people in the United States by helping to fight the outbreak at its source. The risk in this country will only be fully addressed when the current outbreak in Africa is over. The participation of US and other healthcare workers from outside countries with widespread transmission is essential to control the disease.

IDPH has updated its interim guidance for monitoring people potentially exposed to Ebola (both in the United States and overseas) and for evaluating their intended travel, including the application of movement restrictions when indicated. This interim guidance includes a "low (but not zero) risk" category; a "no identifiable risk" category; modifies the recommended public health actions in the risk categories; and adds recommendations for specific groups and settings.

12/2/2014 Case No. _____ Date _____

ORDER FOR OBSERVATION AND MONITORING

The _____ (name of health department) has determined, based upon the information contained below, that the individual referred to in this order is, or may be, infected with or exposed to a dangerously contagious or infectious disease. As a result, it is required that this individual must undergo observation and monitoring, and depending upon the results of that observation and monitoring, must receive treatment or remain in isolation until he/she is no longer potentially contagious to the community.

Section A: Type of Order

This order for observation and monitoring is made upon (check all that apply):

☐ **Voluntary (consented) (see Section G)**

NOTE: In the Absence of Consent, Individual Should Be Screened to Determine if Isolation or Quarantine Are Appropriate

Section B: Information

Individual Subject to Observation and Monitoring:

Name: (Last)_____ (First)_____ (M.I.)_____ Date of Birth: ___-___-_____

☐ Member of a Household

Current Location of Individual: (If a healthcare facility, include room number):

Address: (Street)_____(Apt./Rm.#)_____(City)_____

(State/Country)_____ (Zip)_____(Telephone) _____ (Fax)_____

(Cell/pager)_____ (Email)_____

Permanent Address:

Address: (Street)_____(Apt./Rm.#)_____ (City)_____

(State/Country)_____ (Zip)_____(Telephone)_____ (Fax)_____

(Cell/pager)_____(Email)_____

Name of Treating Physician:

Name: (Last)_____ (First)_____

Address: (Street)_____(Apt./Rm.#)_____ (City)_____

(State/Country)_____ (Zip)_____ (Telephone)_____ (Fax)_____

(Cell/pager)_____(Email)_____

Emergency or Other Contact Information:

Name: (Last)_____ (First)_____ Relationship: _____

Address: (Street)_____(Apt./Rm.#)_____ (City)_____

(State/Country)_____ (Zip)_____(Telephone)_____ (Fax)_____

(Cell/pager)_____(Email)_____

Section C: Department of Public Health Findings

1. A reasonable belief exists that the individual identified in this order has or is suspected of having or having been exposed to the following dangerously contagious or infectious disease: _____

2. Observation and Monitoring is ordered based upon the following:

*Describe the facts in support of Observation and Monitoring:*_____

_____

_____

_____

3. Duration of Observation and Monitoring:_____

Note: The form was provided as a template and was revised, if needed, by each LHD.

12/2/2014

RELEASE FROM [ISOLATION] [QUARANTINE] [CLOSURE]

[VOLUNTARY MONITORING]

DIRECTED TO:	)	[insert order #]
	)	
[subject individual's name]	)	
[subject individual's address]	)	
[city, state, zip]	)	

Whereas the *[insert name of health department issuing order]* requested *[isolation][quarantine] [closure] [voluntary monitoring]* of [*insert subject individual's name or location of closed premises]* based on recommendations from the Illinois Department of Public Health. A copy of the Order is attached.

Whereas, *[insert subject individual's name]* has completed a period of *[isolation] [quarantine] [closure] [voluntary monitoring]* as recommended by *[insert name of health department issuing order]* for persons or premises suspected of having *[insert name of applicable dangerously communicable or infectious disease]*.

Whereas, *[insert subject individual's name or location of closed premises]* is no longer considered to be infectious or potentially infectious.

Therefore, the *[insert name of health department issuing order]* rescinds the [*isolation] [quarantine] [closured] [voluntary monitoring]* [*insert order number]* and releases *[insert subject individual's name or location of closed premises]* from [isolation][quarantine][closure] [voluntary monitoring]. The activities of *[insert subject individual's name or location of closed premises]* are no longer restricted and [*[he/she] may return to work, school, and other public activities or the premises may be used for public activities]*.

_____

Medical Director
[insert name of health department]

_____

Date and Time

Note: The form was provided as a template and was revised, if needed, by each LHD.

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Pat Quinn, Governor
LaMar Hasbrouck, MD, MPH, Director
525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

MEMORANDUM

TO: Local Health Departments and Regional Offices of Illinois Department of Public Health

FROM: LaMar Hasbrouck, MD, MPH, Director

DATE: December 04, 2014

SUBJECT: Update: Interim Guidance for Local Health Department Monitoring of Travelers from Ebola-Outbreak-Affected Countries

Background

In addition to being screened for symptoms and exposures at their port of arrival in the U.S., all asymptomatic travelers arriving in Illinois from Ebola outbreak-affected countries must be monitored for 21 days after their departure from the affected country. Illinois Department of Public Health (IDPH) is alerted daily to any traveler who reports that his/her final destination is within Illinois. IDPH will then, on a daily basis, enter these individuals into the Illinois National Electronic Disease Surveillance System (I-NEDSS) and alert the appropriate local health department (LHD). The LHD will then assume responsibility for monitoring these individuals.

Airport Procedures

Regardless of destination and citizenship, all travelers leaving African countries with widespread Ebola transmission are screened for symptoms, including having their temperatures taken, and are asked about potential Ebola exposures. These persons are also evaluated for symptoms and interviewed for any exposures that could put them at increased risk for developing Ebola. The Centers for Disease Control and Prevention (CDC) is involved with the screenings in these affected countries, and travelers are not allowed to board the plane if there are any concerns or symptoms. Then, EVERY traveler who has been in a country with widespread Ebola transmission who travels to the United States is screened again on arrival to the U.S. for symptoms, including having their temperatures taken, and asked again about any potential Ebola exposure(s). Any traveler reporting symptoms possibly consistent with Ebola is being immediately hospitalized for evaluation upon arrival to the U.S. Only **asymptomatic** individuals are released for travel to local jurisdictions.
All travelers will receive instructions about self-monitoring for symptoms via a Check and Report Ebola (CARE) kit distributed at the airport. This kit is already being distributed and includes a thermometer and a card for recording temperature and symptoms twice daily. All travelers are also instructed that they need to report their temperatures and symptoms daily to the local health department (LHD). Local contact information is collected on every arriving traveler (destination address, telephone numbers, email addresses) and will be transmitted to the LHD.

Illinois Monitoring Numbers

Each day, approximately 100 travelers from affected countries arrive in the U.S. nationwide, with between 0 and 25 of these travelers arriving at O'Hare airport. Most of the travelers arriving at O'Hare, however, immediately travel on to other states, including many U.S. citizens returning to their home states. Very few travelers report Illinois as a final destination; on many days we do not receive any travelers state-wide. At this point, IDPH and LHDs throughout the state have been monitoring fewer than 20 individuals state-wide who have a history of travel to the affected countries in the preceding 21 days. Although the exact number of travelers will fluctuate, IDPH does not expect this number to drop to 0; this is a long-term 21-day monitoring program for all arriving travelers, and IDPH will continue to monitor these travelers throughout the duration of the epidemic. The number of individuals being monitored is in no way a reflection of illness--**these are not patients with Ebola**, just travelers from Ebola outbreak-affected countries, including Illinois residents who have volunteered to try to stop the epidemic at its source and are returning home.

Local Health Department Administrative Orders

Once a traveler being monitored for Ebola enters the jurisdiction of the LHD, the LHD should issue an appropriate Local Health Department Administrative Order, which memorializes the facts and circumstances related to the monitoring. The LHD is encouraged to utilize the template orders previously provided via SIREN to the LHD's by IDPH for this purpose. Under most circumstances, the "Order for Observation and Monitoring" is the template that should be used. The Order includes a consent agreement which states that the traveler agrees to the monitoring and understands the importance of complying. While an in-person signature of the consent agreement portion of the order is preferred, an e-mail acknowledgement which states that the traveler has received the order and voluntarily consents to observation and monitoring (as described in the order) is acceptable. Once the period of monitoring is complete, it is recommended that the LHD also issue a "Release from Voluntary Monitoring" document. A template of that document will be provided to all LHD's.

Active Monitoring

Based on the individual's risk factors and clinical presentation, monitoring of travelers may be done via active monitoring or direct active monitoring. Most travelers will meet the criteria for active monitoring, which entails the traveler taking his or her temperature twice per day, and reporting these temperatures and any symptoms each day to the LHD. This monitoring can be done in person, by telephone, or electronically, as arranged between the traveler and the LHD. IDPH is working on developing technology to make this active monitoring easier**. If a traveler is not reporting his/her symptoms and temperatures on a daily basis, the LHD needs to reach out to the traveler to re-establish contact and ensure daily monitoring continues.**

For travelers at "Low-Risk", LHDs should attempt to contact persons via:

1. Provided phone numbers
2. E-mail address
3. After 24 hours, if no contact is made by phone or e-mail, two in-person attempts during work and non-work hours (leave information on how to contact the LHD)

If no contact can be made, please send an e-mail to IDPH Communicable Disease Control Section (CDCS) with the dates, times and number of attempts made. IDPH will notify CDC.

Direct Active Monitoring

In some cases, direct active monitoring may be required. In this case, the LHD would need to perform at least one in-person visit each day to monitor the individual, including at least one directly observed temperature check.
LHD staff should feel comfortable meeting with asymptomatic travelers in person. As you know, individuals must have symptoms of Ebola to spread infection. Ebola is transmitted through direct contact with body fluids from an infected, symptomatic individual. There are no personal protective equipment (PPE) requirements for in-person monitoring. In Dallas, individuals doing contact tracing did not wear PPE.
For an in-person visit, IDPH recommends asking the traveler whether any symptoms are present before entering his/her residence. If doing a temperature check, allow the individual to take his/her own temperature (using the thermometer distributed on arrival to the U.S.) and show the reading to the LHD staff member. There is no requirement for LHD staff to touch the traveler. If a traveler reports any symptoms or an elevated temperature, LHD staff should not enter the individual's residence and should immediately contact their supervisor or IDPH for guidance.

Reporting Procedures

LHDs should enter temperature and symptom check information into I-NEDSS on a daily basis. Once the 21 day period has ended, please enter the Final Outcome in the I-NEDSS record. LHDs should complete the Contact Tracing Form (found on the IDPH Ebola web portal page) and enter the information into the I-NEDSS record. If any orders for monitoring/limited movement or quarantine are put in place, a copy should be faxed to the IDPH CDCS at 217-524-0962.
A FAQ for the public on monitoring and quarantine will be posted on the IDPH webpage and web portal page, which can be provided to concerned persons who are concerned about community members who are undergoing monitoring or who are quarantined.

Case Management

LHDs should continue to make preparations within their jurisdiction to ensure that an individual suspected to have Ebola, or any other unusual highly infectious disease can receive medical care in a timely manner. To facilitate this preparation the LHD should have planning discussions with the following entities within their jurisdiction: primary care providers, hospitals and Emergency Departments (ED), Emergency Medical Services (EMS) and private emergency transport service providers public health preparedness and response staff, and law enforcement, in coordination with Regional Healthcare Coalitions. [1]LHDs should encourage the above mentioned entities to establish a plan of action which can be utilized for Ebola and other unusual highly contagious infectious diseases. The details of the plan should address the following:

1. Notifying health care facilities about the need for enhanced screening procedures for potentially communicable infectious diseases such as Ebola
2. Ensuring access to appropriate medical care for persons (adults and children) being monitored for Ebola or another unusual highly contagious infectious disease.

[1] See IDPH memo of 11/10/2014 for additional details.

3. Ensuring that initial and ongoing medical care for persons suspected and/or confirmed to have Ebola or another unusual highly contagious infectious disease takes place in the appropriate setting as often as possible. This includes identifying the Regional Evaluation and Initial Management Hospital (now called an Assessment Hospital [2] by CDC) that will perform initial medical evaluation, on-site laboratory testing, and care, prior to transfer (if needed) to an Ebola Treatment Center. The hospital that will perform this function for each person in your jurisdiction that is being monitored should be specifically identified, in collaboration with your Regional Healthcare Coalition.

As part of case management, LHDs should:

Identify the specific assessment hospital(s) that will perform initial evaluation (including physical examination, on-site laboratory testing care and if necessary arrange for transport of specimens to IDPH, for a person being monitored for Ebola who develops fever or other compatible symptoms during their monitoring period. The LHD should also identify the specific EMS provider that will transport the patient to the hospital for evaluation. (If the Regional Healthcare Coalition has not yet made this determination, LHD's that are conducting observation should proceed with making such arrangements on a case by case basis.)

1. Promptly alert the identified assessment hospital ED that a person in the jurisdiction is under observation and monitoring for the next xx days. Prior to an event that requires in-person evaluation, sharing of personal identifiers with the hospital emergency department is not considered necessary. If the person under observation and monitoring is ill, providing information to the hospital ED (including personal identifiers) is recommended. This includes identifying the EMS provider that will transport the patient, the assessment hospital that will perform initial medical evaluation, on-site laboratory testing (including transport of the specimen to IDPH), and care, prior to transfer (if needed) to an Ebola Treatment Center. The EMS provider and hospital that will perform these functions for each person in your jurisdiction that is being monitored should be specifically identified, in collaboration with your Regional Healthcare Coalition.[1]

    a. Alert the identified EMS provider that a person in the jurisdiction is under observation and monitoring. Prior to an event that requires EMS transport, sharing of personal identifiers with EMS is not considered necessary.[3,4] If the person under observation and monitoring is ill, and requires EMS transport, providing information to EMS (including personal identifiers) is recommended.

[2] http://www.cdc.gov/vhf/ebola/hcp/preparing-ebola-assessment-hospitals.html
[3]Alerting specific hospitals and EMS providers that a person is under observation and monitoring for Ebola virus infection is to be transported to the ED should not replace routine Ebola screening assessments by hospitals and EMS providers.
[4]IDPH does not recommend sharing the identity of people being observed and monitored with law enforcement, as this information in not necessary for the "treatment control of, investigation of, containment of, and prevention of a public health emergency."

b. Identify LHD staff and medical providers, preferably an outpatient provider, in the community that will provide medical/clinical consultation for non-Ebola related issues (e.g. dermatologic conditions, back pain etc.) for any person being monitored in your jurisdiction.

2. Provide persons being monitored within your jurisdiction a 24/7 number and LHD staff name to ensure the person undergoing monitoring can promptly notify the appropriate LHD staff if they develop symptoms. Please conduct periodic self-tests of your 24/7 number to help ensure that individuals being monitored will receive prompt attention as needed.

3. Establish a notification plan should be established to ensure appropriate entities are notified in a timely manner for the following circumstances:

a. If a person being monitored will transfer to another jurisdiction within the state before his/her monitoring is complete, the LHD should notify IDPH CDCS and the LHD in the county where the individual is relocating. Unless other communication arrangements have been established, notification should be provided via email (general notification not containing personal health identifiers), facsimile, and phone. The phone and facsimile notification should include the person's name, address where he/she will reside, any monitoring data that has been collected but not entered into I-NEDSS, and a working contact number for the individual being monitored and appropriate LHD staff.

b. If a person being monitored will be traveling to another state before his/her monitoring period is complete, the LHD should notify IDPH CDCS as soon as they are aware of the persons plans to relocate. Unless other communication arrangements have been established, notification should be provided via email (general notification not containing personal health identifiers), facsimile, and phone. The phone and facsimile notification should include the person's name, address where he/she will reside, any monitoring data that has been collected but not entered into I-NEDSS, and a working contact number for the individual being monitored and appropriate LHD staff. If patient travels out of jurisdiction, make sure a plan is in place with jurisdiction person is traveling to etc.

c. If a person being monitored is a health care worker, ensure their employer(s) are notified. Employers of health care workers may also desire to conduct the monitoring for their staff. If monitoring is conducted by the health care worker's employer they should ensure that all monitoring information is provided to the appropriate local health department no later than close of business daily to ensure the monitoring information is entered into I-NEDSS.

d. If an individual being monitored does not have any travel restrictions and desires to travel outside the jurisdiction of the LHD conducting their monitoring, the LHD should obtain the persons travel plans and notify IDPH CDCS and the LHD responsible for the jurisdiction the individual will be visiting. This notification should be provided as soon as the LHD learns of the individual's travel plans. Unless other communication arrangements have been established, notification should be provided via email (general notification not containing personal health identifiers), facsimile, and phone.

e. Persons with travel restrictions must seek approval from the LHD conducting their monitoring and the IDPH CDCS prior to conducting any travel outside the jurisdiction

of the LHD conducting their monitoring. If an individual being monitored does have travel restrictions and desires to travel outside the jurisdiction of the LHD conducting their monitoring, the LHD should obtain the persons travel plans and notify IDPH CDCS and the LHD responsible for the jurisdiction the individual will be visiting. This notification should be provided promptly after the individual's travel plans have been approved by the aforementioned entities. Unless other communication arrangements have been established, notification should be provided via email (general notification not containing personal health identifiers), facsimile, and phone.

5. After failed attempts to obtain voluntary compliance for monitoring via administrative orders, the LHD should notify the IDPH CDCS, and work with their local county States' Attorney to develop and seek a court order to enforce the monitoring administrative order issued by the LHD.

This guidance may be updated based on changing national recommendations about risk exposure categories, but every traveler will still require daily monitoring. If you have questions regarding monitoring of persons for Ebola, please contact IDPH CDCS at 217-782-2016. Thank you for your patience and preparations.

Ebola Traveler Tracing Flowchart

To access the Ebola Traveler Tracing Flowchart created by IDPH and dated December 2, 2014 click here.

An Internet connection is required to view this document.

Appendix D
Mortuary Procedures for Ebola Death

In the event of an "in hospital" death of a patient confirmed or suspected to have the Ebola virus, the hospital should contact the local coroner and local health department and follow their current notification procedures.

The remains should be kept in isolation and not be handled by hospital staff, medical personnel, or family members.

Preparation of Remains for transport:

To prevent continued spread of the disease, special considerations for the handling the remains are necessary. Current CDC guidelines are expected to be followed:

http://www.cdc.gov/vhf/ebola/hcp/guidance-safe-handling-human-remains-ebola-patients-us-hospitals-mortuaries.html

Final Disposition of Remains:

Cremation is recommended as final disposition of a person who has died from Ebola; however many religious and personal beliefs may prohibit cremation. In the event cremation is contested, the body may be buried in an accepting cemetery. It is recommended that the body be transported directly to the cemetery or crematorium. Again, CDC guidance should be followed for transportation of remains.

Medical care professionals involved in the care of an Ebola patient should consider advance consultation with the patient's family members based on the patient's prognosis; this timely and compassionate consultation will allow the family to consider available options including alternatives to traditional funeral services.

Officials involved in establishing local policies should consider engaging funeral directors, the religious community and elected officials in the planning process. Local demographics including diverse religious and cultural practices must be considered.

Appendix E

Ebola and EMTALA Requirements

(Click Here to return to ED Information)

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

Center for Clinical Standards and Quality/Survey and Certification Group

Ref: S&C: 15-10-Hospitals

DATE: November 21, 2014
TO: State Survey Agency Directors
FROM: Director Survey and Certification Group

SUBJECT: Emergency Medical Treatment and Labor Act (EMTALA) Requirements and Implications Related to Ebola Virus Disease (Ebola)

Memorandum Summary

- ***Ebola and EMTALA requirements:*** This Memorandum conveys information useful in responding to inquiries from hospitals concerning implications of Ebola for their compliance with EMTALA.

- ***EMTALA Screening Obligation:*** Every hospital or critical access hospital (CAH) with a dedicated emergency department (ED) is required to conduct an appropriate medical screening examination (MSE) of all individuals who come to the ED, including individuals who are suspected of having been exposed to Ebola, and regardless of whether they arrive by ambulance or are walk-ins. Every ED is expected to have the capability to apply appropriate Ebola screening criteria when applicable, to immediately isolate individuals who meet the screening criteria to be a potential Ebola case, to contact their state or local public health officials to determine if Ebola testing is needed, and, when a decision to test is made, to provide treatment to the individual, using appropriate isolation precautions, until a determination is made whether the individual has Ebola.

- ***EMTALA Stabilization, Transfer & Recipient Hospital Obligations:*** In the case of individuals who have Ebola, hospitals and CAHs are expected to consider current guidance of public health officials in determining whether they have the capability to provide appropriate isolation required for stabilizing treatment and/or to accept appropriate transfers. In the event of any EMTALA complaints alleging inappropriate transfers or refusal to accept appropriate transfers, CMS will take into consideration the public health guidance in effect at the time.

- ***Centers for Disease Control and Prevention (CDC) Website*:** CMS strongly urges State Survey Agencies (SAs), hospitals and CAHs to monitor the CDC website at http://www.cdc.gov/vhf/ebola/ for the most current guidance and information concerning Ebola identification, treatment, and precautions to prevent the spread of the disease, as well as their State public health website.

Background

Due to increasing public concerns with Ebola, CMS is receiving inquiries from the hospital industry concerning implications for their compliance with EMTALA. Concerns center around the ability of hospitals and CAHs to fulfill their EMTALA screening obligations while minimizing the risk of exposure from Ebola infected individuals to others in the ED, including healthcare workers, and the isolation requirements for Ebola. In addition, we have also received questions about the applicability of EMTALA stabilization, transfer and recipient hospital obligations in the case of individuals who are found to have met the screening criteria for possible Ebola disease or who have been determined to have Ebola.

EMTALA requires Medicare-participating hospitals and CAHs that have a dedicated emergency department to, at a minimum:

 Provide an MSE to every individual who comes to the ED, for examination or treatment for a medical condition, to determine if they have an emergency medical condition (EMC); and

 Provide necessary stabilizing treatment for individuals with an EMC within the hospital's capability and capacity; and

 Provide for transfers of individuals with EMCs, when appropriate.

In addition, all Medicare-participating hospitals with specialized capabilities are required to accept appropriate transfers of individuals with EMCs if the hospital has the specialized capabilities an individual requires for stabilization as well as the capacity to treat these individuals. This recipient hospital obligation applies regardless of whether the hospital has a dedicated emergency department.

EMTALA Obligations when Screening Suggests Possible Ebola

It may be the case that hospitals, emergency medical services (EMS), and their State or local public health officials develop protocols for bringing individuals who meet criteria for a suspected case of Ebola only to hospitals that have been designated to handle potential or confirmed cases of Ebola. These pre-hospital arrangements do not present any conflict with EMTALA. This is the case even if the ambulance carrying the individual is owned and operated by a hospital other than the designated hospital, so long as the ambulance is operating in accordance with a community wide EMS protocol.

On the other hand, if an individual comes to an ED of a hospital or CAH, as the term "comes to the emergency department" is defined in the regulation at §489.24(b), either by ambulance or as a walk-in, the hospital must provide the individual with an appropriate MSE. We emphasize that it is a violation of EMTALA for hospitals and CAHs with EDs to use signage that presents barriers to individuals who may have been exposed to Ebola from coming to the ED, or to otherwise refuse to provide an appropriate MSE to anyone who has come to the ED for examination or treatment of a medical condition. However, use of signage designed to help direct individuals to various locations on the hospital property, as that term is defined in the regulation at §489.24(b), for their MSE would be acceptable.

If during the MSE the hospital or CAH concludes, consistent with accepted standards of practice for Ebola screening, that an individual who has come to its ED may be a possible Ebola case, the hospital or CAH is expected to isolate the patient immediately. Although levels of services provided by EDs vary greatly across the country, it is CMS' expectation that all hospitals and CAHs are able to, within their capability, provide MSEs and initiate stabilizing treatment, while maintaining the isolation requirements for Ebola and coordinating with their State or local public health officials, who will in turn arrange coordination, as necessary, with the CDC.

At the time of the drafting of this memo, CDC's screening guidance called for hospitals and CAHs to contact their State or local public health officials when they have a case of suspected Ebola. According to that guidance, the State or local public health officials, together with the hospital, will make a determination as to whether Ebola testing of the individual is required.

 If it is determined that Ebola testing is not required, the hospital or CAH is expected to complete its MSE in accordance with accepted standards of practice and to take appropriate actions, depending on whether or not the individual has an EMC.

 If it is determined that Ebola testing is required, the hospital or CAH is expected to maintain the individual in isolation, providing treatment within its capability for the individual's symptoms as needed, until it has the test results or if, prior to test results, there is a determination by the responsible public health authorities that the case presents a strong probability of Ebola.

 If the individual tests negative for Ebola, the hospital or CAH is expected to complete its MSE in accordance with accepted standards of practice and to take appropriate actions, depending on whether or not the individual has an EMC.

 If the individual tests positive for Ebola, or the hospital together with state or local public health officials otherwise conclude that the individual likely has Ebola, even prior to obtaining test results, the hospital or CAH is expected to comply with the most recent State or local public health guidance in determining whether it has the capability to provide stabilizing treatment on site, or whether to initiate an appropriate transfer, in accordance with §489.24(e), to a hospital which has the capability to provide the required stabilizing treatment.

We appreciate the work of public health authorities, the Centers for Disease Control and Prevention (CDC) and hospitals to develop specialized capabilities to treat patients with Ebola. However, the existence of hospitals with specialized capabilities does not relieve any other hospital or CAH of its obligation to provide an appropriate medical screening examination, or fulfill any other EMTALA requirement relevant to the situation.

Other Enforcement Considerations

Should CMS receive complaints alleging either inappropriate transfers by a sending hospital or refusal of a recipient hospital to accept an appropriate transfer, it will take into consideration the State or local public health direction and designations of hospitals as Ebola treatment centers at the time of the alleged noncompliance concerning where Ebola treatment should be provided. It will also take into consideration any clinical considerations specific to the individual case(s).

Surveyors and managers responsible for EMTALA enforcement are expected to be aware of the flexibilities hospitals are afforded under EMTALA and to assess incoming EMTALA complaints accordingly in determining whether an on-site investigation is required. They are also expected to keep these flexibilities in mind when assessing hospital compliance with EMTALA during a survey.

Consistent with their obligations under the hospital and CAH Conditions of Participation (CoPs) §482.42 and §485.635(a)(3)(vi), hospitals and CAHs are expected to adhere to accepted standards of infection control practice to prevent the spread of Ebola. Since the Ebola virus is transmitted via droplets, strict adherence to droplet and contact isolation precautions must be followed. The CDC has issued extensive guidance on applicable isolation precautions and CMS strongly urges hospitals to follow this guidance. CMS recognizes the difficulties securing the recommended personal protective equipment (PPE) required for training and patient care that may be present in some circumstances at the time of this Memorandum.

The U.S. Department of Labor Occupational Health and Safety Administration (OSHA) has also provided guidance on worker protection related to Ebola at https://www.osha.gov/SLTC/ebola/ . Hospitals and CAHs are expected under their respective CoPs at §482.11(a) and §485.608(a) to comply with OSHA requirements, but CMS and state surveyors acting on its behalf do not assess compliance with requirements of other Federal agencies.

Latest CDC Guidance

The most up-to-date guidance regarding screening, testing, treatment, isolation, and other Ebola-related topics can be found on the CDC website at http://www.cdc.gov/vhf/ebola/index.html . Hospitals and CAHs are strongly urged to monitor this site as well as their State public health website and follow recommended guidelines and acceptable standards of practice. (See also S&C 15-02: http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-15-02.pdf) SAs are also encouraged to monitor the CDC and their state public health websites for up-to-date information.

Questions about this document should be addressed to hospitalSCG@cms.hhs.gov.

Effective Date: The information contained in this letter should be shared with all survey and certification staff, their managers, and the state/Regional Office training coordinators immediately.

/s/

Thomas E. Hamilton

cc: Survey and Certification Regional Office Management

Click to Return to ED Information

Appendix F
Acronyms and Abbreviations

CAH	Critical Access Hospital
CARE	Check and Report Ebola
CDC	Center for Disease Control and Prevention
CDCS	Communicable Disease Control Section
CMS	Centers for Medicare & Medicaid Services
CoPs	Conditions of Participation
DOT	U. S. Department of Transportation
EAH	Ebola Assessment Hospital
ED	Emergency Department
EMA	Emergency Management Agency
EMC	Emergency Medical Condition
EMS	Emergency Medical Services
EMTALA	Emergency Treatment & Labor Act
ERC	Emergency Response Coordinator
ETC	Ebola Treatment Center
EVD	Ebola Virus Disease
FAQ	Frequently Asked Questions
FOUO	For Official Use Only
HMR	Hazardous Materials Regulations
IDPH	Illinois Department of Public Health
IDTV	Infectious Disease Transport Vehicle
IEPA	Illinois Environmental Protection Agency
I-NEDSS	Illinois National Electronic Disease Surveillance System
LHD	Local health department
MSE	Medical screening examination
OSHA	Occupational Health & Safety Administration
PHEIC	Public Health Emergency of International Concern
PHEOC	Public Health Emergency Operations Center
PIMW	Potentially infectious medical waste
PPE	Personal protective equipment
PSAP	Public Safety Answering Points
REMSC	Regional Emergency Medical Services Coordinator
RHCC	Regional Hospital Coordinating Center
SAs	Survey Agencies
SIRC	State Incident Response Center
SIREN	State of Illinois Rapid Emergency Notification
SPARC	Shawnee Preparedness and Response Coalition
WHO	World Health Organization