



# Webcast Agenda: Tuesday, November 18, 2014

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## **Welcome and DHS Update**

Chuck Warzecha, Deputy Administrator, Division of Public Health

## **Review of DHS Guidance: Decontamination, Waste Handling & Transport for Cases of Ebola Virus Disease**

Robert Thiboldeaux, PhD

Senior Toxicologist

Wisconsin Bureau of Environmental and Occupational Health

## **Local Level Coordination Of Ebola Readiness Between Public Health, EMS, & Law Enforcement**

Doug Voegeli

Public Health Madison/Dane County

Director Of Environmental Health Division

Carrie Meier

Dane County EMS Coordinator

## **Question And Answer Session**

Chuck Warzecha, Deputy Administrator, Division of Public Health

## **Closing Remarks**

Chuck Warzecha, Deputy Administrator, Division of Public Health

- Effective November 17, 2014, travelers from the West African country of Mali will be subject to enhanced screening and monitoring.
  - Increasing number of confirmed cases of Ebola in recent days
  - Same measures as for travelers from Guinea, Liberia, Sierra Leone
    - Enhanced entry screening
    - Health and Ebola exposure assessment
    - Symptoms monitoring
    - 21-day monitoring period and movement protocols
  - No direct flights from Mali to the United States
  - All travelers will be routed to arrive through the five US airports already conducting screenings
    - New York JFK; Newark, Washington-Dulles, Chicago-O'Hare, and Atlanta Hartsfield-Jackson
  
- Healthcare Partners should add Mali to the countries asked about during patients' travel histories



# Guidance for Evaluation of Ambulatory Patients for Ebola

- ❑ Released by CDC – November 5, 2014
- ❑ Process flowchart
- ❑ Sample tracking log for staff who have entered patient's room available at:  
<http://www.dhs.wisconsin.gov/communicable/ebola-worksheet-log.docx>



# Identify, Isolate, Inform: Ambulatory Care Evaluation of Patients with Possible Ebola Virus Disease (Ebola)



The majority of febrile patients in ambulatory settings do not have Ebola Virus Disease (Ebola), and the risk posed by Ebola patients with early, limited symptoms is lower than that from a patient hospitalized with severe disease. Nevertheless, because early Ebola symptoms are similar to those seen with other febrile illnesses, triage and evaluation processes should consider and systematically assess patients for the possibility of Ebola.

**1 Identify travel and direct exposure history:**  
Has patient lived in or traveled to a country with widespread Ebola virus transmission or had contact with an individual with confirmed Ebola Virus Disease within the previous 21 days?

**NO**

Continue with usual triage, assessment, and care

**YES**

**2 Identify signs and symptoms:**  
Fever (subjective or  $\geq 100.4^{\circ}\text{F}$  or  $38.0^{\circ}\text{C}$ ) or any Ebola-compatible symptoms: fatigue, headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, or hemorrhage

**NO**

- A.** Notify health department that patient is seeking care at this facility
- B.** Continue with triage, assessment and care
- C.** Advise patient to monitor for fever and symptoms for 21 days after last exposure in consultation with the health department.

**YES - Patient may meet criteria for Person Under Investigation for Ebola\***



### 3 Isolate patient immediately: Avoid unnecessary direct contact

- Place patient in private room or area, preferably enclosed with private bathroom or covered commode.
- Avoid unnecessary direct contact.
- If direct contact is necessary, personal protective equipment (PPE) and dedicated equipment must be used to minimize transmission risk.
- Only essential personnel with designated roles should evaluate patient.
- If patient is exhibiting obvious bleeding, vomiting or copious diarrhea, then do not re-enter room until EMS personnel trained to transport Person Under Investigation for Ebola arrive.
- Do not perform phlebotomy or any other procedures unless urgently required for patient care or stabilization.
- Consult with the health department before cleaning up blood or body fluids. Any reusable equipment should not be reused until it has been appropriately cleaned and disinfected.\*

AND  
→

### 4 Inform Health Department and prepare for safe transport.

- Contact the relevant health department IMMEDIATELY.
- Prepare for transfer to a hospital identified by the health department for evaluation of possible Ebola.
- Coordinate with health department regarding:
  - Who will notify the receiving emergency department or hospital about the transfer, and
  - Arrangements for safe transport to accepting facility designated by public health officials.

**PERSONS UNDER INVESTIGATION FOR EBOLA SHOULD ONLY BE SENT TO HOSPITALS AND FACILITIES SPECIFICALLY DESIGNATED BY PUBLIC HEALTH OFFICIALS.**

**Do not transfer without first notifying the health department.**

#### **PPE in the ambulatory care setting\*\*:**

- No one should have direct contact with a Person Under Investigation for Ebola without wearing appropriate personal protective equipment (PPE).
- If PPE is available and direct patient contact necessary, a single staff member (trained in proper donning and removal of PPE) should be designated to interact with the Person Under Investigation.
- At a minimum, health care workers should use the following PPE before direct patient contact:
  - A. Face shield & surgical face mask,
  - B. Impermeable gown, and
  - C. Two pairs of gloves.
- The designated staff member should refrain from direct interaction with other staff and patients in the office until PPE has been safely removed in a designated, confined area. Examples of safe donning and removal of PPE should be reviewed: [http://www.cdc.gov/hicpac/2007IP/2007ip\\_fig.html](http://www.cdc.gov/hicpac/2007IP/2007ip_fig.html)

NOTE: Patients with exposure history and Ebola-compatible symptoms seeking care by phone should be advised to remain in place, minimize exposure of body fluids to household members or others near them, and given the phone number to notify the health department. The ambulatory care facility must also inform the health department. If the clinical situation is an emergency, the ambulatory care facility or patient should call 911 and tell EMS personnel the patient's Ebola risk factors so they can arrive at the location with the correct PPE.

\*Refer to <http://www.cdc.gov/vhf/ebola/> for the most up-to-date guidance on the **Case Definition for Ebola, Environmental Infection Control and Ebola-Associated Waste Management**;

\*\*Refer to <http://www.cdc.gov/hai/settings/outpatient/outpatient-care-guidelines.html> for a summary guide of infection prevention recommendations for outpatient settings.



Wisconsin  
Department of Health Services



# Local Level Coordination of Ebola Readiness between Public Health, EMS, and Law Enforcement

Speakers:

Doug Voegeli  
Director of Environmental Health  
Public Health of Madison/Dane County

Carrie Meier  
Dane County EMS Coordinator

# Review Of The DHS Guidance Document: Decontamination, Waste Handling & Transport For Cases Of Ebola Virus Disease



Robert Thiboldeaux, PhD  
Senior Toxicologist  
Wisconsin Bureau of Environmental and Occupational Health



Wisconsin  
Department of Health Services

**Wisconsin Department of Health Services  
Guidance Document: *Decontamination,  
Waste Handling & Transport for Cases of  
Ebola Virus Disease (EVD)***

Robert Thiboldeaux, PhD  
Bureau of Environmental and  
Occupational Health  
November 18, 2014



# Topics

1. How will DHS assist local health agencies with Ebola cleanup at non-health care settings?
2. What are the key features of the DHS cleanup guidance?



# DHS can assist Local Public Health Agencies as they:

- assess non-healthcare locations and situations.
- develop site-specific cleanup strategies.
- write cleanup/abatement orders.
- identify a cleanup contractor.
- clear a setting/write a clearance letter.



## Items addressed in guidance

- **Handling** of Known or Suspected Virus-Contaminated Materials or Waste, p. 2.
- **Decontamination** of Locations with Known or Suspected Viral Contaminants, p. 3.
- **Transportation** of Known or Suspected Virus-Contaminated Materials or Waste, p. 4.
- **Disposal** of Known or Suspected Virus-Contaminated Waste, p. 6.



# Reference documents used in guidance appendices:

- **CDC** *Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting On (Donning) and Removing (Doffing).*
- **OSHA** *Cleaning and Decontamination of Ebola on Surfaces.*
- **CDC** *Interim Guidance for the U.S. Residence Decontamination for Ebola Virus Disease (Ebola) and Removal of Contaminated Waste.*
- **U.S. Army Public Health Command (USAPHC)** *Decontamination of Vehicles & Equipment Used for Transportation of Potential Ebola Virus Disease (EVD) Patients or Related Equipment.*
- **U.S. DOT** *Procedural Guidance on the Proper Packaging of Ebola Suspected Waste.*
- **U.S. DOT** *Transporting Infectious Substances Q&A.*



# Where is the guidance available?

- Internet:

*<http://www.dhs.wisconsin.gov/communicable/diseasepages/ebola.htm>*