



## **DHS Ebola Webcast:**

**Tuesday, November 4, 2014, 2:00-3:30 pm**

### **GOALS**

- Maintain situational awareness of Ebola
- Provide streamlined and timely communication to internal and external partners on Ebola
- Support Ebola preparedness planning with local public health departments and the healthcare system



# Webcast Agenda:

## Tuesday, November 4, 2014, 2:00-3:30 pm

2:00-2:10

### Welcome and Introduction

Karen McKeown, RN, MSN  
State Health Officer & Administrator, Division of Public Health

2:10-2:45

### The Role of Non-Designated Healthcare Facilities, Providers and EMS in Ebola Response

Karen McKeown, RN, MSN  
State Health Officer and Administrator, Division of Public Health

2:45-3:25

### Question and Answer Session

**Karen McKeown**, RN, MSN

State Health Officer & Administrator, Division of Public Health

**James Kazmierczak**, DVM, MS, State Public Health Veterinarian

**Michael Clark**, MD, EMS Medical Director, Ministry Healthcare

**Henry Nehls-Lowe**, Unit Supervisor, Bureau of Environmental and Occupational Health

**Gwen Borlaug**, CIC, MPH, Coordinator, HAI Prevention Program

**Jason Liu**, MD, MPH, Section of EMS and Disaster Medicine, Medical College of Health

3:25-3:30

### Closing Remarks

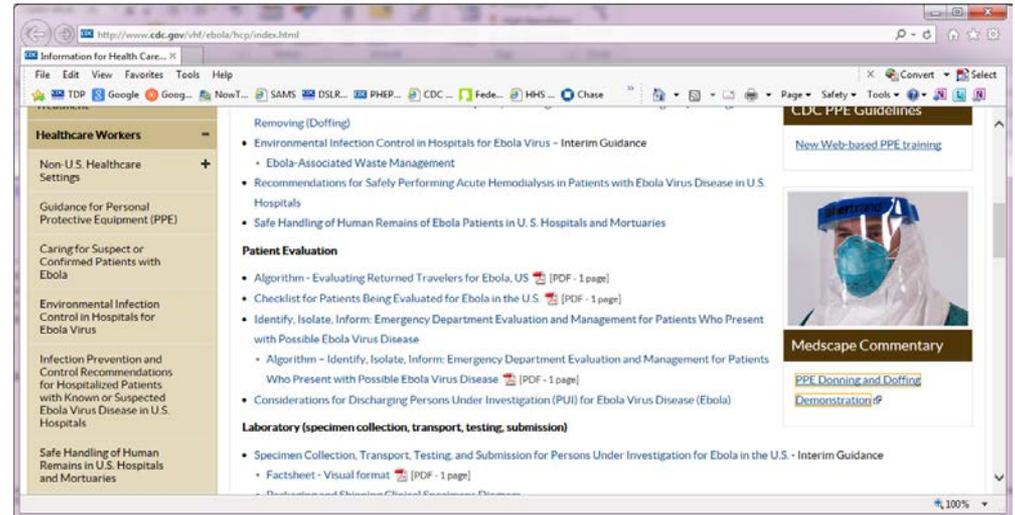
Karen McKeown, RN, MSN

State Health Officer & Administrator, Division of Public Health



# New PPE Video Released from CDC

- Ebola: Donning and Doffing of Personal Protective Equipment (PPE)
- Demonstrates one methodology for putting on and taking off personal protective equipment safely.



This video is based on [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 \(Doffing\)](http://www.cdc.gov/vhf/ebola/hcp/index.html)

<http://www.medscape.com/viewarticle/833907> or <http://www.cdc.gov/vhf/ebola/hcp/index.html>



# WI Ebola Information Sources

- DPH 24-7 Number: 608-258-0099
- DHS Email: [dhsresponse@wisconsin.gov](mailto:dhsresponse@wisconsin.gov)
- Website:  
<http://www.dhs.wisconsin.gov/communicable/disease/pages/ViralHemorrhagicFever.htm>



## **Guidance for Local Health Department Staff Regarding Direct Active Post-Arrival Monitoring of Travelers from West Africa**

- DPH will learn about virtually all travelers of interest via the airport screenings and will immediately contact the LHD in which the person will reside.
- The monitoring of travelers' health status is now required to be done on a DAILY basis by the local health department. This includes weekends and holidays.
- The traveler should be instructed to notify their LHD if they have plans to travel during their observation period. If travel is planned, please contact the Communicable Disease Epidemiology Section at 608/267-9003 to discuss the advisability of permitting travel and making contact with the jurisdiction to which the person is traveling.



## **Guidance for Local Health Department Staff Regarding Direct Active Post-Arrival Monitoring of Travelers from West Africa (continued)**

- Health departments are now charged with attempting to locate travelers who fail to check in daily to ensure monitoring continues.
- Because of these changes in guidance, note that the form on page 4 of this memo has changed. Please discard the prior sets of guidance dated 8/19/14, 9/4/14, and 10/27/14 and use this current version.
- **The biggest change is a new directive from CDC requiring that persons who have had risky exposures have daily direct active monitoring by the LHD. Direct active monitoring requires that a public health official directly observes the individual at least once a day to review symptoms and check temperature, with a follow-up that same day via phone.** This direct observation will require in-person visits to the person being monitored, similar to the directly observed therapy performed for TB patients. If mutually agreeable, eyes-on check-ins via electronic means (e.g., Skype, Facetime) are acceptable. Although in-person contact is required once daily, the person under observation should check and record their temperature twice daily, morning and evening.



# Wisconsin Ebola Information Line

- 211 has been a key partner in this response.
- 211 Mission: To connect everyone in Wisconsin with quick and easy access to community-based health and human services information and resources.
- Information Line: [844-684-1064](tel:844-684-1064)
- Responses coming from DHS FAQs and scripts
- 33 calls received since November 2, 2014
- Most questions were about Ebola transmission and symptoms



# **Guidance for Non-Designated Facilities/Providers**

**Karen McKeown**



## Level One – Designated Facilities

- Able to provide care to a *confirmed* Ebola patient throughout the course of illness
- Simultaneously continue usual operations for other patients
  
- Note: The designation of these facilities does not relieve other providers/facilities of a role in Ebola preparedness!
  - Transfer of patients with Ebola to these facilities requires coordination with DHS *and* an accepting physician.



## Level Two – Testing Facilities

- Able to provide care to a suspected Ebola patient during the rule-out period
  - Approximately 48-72 hours
  - Need plans in place for:
    - Isolation
    - Evaluation and treatment
    - Laboratory testing
      - Usual testing – CBC, chemistry, flu
      - Other diseases, including malaria
    - Health care worker protection and environmental controls
- Note: Most patients who are screened in with risk factors and symptoms will not have Ebola.



## Level Three – Clinics and Some Hospitals

- Able to screen/identify/isolate patients
- Cannot provide necessary care during the rule-out period
- Need to work with referral partners to develop plan
  - Where will you send a patient? (Work with usual referral partners.)
  - What EMS will you use?
- Note: Discuss all of this with partners ahead of time – don't assume!



# Guidance for EMS

Karen McKeown



## Level One EMS

- Able to transport patient with confirmed Ebola to a designated Ebola facility
- Identified ahead of time and known to DHS
- DHS coordinates transport



## Level Two EMS

- Able to respond and transport suspected Ebola patient
  - Patient has risk factors AND symptoms
- Should work with usual partners to identify this role
- DHS will not coordinate these transports – would occur within usual referral patterns, or as agreed locally



## Level Three EMS

- Still need to screen/identify patients at risk for Ebola
- May be able to transport to local facility, or may work out agreements with other local services
- Note: Where local 911 operators are screening patients, can work with them to dispatch the most appropriate service(s) to a patient that screens as possible Ebola