

Ebola Conference Call  
October 23, 2014  
3:00 – 4:00 pm

Any questions can be sent to the Ebola E-mail: [Ebola@dhec.sc.gov](mailto:Ebola@dhec.sc.gov)

Dr. Foster with the SC Hospital Association thanked everyone for putting their efforts towards Ebola planning.

- Any questions not answered on the conference call can be submitted through [Ebola@dhec.sc.gov](mailto:Ebola@dhec.sc.gov).
- Translations of Ebola information are available on the CDC website.
- Working on guidance for hospitals that need to use their lab equipment
  - How to use the equipment for Ebola testing
  - Proper cleaning of lab equipment
  - Deferring to CDC guidance.

**Ebola Update** – Dr. Olabisi Badmus, Medical Consultant, DADE

**National and CDC Updates**

- There have been recent changes announced by the CDC regarding PPE requirements and the screening and monitoring of international travelers from Liberia, Sierra Leone, and Guinea.
  - Beginning with international travelers: All travelers from these regions are now arriving at one of the five airports conducting entry screening
  - Each traveler will receive a CARE kit with symptom tracking information and tools, a thermometer, and contact information to the health department of their final travel destination.
  - State Health authorities will receive notification from the CDC about International travelers from these regions who are without signs of illness, and each destination state will actively monitor each traveler post-arrival.
- Changes in PPE recommendations from the CDC announced on Oct. 20<sup>th</sup>.
  - The changes are centered around three principles: Training, No skin exposure, and supervision of donning and doffing by a trained monitor
  - Changes to note in the recommended PPE include the following:
    - Disinfection steps prior to removing equipment and incorporated in between steps of taking off PPE.
    - The addition of coveralls and single-use disposable hoods, and double gloving at minimum
    - Goggles are no longer recommended, the recommendation for eye and upper face coverage should be a disposable full-face shield.
    - Changes to the recommendations for use of N-95 respirators or PAPRs (powered-air purifying respirator) in place of face-masks

- In summary the recommended PPE for healthcare workers caring for Ebola patient in the healthcare setting include:
  - Double gloves
  - Boot covers that are waterproof and go to at least mid-calf or leg covers
  - Single-use fluid resistant or impermeable gown that extends to at least mid-calf **or** coverall without integrated hood.
  - Single-use, full-face shield that is disposable
  - Respirators, including either a NIOSH-certified and fit-tested N-95 respirators or a NIOSH-certified PAPR (powered air purifying respirator)
    - The PAPR can be used with a full face shield, helmet or headpiece
    - N95 respirator- can be used with a single-use full face shield
  - Surgical hoods to ensure complete coverage of the head and neck
  - Apron that is waterproof and covers the torso to the level of the mid-calf (and that covers the top of the boots or boot covers) should be used if Ebola patients have vomiting or diarrhea
- Additional details on the correct use of the PPE, sequence of donning and doffing, PPE for the monitors, and options for the combinations of PPE are available on the CDC website and can also be accessed on the DHEC website.

**Non-hospital/Ambulatory settings**

- There has been an increase in the requests pertaining to more specific guidance for non-hospital facilities:
  - We recognize that every facility is different in capacity and supply.
  - Our current recommendations are for all facilities to:
    - Have a screening protocol in place that follows current CDC guidelines
    - Patients who are identified to be symptomatic with a travel history to an affected region within the last 21 days should immediately be isolated into a private room, limiting the exposure of persons to the patient in the isolation room.
    - We recommend that each facility use the highest level of PPE available to you, and CDC has provided guidance for PPE in hospital settings. Additional PPE guidance for ambulatory and non-hospital settings is forthcoming.

- Suspect patients should not be referred out without notification to a receiving hospital to prevent suspect patients from being lost to follow up or arriving at another facility without precautions being put in place.
- Contact DHEC and EMS for the coordination of the transportation of the patient.
- It's important to recognize that true Ebola patients in the early stages have a lower viral load and are not as infectious as they are later in the course of the illness, and acutely ill patients who are very symptomatic will more likely seek care in a hospital setting. However, planning, preparation, and training is still necessary in all health care settings.

**OPHP Update** – Ron Griffin, Office of Public Health Preparedness, Preparedness Consultant

- A seminar was held on Monday morning at SCEMD with DHEC, ESF8 planning partners and other ESF representatives to discuss Ebola response

Questions and action items:

- Authority to detain suspect cases. Guidance will be sent from DHEC and SLED regarding the procedures for detaining someone who presents as a suspect of Ebola.
- What facility would be able to receive and treat waste from Ebola patients? Development of an MOU with Stericycle.
- How should decon waste water be handled?
- Hospitals need guidance on what to do before a deceased patient leaves the hospital.
- At what point do we defer transport for responders protection?
- Determine number of patients required to declare a state of emergency.
- Address need to transport patient from Pee Dee area.
- The Director asked everyone to promote the Health Preparedness Network to receive current information.
- Exercises with the Healthcare Coalitions will begin next week.

**UPSTATE**

October 28, 2014 9:00 – 12:00, Registration at 8:30 AM

AnMed North Health Campus

2000 East Greenville Street

Anderson, SC

Entrance C to the Elevators to Ground Floor and follow signs to the Healthy Futures Trust Room.

RSVP to Don Peace: 864-260-5587

**Midlands**

October 28, 2014 – 9:00 – 12:00 PM, Registration at 8:30 AM  
SC Hospital Association  
1000 Center Point Rd.  
Columbia, SC 29210  
RSVP to Karen Hutto: 803-576-2691

**Lowcountry**

October 30, 2014 – 9:00 – 12:00 PM, Registration at 8:30 AM  
No. Charleston Coliseum, Club North  
5001 Coliseum Dr.  
No. Charleston, SC 29418  
RSVP to Raymond Barteet: 843-953-0062

**PeeDee**

November 3, 2014 8:00 – 12:00 PM, Registration at 8:30 AM  
Francis Marion University  
Frank Lee Nursing Building  
4822 E. Palmetto St.  
Florence, SC 29506  
RSVP to Conway DHEC Office: 803-983-9097

- At what point does one hospital have authority to get PPE from another hospital?

**Wastewater Updates** – Jeff deBessonnet, Director of Water Facilities Permitting Division

- CDC is saying use of sewer systems for waste disposal is OK, but will be addressing issues in the sewer collection system (risk) before treatment by the end of the month.
- ... from CDC WEB LINK: Is it safe for Ebola patients to use the bathroom? *Yes. Sanitary sewers may be used for the safe disposal of patient waste. Additionally, sewage handling processes (e.g., anaerobic digestion, composting, and disinfection) in the United States are designed to inactivate infectious agents.*
- the CDC messages are:
  1. Use if sewer systems is OK -- because the treatment systems will address health concerns.
  2. Regarding any risk to sewer system owners (e.g., people doing maintenance on sewer collection systems), CDC is working on this -- hopefully done this month
- DHEC has no independent information at this time on these topics.

**EMS/PPE Update** - Rob Wronski, Director, Division of EMS and Trauma

- "The current CDC Guidance for EMS and First Responders with regards to PPE has not changed. The new guidance issued this week is for healthcare workers caring for patients with Ebola, to ensure there is no ambiguity."

- Decon guidance and PPE is available:  
Search CDC, Ebola and EMS – that should take you directly to the site.

**Regional Referral System – Dr. Foster, Senior VP for Quality and Patient Safety, SC Hospital Association**

There are now four Regional Hospitals in the system: Greenville  
Spartanburg Regional  
Palmetto Health  
MUSC

- It is important to identify and isolate a patient
- Then call DHEC
- If you need to test a patient, coordinate with DHEC to perform tests and ship to labs.
- Transfer and transport the patient to a Regional Facility.
- Develop your training in addition to what is already available.
- Use all your partners' experiences to develop a plan for training your staff. Take advantage of veterans that have PPE experience.
- Permissive vs Mandatory care
  - Subject needs further investigation
  - If patient refuses to be transferred/transported, the facility will need to provide care.
- There is still a limited course of treatment for pediatric and pregnant patients – may need to go to a National Center.
- Looking at border state hospitals to work with.
- Clarendon County Hospital having a community Meeting tonight.
- SCHA will continue daily updates.
- Some hospitals still need to get their Point of Contact info to SMARTT.
- Working on solutions for PPE shortages.

**Information on Ebola Testing – Amanda Moore, Supervisor, Special Pathogens and Molecular Laboratories, DHEC**

Bureau of Labs is continuing to work with the CDC for validation as a testing laboratory.

- Review procedure for Ebla POI
- Specimen collection
- Shipping requirements
- Result review

The lab will help with any paperwork and assist getting specimens where they need to go for testing. Specimens will not be accepted without prior consultation with DADE and CDC approval. Taking a patient out of isolation will be based on CDC tests

and not LRN screening. Hospitals – be sure to reach out to your lab staff and keep them informed.

**Questions:**

Can someone volunteer to work in an Ebola Treatment Facility?

- Send name and contact information to the Ebola E-mail.

Is there Law Enforcement guidance about detaining a patient?

- If a patient refuses to be treated and leaves, dial 911

When will guidance be released for Law Enforcement?

- We are currently working with partners to assist in training Law Enforcement.

Once we collect samples and get them to DHEC ASAP. Is there a quicker way to get samples there faster?

- DHEC will do what we can to expedite and will check with Law Enforcement to see if they are willing to transport specimens?

What is the turnaround time from consultation to lab results?

- From the point for receiving a specimen until the DHEC call is six hours.
- What happens prior to that – assessment in the hospital, contacting EPI, getting CDC's permission and collecting specimens – the time will vary from situation to situation.

\*Two-stage testing procedure: CDC will still get the second sample for testing (24 hour turnaround). Their result will be the confirmatory result. There are no plans for the LRN to give a preliminary result.

\*As soon as the decision to test is made, this will trigger the Regional Referral System process.

What about concerns about PPE availability?

- Please let the Hospital Association know your PPE status.
- There is a PPE shortage nationally.

The Regional Referral System will try to limit the time an infected patient is in a facility before they are transferred.

\*CDC response to the PPE shortage: *If a facility uses PPE outside what is recommended, they must train healthcare workers in the donning and doffing of that PPE.*

- If you know that you don't have the recommended PPE – this makes sense to do training with what is available.
- The N95 mask will involve fit testing.

What about a video for PPE for frontline staff? Will DHEC be creating a video?

- We want to make sure any video is current with the CDC recommended guidelines. Looking to see what is already available. It is suggested to have a PPE Training Supervisor, use the Buddy System for PPE donning and doffing.

How do you find out about planned exercises done with the Healthcare coalitions in the regions?

- Contact information is available (above) in the minutes if you wish to call for details.
- If you don't know your coalition region, call SCHA or DHEC to find out.

How many beds are available for Ebola treatment?

- Currently we are working with SMARTT to see how many beds are available. These are smaller units that are self-contained. (Avg. 2 to 4 per facility).

Communications is very important at all levels – proper screening done right away, documentation is also very important.

*10/24/14-KP*