Revision Date:	30OCT2014
Revised By:	

_____ County EOC

Hazard ID:	P/H Incident - EBOLA
Use By:	EOC MGR, LNO, IC/UC, LOGS, PLNS

SHORT-TERM RESPONSE OBJECTIVES

- ☐ Establish jurisdictional Responsibility, Authority and Expertise (RAE)
- ☐ Provide coordinated and consistent public information messaging
- ☐ Establish Rumor Control and HELP Hotline Communications Center
- ☐ Implement Quarantine, Isolation, and/or Restriction/Monitoring Requirements
- ☐ Monitor psychological implications
- ☐ Implement monitoring, sampling, and prevention efforts
- ☐ Assess medical capacity and capability posture
- ☐ Establish scope of practice (Expanded)
- ☐ Resource Personnel Protective Equipment (PPE)
- ☐ Provide risk communication and training to response community
- ☐ Provide for responder and secondary screener health and welfare
- ☐ Provide well-being checks (patient/families)
- ☐ Provide food and laundry services
- ☐ Provide waste collection, storage and disposal
- ☐ Support/perform medical triage
- ☐ Provide specialized resources/equipment
- ☐ Provide transportation resources and support
- ☐ Provide Force Security & Protection (FS&P)
- ☐ Provide for the public's welfare
- ☐ Support/establish fatality management
- ☐ Religious implications, beliefs, and practices Establish Unified/Area Command
- ☐ Provide operable/interoperable communications
- ☐ Establish communications link with private sector, schools, campuses, NGO and VOAD

SECONDARY CONSIDERATIONS

- ☐ Civil Disobedience and Un-rest
- ☐ Long-term monitoring and evaluations
- ☐ Loss of economy and infrastructure
- ☐ Vendor and insurance fraud
- ☐ Continuity of Operations
- ☐ Cancellation of special events or activities

PRE IDENTIFIED RESOURCE INVENTORY

RESOURCE TYPE	QNTY	PURPOSE
Joint Information Center/System (JIC-S)	1	Coordination of public messaging, alerts, information, and risk communication.
Emergency Operations Center	1	Coordination and management of response, resource requests, and recovery
Unified Element Specific Support Function		
• ESSF Contact Tracing		Planning and implementation of contact tracing
• ESSF Quarantine/isolation/restrictions		Planning and implementation of quarantine/isolation/restrictions
• ESSF Hazardous Waste/Decontamination		Planning and implementation of Hazardous Material management and Decontamination
• ESSF Fatality Management		Mortuary services and final disposition
• ESSF Sample Collection, Transportation and Testing		Specimen collection, transport, and testing
Emergency Management		Coordination and management
Public Health		Disease control and prevention, specimen packaging and security
State's Attorney/Attorney General		Legal
Public Works/Highway		Transportation, Traffic and Access
Law Enforcement (State, County, Municipal)		Security, enforcement, protection, sample transport and security
Hospital/Healthcare		Medical diagnosis and treatment
Fire		Decontamination
EMS		Transportation – patient
Schools		Educational system (time dependent)
Coroner		Fatality management
ARC		Family assistance and well-being
Centers for Disease Control (CDC)		Subject Matter Expertise (SME), laboratory analysis, specimen collection, medical diagnosis and treatment
Annexes		
Annex A-1 P/H Incident EBOLA – PPE		
Annex A-2 P/H Incident EBOLA – Waste Disposal and Transport		

SAFETY CONSIDERATIONS AND WARNINGS

GENERAL

- ☐ **Staff will report any/all symptoms of elevated temperature (100.4°F), illness, injury, and or medical considerations and concerns to the first available supervisor or Command authority without hesitation.**
- ☐ **Staff will maintain a safe working environment throughout operations.**
- ☐ **Staff will adhere to PPE policies, and be trained on the appropriate use of assigned PPE and use throughout operations.**
- ☐ **PPE will not be altered in any fashion without the authorization of a recognized supervisory chain and/or Command.**
- ☐ **Use of the "buddy system" is required for all operations**

HIGH RISK EXPOSURES

- ☐ **Percutaneous exposures (needle stick, etc.)**
- ☐ **Mucous membrane exposures to blood and body fluids from infected individuals**
- ☐ **Direct contact with a dead body infected with Ebola without PPE**
- ☐ **Lack of PPE when working with potentially infected items.**

LOW RISK EXPOSURES

- ☐ **Contact with household members of Ebola infected individuals w/o PPE**
- ☐ **Healthcare personnel working with Ebola infected individuals**

NO KNOWN EXPOSURE

Residence in and or travel to a country with wide-spread Ebola transmission without High or Low-risk exposure

PRE IDENTIFIED RESOURCE INVENTORY

RESOURCE TYPE	QNTY	PURPOSE
PERSONAL PROTECTIVE EQUIPMENT 1. Gown, fluid-resistant or impermeable, single use, mid-calf or coverall w/o integrated hood – or – Coveralls, fluid-resistant or impermeable, single use, with or w/o integrated socks 2. Gloves, nitrile, examination, with extended cuffs *(two pair required)* 3. Boot covers, fluid-resistant or impermeable, mid-calf, non-slip - or – Boot covers, disposable, single use, non-slip • *Single use(disposable) shoe covers are acceptable only if used in combination with integrated socks* 4. Apron, fluid-resistant or impermeable, single use • *Apron must cover the torso to the mid-level of the mid-calf* • *For use with a PAPR, apron selection should allow for tying behind the neck* 5. **PAPR or N95 Respirator** *If a NIOSH-certified PAPR and a NIOSH-certified fit-tested disposable N95 respirator is used in facility protocols, ensure compliance with all elements of the OSHA Respiratory Protection Standard, 29 CFR 1910.134, including fit testing, medical evaluation, and training of the healthcare worker.*		*General protection, infectious disease – responders, healthcare workers, and secondary screeners* **Reference:** Centers for Disease Control, *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)*, October 20, 2014 **PAPR** Any reusable helmet or headpiece must be covered with a single-use (disposable) hood that extends to the shoulders and fully covers the neck and is compatible with the selected PAPR. The facility should follow manufacturer's instructions for decontamination of all reusable components and, based upon those instructions, develop facility protocols that include the designation of responsible personnel who assure that the equipment is appropriately reprocessed and that batteries are fully charged before reuse. ▪ A PAPR with a self-contained filter and blower unit integrated inside the helmet is preferred.. ▪ A PAPR with external belt-mounted blower unit requires adjustment of the sequence for donning and doffing, as described below. **N95 RESPIRATOR** Single-use (disposable) N95 respirator in combination with single-use (disposable) surgical hood extending to shoulders and single-use (disposable) full face shield.** If N95 respirators are used instead of PAPRs, careful observation is required to ensure healthcare workers are not inadvertently touching their faces under the face shield during patient care.

DISPOSAL and TRANSPORT of WASTE

Illinois Department of Public Health (IDPH)

Annex A-2: ***Guidance for the Disposal and Transport of Potentially Infected Ebola Medical Waste Generated in Health Care Facilities***

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

- 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.

LINKS/CONTACTS

Centers for Disease Control (CDC)

http://www.cdc.gov/vhf/ebola/

Illinois Dept. of Public Health

http://www.idph.state.il.us/ebola/index.htm

Il. Emergency Mgmt. Agency

http://www.state.il.us/iema/

World Health Organization

http://www.who.int/csr/disease/ebola/en/

EBOLA SIGNS and SYMPTOMS

A person infected with Ebola is not contagious until symptoms appear.

Signs and Symptoms of Ebola typically include:

- Fever (greater than 38°C or 100.4°F)
- Severe headache
- Muscle pain
- Vomiting
- Diarrhea
- Stomach pain
- Unexplained bleeding or bruising

Symptoms may appear anywhere from 2 to 21 days after exposure to Ebola but the average is 8 to 10 days.

Recovery from Ebola depends on the patient's immune response. People who recover from Ebola infection develop antibodies that last for at least 10 years.

Ebola virus is susceptible to sodium hypochlorite, lipid solvents, phenolic disinfectants, peracetic acid, methyl alcohol, ether, sodium deoxycholate, 2% glutaraldehyde, 0.25% Triton X-100, β-propiolactone, 3% acetic acid (pH 2.5), formaldehyde and paraformaldehyde, and detergents such as SDS (20, 21, 31-34).

Ebola are moderately thermolabile and can be inactivated by heating for 30 minutes to 60 minutes at 60ºC, boiling for 5 minutes, gamma irradiation (1.2 x106 rads to 1.27 x106 rads), and/or UV radiation (3, 6, 20, 32, 33).

EBOLA FACTS

Ebola, previously known as Ebola hemorrhagic fever, is a severe, often fatal disease in humans and nonhuman primates (such as monkeys, gorillas, and chimpanzees).

There are five identified *Ebolavirus* species, four of which have caused disease in humans: *Zaire ebolavirus*; *Sudan ebolavirus*; *Taï Forest ebolavirus*, formerly *Côte d'Ivoire ebolavirus*; and *Bundibugyo ebolavirus*. The fifth, *Reston ebolavirus*, has caused disease in nonhuman primates but not in humans.

When an infection does occur in humans, there are several ways the virus can be spread to others. These include:

- Direct contact with the blood or body fluids (including but not limited to feces, saliva, urine, vomit and semen) of a person who is sick with Ebola
- Contact with objects (like needles and syringes) that have been contaminated with the blood or body fluids of an infected person or with infected animals

The virus in the blood and body fluids can enter another person's body through broken skin or unprotected mucous membranes in, for example, the eyes, nose, or mouth. The viruses that cause Ebola are often spread among families and friends, because they come in close contact with blood or body fluids when caring for ill persons.

The virus can survive in liquid or dried material for a number of days (23). Infectivity is found to be stable at room temperature or at 4°C for several days, and indefinitely stable at -70°C (6, 20). Infectivity can be preserved by lyophilisation.