

**Illinois Department of Public Health**  
**Ebola Virus Disease (EVD)**  
**Preparedness and Response Plan**  
July 2015

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## Foreword

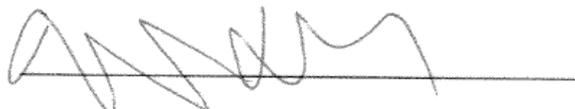
Ebola Virus Disease (EVD) is a rare and deadly disease caused by an infection of one of the Ebola virus strains. Symptoms include fever, muscle pain, and unexplained hemorrhage (bleeding or bruising). The fatality rate of EVD is around 50% and there is currently no proven treatment or vaccine.

Ebola was first discovered in 1976 near the Ebola River in what is now the Democratic Republic of the Congo. Since then, outbreaks have occurred sporadically in Africa. The 2014 Ebola outbreak is the largest in history, affecting multiple countries in West Africa.

The Ebola virus can be spread to others through direct contact (through broken skin or mucous membranes) with blood or body fluids from an infected person or with objects that have been contaminated with infected body fluids. Ebola symptoms may appear anywhere from two to 21 days after exposure, with the average incubation period of eight to ten days.

The U.S. Centers for Disease Control and Prevention (CDC) is taking precautions to prevent the spread of Ebola within the United States. The Illinois Department of Public Health (IDPH) is taking steps to ensure health care system readiness for identifying and treating patients with EVD in Illinois.

The IDPH EVD Preparedness and Response Plan was developed to identify steps that need to be taken by state government, local health departments, healthcare systems, and partners prior to an outbreak to improve the level of preparedness.



Nirav D. Shah, M.D., J.D.

Director

Illinois Department of Public Health

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## **Purpose**

The purpose of the Ebola Virus Disease (EVD) Preparedness and Response Plan is to provide a framework for federal, state, local, and private sector entities for collaboration in efforts to reduce the morbidity, mortality, and social disruption that would result from an outbreak of EVD. This plan will provide guidance and tools to response partners and will guide activities to educate and prepare the public.

This document supplements policy and procedures contained in the Illinois Department of Public Health (IDPH) Emergency Support Function (ESF) 8 Plan and is consistent with the National Incident Management System (NIMS).

## **Scope**

The EVD Preparedness and Response Plan is limited to describing operational intent when responding to persons under investigation for Ebola as well as suspected or confirmed EVD cases. The plan includes considerations for public health agencies, Emergency Medical Services (EMS), and health care systems.

## **Situation Overview**

The EVD Preparedness and Response Plan has been developed due to the possibility of EVD importation to Illinois. 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 public health and health care system.

## **Assumptions**

- Horizontal and vertical partnerships will be established to include, but not limited to, appropriate federal, state and local, private and non-governmental organizations (NGOs).
- Federal control of international travel will be implemented with control points at quarantine stations designated by the federal government.
- Healthcare network system planning is required to include patient screening, evaluation and transfer protocols, equipment, training and staffing needs, EMS/transport protocols and coordination with outpatient/ambulatory care facilities.
- Hospitals, emergency departments, 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.
- Suspected or confirmed EVD patients will access the health care system through various points of entry, and some may self-transport to a health care facility. Regional tiered approaches involving more than one state may be required (cross-border planning).

- Healthcare workers at entry points and within the larger healthcare system need to be trained to identify persons for potential EVD exposure and be able to employ appropriate infection control and waste management procedures.

### Concept of Operations

IDPH will implement a regional tiered health care delivery system to identify potential and confirmed EVD patients safely. This system includes the ability to identify, isolate, assess, treat, and transport persons/patients to facilities capable of managing suspected or confirmed EVD cases. The system incorporates supporting processes to include legal planning, infection control procedures, training and education, transportation, risk management, and waste management and disposal.

Planning elements include:

- Certified local health departments (LHDs) will monitor persons with a compatible exposure history, perform contact tracing, and implement isolation and quarantine, when required.
- Outpatient/ambulatory care settings must be able to identify Persons Under Investigation (PUI) through risk assessment, protect personnel from possible exposure, and as advised by relevant public health officials, arrange for transport to EVD screening or treatment facilities.
- If an Ebola case is confirmed, IDPH will activate its Public Health Emergency Operations Center (PHEOC) and Illinois will activate its State Emergency Operations Center (SEOC).
- Emergency medical services (EMS), in accordance with the state's Ebola health care system plan, will transport suspected or diagnosed patients to an Ebola Assessment Hospital (EAH) or Ebola Treatment Center (ETC) for further evaluation, testing and possible hospitalization. Suspected or diagnosed EVD cases may originate from within the EMS system; an inter-facility transfer between different health care settings; or from a port of entry, such as an airport.
- Emergency Medical Treatment and Labor Act (EMTALA) requires that all hospitals provide basic screening, isolate patients, and begin stabilizing treatment to any suspected or confirmed EVD patient. EMTALA requires that hospitals with specialized capabilities to treat EVD accept appropriate transfers of individuals who require those services, if they have capacity to provide them, regardless of the designation of that hospital as an EAH or ETC. Under EMTALA, hospitals may NOT refuse a suspected EVD patient even if they lack PPE or there is an EAH or ETC nearby.
- EAHs will be able to assess patients' travel histories and exposure risks, isolate, and provide care if necessary for at least 96 hours prior to transfer. EAHs are considered diagnostic and early care facilities.

- ETCs are tertiary care hospitals that have dedicated and adequate treatment areas, skilled and trained staff, appropriate equipment, and excellent infection control procedures. ETCs will ideally be located within an eight-hour (or less) ground transportation radius of all EVD screening facilities.
  - Participation as an ETC is a designation made by IDPH, the Regional Hospital Coordinating Center (RHCC), the LHD, and the hospital, based on the needs of their communities. IDPH and/or CDC have reviewed and consulted with this facility and concur that it can function as an ETC. A regional ETC may also be asked to accept medical evacuations voluntarily.

### **Direction and Control**

#### **Public Health Emergency Operations Center (PHEOC)**

The PHEOC serves as the strategic coordination center for emergency health and medical response activities for IDPH, communicating with all required IDPH offices, LHDs, RHCCs, and the SEOC through the SEOC Liaison. The PHEOC will prioritize resources and ensure safe and effective use of state assets. Depending on the level of activation, the PHEOC will communicate with the activated IDPH programs and other health and medical entities engaged in an EVD response, in accordance with other applicable IDPH emergency response plans, policies, and procedures.

#### **State Emergency Operations Center (SEOC)**

The SEOC serves as the strategic coordination point for multi-agency state response to disasters and emergencies in the state. IDPH is the lead agency for health and medical response activities for the state in collaboration with the Illinois Emergency Management Agency (IEMA). IDPH will collaborate with appropriate state response agencies regarding strategic decisions for health and medical response activities via coordination through IEMA.

#### **Local Health Department (LHD)**

The LHD is responsible as the ESF-8 lead in its local jurisdiction for coordinating response capabilities and resource requests that cannot be obtained locally or regionally for the hospitals, EMS, long-term care facilities, and other health and medical facilities.

### **Organizational Responsibilities**

#### **Centers for Disease Control and Prevention (CDC)**

- CDC will provide technical assistance to the State Health Officials and their health care coalitions as they develop their concept of operations for their statewide plan to manage confirmed and suspected EVD patients.
- To assist states in determining which hospitals may serve as EVD screening and treatment facilities, CDC's Rapid Ebola Preparedness (REP) teams may consult with state health officials and hospitals to provide technical assistance and recommendations for each facility under consideration.

- Final decisions regarding the hospital's participation as an EVD treatment facility are made by state and local health authorities in conjunction with the hospital, as based on community needs, using information that CDC REP teams provide. Although CDC may be asked for technical assistance in making these decisions, as HHS does not designate hospitals as ETCs, nor certifies hospitals as competent to care for EVD patients, the states decide which hospitals will participate and have the ultimate authority to assess each hospital's readiness.

### **Quarantine Station at O'Hare airport**

CDC has designated five airports in the United States as ports of entry (POE) for travelers whose travel originates in countries with widespread Ebola virus transmission. One of these designated POEs exists within the state of Illinois at O'Hare airport. Screening is conducted by Customs and Border Protection and CDC staff at the Quarantine Station. Information on travelers is conveyed to CDC by the Quarantine Station staff and is then shared with IDPH via EpiX.

If a traveler is identified as having arrived from a country with widespread Ebola transmission but is without febrile illness or symptoms consistent with Ebola, that person will be followed daily by IDPH and/or LHDs for 21 days from the last potential exposure. In addition, travelers will receive a CARE (Check and Report Ebola) kit at the airport that contains a tracking log and pictorial description of symptoms, a thermometer, guidance for how to monitor with the thermometer, a wallet card indicating who to contact if they have symptoms and that they can present to a health care provider, and a health advisory infographic on monitoring health for three weeks.

### **Illinois Department of Public Health (IDPH)**

IDPH is responsible for managing persons under investigation for EVD and suspect or confirmed EVD cases. This includes:

- providing a public information source
- tracking persons being monitored
- identifying and coordinating health care facilities willing and capable of managing patients
- providing training and education guidance to LHDs, healthcare providers and the public
- tracking suspect and confirmed EVD cases
- providing assistance with contact tracing of confirmed EVD cases
- providing laboratory support for testing

### ***Leadership***

The IDPH Director is responsible for overall coordination of response upon implementation of the IDPH ESF-8 Plan as directed by the Governor.

### *Legal*

The IDPH General Counsel and legal staff will advise the Office of the Director and IDPH response offices on the legal ramifications of emergency response activities, including isolation and quarantine orders. Legal staff will also review any guidance issued to LHDs and assist IDPH personnel in working collaboratively with IDPH partners.

### *Public Relations and Risk Communication*

The IDPH Public Information Officers (PIOs) will share information with the media and the public. The PIOs are responsible for public relations and risk communications activities for IDPH, including disseminating emergency response information and dispelling circulating rumors. A Joint Information Center (JIC) may be utilized. PIO staff will:

- Develop/update/review public health information products tailored for various target populations/audiences
- Regularly disseminate updated information and risk assessment on the EVD outbreak to stakeholders

### *Preparedness and Response*

The IDPH Office of Preparedness and Response (OPR) will coordinate IDPH's preparedness activities in relation to the threat of EVD. An Incident Management Team (IMT) will be staffed according to the incident command system (ICS), as necessary. OPR will serve as the key state liaison for LHD and hospital preparedness and will coordinate response operations. Regional staff will assist LHDs and hospitals in preparedness and response duties as needed and will liaise with the PHEOC to manage requests, monitor public health resources, and gather information for situational awareness. OPR staff will also serve as the SEOC Liaisons.

OPR, Division of Emergency Medical Services (EMS) and Highway Safety will provide guidance to EMS providers regarding management of potential EVD patients.

The Strategic National Stockpile (SNS) Program Manager ensures the state has a plan for the receipt, distribution and dispensing of SNS supplies to support LHD and hospital response operations if and when local resources are depleted during a public health and medical emergency. Currently, there are no supplies within the SNS that are available for an EVD response but should they become available, the SNS Program Manager will collaborate with all appropriate state agencies during the planning and response stages.

### *Epidemiological Investigation*

The Office of Health Protection, Division of Infectious Diseases seeks to protect people from infectious diseases through disease surveillance, analysis, immunization, and education. The Division of Infectious Diseases will:

- Provide training and education guidance on EVD to LHDs, healthcare providers, and the public
- Notify LHDs of PUI in their jurisdiction by entering information into the Illinois National Electronic Disease Surveillance System (INEDSS)
- Provide LHDs with guidelines for monitoring PUI for EVD
- Provide LHDs with guidelines for the isolation and quarantine of individuals with EVD
- Provide epidemiologic support for identifying individuals with possible EVD

### *Laboratory testing*

The IDPH Division of Laboratories provides laboratory testing and referral services for IDPH programs. The Division of Laboratories is comprised of three laboratory facilities, located in Carbondale, Springfield, and Chicago. The IDPH Division of Laboratories is able to test specimens for the Ebola virus. CDC will provide confirmatory testing on any specimens that test positive at IDPH.

- Attachment 1 [“Updated Guidance for Clinical Labs Managing Specimens from Patients Under Investigation \(PUI\) for Ebola Virus Disease \(EVD\)”](#) dated 10/22/2014 or most recent version adopted

### **Illinois Emergency Management Agency (IEMA)**

During a disaster, IEMA is responsible for coordinating state resources and expertise in the response effort. In the event of an Ebola outbreak, IEMA will:

- Work with specific agencies within jurisdiction(s) to gain situational awareness of the incident
- Collaborate with IDPH on the request for medical resources for hospitals, LHDs, and EMS
- Collaborate with IDPH to fulfill the request for medical care by activating the Illinois Medical Emergency Response Team (IMERT) as indicated
- Proceed with established procedures for requesting disaster declaration (state and federal) as indicated
- Proceed with established procedures for facilitating Emergency Management Assistance Compact (EMAC) requests as indicated

### **Local Health Departments (LHDs)**

CDC has announced that in addition to being screened for symptoms and exposures at their port of arrival in the U.S., all asymptomatic travelers arriving in the U.S. from Ebola outbreak-affected countries must be monitored for 21 days from the last potential exposure to Ebola. IDPH is alerted daily of any asymptomatic traveler who reports that his/her final destination is within Illinois. IDPH will then, on a daily basis, enter these

individuals into I-NEDSS and alert the relevant LHD. The LHD will then assume responsibility for monitoring these individuals.

LHDs will perform active monitoring of persons with compatible exposure history to help identify persons with early symptoms and implement plans for evaluation and management.

- Attachment 2 “Updated Interim Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure” dated 01/23/2015 or most recent version adopted
- Attachment 3 “Order for Observation and Monitoring” dated 10/21/2014 or most recent version adopted

At present there is no vaccine for this virus so control measures such as isolation and/or quarantine of ill or exposed persons would need to occur if the virus was introduced in the United States. LHDs are responsible for isolation and quarantine orders. IDPH advises LHDs to review IDPH isolation and quarantine rules and their protocols for implementing isolation or quarantine orders.

- Attachment 4 [“Illinois Department of Public Health – Isolation and Quarantine Review and October 24 Guidance Regarding Travelers from Ebola-Outbreak Affected Countries”](#) dated 10/27/2014 or most recent version adopted.
- Attachment 5 [“Quarantine for travelers with high-risk exposures to Ebola”](#) dated 10/27/2014 or most recent version adopted

1. **Isolation** is the physical separation and confinement of an individual or groups of individuals who are infected, or reasonably believed to be infected, with a contagious or possibly contagious disease from non-isolated individuals, to prevent or limit the transmission of the disease to non-isolated individuals.
  - Attachment 6 “Order for Isolation of Individual” dated 10/21/2014 or most recent version adopted
2. **Quarantine** is the physical separation and confinement of an individual or groups of individuals who are, or may have been exposed to, a contagious disease or possibly contagious disease and who do not show signs or symptoms.
  - Attachment 7 “Order for Quarantine of Individual” dated 10/21/2014 or most recent version adopted

If an EVD patient is identified in its jurisdiction, the LHD will perform contact tracing.

- Attachment 8 “Ebola Virus Disease Contact Tracing Form” dated 10/16/2014 or most recent version adopted

The LHD will lead coordination of preparedness activities with local partners, including hospitals, EMS, local emergency management, and law enforcement.

### Emergency Medical Services (EMS)

The majority of patients in the United States with fever and non-specific signs/symptoms do not have Ebola. Even if a person does have Ebola, the risk from patients with early symptoms is lower than the risk from a hospitalized, severely ill patient. Despite the low risk in transport situations, EMS personnel should consider and assess patients for the possibility of Ebola. Close coordination and frequent communication between the EMS personnel and the 911 call centers, EMS system, health care facilities and public health partners will assist with safe transportation of the patient.

Transportation of suspected or confirmed EVD cases will be managed through EMS.

- Suspected or diagnosed EVD cases may originate from within the EMS system; an inter-facility transfer between different health care settings; or from a POE.
  - EMS personnel will identify, assess, and safely transport persons suspected of having EVD.
  - EMS personnel should notify the receiving health care facility when transporting a suspected Ebola patient so that appropriate infection control precautions may be prepared prior to patient arrival, according to the protocols and procedures of the local EMS System.
- Attachment 9 “Interim Guidance for Emergency Medical Services (EMS) Systems for Management of Patients with Known or Suspected Ebola Virus Disease in the United States – Updated” dated 10/30/2014 or most recent version adopted, for complete guidance of EMS transport and use of personal protective equipment (PPE)
- Attachment 10 “Summary of Recent Changes to Ebola Guidance” dated 01/23/2015 or most recent version – includes updated guidance on EMS and 911 Public Service Answering Points and guidance for sufficient inventory for PPE

EMS providers may request, in advance, a [waiver approval from IDPH](#) to utilize a currently licensed ambulance with the majority of required vehicle equipment removed for the purpose of transporting a known or suspected EVD patient.

- Attachment 11 [“IDPH Guidelines for Setting up an Ambulance Specifically for the Purpose of Transporting a Patient Who Meets the Risk Factors for Diagnosis of Ebola Virus Disease \(EVD\) or Exposure to Patients with EVD”](#) dated 11/14/2014 or most recent version adopted

### Ambulatory Care

IDPH encourages Illinois ambulatory and outpatient care settings to adopt the CDC approach to evaluating patients with possible EVD. Patient evaluation should include:

- Identifying exposure (including travel) history
- Isolating the patient
- Assessing the patient
- Informing the LHD

- Attachment 12 “Interim Guidance for Ambulatory/Outpatient Care Evaluation of Patients with Possible Ebola Virus Disease” dated 11/03/2014 or most recent version adopted
- Attachment 13 “Ebola Virus Disease (EVD) Ambulatory Care Evaluation Algorithm” dated 11/06/2014 or most recent version adopted

### Health Care Coalitions

Regional Health Care Coalitions, led by the Regional Hospital Coordinating Center (RHCC), will create a regional Ebola response plan or a similar annex to their current regional medical disaster plan that coordinates a regional tiered health care delivery system in order to limit infection transmission and consolidate expensive EVD planning and response efforts. The plan will designate EVD-response roles and responsibilities for coalition members in cases of identification, communication, patient transportation, patient assessment, and patient treatment. 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.

This tiered approach will include identifying EAHs; and as determined by IDPH and CDC, a limited number of ETCs in some regions. EAHs and ETCs will be evaluated and confirmed as an EAH or ETC by IDPH or CDPH using guidance from CDC.

- Attachment 14 “Regional Tiered Healthcare Coalition Planning for Coordinated Screening Triage, Diagnosis and Care of EVD Patients in Illinois” dated 11/10/2014 or most recent version adopted

In the case of facility to facility transport of a patient with suspected or diagnosed EVD, the regional health care coalition will utilize EMS transport provider vehicles especially prepared for EVD patient transport as designated in their regional Ebola response plan or annex. In situations in which an EMS provider is unable to be arranged within the region, the RHCC will instruct the local hospital to follow the Request for Medical Resources (RFMR) process outlined in the IDPH ESF-8 plan. In these situations, the local hospital will consult with the LHD. The LHD will contact the local EMA. The local EMA will send the request to IEMA and it will be forwarded to the SEOC and IDPH.

The same procedure should be followed for transport of pediatric patients. For further guidance on the care and transport of pediatric patients, refer to the IDPH ESF-8: Pediatric and Neonatal Surge Annex.

### Hospitals

All hospitals will appropriately screen and provide basic supportive care to any suspected or confirmed EVD patient, consistent with the Emergency Medical Treatment and Labor Act (EMTALA).

- Attachment 15 [“Ebola Virus Disease \(Ebola\) and Emergency Medical Treatment and Labor Act \(EMTALA\) Compliance”](#) dated 12/05/2014

A tiered approach will be utilized to identify and treat potential and confirmed EVD patients. All hospitals will have dedicated PPE donning and doffing areas, skilled and trained staff, appropriate equipment, and excellent infection control procedures. EAHs (diagnostic and early care) will be identified and will be able to assess travel history and exposure risk, isolate, and provide care for at least 96 hours prior to transfer, consistent with facility capabilities.

ETCs will be identified and have dedicated treatment areas. EVD treatment facilities will be ideally located within an eight-hour (or less) ground transportation radius of all EVD screening 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).

- Attachment 16 “Guidance for the Disposal and Transport of Potentially Infected Ebola Medical Waste Generated in Health Care Facilities” dated 10/17/2014 or most recent version adopted

All hospitals are responsible for training staff and keeping up to date with the most recent CDC and IDPH guidance.

### Authorities and References

- Illinois Department of Public Health Emergency Support Function 8 (ESF-8) Plan
- National Incident Management System (NIMS)
- Emergency Medical Treatment and Labor Act (EMTALA)
- United States Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard (29 CFR 1910.1030)

### Plan Development and Maintenance

The Office of Preparedness and Response (OPR) will be responsible for developing and maintaining the EVD Preparedness and Response Plan.

The EVD Preparedness and Response Plan will be reviewed, as scheduled, by the below listed offices.

- IDPH Office of the Director
- IDPH Office of Preparedness and Response
- IDPH Office of Health Protection
- IDPH Office of Health Care Regulation

## Attachments

Ebola documents located [here](#).

- **Attachment 1** - “Updated Guidance for Clinical Labs Managing Specimens from Patients Under Investigation (PUI) for Ebola Virus Disease (EVD)”
- **Attachment 2** - “Updated Interim Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure”
- **Attachment 3** - “Order for Observation and Monitoring”
- **Attachment 4** - “Illinois Department of Public Health – Isolation and Quarantine Review and October 24 Guidance Regarding Travelers from Ebola-Outbreak Affected Countries”
- **Attachment 5** - “Quarantine for travelers with high-risk exposures to Ebola”
- **Attachment 6** - “Order for Isolation of Individual”
- **Attachment 7** - “Order for Quarantine of Individual”
- **Attachment 8** - “Ebola Virus Disease Contact Tracing Form”
- **Attachment 9** - “Interim Guidance for Emergency Medical Services (EMS) Systems for Management of Patients with Known or Suspected Ebola Virus Disease in the United States – Updated”
- **Attachment 10** - “Summary of Recent Changes to Ebola Guidance”
- **Attachment 11** - “IDPH Guidelines for Setting up an Ambulance Specifically for the Purpose of Transporting a Patient Who Meets the Risk Factors for Diagnosis of Ebola Virus Disease (EVD) or Exposure to Patients with EVD”
- **Attachment 12** - “Interim Guidance for Ambulatory/Outpatient Care Evaluation of Patients with Possible Ebola Virus Disease”
- **Attachment 13** - “Ebola Virus Disease (EVD) Ambulatory Care Evaluation Algorithm”
- **Attachment 14** - “Regional Tiered Healthcare Coalition Planning for Coordinated Screening Triage, Diagnosis and Care of EVD Patients in Illinois”
- **Attachment 15** - “Ebola Virus Disease (Ebola) and Emergency Medical Treatment and Labor Act (EMTALA) Compliance”
- **Attachment 16** - “Guidance for the Disposal and Transport of Potentially Infected Ebola Medical Waste Generated in Health Care Facilities”

## Acronyms

CDC	Centers for Disease Control and Prevention
EAH	Ebola Assessment Hospital
EMAC	Emergency Management Assistance Compact
EMS	Emergency Medical Services
EMTALA	Emergency Medical Treatment and Labor Act
ESF	Emergency Support Function
ETC	Ebola Treatment Center
EVD	Ebola Virus Disease
ICS	Incident Command System
IDPH	Illinois Department of Public Health
IEMA	Illinois Emergency Management Agency
IEPA	Illinois Environmental Protection Agency
IMERT	Illinois Medical Emergency Response Team
IMT	Incident Management Team
INEDSS	Illinois National Electronic Disease Surveillance System
JIC	Joint Information Center
LHD	Local Health Department
NGO	Non-Governmental Organization
NIMS	National Incident Management Team
OPR	Office of Preparedness and Response
PHEOC	Public Health Emergency Operations Center
PIO	Public Information Officer
POE	Point of Entry
PPE	Personal Protective Equipment
PUI	Person Under Investigation
RFMR	Request for Medical Resources
REP	Rapid Ebola Preparedness
RHCC	Regional Hospital Coordinating Center
SEOC	State Emergency Operations Center
SNS	Strategic National Stockpile

## Attachment 1



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

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**TO:** Local Health Departments, Regional Offices of the Illinois Department of Public Health (IDPH), Infection Control Professionals, Infectious Disease Physicians, Hospital Laboratories, Laboratory Directors, Sentinel Laboratories

**FROM:** Bernard T. Johnson  
Chief, Division of Laboratories

**DATE:** October 22, 2014

**SUBJECT:** Updated Guidance for Clinical Labs Managing Specimens from Patients Under Investigation (PUI) for Ebola Virus Disease (EVD)

The Illinois Department of Public Health (IDPH) Division of Laboratories is issuing updated guidance related to authorization and submission of laboratory specimens from Patients Under Investigation (PUI) for Ebola Virus Disease (EVD). IDPH has recently implemented the Ebola Zaire (Target 1) Real-Time – Polymerase Chain Reaction (RT-PCR) CDC Assay. This test is now available in the IDPH Laboratory located in Chicago. The following provides an overview of EVD PCR testing, the process to request a test, how to submit specimens for testing and how results will be provided.

#### Overview of RT-PCR testing for Ebola Virus Disease:

- PCR testing for EVD is available at the IDPH laboratory.
- Testing will **not** be performed without CDC and IDPH consultation and authorization.
- Testing reagents are limited and CDC must be consulted on every request to use the test.
- Ebola virus can be detected in blood only after onset of symptoms, most notably fever; however, it may take up to 3 days post-onset of symptoms for the virus to reach detectable levels. The assay is not considered useful for asymptomatic patients.
- If EVD is suspected and a blood specimen is collected < 3 days post-onset of symptoms, a subsequent specimen may be required for testing to completely rule out Ebola virus infection.
- Collect two lavender top blood tubes containing whole blood preserved with EDTA (minimum volume of 4mL each). Collect blood in plastic tubes only. Do not collect in glass tubes. Do not centrifuge specimens. Store specimens at 4C.

#### To request PCR testing for Ebola Virus Disease:

- Hospitals and health care providers should contact their local health department to discuss testing. If the local health department can not be reached, submitters should contact the IDPH Division of Infectious Diseases. (217-782-2016)
- Local health departments (LHD) should contact the IDPH Division of Infectious Diseases for a consultation. Contact the after-hours duty officer through the Illinois Emergency Management Agency, if necessary. (800 782-7860)
- If the consultation between the LHD and IDPH warrants additional follow-up, Infectious Diseases will contact the CDC Emergency Operations Center to discuss test authorization.

- If testing at CDC is authorized, IDPH Division of Infectious Diseases and Division of Laboratories will work with the submitter on submission of specimens.

#### **Submitting specimens for testing:**

- **Do not** ship specimens to IDPH without prior authorization.
- When considering shipment for EVD testing to the IDPH laboratory, please call IDPH laboratory staff to discuss the submission process.
- IDPH laboratory staff will provide specimen transport instructions and submission form completion information to the submitter at the time testing is authorized. The phone number for the IDPH Laboratory in Chicago is 312-793-4760.
- All shipments to the IDPH laboratory must meet Category A Substances shipping requirements.
- The IDPH Division of Laboratories offers web-based Infectious substances shipping training at <https://i.train.org>. The training is free and accessible on-line.
- The IDPH Division of Laboratories does not supply Category A shipping supplies. These shipping supplies are readily available through commercial sources. (Safe-T-Pak, Fisher Scientific, etc)
- The Division of Laboratories strongly encourages hospitals and laboratories to review the Category A shipping requirements as part of their preparedness efforts.
- Additional information regarding guidelines for shipping infectious substances is available at this IDPH website:  
[http://www.idph.state.il.us/about/laboratories/manual/Instructions/Infectious\\_Category-A.pdf](http://www.idph.state.il.us/about/laboratories/manual/Instructions/Infectious_Category-A.pdf)

#### **Results from Ebola Virus Disease testing:**

- All results from IDPH, either presumptive positive or negative, will require additional consultation with CDC and confirmation testing by CDC. CDC will provide guidance to IDPH regarding how presumptive results should be used clinically, epidemiologically and for infection control purposes.
- Results will be provided to submitters by FAX as soon as they are available.
- Supplemental testing may be performed on specimens referred to CDC at their discretion.
- Viral culture is considered the confirmatory test and is only available at CDC. This testing is performed in highly controlled laboratory environments.
- IDPH Division of Laboratories will provide CDC confirmatory test results to the submitter, local health department and the Communicable Disease Control Section by FAX as they are available.

#### **Contact Information for IDPH**

The IDPH Division of Laboratories can be contacted during business hours at the following numbers:

- Chicago: 312-793-4760
- Springfield: 217-782-6562
- Carbondale: 618-457-5131

The IDPH Division of Infectious Diseases can be contacted during business hours at 217-782-2016. **To reach IDPH personnel during Holidays and non-business hours, please contact the Illinois Emergency Management Agency at 800- 782-7860. Ask for the IDPH duty officer.**

## Attachment 2



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • [www.dph.illinois.gov](http://www.dph.illinois.gov)

**MEMORANDUM**

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

**FROM:** Communicable Disease Control Section

**DATE:** January 23, 2015

**SUBJECT:** **Updated Interim Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure**

As the Ebola outbreak continues to unfold, the Centers for Disease Control and Prevention (CDC) have issued additional guidance and clarification on monitoring and movement of persons with potential Ebola exposure. The following summarizes recent CDC guidance that is incorporated into IDPH's latest Interim Guidance (attached).

1. Recognition that healthcare workers caring for Ebola patients may have unknown unprotected exposure and therefore should be monitored.
2. Expanded language defining potential risk for nonclinical staff or observers when they enter an Ebola care and treatment space that has not been terminally cleaned and disinfected.
3. An understanding that control measures may be uncertain in some countries experiencing widespread transmission.
4. Expansion of those classified as having "some risk" and who may require monitoring upon arrival in the United States.

Changes are highlighted in bold italics in the attached document.

## Definitions used in this document

For exposure level definitions, see: [Epidemiologic Risk Factors to Consider when Evaluating a Person for Exposure to Ebola Virus](#)

### Active and direct active monitoring

Monitoring is defined in new IDPH rules.<sup>1</sup> When 'active monitoring' occurs, the local public health authority assumes responsibility for establishing regular communication with potentially exposed individuals, including checking daily to assess for the presence of symptoms and fever, rather than relying solely on individuals to self-monitor and report symptoms if they develop. 'Direct active monitoring' means the public health authority conducts active monitoring through direct observation. The purpose of active (or direct active) monitoring is to ensure that, if individuals with epidemiologic risk factors become ill, they are identified as soon as possible after symptom onset so they can be rapidly isolated and evaluated. Active (or direct active) monitoring could be conducted on a voluntary basis or compelled by legal order, if necessary. Active (or direct active) monitoring and prompt follow-up should continue and be uninterrupted if the person travels out of the jurisdiction.

Active monitoring should consist of, at a minimum, daily reporting of measured temperatures and symptoms consistent with Ebola (including severe headache, muscle pain, fatigue or weakness, diarrhea, vomiting, abdominal pain, or unexplained hemorrhage) by the individual to the public health authority. Temperature should be measured using a Food and Drug Administration-regulated thermometer (e.g. oral, tympanic or noncontact thermometer; the FDA approves all thermometers legally sold in the United States). People being actively monitored should measure their temperature twice daily, monitor themselves for symptoms, report as directed to the public health authority, and immediately notify the public health authority if they develop fever or other symptoms, or if they plan to leave the jurisdiction they are in prior to the end of monitoring. Initial symptoms can be as nonspecific as fatigue. Clinical criteria for required medical evaluation according to exposure level have been defined (see Table), and should result in immediate isolation and evaluation. Medical evaluation may be recommended for lower temperatures or nonspecific symptoms based on exposure level and clinical presentation. If reporting to the public health authority does not occur, the local health authority should contact the person to ascertain his/her status. If necessary, direct active monitoring should be initiated to ensure regular ascertainment of the person's status.

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<sup>1</sup> Monitoring – The practice of watching, checking or documenting medical findings of potential contacts for the development or non-development of an infection or illness. Monitoring may also include the institution of community-level social distancing measures designed to reduce potential exposure and unknowing transmission of infection to others. Community-level social distancing monitoring measures may include, but are not limited to, reporting of geographic location for a period of time, restricted use of public transportation, recommended or mandatory mask use, temperature screening prior to entering public buildings or attending public gatherings.

For direct active monitoring, a public health authority directly observes the individual at least once daily to review symptom status and monitor temperature; a second follow-up per day may be conducted by telephone in lieu of a second direct observation. Direct active monitoring should include discussion of plans to work, travel, take public conveyances, or be present in congregate locations. Depending on the nature and duration of these activities, they may be permitted if the individual has been consistent with direct active monitoring (including recording and reporting of a second temperature reading each day), has a normal temperature and no symptoms whatsoever and can ensure uninterrupted direct active monitoring by a public health authority.

For healthcare workers under direct active monitoring, public health authorities can delegate and/or coordinate the responsibility for direct active monitoring to the healthcare facility's occupational health program or the hospital epidemiologist. Facilities may conduct direct active monitoring by performing fever checks on entry or exit from the Ebola treatment unit and facilitate reporting during days when potentially exposed healthcare workers are not working. The occupational health program or hospital epidemiologist would report daily to the public health authority.

## Isolation

Isolation means the separation of an individual or group who is reasonably believed to be infected with a [quarantinable communicable disease](#) from those who are not infected to prevent spread of the quarantinable communicable disease. An individual could be reasonably believed to be infected if he or she displays the signs and symptoms of the quarantinable communicable disease of concern and there is some reason to believe that an exposure had occurred.

## Quarantine

Quarantine in general means the separation of an individual or group reasonably believed to have been exposed to a quarantinable communicable disease, but who is not yet ill (not presenting signs or symptoms), from others who have not been so exposed, to prevent the possible spread of the quarantinable communicable disease. New IDPH rules include a provision for [modified quarantine](#)<sup>2</sup>, which involves imposing controlled movement and restrictions on participating in certain activities, without confining

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<sup>2</sup> Modified quarantine- A selective, partial limitation of freedom of movement or actions of a person or group of persons who are or may have been exposed to a contagious disease or possibly contagious disease. Modified quarantine is designed to meet particular situations and includes, but is not limited to, the exclusion of children from school, the prohibition or restriction from engaging in a particular occupation or using public or mass transportation, or requirements for the use of devices or procedures intended to limit disease transmission. Any travel outside of the jurisdiction of the local health authority must be under mutual agreement of the health authority of jurisdiction and the public health official or officials who will assume responsibility.

someone solely to their home. Controlled movement limits the movement of people in quarantine or modified quarantine. For individuals subject to controlled movement under modified quarantine, travel by long-distance commercial conveyances (e.g., aircraft, ship, bus, train) should not be allowed. If travel is allowed, it should be by noncommercial conveyance such as private chartered flight or private vehicle and occur with arrangements for uninterrupted active monitoring. Federal public health travel restrictions ([Do Not Board](#)) may be used to enforce controlled movement. For people subject to controlled movement, use of local public transportation (e.g., bus, subway) should be discussed with and only occur with approval of the local public health authority.

## Early Recognition and Reporting of Suspected Ebola Virus Exposures

Early recognition is critical to controlling the spread of Ebola virus. Healthcare providers should evaluate the patient's [epidemiologic risk](#), including a history of travel to a country with widespread Ebola virus transmission or *uncertain control measures* or contact with a person with symptomatic Ebola within the previous 21 days. Click [here](#) for an evaluation algorithm for patients suspected of being infected with Ebola virus.

If a diagnosis of Ebola is being considered, the patient should be isolated in a single room (with a private bathroom or *covered bedside commode*), and healthcare personnel should follow [standard, contact, and droplet precautions](#), including the use of [appropriate personal protective equipment \(PPE\)](#). Infection control personnel should be contacted immediately.

If Ebola is suspected, the local or state health department should be immediately contacted for consultation and to assess whether testing is indicated and the need for initiating identification of contacts.

## Important Evaluation Factors

During investigation of a confirmed case of Ebola, the cohort of potentially exposed individuals is determined based on a risk assessment of the incident. For each potentially exposed individual, both clinical presentation and level of exposure should be taken into account when determining appropriate public health actions, including the need for medical evaluation or active (or direct active) monitoring and the application of movement restrictions when indicated.

## Recommendations for Evaluating Ebola Exposure Risk to Determine Appropriate Public Health Actions

This guidance provides public health authorities and other partners with a framework for determining the appropriate public health actions based on risk factors and clinical presentation. It also includes criteria for monitoring exposed people and for when movement restrictions may be indicated.

Federal communicable disease regulations, including those applicable to isolation and other public health orders, apply principally to arriving international travelers and in the setting of interstate movement. State and local authorities have primary jurisdiction for isolation and other public health orders within their borders. Thus, CDC recognizes that states, including Illinois, may make decisions about isolation, other public health orders, and active (or direct active) monitoring that impose a greater level of restriction than recommended by federal guidance, and that decisions and criteria to use such public health measures may differ by jurisdiction.

At this time, IDPH recommends:

1. **Symptomatic individuals in the high, some, or low (but not zero) risk categories** who meet the symptom criteria for the category ([see Table](#)) should undergo required medical evaluation with appropriate [infection control precautions](#) in place. Isolation orders may be considered if necessary to ensure compliance. Federal public health travel restrictions will be issued for individuals in the high risk category, and may be issued for those in the some risk or low (but not zero) risk categories if there is reasonable belief that the person poses a public health threat during travel. If medical evaluation results in individuals' being discharged with a diagnosis other than Ebola, conditions as outlined for asymptomatic individuals in the relevant exposure category will apply until 21 days after the last potential exposure.
2. **Asymptomatic individuals in the high risk category** should be subject to modified quarantine orders, with direct active monitoring for 21 days after the last potential exposure. The individual should undergo direct active monitoring, have restricted movement within the community, and no travel on any public conveyances. Non-congregate public activities (e.g. going for a walk) while maintaining a 3-foot distance from others may be permitted. These individuals are subject to controlled movement with enforcement to include federal public health travel restrictions; travel, if allowed, should occur only by noncommercial conveyances, with coordination by origin and destination states to ensure a coordinated hand-off of public health orders, if issued, and uninterrupted direct active monitoring. (Category of order at baseline: formal court order)
3. **Asymptomatic individuals in the some risk category** should have direct active monitoring until 21 days after the last potential exposure. Additional restrictions ([see Table](#)) may be implemented based on a specific assessment of the individual's situation. Factors to consider include the following:

intensity of exposure (e.g., daily direct patient care versus intermittent visits to an Ebola treatment unit); point of time in the incubation period (risk falls substantially after 2 weeks); complete absence of symptoms; compliance with direct active monitoring; the individual's ability to immediately recognize and report symptom onset, self-isolate, and seek medical care; and the probability that the proposed activity would result in exposure to others prior to effective isolation. (Category of order recommended at baseline: administrative order)

4. **Asymptomatic individuals in the low (but not zero) risk category** should be actively monitored until 21 days after the last potential exposure. Direct active monitoring is recommended for some individuals in this category ([see Table](#)). Individuals in this category do not require separation from others or restriction of movement within the community. For these individuals, IDPH recommends that travel, including by commercial conveyances, be permitted provided that they remain asymptomatic and active (or direct active) monitoring continues uninterrupted. (Category of order recommended at baseline: administrative order)
5. **Individuals in the no identifiable risk category** do not require monitoring, separation from others or restriction of movement within the community *unless indicated because of a diagnosis other than Ebola*.

*Active (or direct active) monitoring is justified for individuals in the some risk and low (but not zero) risk categories based on a reasonable belief that exposure may have occurred, though the exact circumstances of such exposure may not be fully recognized at any given time. Under such conditions, active (or direct active) monitoring provides a substantial public health benefit. Given the extent and nature of the epidemic, travelers from countries with widespread transmission or uncertain control measures may be unaware of their exposure to individuals with symptomatic Ebola infection, such as in community settings. Healthcare workers taking care of Ebola patients may have unrecognized exposure even while wearing appropriate PPE.*

In addition to court-ordered modified quarantine, other court orders may be warranted if an individual fails to adhere to monitoring with recommended restrictions (activity/travel, etc.). Such noncompliance could include refusal to participate in a public health assessment by an individual with documented travel from a [country with widespread transmission](#), *uncertain control measures* or other potential contact with a symptomatic Ebola patient. Without such information, public health authorities may be unable to complete a risk assessment to determine if an individual has been exposed to, or has signs or symptoms consistent with, Ebola. Medical evaluation will be required and isolation orders issued for travelers from a [country with widespread transmission](#) or *uncertain control measures* who refuse to cooperate with a public health assessment and appear ill.

## Recommendations for specific groups and settings:

### Healthcare workers

For the purposes of risk exposure to Ebola, regardless of country, direct patient contact includes doctors, nurses, physician assistants and other healthcare staff, as well as ambulance personnel, burial team members, and morticians. In addition, others (*such as nonclinical staff and observers*) who enter into the treatment areas where Ebola patients are being cared for *before completion of terminal cleaning and disinfection of the room* would be considered to potentially *be at risk of exposure to body fluids*. Clinical laboratory workers who use appropriate PPE and follow biosafety precautions, are not considered to have an elevated risk of exposure to Ebola, i.e., are considered to be in the low (but not zero) risk category. Laboratory workers in Biosafety Level 4 facilities are considered to have no identifiable risk.

The high toll of Ebola virus infections among healthcare workers providing direct care to Ebola patients in [countries with widespread transmission](#), or *uncertain control measures* suggests that there are multiple potential sources of exposure to Ebola virus in these countries, including unrecognized breaches in PPE, inadequate decontamination procedures, and *unrecognized* exposure in patient triage areas or *other healthcare settings*. Due to this higher risk, healthcare workers who provide direct patient care *to Ebola patients and others who enter a patient care area of an Ebola treatment unit while wearing appropriate PPE, as well as healthcare workers who provide patient care in any healthcare setting*, are classified in the some risk category, for which additional precautions may be recommended upon their arrival in the United States ([see Table](#)). Healthcare workers who have no direct patient contact and no entry into active patient management areas, including epidemiologists, contact tracers, and airport screeners, are not considered to have an elevated risk of exposure to Ebola, i.e., are considered to be in the low (but not zero) risk category.

Healthcare workers who provide care to Ebola patients in U.S. facilities while wearing appropriate PPE and with no known breaches in infection control are considered to have low (but not zero) risk of exposure, because of the possibility of unrecognized breaches in infection control and should have direct active monitoring. As long as these healthcare workers have direct active monitoring and are asymptomatic, there is no reason for them not to continue to work in hospitals and other patient care settings. There is also no reason for them to have restrictions on travel or other activities. Review and approval of work, travel, use of public conveyances, and attendance at congregate events are not indicated or recommended for such healthcare workers, except to ensure that direct active monitoring continues uninterrupted.

Note: Healthcare workers taking care of Ebola patients in a U.S. facility where another healthcare worker has been diagnosed with confirmed Ebola without an identified breach in infection control may be considered to have a higher level of potential exposure. A similar determination may occur if an infection

control breach is identified retrospectively during investigation of a confirmed case of Ebola in a healthcare worker. These individuals would be potentially subject to additional restrictions, including controlled movement and the potential use of modified quarantine orders, until 21 days after the last potential unprotected exposure.

In U.S. healthcare facilities where an unidentified breach in infection control has occurred, assessment of infection control practices in the facility, remediation of any identified deficiencies, and training of healthcare workers in appropriate infection control practices should be conducted. Following remediation and training, asymptomatic, potentially exposed healthcare workers may be allowed to continue to take care of Ebola patients, but care of other patients should be restricted. For these healthcare workers, the last potential unprotected exposure is considered to be the last contact with the Ebola patient prior to remediation and training; at 21 days after the last unprotected exposure, they would return to the low (but not zero) risk category under direct active monitoring. Healthcare workers whose first Ebola patient care activities occur after remediation and training are considered to be in the low (but not zero) risk category.

#### **Crew on public conveyances**

Crew members on public conveyances where an individual with Ebola was present, such as commercial aircraft or ships, who are not subject to controlled movement are also not subject to occupational restriction and may continue to work on the public conveyance while under active monitoring.

#### **People with confirmed Ebola virus disease**

For people with confirmed Ebola, isolation and movement restrictions are removed upon determination by public health authorities that the person is no longer considered to be infectious.

**Table: Summary of IDPH Interim Guidance for Monitoring and Movement of People Exposed to Ebola Virus**

Exposure Category	Clinical Criteria	Public Health Actions
<p><b>High risk</b> includes any of the following:</p> <ul style="list-style-type: none"> <li>• Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids of a person with Ebola while the person was symptomatic</li> <li>• Exposure to the blood or body fluids (including but not limited to feces, saliva, sweat, urine, vomit, and semen) of a person with Ebola while the person was symptomatic without <a href="#">appropriate personal protective equipment (PPE)</a></li> <li>• Processing blood or body fluids of a person with Ebola while the person was symptomatic without <a href="#">appropriate PPE</a> or standard biosafety precautions</li> <li>• Direct contact with a dead body without <a href="#">appropriate PPE</a> in a <a href="#">country with widespread Ebola virus transmission</a> <ul style="list-style-type: none"> <li>• Having lived in the immediate household and provided direct care to a person with Ebola while the person was symptomatic</li> </ul> </li> </ul>	<p>Fever (subjective fever or measured temperature <math>\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}</math>) OR any of the following:<sup>1</sup></p> <ul style="list-style-type: none"> <li>• severe headache</li> <li>• muscle pain</li> <li>• vomiting</li> <li>• diarrhea</li> <li>• stomach pain</li> <li>• unexplained bruising or bleeding</li> </ul> <p>Asymptomatic (no fever or other symptoms consistent with Ebola)</p>	<ul style="list-style-type: none"> <li>• Implement rapid isolation with immediate contact of public health authorities to arrange for safe transport to an appropriate healthcare facility for Ebola evaluation</li> <li>• Medical evaluation is required             <ul style="list-style-type: none"> <li>○ Isolation orders may be used to ensure compliance</li> <li>○ Air travel is permitted only by air medical transport</li> </ul> </li> <li>• If medically evaluated and discharged with a diagnosis other than Ebola, conditions as outlined for asymptomatic individuals in this exposure category will apply</li> </ul> <ul style="list-style-type: none"> <li>• Direct active monitoring</li> <li>• Public health authority will ensure, through modified quarantine orders, the following minimum restrictions:             <ul style="list-style-type: none"> <li>○ Exclusion from all long-distance and local public conveyances (aircraft, ship, train, bus, and subway)</li> <li>○ Exclusion from public places (e.g., shopping centers, movie theaters), and congregate gatherings</li> <li>○ Exclusion from workplaces for the duration of the public health order, <b>unless approved by the state or local health department</b></li> <li>○ Travel outside of jurisdiction of the local health authority must be under mutual agreement with the local health authority who will assume responsibility for daily observation</li> </ul> </li> <li>• Non-congregate public activities while maintaining a 3-foot distance from others may be permitted (e.g., jogging in a park)</li> <li>• Federal public health travel restrictions (Do Not Board) will be implemented to enforce controlled movement</li> <li>• If travel is allowed (e.g. to allow travelers arriving in the United States to reach home/housing facility), individuals are subject to restrictions             <ul style="list-style-type: none"> <li>○ Travel by noncommercial conveyances (private plane or car) only</li> <li>○ Coordinated with public health authorities at both origin and destination</li> <li>○ Uninterrupted direct active monitoring during travel</li> </ul> </li> </ul>

Exposure Category	Clinical Criteria	Public Health Actions
<p><b>Some risk</b> includes any of the following:</p> <ul style="list-style-type: none"> <li>• In <a href="#">countries with widespread Ebola virus transmission</a>:                             <ul style="list-style-type: none"> <li>○ Direct contact while using <a href="#">appropriate PPE</a> with a person with Ebola while the person was symptomatic, or with the person's body fluids</li> <li>○ Any direct patient care in other health care settings</li> </ul> </li> <li>• Close (but not high risk) contact in households, healthcare facilities, or community settings with a person with Ebola while the person was symptomatic                             <ul style="list-style-type: none"> <li>○ Close contact is defined as being for a prolonged period of time while not wearing <a href="#">appropriate PPE</a> within approximately 3 feet (1 meter) of a person with Ebola while the person was symptomatic *</li> </ul> </li> </ul> <p>*depending on activities, may include flight attendants who interacted with an individual with "some risk" on an airplane</p>	<p>Fever (subjective fever or measured temperature <math>\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}</math>) OR any of the following:*</p> <ul style="list-style-type: none"> <li>• severe headache</li> <li>• muscle pain</li> <li>• vomiting</li> <li>• diarrhea</li> <li>• stomach pain</li> <li>• unexplained bruising or bleeding</li> </ul> <p>Asymptomatic (no fever or other symptoms consistent with Ebola)</p>	<ul style="list-style-type: none"> <li>• Implement rapid isolation with immediate contact of public health authorities to arrange for safe transport to an appropriate healthcare facility for Ebola evaluation</li> <li>• Medical evaluation is required                             <ul style="list-style-type: none"> <li>○ Isolation orders may be used to ensure compliance</li> <li>○ Air travel is permitted only by air medical transport</li> </ul> </li> <li>• If medically evaluated and discharged with a diagnosis other than Ebola, conditions as outlined for asymptomatic individuals in this exposure category will apply</li> </ul> <ul style="list-style-type: none"> <li>• Direct active monitoring (health care facilities may participate in monitoring process, in collaboration with LHD)</li> <li>• Participation in patient care activities (with direct active monitoring before each shift and as otherwise required by the health care facility) when/if cleared by the health care facility in collaboration with public health authorities</li> <li>• The LHD, based on a science-based risk assessment of the individual's specific situation, in collaboration with IDPH, will determine whether any additional restrictions are needed. These <u>could</u> include:                             <ul style="list-style-type: none"> <li>○ Exclusion from long-distance commercial conveyances (aircraft, ship, train, bus) or local public conveyances (e.g., bus, subway). For travelers arriving in the United States, in most cases any such restrictions would begin after the traveler reaches the final destination of the itinerary.</li> <li>○ Exclusion from public places (e.g., shopping centers, movie theaters), and congregate gatherings.</li> <li>○ Exclusion from other workplace settings</li> </ul> </li> <li>• If the above restrictions are applied, non-congregate public activities while maintaining a 3-foot distance from others may be permitted (e.g., jogging in a park)</li> <li>• Other activities should be assessed as needs and circumstances change to determine whether these activities may be undertaken</li> <li>• Travel will be coordinated with public health authorities to ensure uninterrupted direct active monitoring</li> <li>• Federal public health travel restrictions (<a href="#">Do Not Board</a>) may be implemented based on an assessment of the particular circumstance                             <ul style="list-style-type: none"> <li>○ For travelers arriving in the United States, implementation of federal public health travel restrictions would typically occur after the traveler reaches the final destination of the itinerary</li> </ul> </li> </ul>

Exposure Category	Clinical Criteria	Public Health Actions
<p><b>Low (but not zero) risk</b> includes any of the following:</p> <ul style="list-style-type: none"> <li>• Having been in a <a href="#">country with widespread Ebola virus transmission</a> within the past 21 days and having had no known exposures</li> <li>• Having brief direct contact (e.g., shaking hands), while not wearing <a href="#">appropriate PPE</a>, with a person with Ebola while the person was in the early stage of disease</li> <li>• Brief proximity, such as being in the same room (<b>not an Ebola treatment area</b>) for a brief period of time, with a person with Ebola while the person was symptomatic</li> <li>• In <a href="#">countries without widespread Ebola virus transmission</a>: direct contact while using <a href="#">appropriate PPE</a> with a person with Ebola while the person was symptomatic</li> <li>• Traveled on an aircraft with a person with Ebola while the person was symptomatic</li> </ul>	<p>Fever (subjective fever or measured temperature <math>\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}</math>) OR any of the following:*</p> <ul style="list-style-type: none"> <li>• vomiting</li> <li>• diarrhea</li> <li>• unexplained bruising or bleeding</li> </ul>	<ul style="list-style-type: none"> <li>• Implement rapid isolation with immediate contact of public health authorities to arrange for safe transport to an appropriate healthcare facility for Ebola evaluation</li> <li>• Medical evaluation is required                             <ul style="list-style-type: none"> <li>○ Isolation orders may be used to ensure compliance</li> <li>○ Air travel is permitted only by air medical transport</li> </ul> </li> <li>• If medically evaluated and discharged with a diagnosis other than Ebola, conditions as outlined for asymptomatic individuals in this exposure category will apply</li> </ul>
	<p>Asymptomatic (no fever, vomiting, diarrhea, or unexplained bruising or bleeding)</p>	<ul style="list-style-type: none"> <li>• No restrictions on travel, work, public conveyances, or congregate gatherings</li> <li>• Direct active monitoring for:                             <ul style="list-style-type: none"> <li>○ Healthcare workers caring for symptomatic Ebola patients in the U.S. while wearing appropriate PPE (it is expected that health care facilities will participate in this process, in collaboration with LHD)</li> <li>○ Travelers on an aircraft with, and sitting within 3 feet of, a person with Ebola</li> </ul> </li> <li>• Active monitoring for all others in this category</li> </ul>
<p><b>No identifiable risk</b> includes:</p> <ul style="list-style-type: none"> <li>• Contact with an asymptomatic person who had contact with person with Ebola</li> <li>• Contact with a person with Ebola before the person developed symptoms</li> <li>• Having been more than 21 days previously in a <a href="#">country with widespread Ebola virus transmission</a></li> <li>• Having been in a <a href="#">country without widespread Ebola virus transmission</a> and not having any other exposures as defined above</li> <li>• Aircraft or ship crew members who remain on or in the immediate vicinity of the conveyance and have no direct contact with anyone from the community during the entire time that the conveyance is present in a country with widespread Ebola virus transmission</li> </ul>	<p>Symptomatic (any)</p>	<ul style="list-style-type: none"> <li>• Routine medical evaluation and management of ill persons, as needed</li> </ul>
	<p>Asymptomatic</p>	<ul style="list-style-type: none"> <li>• No actions needed</li> </ul>

\*The temperature and symptoms thresholds provided are for the purpose of requiring medical evaluation. Isolation or medical evaluation may be recommended for lower temperatures or nonspecific symptoms (e.g., fatigue) based on exposure level and clinical presentation.

Attachment 3

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: \_\_\_\_\_

**Section D: Terms of Isolation**

The individual subject to this order is required to \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Instructions:**

- Healthcare facility observation and monitoring: *(Follow instructions provided by healthcare personnel)*
- Home Observation and Monitoring:
  - Wear a protective mask when in presence of others
  - Use separate bathroom from other household members (if possible)
  - Wash hands after using bathroom and after touching respiratory secretions
  - Monitor your body temperature and record the results and the time
  - Report body temperature results to local health department
  - Sleep in a separate room from other household members
  - Call \_\_\_\_\_ at the \_\_\_\_\_ (name of health department) At (xxx)xxx-xxxx if you are experiencing the following symptoms: \_\_\_\_\_  
 \_\_\_\_\_
- Receive Specified Treatment \_\_\_\_\_ Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Days  
 \_\_\_\_\_ Other \_\_\_\_\_ Restrictions/Instructions: \_\_\_\_\_  
 \_\_\_\_\_

**Section E: Statement of Legal Rights and Duties**

1. The \_\_\_\_\_ (name of health department) has ordered you to undergo observation and monitoring or to receive specified treatment because it is believed you have or are suspected of having or have been exposed to a dangerously contagious or infectious disease which must be controlled in order to protect others from becoming infected.
2. Observation and monitoring must not be reasonably likely to lead to serious harm to the affected individual.
3. \_\_\_\_\_ (name of health department) requests that you sign the consent agreement contained in Section G of this order. If you consent to this order, the results of any observation and monitoring may subject you to isolation or quarantine. If you refuse to consent to this order and your refusal results in uncertainty regarding whether you have been exposed to or are infected with a dangerously contagious or infectious disease, then you may be subject to isolation or quarantine.
4. If you become subject to isolation or quarantine based upon your consent or refusal to consent to this order, you shall have the right to counsel. If you are indigent, the court will appoint counsel for you.
5. The \_\_\_\_\_ (name of health department) will respect and accommodate your religious beliefs to the extent feasible without endangering the public's health.

**Section F: Signature of Authorizing Official**

\_\_\_\_\_ (name of health department)

Address:(Street)\_\_\_\_\_ (Apt./Rm.#)\_\_\_\_\_(City)\_\_\_\_\_  
(State/Country)\_\_\_\_\_ (Zip)\_\_\_\_\_ (Telephone) \_\_\_\_\_ (Fax)\_\_\_\_\_  
(Cell/pager)\_\_\_\_\_ (Email)\_\_\_\_\_

\_\_\_\_\_  
Signature  
Title \_\_\_\_\_

\_\_\_\_\_  
Date and Time

**Section G: Consent Agreement to Observation and Monitoring (Optional, if individual consents)**

I, \_\_\_\_\_, voluntarily agree to undergo observation and monitoring as ordered by the \_\_\_\_\_ (name of health department). I understand that my compliance with this isolation order is important to safeguarding the public’s health and that if I violate its terms, I will put myself at risk, endanger the community’s health, and risk spreading a communicable disease to others. I have received a copy of, and have read or had explained to me, information on the disease \_\_\_\_\_. I understand the benefits and risks of the prescribed treatments. I consent to receive the treatments listed on this form. The terms and conditions of this order have been explained to me, I have had a chance to ask questions, and they were answered to my satisfaction.

I understand that I must comply with this order and that if I wish to withdraw my voluntary consent to this order I will notify \_\_\_\_\_ (name of health department) at (xxx) xxx-xxxx (during normal business hours) or (xxx) xxx-xxxx (after hours). I understand that if I consent to this order, the results of any observation and monitoring may subject me to isolation or quarantine. I understand that if I refuse to consent to this order and my refusal results in uncertainty regarding whether I have been exposed to or are infected with a dangerously contagious or infectious disease, then I may be subject to isolation or quarantine.

I understand that if I have any questions regarding this order I should contact \_\_\_\_\_ (name of health department) at (xxx) xxx-xxxx (during normal business hours) or (xxx) xxx-xxxx (after hours).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date and Time

**Section H: Consent for Minor (Optional, if individual is a minor)**

**Consent by Parent and/or Legal Guardian:**

Name of Parent / Legal Guardian \_\_\_\_\_

I am (check one) \_\_\_\_\_ Parent \_\_\_\_\_ Legal Guardian

I certify that I am the parent and/or legal guardian of the minor child whose name is listed above (Child). I have read and fully understand the nature of this Order and agree to assume the full responsibility for compliance with this Order with respect to the Child.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date and Time

**Section I: Legal Authority**

This order is issued pursuant to the legal authority contained in the Department of Public Health Act (20 ILCS 2305/2).

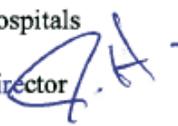


Pat Quinn, Governor  
LaMar Hasbrouck, MD, MPH, Director

69 West Washington Street, Suite 3500 • Chicago, Illinois 60602-3027 • www.dph.illinois.gov

MEMORANDUM

TO: Local Health Departments and Hospitals

FROM: LaMar Hasbrouck, MD, MPH, Director 

DATE: October 27, 2014

RE: Illinois Department of Public Health- Isolation and Quarantine Review and October 24  
Guidance Regarding Travelers from Ebola-Outbreak Affected Countries

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This information is applicable to Ebola Virus Disease (EVD) and other diseases where isolation and quarantine may be necessary.

**A. Background**

Ebola was first discovered in 1976 near the Ebola River in what is now the Democratic Republic of the Congo. Since then, outbreaks have appeared sporadically in Africa. The 2014 Ebola outbreak is the largest in history, affecting multiple countries in West Africa. More information about EVD can be found at: <http://www.cdc.gov/vhf/ebola/index.html>.

At present there is no vaccine for this virus so control measures such as isolation and/or quarantine of ill persons and/or persons exposed to the virus would need to occur if the virus was introduced in the United States. Illinois Department of Public Health (IDPH) advises local health departments to review IDPH isolation and quarantine rules and their protocols for implementing isolation or quarantine orders.

1. *Isolation* is the physical separation and confinement of an individual or groups of individuals who are infected or reasonably believed to be infected with a contagious or possibly contagious disease from non-isolated individuals, to prevent or limit the transmission of the disease to non- isolated individuals.
2. *Quarantine* is the physical separation and confinement of an individual or groups of individuals who are or may have been exposed to a contagious disease or possibly contagious disease and who do not show signs or symptoms.

**B. Isolation and Quarantine Guidance**

The legal authority for isolation, quarantine, closure and other public health measures can be found in the Department of Public Health Act ("DPH Act") (20 ILCS 2305), the Department of Public Health Powers and Duties Law ("DPH Powers and Duties Law") (20 ILCS 2310/2310-15), and the Control of Communicable Diseases Code ("CD Code")(77 Ill. Adm. Code 690). Section

**PROTECTING HEALTH, IMPROVING LIVES**

2 of the DPH Act provides that IDPH has the supreme authority in matters of isolation and quarantine, and may declare and enforce quarantine and isolation when none exists, and modify or relax when it has been instituted. Section 15 of the Powers and Duties Law authorizes IDPH to delegate its duties to certified local health departments. IDPH has explicitly delegated its authority to order isolation, quarantine, closure and the other public health measures to certified local health departments and has set out procedures for the implementation of those public health measures Subpart I of the CD Code.

Certified local health departments have the authority to institute disease control and contamination measures, including physical examination, testing, treatment isolation, quarantine, or other measures considered necessary. All local boards of health, health authorities and officers, police officers, sheriffs and all other officers and employees of the State or any locality are required to enforce orders of isolation or quarantine.

1. Certified local health departments should review their current policies and plans to prepare for the possibility that individuals may need to be isolated or quarantined. In consultation with other entities the certified health department deems necessary (e.g. local health care providers, health facilities, emergency management personnel, law enforcement agencies, schools, the local judicial system) the certified local health department should establish plans, policies, and procedures for instituting and maintaining emergency measures necessary to prevent the spread of disease. The following areas should be addressed in planning:
  - a. Communications and collaboration with multiple jurisdictions as needed.
  - b. Responsibility for logistics, monitoring and cost in situations where a resident of one jurisdiction may need to be isolated or quarantined in a facility in another jurisdiction.
  - c. Provision of interpreter and translation services if needed.
  - d. Provision of adequate food, clothing, shelter, medical care, and communication with outside persons.
2. It is the responsibility of the local health department to establish procedures for collaborating with other local health departments in order to implement an isolation order for an individual patient that requires isolation or quarantine, but is located in a jurisdiction without appropriate facilities to house the individual (e.g. the jurisdiction does not have a hospital and the individual requires isolation in a hospital). The following areas should be addressed in planning:
  - a. Communications and collaboration with multiple jurisdictions as needed.
  - b. Responsibility for logistics, monitoring and cost in situations where a resident of one jurisdiction may need to be isolated or quarantined in a facility in another jurisdiction.
  - c. Provision of interpreter and translation services if needed.
  - d. Provision of adequate food, clothing, shelter, medical care, and communication with outside persons.
3. Whenever an order of isolation or quarantine is being considered by a certified local health department, the following steps should be included:
  - a. Except in emergency situations where an immediate verbal order is necessary, notify IDPH Communicable Disease Section prior to issuing an order for isolation or quarantine.
  - b. In consultation with IDPH, identify the least restrictive means of controlling transmission of the disease. With the very narrow exceptions outlined below, isolation or quarantine orders should be obtained only after documented efforts to obtain voluntary compliance have failed.

- c. Determine where the individual will be isolated or quarantined e.g. home, health care facility.
- d. Determine the manner and frequency of monitoring the individual for compliance with the order and for the continued need for the restriction.
- e. Determine the criteria for release from isolation or quarantine.
- f. Notify IDPH by telephone within three hours after issuance of an order for isolation or quarantine.

IDPH issued guidance on Friday, October 24<sup>th</sup> (attached), clarifying risk categories and restrictions for travelers from Ebola-Outbreak Affected Countries, and asymptomatic contacts of EVD patients (including health care workers). Beginning October 24<sup>th</sup>, these individuals that fall within the definition of “high-risk” shall be subject to a mandatory (involuntary) quarantine. This quarantine shall confine the individual to a health care facility (when already admitted) or the individual’s residence/destination; whichever destination is appropriate and least restrictive.

This mandatory (involuntary) quarantine is to be issued by the certified local health department pursuant to the authority described in the DPH Act (20 ILCS 2305/2(c)). Within 48 hours of issuing a mandatory (involuntary) quarantine order for a high-risk individual, the certified local health department shall seek a court order pursuant to the terms of the DPH Act.

Please note this mandatory (involuntary) quarantine only applies to high-risk individuals, not to all returning travelers and not to all health care workers providing care for an individual with symptoms consistent with EVD.

Upon filing a petition requesting a court order, the certified local health department must serve a notice of the hearing to the person(s) being isolated or quarantined at least 24 hours before the hearing. Certified local health departments are encouraged to reach out to discuss these procedures with their State’s Attorney’s Offices. The county via the local State’s Attorney will be the entity seeking the court order, not the Department. Certified local health departments and local State’s Attorney’s Offices should be prepared in the event a court would require testimony from local, on-site medical personnel.

For individuals identified as having “some-risk,” the certified local health department shall issue a modified isolation or observation w/monitoring order with prohibited travel on public/commercial conveyance (including public transit) for 21 days. This order shall not require a court order unless the individual refuses to comply with the conditions set forth for modified isolation or observation/monitoring. Please refer to the attached October 24<sup>th</sup> guidance for additional information.

Please alert us to isolation or quarantine issues that may need further clarification.

**If you have any questions during regular business hours, please contact Fredrick Echols, MD, IDPH Communicable Disease Section Chief at 217-782-2016 or [Fred.Echols@illinois.gov](mailto:Fred.Echols@illinois.gov)**

**For afterhours assistance please contact the Illinois Department of Public Health Emergency Duty Officer at 217-782-7860**



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

69 West Washington Street, Suite 3500 • Chicago, Illinois 60602-3027 • www.dph.illinois.gov

## MEMORANDUM

To: Local Health Departments

From: LaMar Hasbrouck, MD, MPH, Director

Date: October 27, 2014

Re: Quarantine for travelers with high-risk exposures to Ebola

On Friday, October 24, IDPH issued guidance to local health departments regarding travelers returning from Sierra Leone, Guinea, and Liberia. This guidance was issued in light of the need for direction for local health departments about following up on passenger screenings taking place at O'Hare Airport. CDC guidance on this topic has not yet been issued.

The IDPH memo calls for a 21-day home quarantine for any returning traveler who has had **high-risk** exposures to Ebola.

"High-risk" in this context refers to anyone who:

- had unprotected (percutaneous or mucous membrane) contact with infectious blood or body fluids of an Ebola patient
- made direct skin contact with blood or body fluids of an Ebola patient without appropriate personal protective equipment (PPE)
- processed blood or body fluids of an Ebola patient without appropriate equipment or standard bio-safety precautions
- made direct contact with the dead body of an Ebola patient without appropriate PPE
- lived with or shared a household with an Ebola patient in an outbreak affected country

For individuals who meet any of the above "high-risk" criteria, a formal quarantine order will be issued. This will ensure that the movements of all those who are potentially at high risk of developing Ebola are limited. These individuals can stay at home for the 21-day duration of the Ebola virus's incubation period.

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Our October 24 guidance places health care workers returning from outbreak-affected areas and who used appropriate PPE with no known infection control breach in a "low risk" category, and specifically recommends "no quarantine, no travel restrictions, and verified **self monitoring**, which includes:

- Twice daily symptom evaluation and temperature checks
- The above is to be reported daily to public health official in person, by telephone, or electronically.
- Local Health Departments must reach out to any traveler not reporting daily temperatures.

To reiterate, IDPH is not recommending, and has never recommended, quarantine for all health care workers caring for patients with Ebola – the recommended quarantine is **ONLY** for those at "high-risk" for infection.

Please carefully read IDPH's October 24 guidance available at [www.ebola.illinois.gov](http://www.ebola.illinois.gov). A chart included in this memo, summarizing tiers of risk, airport procedures, and local health department monitoring activities is attached.

It is critical that measures pertaining to returning travelers are rational and science-based. We will not stigmatize health care workers, subject health care workers to undue restrictions, or impair our ability to fight the epidemic at its source. The only way to reduce the risk of Ebola infections in the United States to zero is to extinguish the outbreak in West Africa. We gratefully acknowledge that US health care workers are critical to that effort.

We deeply respect and support the health care workers, hospitals, and local health departments who are working together to address Ebola worldwide. Science-based efforts to protect the public and ensure the safety of health care workers are foremost in our minds as we forge ahead to prepare and manage any future public health challenge in Illinois.

**ORDER FOR ISOLATION OF INDIVIDUAL**

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 a dangerously contagious or infectious disease. As a result, it is required that this individual remain in isolation until he/she is no longer potentially contagious or infectious to others.

**Section A: Type of Order**

This order for isolation is made upon (check all that apply):

**Voluntary (consented) (see Section H)**

**Immediate** (If this is an immediate order then the health department may order isolation without consent or a court order if immediate action is required to protect the public from a dangerously contagious or infectious disease. The health department must as soon as practical (within 48 hours after issuing immediate order) obtain consent or request a court order except when court system is unavailable or it is impossible to do so.) 20 ILCS 2305/2(c).

**Section B: Information****Individual Subject to Isolation:**

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 the following dangerously contagious or infectious disease: \_\_\_\_\_

2. Isolation is ordered based upon the following findings:

- Physical Examination  Medical Evaluation  Laboratory Testing  Environmental or Human Exposure  
 Other Information

Describe the facts in support of isolation: \_\_\_\_\_

3. Duration of Isolation: \_\_\_\_\_

**Section D: Terms of Isolation**

The individual subject to this order is required to remain in isolation at the following location and to follow the instructions set forth below:

**Place of Isolation (name of facility, if any):** \_\_\_\_\_  
 Address: (Street) \_\_\_\_\_ (Apt./Rm.#) \_\_\_\_\_ (City) \_\_\_\_\_  
 (State/Country) \_\_\_\_\_ (Zip) \_\_\_\_\_ (Telephone) \_\_\_\_\_ (Fax) \_\_\_\_\_  
 (Cell/pager) \_\_\_\_\_ (Email) \_\_\_\_\_

**Instructions:**

- Healthcare facility isolation: *(Follow instructions provided by healthcare personnel)*
- Other location outside the home
- Home isolation:
  - Wear a protective mask when in presence of others
  - Use separate bathroom from other household members (if possible)
  - Wash hands after using bathroom and after touching respiratory secretions
  - Monitor your body temperature and record the results and the time
  - Report body temperature results to local health department
  - Sleep in a separate room from other household members
  - Call \_\_\_\_\_ at the \_\_\_\_\_ (name of health department)  
 At (xxx)xxx-xxxx if you experience the following physical symptoms:  
 \_\_\_\_\_  
 \_\_\_\_\_
- Receive Specific Treatment: \_\_\_\_\_ Medication \_\_\_\_\_ Dose \_\_\_\_\_ Days
- Other Restrictions/Instructions: \_\_\_\_\_

**Section E: Statement of Legal Rights and Duties**

1. The \_\_\_\_\_ (name of health department) has ordered you to remain isolated from other members of the community, and to follow the instructions set forth in Section D above, because it is believed you have or are suspected of having a dangerously contagious or infectious disease which must be controlled in order to protect others from becoming infected. 20 ILCS 2305/2(c).
2. This isolation order will remain in effect only as long as you are in danger of spreading the disease to others. 20 ILCS 2305/2(c).
3. \_\_\_\_\_ (name of health department) staff will coordinate with your usual healthcare provider(s) to ensure that you are allowed to leave isolation as soon as isolation is no longer necessary to protect the public's health.
4. While isolated, you are required to cooperate with the instructions of your healthcare provider(s) and the \_\_\_\_\_ (name of health department).  
 \_\_\_\_\_ (name of health department) requests that you sign the consent agreement contained in Section H of this order. If you do not consent, then the \_\_\_\_\_ (name of health department) will seek a court order to require that you remain in isolation. **If this is an immediate order for isolation then the \_\_\_\_\_ (name of health department) is not required to obtain your consent or file a petition seeking a court order until after issuing the order.** The health department must as soon as practical (within 48 hours after issuing immediate order) obtain consent or request a court order except when court system is unavailable or it is impossible to do so. 20 ILCS 2305/2(c).
5. You have the right to counsel. If you are indigent, the court will appoint counsel for you. 20 ILCS 2305/2(c).

**Section F: Signature of Authorizing Official**

\_\_\_\_\_ (name of health department)

Address: (Street) \_\_\_\_\_ (Apt./Rm.#) \_\_\_\_\_  
(City) \_\_\_\_\_ (State/Country) \_\_\_\_\_  
(Zip) \_\_\_\_\_ (Telephone) \_\_\_\_\_ (Fax) \_\_\_\_\_ (Business Phone) \_\_\_\_\_ (After-hours Phone) \_\_\_\_\_

\_\_\_\_\_  
Signature Date and Time  
Title \_\_\_\_\_

**Section G: Enforcement**

Any person who knowingly or maliciously disseminates any false information or report concerning the existence of any dangerously contagious or infectious disease in connection with the Department's power of quarantine, isolation and closure or refuses to comply with a quarantine, isolation or closure order is guilty of a Class A misdemeanor. (20 ILCS 2305/2(k).)

**Section H: Consent Agreement to Isolation (Optional, if individual consent)**

I, \_\_\_\_\_, voluntarily agree to remain in isolation as ordered by the \_\_\_\_\_ (name of health department). I understand that my compliance with this isolation order is important to safeguarding the public's health and that if I violate its terms, I will put myself at risk, endanger the community's health, and risk spreading a communicable disease to others. I have received a copy of, and have read or had explained to me, information on the disease \_\_\_\_\_. The terms and conditions of the isolation order have been explained to me, I have had a chance to ask questions, and they were answered to my satisfaction.

I understand that I must comply with this isolation order and that if I wish to withdraw my voluntary consent to this isolation order I will notify \_\_\_\_\_ (name of health department) at (xxx) xxx-xxxx (during normal business hours) or (xxx) xxx-xxxx (after hours). If I withdraw my voluntary consent to this isolation order, the \_\_\_\_\_ (name of health department) will seek a court order to require that I remain in isolation. If this is an immediate order for isolation then the \_\_\_\_\_ (name of health department) is not required to obtain my consent or file a petition seeking a court order until after issuing the order. The health department must as soon as practical (within 48 hours after issuing immediate order) obtain consent or request a court order except when court system is unavailable or it is impossible to do so. 20 ILCS 2305/2(c).

I understand that if I violate this order that I may be guilty of committing a Class A misdemeanor as described in Section G of this order. 20 ILCS 2305/2(k).

I understand that if I have any questions regarding this isolation order I should contact \_\_\_\_\_ (name of health department) at (xxx) xxx-xxxx (during normal business hours) or (xxx) xxx-xxxx (after hours).

\_\_\_\_\_  
Signature Date and Time

Case No. \_\_\_\_\_ Date \_\_\_\_\_

***Section I: Consent for Minor (Optional, if individual is a minor)***

**Consent by Parent and/or Legal Guardian:**

Name of Parent / Legal Guardian

\_\_\_\_\_

I am (check one) \_\_\_\_\_ Parent \_\_\_\_\_ Legal Guardian

I certify that I am the parent and/or legal guardian of the minor child whose name is listed above (Child). I have read and fully understand the nature of this Order and agree to assume the full responsibility for compliance with this Order with respect to the Child.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date and Time

***Section J: Legal Authority***

This order is issued pursuant to the legal authority contained in the Department of Public Health Act (20 ILCS 2305/2).

## ORDER FOR QUARANTINE OF INDIVIDUAL

The \_\_\_\_\_ (name of health department) has determined, based upon the information contained below, that the individual referred to in this order has been exposed to a dangerously contagious or infectious disease. As a result, it is required that this individual remain in quarantine until he/she is no longer potentially contagious or infectious to others.

### Section A: Type of Order

This order for quarantine is made upon (check all that apply):

**Voluntary (consented) (see Section H)**

**Immediate** (If this is an immediate order then the health department may order quarantine without consent or a court order if immediate action is required to protect the public from a dangerously contagious or infectious disease. The health department must as soon as practical (within 48 hours after issuing immediate order) obtain consent or request a court order except when court system is unavailable or it is impossible to do so.)

### Section B: Information

#### Individual Subject to Quarantine:

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 been exposed to the following dangerously contagious or infectious disease: \_\_\_\_\_

2. Quarantine is ordered based upon the following findings:

Physical Examination  Medical Evaluation  Laboratory Testing  Environmental Exposure  Other Information

Describe the facts in support: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Duration of Quarantine: \_\_\_\_\_

**Section D: Terms of Quarantine**

The individual subject to this order is required to remain in quarantine at the following location and to follow the instructions set forth below:

**Place of Quarantine (name of facility, if any):** \_\_\_\_\_

Address: (Street) \_\_\_\_\_ (Apt./Rm.#) \_\_\_\_\_ (City) \_\_\_\_\_

(State/Country) \_\_\_\_\_ (Zip) \_\_\_\_\_ (Telephone) \_\_\_\_\_ (Fax) \_\_\_\_\_

(Cell/pager) \_\_\_\_\_ (Email) \_\_\_\_\_

**Instructions:**

Healthcare facility quarantine: *(Follow instructions provided by healthcare personnel)*

Home quarantine:

Wear a protective mask when in presence of others

Use separate bathroom from other household members (if possible)

Wash hands after using bathroom and after touching respiratory secretions

Monitor your body temperature and record the results and the time

Report body temperature results to local health department

Sleep in a separate room from other household members

Call \_\_\_\_\_ at the \_\_\_\_\_ (name of health department) at (xxx) xxx-xxxx if you experience the following physical symptoms: \_\_\_\_\_

\_\_\_\_\_  Receive Specific Treatment \_\_\_\_\_ Medication \_\_\_\_\_ Dose \_\_\_\_\_ Days

Other Restrictions/Instructions: \_\_\_\_\_

If family members or other persons who reside in your home have not been issued a home quarantine order, they may leave your home to carry on their daily routines and to assist you with any needs you may have during the period of confinement. If you live alone, or if every member of your household is under a home quarantine order, you should arrange by telephone for relatives, neighbors, or friends to assist with any needs you may have during the period of confinement. **These persons should not have direct contact with you.** If you need assistance in providing for your daily needs, you should call the \_\_\_\_\_ and ask to speak with a health officer.

**Section E: Statement of Legal Rights and Duties**

1. The \_\_\_\_\_ (name of health department) has ordered you to remain quarantined from other members of the community, and to follow the instructions set forth in Section D above, because it is believed you have or are suspected of having a dangerously contagious or infectious disease which must be controlled in order to protect others from becoming infected.
2. This quarantine order will remain in effect only as long as you are in danger of spreading the disease to others.
3. \_\_\_\_\_ (name of health department) staff will coordinate with your usual healthcare provider(s) to ensure that you are allowed to leave quarantine as soon as quarantine is no longer necessary to protect the public's health.
4. While quarantined, you are required to cooperate with the instructions of your healthcare provider(s) and the \_\_\_\_\_ (name of health department).
5. \_\_\_\_\_ (name of health department) requests that you sign the consent agreement contained in Section H of this order. If you do not consent, then the \_\_\_\_\_ (name of health department) will seek a court order to require that you remain in quarantine. **If this is an immediate order for quarantine then the \_\_\_\_\_ (name of health department) is not required to obtain your consent or file a petition seeking a court order until after issuing the order.** The health department must as soon as practical (within 48 hours after issuing immediate order) obtain consent or request a court order except when court system is unavailable or it is impossible to do so.
6. You have the right to counsel. If you are indigent, the court will appoint counsel for you.

**Section F: Signature of Authorizing Official**

\_\_\_\_\_ (name of health department)

Address: (Street) \_\_\_\_\_ (Apt./Rm.#) \_\_\_\_\_ (City) \_\_\_\_\_  
 (State/Country) \_\_\_\_\_ (Zip) \_\_\_\_\_ (Telephone) \_\_\_\_\_ (Fax) \_\_\_\_\_  
 (Cell/pager) \_\_\_\_\_ (Email) \_\_\_\_\_

\_\_\_\_\_  
 Signature Date and Time

Title \_\_\_\_\_

**Section G: Enforcement**

Any person who knowingly or maliciously disseminates any false information or report concerning the existence of any dangerously contagious or infectious disease in connection with the Department's power of quarantine, quarantine and closure or refuses to comply with a quarantine, quarantine or closure order is guilty of a Class A misdemeanor. (20 ILCS 2305/2(k).)

**Section H: Consent Agreement to Quarantine (Optional, if individual consents)**

I, \_\_\_\_\_, voluntarily agree to remain in quarantine as ordered by the \_\_\_\_\_ (name of health department). I understand that my compliance with this quarantine order is important to safeguarding the public's health and that if I violate its terms, I will put myself at risk, endanger the community's health, and risk spreading a communicable disease to others. I have received a copy of, and have read or had explained to me, information on the disease \_\_\_\_\_. The terms and conditions of the quarantine order have been explained to me, I have had a chance to ask questions, and they were answered to my satisfaction.

I understand that I must comply with this quarantine order and that if I wish to withdraw my voluntary consent to this quarantine order I will notify \_\_\_\_\_ (name of health department) at (xxx) xxx-xxxx (during normal business hours) or (xxx) xxx-xxxx (after hours). If I withdraw my voluntary consent to this quarantine order, the \_\_\_\_\_ (name of health department) will seek a court order to require that I remain in quarantine. If this is an immediate order for quarantine then the \_\_\_\_\_ (name of health department) is not required to obtain my consent or file a petition seeking a court order until after issuing the order. The health department must as soon as practical (within 48 hours after issuing immediate order) obtain consent or request a court order except when court system is unavailable or it is impossible to do so.

I understand that if I violate this order that I may be guilty of committing a Class A misdemeanor as described in Section G of this order.

I understand that if I have any questions regarding this quarantine order I should contact \_\_\_\_\_ (name of health department) at (xxx) xxx-xxxx (during normal business hours) or (xxx) xxx-xxxx (after hours).

\_\_\_\_\_  
 Signature Date and Time

**Section I: Consent for Minor (Optional, if individual is a minor)**

**Consent by Parent and/or Legal Guardian:**

Name of Parent / Legal Guardian

I am (check one) \_\_\_\_\_ Parent \_\_\_\_\_ Legal Guardian

I certify that I am the parent and/or legal guardian of the minor child whose name is listed above (Child). I have read and fully understand the nature of this Order and agree to assume the full responsibility for compliance with this Order with respect to the Child.

Signature

Date and Time

**Section J: Legal Authority**

This order is issued pursuant to the legal authority contained in the Department of Public Health Act (20 ILCS 2305/2).

## Attachment 8

**Ebola Virus Disease Contact Tracing Form**

State/Local ID:

CDC ID:

**I. Interview Information**

Date of interview: MM / DD / YYYY

**Interviewer:**

Interviewer Name (Last, First): \_\_\_\_\_

State/Local Health Department: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Contact:**

Who is providing information for this form?

 Contact Other, specify person (Last, First): \_\_\_\_\_

Relationship to contact: \_\_\_\_\_

Reason contact unable to provide information:  Contact is a minor  Other \_\_\_\_\_

Contact primary language: \_\_\_\_\_

Was this form administered via a translator?  Yes  No**II. Ebola Case Information (Case associated with Contact)**At the time of this report, is the patient?  Confirmed  Probable  Unknown

Date of illness onset of patient: MM / DD / YYYY

Notes:

## Ebola Virus Disease Contact Tracing Form

State/Local ID:

CDC ID:

### III. Contact Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Time at current residence: \_\_\_\_\_

Previous address (*if less than 1 month at current residence*):

Home Street Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Other Phone number or contact information:: \_\_\_\_\_

### IV. Contact Demographics

Date of birth: MM / DD / YYYY    Age:

Sex:     Male     Female

What is your occupation? \_\_\_\_\_  ***If HCW that provided care to Ebola patient or worker (in any capacity including janitorial, lab, medical waste, food services, etc.) at a healthcare facility that treated Ebola patient, skip to Section VII now***

Place of work and address:

\_\_\_\_\_

\_\_\_\_\_

Do you have any pets in your household?:     Yes Give species and number \_\_\_\_\_     No

NOTES:

# Ebola Virus Disease Contact Tracing Form

State/Local ID:

CDC ID:

**V. Exposure History** \*Question assesses LOW exposure; †Question assesses HIGH exposure; ‡Question assesses casual contact or NO KNOWN exposure; Note: direct contact requires contact with skin and or mucous membranes.

1) What is your relationship to the patient?

- Partner/spouse       Family member       Co-worker  
 Classmate       Visited same healthcare facility/care area as Ebola patient  
 Neighbor/community member       Other \_\_\_\_\_

2) \*Do you live in the same house as the patient?       Yes       No

3) Did you have any contact with the patient while he/she was ill?       Yes       No       Unsure

If yes, please describe and provide dates of first and last contact (include description of any PPE used):

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4) †Did you have any contact with blood or body fluids from the patient while he/she was ill (including contaminated objects or surfaces such as bedding or clothing)?       Yes       No (skip to Q5)       Unsure

If yes, what body fluids were you in contact with? (check all that apply)

- Blood       Feces       Vomit       Urine       Sweat  
 Tears       Respiratory secretions       Semen       Vaginal fluids  
 Other, specify: \_\_\_\_\_

Last date of contact: MM / DD / YYYY **(Skip to Section VI)**

5) \*Were you within approximately 3 feet of the patient or within his/her room or care area for a prolonged period of time (at least one hour)?       Yes       No       Unsure

If yes, date of last contact: MM / DD / YYYY

6) \*Did you have any direct contact with the patient (e.g. shaking hands) no matter how brief?

- Yes      Date of last contact: MM / DD / YYYY **(Skip to Section VI)**  
 No       Unsure

7) ‡Did you have any casual contact with the patient (meaning a brief interaction, such as walking by him/her or being in the same room for a very short period of time) in which you did not directly touch him/her?

- Yes       No       Unsure

If yes, date of last contact: MM / DD / YYYY

## Ebola Virus Disease Contact Tracing Form

State/Local ID:

CDC ID:

### VI. Activities During Period Of Exposure

**Did you participate in any of the following activities with the patient while he/she was ill?**

#### **Caregiving**

Did you take care of the patient when he/she was sick (e.g. bathe, feed, help to bathroom)?

Yes No Unsure

Did you do house cleaning or provide indirect care for the patient (e.g. wash clothes or bedding, wash dishes)?

Yes No Unsure

#### **Sharing Meals**

Did you eat meals with the patient?

Yes No Unsure

Did you share utensils or a cup with the patient?

Yes No Unsure

#### **Other close contact**

Did you use the same bathroom as the patient?

Yes No Unsure

Did you sleep in the same room as the patient?

Yes No Unsure

Did you sleep in the same bed as the patient?

Yes No Unsure

Did you hug the patient?

Yes No Unsure

Did you kiss the patient?

Yes No Unsure

#### **Transportation**

Did you share any transport with the patient (car, bus, plane, taxi, etc.)? Yes No Unsure

If yes, give for *all* shared transport: Conveyance \_\_\_\_\_

Dates of travel: \_\_\_\_\_

Name of airline and flight number: \_\_\_\_\_

Origin: \_\_\_\_\_ Destination: \_\_\_\_\_

Any transit points: \_\_\_\_\_

**Notes:**

# Ebola Virus Disease Contact Tracing Form

State/Local ID:

CDC ID:

## Health Care Worker (HCW) Survey

### VII. Healthcare Facility Information

Facility Name \_\_\_\_\_ Facility Type \_\_\_\_\_

Campus/Building \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Job title: \_\_\_\_\_

Where is your primary site of work in the facility [e.g., specific ward(s), floor(s), department(s)]? \_\_\_\_\_

### VIII. HCW Exposure History *\*Question assesses LOW exposure; †Question assesses HIGH exposure; ‡Question assesses casual contact (NO KNOWN exposure)*

- 1) Did you have any contact with the Ebola patient while he/she was ill?  Yes  No  Unsure  
If yes, please describe and provide dates of first and last contact:

- 2) *\*Were you within approximately 3 feet of the patient or within his/her room or care area for a prolonged period of time? (This includes while wearing PPE)*  Yes  No **(skip to Q3)**  Unsure

**If yes, what PPE was worn on these occasions? Check all that apply**

- Gloves  Gown (impermeable)  Eye protection (goggles or face shield)  Facemask  
 N95 or other respirator  Body suit  None  
 Other \_\_\_\_\_

If any PPE was worn, was donning of PPE witnessed?  Yes Name: \_\_\_\_\_  
 No  Unsure

If any PPE was worn, was patient care witnessed?  Yes Name: \_\_\_\_\_  
 No  Unsure

If any PPE was worn, was doffing of PPE witnessed?  Yes Name: \_\_\_\_\_  
 No  Unsure

Last date(s) of exposure: MM / DD / YYYY  
**(Skip to Q4)**

## Ebola Virus Disease Contact Tracing Form

State/Local ID:

CDC ID:

**IX. HCW Exposure History continued** \*Question indicates LOW exposure; †Question indicates HIGH exposure; ‡Question indicates casual contact (NO KNOWN exposure)

- 3) ‡Did you have any casual contact with the patient (meaning a brief interaction, such as walking by him/her or being in the same room for a very short period of time) in which you did not directly touch him/her? Yes No Unsure

If yes, date of last contact: MM / DD / YYYY

- 4) \*Did you have any direct contact\*\* with the patient (e.g. shaking hands) no matter how brief? (This includes while wearing PPE) Yes No Unsure

**If yes, what PPE was worn on these occasions? Check all that apply**

- Gloves  Gown (impermeable)  Eye protection (goggles or face shield)  Facemask  
 N95 or other respirator  Body suit  None  
 Other \_\_\_\_\_

If any PPE was worn, was donning of PPE witnessed?  Yes

Name: \_\_\_\_\_

No  Unsure

If any PPE was worn, was patient care witnessed?  Yes

Name: \_\_\_\_\_

No  Unsure

If any PPE was worn, was doffing of PPE witnessed?  Yes

Name: \_\_\_\_\_

No  Unsure

Last date(s) of contact: MM / DD / YYYY

## Ebola Virus Disease Contact Tracing Form

State/Local ID:

CDC ID:

### X. HCW Exposure History cont'd

5) †Did you have any direct contact with blood or body fluids from the patient while he/she was ill (including contaminated objects or surfaces such as bedding or clothing)? (This includes while wearing PPE)

Yes     No     Unsure

If yes,

What body fluids were you in contact with? (check all that apply)

- Blood             Feces             Vomit             Urine             Sweat  
 Tears             Respiratory secretions (e.g. sputum, nasal mucus)     Saliva  
 Semen or vaginal fluids     Other, specify: \_\_\_\_\_

What PPE was worn on these occasions? Check all that apply

- Gloves     Gown (impermeable)     Eye protection (goggles or face shield)     Face mask  
 N95 or other respirator             Body suit             None  
 Other \_\_\_\_\_

If any PPE was worn, was donning of PPE witnessed?     Yes

Name: \_\_\_\_\_

No     Unsure

If any PPE was worn, was patient care witnessed?

No     Unsure

If any PPE was worn, was doffing of PPE witnessed?

Yes  No \_\_\_\_\_

No     Unsure

Last date(s) of blood/body fluid exposure: MM / DD / YYYY

## Ebola Virus Disease Contact Tracing Form

State/Local ID:

CDC ID:

### XI. HCW Exposure History cont'd

**NOTES:** Please describe any lapses in proper infection control practices that may have occurred during any of these contacts and describe what happened (e.g., inappropriate/ ineffective disinfection; defective gloves, gowns, mask). Include hospital location (outpatient care, acute inpatient, ED, ICU, long-term care, clinical lab, dialysis center, etc.), response to breach, and duration of each occurrence:

## Ebola Virus Disease Contact Tracing Form

State/Local ID:

CDC ID:

---

### Follow-up Actions:

No further follow-up required. Does not meet criteria for high or low exposure or exposure was >21 days.

Observed Fever Monitoring Recommended

High risk exposure       Low risk exposure

Last exposure date: MM / DD / YYYY      Last day of monitoring: MM / DD / YYYY

Who will conduct the follow-up for fever monitoring?

Name/Affiliation: \_\_\_\_\_

Phone Number and Contact Information: \_\_\_\_\_

Self- Monitoring Recommended (for No Known Exposure only)

Last exposure date: MM / DD / YYYY      Last day of monitoring: MM / DD / YYYY

Who will conduct the follow-up for fever monitoring?

Name/Affiliation: \_\_\_\_\_

Phone Number and Contact Information: \_\_\_\_\_

Respondent has had a fever or severe headache, muscle pain, diarrhea, vomiting, abdominal pain,

unexplained hemorrhage (bleeding or bruising) since having contact with the patient

Temperature: \_\_\_\_\_°F

Fever onset date: MM / DD / YYYY

Symptoms: \_\_\_\_\_

Where will the patient be evaluated for fever? \_\_\_\_\_

## Ebola Virus Disease Contact Tracing Form

State/Local ID:

CDC ID:

<b>XII. Contact Symptom Follow-Up Diary</b>				
<b>1 day after last exposure</b> <small>MM / DD / YYYY</small>	<b>2 days after last exposure</b> <small>MM / DD / YYYY</small>	<b>3 days after last exposure</b> <small>MM / DD / YYYY</small>	<b>4 days after last exposure</b> <small>MM / DD / YYYY</small>	<b>5 days after last exposure</b> <small>MM / DD / YYYY</small>
<input type="checkbox"/> No symptoms <input type="checkbox"/> Fever _____°F <input type="checkbox"/> Chills <input type="checkbox"/> Weakness <input type="checkbox"/> Headache <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Diarrhea ____times/day <input type="checkbox"/> Vomiting <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> Other _____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Fever _____°F <input type="checkbox"/> Chills <input type="checkbox"/> Weakness <input type="checkbox"/> Headache <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Diarrhea ____times/day <input type="checkbox"/> Vomiting <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> Other _____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Fever _____°F <input type="checkbox"/> Chills <input type="checkbox"/> Weakness <input type="checkbox"/> Headache <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Diarrhea ____times/day <input type="checkbox"/> Vomiting <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> Other _____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Fever _____°F <input type="checkbox"/> Chills <input type="checkbox"/> Weakness <input type="checkbox"/> Headache <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Diarrhea ____times/day <input type="checkbox"/> Vomiting <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> Other _____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Fever _____°F <input type="checkbox"/> Chills <input type="checkbox"/> Weakness <input type="checkbox"/> Headache <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Diarrhea ____times/day <input type="checkbox"/> Vomiting <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> Other _____
<b>6 days after last exposure</b> <small>MM / DD / YYYY</small>	<b>7 days after last exposure</b> <small>MM / DD / YYYY</small>	<b>8 days after last exposure</b> <small>MM / DD / YYYY</small>	<b>9 days after last exposure</b> <small>MM / DD / YYYY</small>	<b>10 days after last exposure</b> <small>MM / DD / YYYY</small>
<input type="checkbox"/> No symptoms <input type="checkbox"/> Fever _____°F <input type="checkbox"/> Chills <input type="checkbox"/> Weakness <input type="checkbox"/> Headache <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Diarrhea ____times/day <input type="checkbox"/> Vomiting <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> Other _____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Fever _____°F <input type="checkbox"/> Chills <input type="checkbox"/> Weakness <input type="checkbox"/> Headache <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Diarrhea ____times/day <input type="checkbox"/> Vomiting <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> Other _____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Fever _____°F <input type="checkbox"/> Chills <input type="checkbox"/> Weakness <input type="checkbox"/> Headache <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Diarrhea ____times/day <input type="checkbox"/> Vomiting <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> Other _____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Fever _____°F <input type="checkbox"/> Chills <input type="checkbox"/> Weakness <input type="checkbox"/> Headache <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Diarrhea ____times/day <input type="checkbox"/> Vomiting <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> Other _____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Fever _____°F <input type="checkbox"/> Chills <input type="checkbox"/> Weakness <input type="checkbox"/> Headache <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Diarrhea ____times/day <input type="checkbox"/> Vomiting <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> Other _____

11 days after last exposure MM / DD / YYYY	12 days after last exposure MM / DD / YYYY	13 days after last exposure MM / DD / YYYY	14 days after last exposure MM / DD / YYYY	15 days after last exposure MM / DD / YYYY
<input type="checkbox"/> No symptoms <input type="checkbox"/> Fever _____°F <input type="checkbox"/> Chills <input type="checkbox"/> Weakness <input type="checkbox"/> Headache <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Diarrhea ____times/day <input type="checkbox"/> Vomiting <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> Other _____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Fever _____°F <input type="checkbox"/> Chills <input type="checkbox"/> Weakness <input type="checkbox"/> Headache <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Diarrhea ____times/day <input type="checkbox"/> Vomiting <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> Other _____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Fever _____°F <input type="checkbox"/> Chills <input type="checkbox"/> Weakness <input type="checkbox"/> Headache <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Diarrhea ____times/day <input type="checkbox"/> Vomiting <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> Other _____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Fever _____°F <input type="checkbox"/> Chills <input type="checkbox"/> Weakness <input type="checkbox"/> Headache <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Diarrhea ____times/day <input type="checkbox"/> Vomiting <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> Other _____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Fever _____°F <input type="checkbox"/> Chills <input type="checkbox"/> Weakness <input type="checkbox"/> Headache <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Diarrhea ____times/day <input type="checkbox"/> Vomiting <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> Other _____

16 days after last exposure MM / DD / YYYY	17 days after last exposure MM / DD / YYYY	18 days after last exposure MM / DD / YYYY	19 days after last exposure MM / DD / YYYY	20 days after last exposure MM / DD / YYYY
<input type="checkbox"/> No symptoms <input type="checkbox"/> Fever _____°F <input type="checkbox"/> Chills <input type="checkbox"/> Weakness <input type="checkbox"/> Headache <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Diarrhea ____times/day <input type="checkbox"/> Vomiting <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> Other _____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Fever _____°F <input type="checkbox"/> Chills <input type="checkbox"/> Weakness <input type="checkbox"/> Headache <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Diarrhea ____times/day <input type="checkbox"/> Vomiting <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> Other _____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Fever _____°F <input type="checkbox"/> Chills <input type="checkbox"/> Weakness <input type="checkbox"/> Headache <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Diarrhea ____times/day <input type="checkbox"/> Vomiting <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> Other _____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Fever _____°F <input type="checkbox"/> Chills <input type="checkbox"/> Weakness <input type="checkbox"/> Headache <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Diarrhea ____times/day <input type="checkbox"/> Vomiting <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> Other _____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Fever _____°F <input type="checkbox"/> Chills <input type="checkbox"/> Weakness <input type="checkbox"/> Headache <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Diarrhea ____times/day <input type="checkbox"/> Vomiting <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> Other _____

**21 days after last exposure**

MM / DD / YYYY

**NOTES:**

- No symptoms
- Fever \_\_\_\_\_°F
- Chills
- Weakness
- Headache
- Muscle Aches
- Abdominal Pain
- Diarrhea \_\_\_\_\_times/day
- Vomiting
- Unexplained hemorrhage
- Other \_\_\_\_\_

## Ebola Virus Disease Contact Tracing Form

State/Local ID:

CDC ID:

**NOTES:**



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## **MEMORANDUM**

TO: Illinois EMS Systems

FROM: LaMar Hasbrouck, MD, MPH  
Director

DATE: October 30, 2014

SUBJECT: Interim Guidance for Emergency Medical Services (EMS) Systems for Management of Patients with Known or Suspected Ebola Virus Disease in the United States - Updated

The Centers for Disease Control and Prevention (CDC) has developed interim guidance for emergency medical services (EMS) regarding handling inquiries and responding to patients with suspected Ebola symptoms, and for keeping workers safe.

**Special note:** The guidance provided in this document reflects lessons learned from the recent experience caring for patients with Ebola in U.S. healthcare settings. This document references the CDC’s [“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 \(Doffing\)”](#). Although hospital settings generally present higher risk of transmission than ambulatory settings, transfers by emergency medical services (EMS) present unique challenges because of the uncontrolled and critical care nature of the work, enclosed space during transfer, and a varying range of patient acuity. These factors may increase the risk of exposure to blood and body fluids relative to other ambulatory settings and make it more difficult to change personal protective equipment (PPE) into higher levels of protection based upon a changing clinical scenario. Close coordination and frequent communications among 9-1-1 Public Safety Answering Points (PSAPs), the EMS system, healthcare facilities, and the public health system is important when preparing for and responding to patients with suspected Ebola Virus Disease (EVD).

**Who this is for:** Managers of 9-1-1 Public Safety Answering Points (PSAPs), EMS Agencies, EMS systems, law enforcement agencies and fire service agencies as well as individual emergency medical services providers (including emergency medical technicians (EMTs), paramedics, and medical first responders, such as law enforcement and fire service personnel).

**What this is for:** Guidance keeping workers safe while handling inquiries and responding to patients with suspected Ebola symptoms.

**How to use:** Managers should use this information to understand and explain to staff how to respond and stay safe. Individual providers can use this information to respond to patients suspected to have Ebola and to stay safe.

Key Points of the guidance include:

- The likelihood of contracting Ebola in the United States is extremely low unless a person has direct unprotected contact with the blood or body fluids (like urine, saliva, feces, vomit, sweat, and semen) of a person who is sick with Ebola Virus Disease

- When risk of Ebola is elevated in their community, it is important for public safety answering points (PSAPs) to question callers about:
  - Residence in, or travel to, a country where an Ebola outbreak is occurring (Liberia, Guinea, Sierra Leone);
  - Signs and symptoms of Ebola (such as fever, vomiting, diarrhea); **and**
  - Other risk factors, such as direct contact with someone who is sick with Ebola.
- PSAPs should tell EMS personnel this information before they get to the location so they can put on the correct PPE following proper procedures as described in CDCs guidance: “[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 \(Doffing\)](#)”.
- EMS staff should immediately check for symptoms and risk factors for Ebola. Staff should notify the receiving healthcare facility in advance when they are bringing a patient with suspected Ebola, so that proper infection control precautions can be taken at the healthcare facility before EMS arrives with the patient.

## Background

The current Ebola outbreak in West Africa has increased the possibility of patients with Ebola traveling from the affected countries to the United States (<http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html>). The likelihood of contracting Ebola is extremely low unless a person has direct unprotected contact with the body fluids of a person (like urine, saliva, feces, vomit, sweat, and semen) of a person who is sick with Ebola. Initial signs and symptoms of Ebola include sudden fever, chills, and muscle aches, with diarrhea, nausea, vomiting, and abdominal pain occurring after about 5 days. Other symptoms such as chest pain, shortness of breath, headache, or confusion, may also develop. Symptoms may become increasingly severe and may include jaundice (yellow skin), severe weight loss, mental confusion, bleeding inside and outside the body, shock, and multi-organ failure (<http://www.cdc.gov/vhf/ebola/hcp/clinician-information-us-healthcare-settings.html>).

Ebola is an often-fatal disease and extra care is needed when coming into direct contact with a recent traveler who has symptoms of Ebola and is traveling from a country with an Ebola outbreak. The initial signs and symptoms of Ebola are similar to many other more common diseases found in West Africa (such as malaria and typhoid). Ebola should be considered in anyone with a fever who has traveled to, or lived in, an area where Ebola is present (<http://www.cdc.gov/vhf/ebola/hcp/case-definition.html>).

The incubation period for Ebola, from exposure to when signs or symptoms appear, ranges from 2 to 21 days (most commonly 8-10 days). Any Ebola patient with signs or symptoms should be considered infectious. **Ebola patients without signs or symptoms are not contagious.** The prevention of Ebola includes actions to avoid:

- Exposure to blood or body fluids of infected patients through contact with skin, mucous membranes of the eyes, nose, or mouth, or
- Injuries with contaminated needles or other sharp objects.

Emergency medical services (EMS) personnel, along with other emergency services staff, have a vital role in responding to requests for help, triaging patients, and providing emergency treatment to patients. Unlike patient care in the controlled environment of a hospital or other fixed medical facility, EMS patient care is provided in an uncontrolled environment before getting to a hospital. This setting is often confined to a very small space and frequently requires rapid medical decision-making and interventions with limited information. EMS personnel are frequently unable to determine the patient history before having to administer emergency care.

Coordination among 9-1-1 Public Safety Answering Points (PSAPs), the EMS system, healthcare facilities, and the public health system is important when responding to patients with suspected Ebola. Each 9-1-1 and EMS system should include an EMS medical director to provide appropriate medical supervision.

### **Recommendations for 9-1-1 Public Safety Answering Points (PSAPs)**

State and local EMS authorities may authorize PSAPs and other emergency call centers to use modified caller queries about Ebola when they consider the risk of Ebola to be elevated in their community (e.g., in the event that patients with confirmed Ebola are identified in the area). This will be decided from information provided by local, state, and federal public health authorities, including the city or county health department(s), state health department(s), and CDC.

#### **For modified caller queries:**

It will be important for PSAPs to question callers and determine if anyone at the incident possibly has Ebola. This should be communicated immediately to EMS personnel before arrival and to assign the appropriate EMS resources. Local and state public health officials should also be notified. PSAPs should review existing medical dispatch procedures and coordinate any changes with their EMS medical director and with their local public health department.

- PSAP call takers should consider screening callers for symptoms and risk factors of Ebola. Callers should be asked if they, or if the affected person, has a fever of 38.0 degrees Celsius or 100.4 degrees Fahrenheit or greater, and if they have additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained bleeding.
- If PSAP call takers suspect a caller is reporting symptoms of Ebola, they should screen callers for risk factors within the past 3 weeks before onset of symptoms. Risk factors include:
  - Contact with blood or body fluids of a patient known to have or suspected to have Ebola; or
  - Residence in or travel to a country where an Ebola outbreak is occurring (a list of countries can be accessed at the following link: <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/index.html>).
- If PSAP call takers have information alerting them to a person with possible Ebola, they should make sure any first responders and EMS personnel are made aware of the potential for a patient with possible exposure/symptoms of Ebola **before the responders arrive on scene**.
- If responding at an airport or other port of entry to the United States, the PSAP should notify the CDC Quarantine Station for the port of entry. Contact information for CDC Quarantine Stations can be accessed at the following link: [Quarantine Station Contact List, Map, and Fact Sheets](#).

### **Recommendations for EMS and Medical First Responders, Including Firefighters and Law Enforcement Personnel**

For the purposes of this section, “EMS personnel” means pre-hospital EMS, law enforcement and fire service first responders. These EMS personnel practices should be based on the most up-to-date Ebola clinical recommendations and information from appropriate public health authorities and EMS medical direction.

When state and local EMS authorities determine there is an increased risk (based on information provided by local, state, and federal public health authorities, including the city or county health department(s), state health department(s), and the CDC), they may direct EMS personnel to modify their practices as described below.

#### **Patient assessment**

Interim recommendations:

- Address scene safety:
  - If PSAP call takers advise that the patient is suspected of having Ebola, [EMS personnel should put on the PPE appropriate for suspected cases of Ebola](#) **before** entering the scene.
  - Keep the patient separated from other persons as much as possible.

- Use caution when approaching a patient with Ebola. Illness can cause delirium, with erratic behavior that can place EMS personnel at risk of infection, e.g., flailing or staggering.
- During patient assessment and management, EMS personnel should consider the symptoms and risk factors of Ebola:
  - A relevant exposure history should be taken including:
    - Residence in or travel to a country where an Ebola outbreak is occurring (a list of countries can be accessed at the following link: [2014 Ebola Outbreak in West Africa - Outbreak Distribution Map](#), or
    - Contact with blood or body fluids of a patient known to have or suspected to have Ebola within the previous 21 days.
      - Because the signs and symptoms of Ebola may be nonspecific and are present in other infectious and noninfectious conditions which are more frequently encountered in the United States, relevant exposure history should be first elicited to determine whether Ebola should be considered further.
  - Patients who meet these criteria should be further questioned regarding the presence of signs or symptoms of Ebola Virus Disease, including:
    - Fever (subjective or  $\geq 100.4^{\circ}\text{F}$  or  $38.0^{\circ}\text{C}$ ), and
    - Headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, or bleeding.
  - Based on the presence of risk factors and symptoms, put on or continue to wear appropriate PPE and follow the scene safety guidelines for suspected case of Ebola.
  - If during initial patient contact and assessment and before an EMS provider has donned the appropriate PPE, it becomes apparent that the patient is a suspected case of Ebola, the EMS provider must immediately remove themselves from the area and assess whether an exposure occurred. The provider should implement their agency's exposure plan, if indicated by assessment.
    - To minimize potential exposure, it may be prudent to perform the initial screening from at least 3 feet away from the patient.
    - In addition, EMS crews may – keeping scene safety in mind – consider separating so that all crew members do not immediately enter the patient area.
  - If there are no risk factors, proceed with normal EMS care.

### **EMS Transfer of Patient Care to a Healthcare Facility**

EMS personnel should notify the receiving healthcare facility when transporting a suspected Ebola patient, so that appropriate infection control precautions may be prepared prior to patient arrival.

### **Interfacility Transport**

EMS personnel involved in the air or ground interfacility transfer of patients with suspected or confirmed Ebola [should wear recommended PPE](#).

### **Infection Control**

EMS personnel can safely manage a patient with suspected or confirmed Ebola by following [recommended PPE guidance](#). Early recognition and identification of patients with potential Ebola is critical. An EMS agency managing a suspected Ebola patient should follow these CDC recommendations:

- Limit activities that can increase the risk of exposure to infectious material, especially during transport.
- Limit the use of needles and other sharps as much as possible. All needles and sharps should be handled with extreme care and disposed in puncture-proof, sealed containers.
- Phlebotomy, procedures, and laboratory testing should be limited to the minimum necessary for essential diagnostic evaluation and medical care.

## Use of Personal protective equipment (PPE)

Both **advanced planning and practice are critical** – in putting on PPE in a variety of circumstances, in the transfer of the patient to the hospital, and in the taking off of the PPE.

EMS workers who may be involved in the care of Ebola patients should receive training and have demonstrated competency in performing all Ebola-related infection control practices and procedures, and specifically in donning/doffing proper PPE. When treating a suspected Ebola patient, EMS personnel should wear PPE and follow proper procedures for putting on and taking off (donning and doffing) PPE as described in CDC's guidance: [“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 \(Doffing\).”](#)

Pre-hospital patient care, however, is frequently provided in an uncontrolled environment with unique operational challenges. EMS systems must design their procedures to accommodate their local operational challenges while still following the principles and procedures of the CDC PPE guidance.

- For instance, it may be as simple as having one provider put on PPE and manage the patient while the other provider does not engage in patient care but serves in the role of trained observer and driver.
- Or, there may be situations where a patient must be picked up and carried and multiple providers are required to put on PPE. EMS personnel wearing PPE who have cared for the patient must remain in the back of the ambulance and not be the driver.
- EMS agencies may consider sending additional resources (for example, a dedicated driver for the EMS unit who may not need to wear PPE if the patient compartment is isolated from the cab) to eliminate the need for putting on PPE (field-donning) by additional personnel. This driver should not provide any patient care or handling.

Pre-hospital resuscitation procedures such as endotracheal intubation, open suctioning of airways, and cardiopulmonary resuscitation frequently result in a large amount of body fluids, such as saliva and vomit. Performing these procedures in a less controlled environment (e.g., moving vehicle) increases risk exposure for EMS personnel. If conducted, perform these procedures under safer circumstances (e.g., stopped vehicle, hospital destination).

If blood, body fluids, secretions, or excretions from a patient with suspected Ebola come into direct contact with the EMS provider's skin or mucous membranes, then the EMS provider should immediately stop working. They should wash the affected skin surfaces with soap and water and mucous membranes (e.g., conjunctiva) should be irrigated with a large amount of water or eyewash solution. Report the exposure to an occupational health provider or supervisor for follow-up.

Recommended PPE should be used by EMS personnel as follows:

- PPE should be put on before entering the scene and continued to be worn until personnel are no longer in contact with the patient. PPE should be carefully put on under observation as specified in the CDC's [“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 \(Doffing\).”](#)
- PPE should be carefully removed while under observation, in an area designated by the receiving hospital, and following proper procedures as specified in the CDC's [“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 \(Doffing\).”](#)

## **Cleaning EMS Transport Vehicles after Transporting a Patient with Suspected or Confirmed Ebola**

The following are general guidelines for cleaning or maintaining EMS transport vehicles and equipment after transporting a patient with suspected or confirmed Ebola:

- An EPA-registered hospital disinfectant with label claims for viruses that share some technical similarities to Ebola (such as, norovirus, rotavirus, adenovirus, and poliovirus) and instructions for cleaning and decontaminating surfaces or objects soiled with blood or body fluids should be used according to those instructions. After the bulk waste is wiped up, the surface should be disinfected as described below. For a list of EPA-registered hospital disinfectants effective against norovirus, click here: [http://www.epa.gov/oppad001/list\\_g\\_norovirus.pdf/](http://www.epa.gov/oppad001/list_g_norovirus.pdf/)
- EMS personnel performing cleaning and disinfection should follow the [“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 \(Doffing\).”](#) There should be the same careful attention to the safety of the EMS personnel during the cleaning and disinfection of the transport vehicle as there is during the care of the patient.
- Patient-care surfaces (including stretchers, railings, medical equipment control panels, and adjacent flooring, walls and work surfaces), as well as stretcher wheels, brackets, and other areas are likely to become contaminated and should be cleaned and disinfected after each transport.
- A blood spill or spill of other body fluid or substance (e.g., feces or vomit) should be managed by trained personnel wearing correct PPE, through removal of bulk spill matter, cleaning the site, and then disinfecting the site. For large spills, a chemical disinfectant with sufficient potency is needed to overcome the tendency of proteins in blood and other body substances to neutralize the disinfectant’s active ingredient. Contaminated reusable patient care equipment (e.g., glucometer, blood pressure cuff) should be placed in biohazard bags and labeled for cleaning and disinfection according to agency policies. Reusable equipment should be cleaned and disinfected according to manufacturer’s instructions by trained personnel wearing correct PPE. Avoid contamination of reusable porous surfaces that cannot be made single use.
- Use only a mattress and pillow with plastic or other covering that fluids cannot get through. To reduce exposure among staff to potentially contaminated textiles (cloth products) while laundering, discard all linens, non-fluid-impermeable pillows or mattresses as appropriate.

The Ebola virus is a Category A infectious substance regulated by the U.S. Department of Transportation’s (DOT) Hazardous Materials Regulations (HMR, 49 C.F.R., Parts 171-180). Any item transported for disposal that is contaminated or suspected of being contaminated with a Category A infectious substance must be packaged and transported in accordance with the HMR. 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 PPE, [e.g., gowns, masks, gloves, goggles, face shields, respirators, booties] or byproducts of cleaning) contaminated or suspected of being contaminated with a [Category A infectious substance](#).

### **Follow-up and/or reporting measures by EMS personnel after caring for a suspected or confirmed Ebola patient**

- EMS personnel should be aware of the follow-up and/or reporting measures they should take after caring for a suspected or confirmed Ebola patient.
- EMS agencies should develop policies for monitoring and management of EMS personnel potentially exposed to Ebola.
- EMS agencies should develop sick leave policies for EMS personnel that are non-punitive, flexible and consistent with public health guidance
- Ensure that all EMS personnel, including staff who are not directly employed by the healthcare facility but provide essential daily services, are aware of the sick leave policies.

- EMS personnel with exposure to blood, bodily fluids, secretions, or excretions from a patient with suspected or confirmed Ebola should immediately:
  - Stop working and wash the affected skin surfaces with soap and water. Mucous membranes (e.g., conjunctiva) should be irrigated with a large amount of water or eyewash solution;
  - Contact occupational health/supervisor for assessment and access to post-exposure management services; and
  - Receive medical evaluation and follow-up care, including fever monitoring twice daily for 21 days, after the last known exposure. They may continue to work while receiving twice daily fever checks, based upon EMS agency policy and discussion with local, state, and federal public health authorities.
- EMS personnel who develop sudden onset of fever, intense weakness or muscle pains, vomiting, diarrhea, or any signs of hemorrhage after an unprotected exposure (i.e., not wearing recommended PPE at the time of patient contact or through direct contact to blood or body fluids) to a patient with suspected or confirmed Ebola should:
  - Not report to work or immediately stop working and isolate themselves;
  - Notify their supervisor who should notify local and state health departments;
  - Contact occupational health/supervisor for assessment and access to post-exposure management services; and
  - Comply with work exclusions until they are deemed no longer infectious to others.

The guidance provided in this document is based on current knowledge of Ebola. Updates will be posted as needed on the [CDC Ebola Webpage](#). The information contained in this document is intended to complement existing guidance for healthcare personnel, [Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Virus Disease in U.S. Hospitals](#).



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**MEMORANDUM**

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

FROM: Communicable Disease Control Section

DATE: January 23, 2015

**SUBJECT: Summary of Recent Changes to Ebola Guidance**

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As the Ebola outbreak continues to unfold, the Centers for Disease Control and Prevention (CDC) have issued additional guidance and clarification since the last IDPH Memorandum. The following summarizes the recent changes.

1. On January 8, 2015, Mali was removed from the countries with widespread transmission list. Guinea, Liberia and Sierra Leone remain on the widespread transmission list.
2. An algorithm for Emergency Medical Services and 911 Public Safety Answering Points was issued on January 2, 2015. <http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-emergency-medical-services-systems-911-public-safety-answering-points-management-patients-known-suspected-united-states.html> The key points include the reassurance that:
  - a. The majority of patients in the United States with fever and non-specific signs/symptoms do not have Ebola.
  - b. The risk from patients with early symptoms is lower than the risk from a hospitalized severely ill Ebola patient.
  - c. Despite the low risk in transport situations, emergency medical services (EMS) personnel should consider and assess patients for the possibility of Ebola.
  - d. Close coordination and frequent communication between the EMS personnel and the 911 call centers, EMS system, healthcare facilities and public health partners will assist with safe transportation of the patient.
3. Guidance for sufficient inventory and minimum recommendations for personal protective equipment supplies based on the facility role (frontline, assessment or treatment). Note that the Local and State Health Departments will assist with prioritization of supplies based on the facility role and the anticipated admission of a person under investigation. <http://www.cdc.gov/vhf/ebola/healthcare->

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[us/ppe/supplies.html](http://www.cdc.gov/ppe/supplies.html)

4. Clarifications to the November 28<sup>th</sup> CDC guidance on monitoring and movement of persons with potential Ebola virus exposure to include:  
(<http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html>)
  - a. Recognition that healthcare workers caring for Ebola patients may have unknown unprotected exposure and therefore should be monitored.
  - b. Expanded language defining potential risk for nonclinical staff or observers when they enter an Ebola care and treatment space that has not been terminally cleaned and disinfected.
  - c. An understanding that control measures may be uncertain in some countries experiencing widespread transmission.
  - d. Expansion of those classified as having some risk and who may require monitoring upon arrival in the United States.

See also updated IDPH guidance on monitoring and movement, distributed today.



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

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**TO:** EMS System Medical Directors and Coordinators

**FROM:** Jack Flecharty, RN, EMT-P   
Chief, Division of EMS and Highway Safety

**DATE:** November 14, 2014

**SUBJECT:** IDPH Guidelines for Setting up an Ambulance Specifically for the Purpose of Transporting a Patient Who Meets the Risk Factors for Diagnosis of Ebola Virus Disease (EVD) or Exposure to Patients with EVD

An EMS Medical Director may request in advance a waiver approval from IDPH to utilize a currently licensed ambulance with the majority of the required vehicle equipment removed for the purpose of transporting a known or suspected EVD patient to a health care facility. The vehicle identified for the waiver should only be used to transport patients that have been determined at risk for EVD.

The vehicle must be accompanied (on scene and during transport) by another fully-equipped non-transport vehicle or a transport ambulance licensed to operate at the same level of care as the transport isolation vehicle. The accompanying vehicle will provide the needed equipment or personnel to the transport isolation vehicle, if required.

Adequate PPE should be available to the crew members of the accompanying vehicle should the need arise to assist other crew members of the transport isolation vehicle.

All EMS crew members or Health Care Workers (HCW) providing care to known or suspected EVD patients are recommended to follow the CDC's recommended guidance for PPE and transportation guidelines. For instructions, go to the following websites:

<http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>

<http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-emergency-medical-services-systems-911-public-safety-answering-points-management-patients-known-suspected-united-states.html>

Medical Protocols may need to be modified by the EMS Medical Director to align with the CDC guidance for care of a patient with suspected EVD during transport.

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At a minimum, the transport isolation vehicle should have the following established:

- The patient compartment should be separated for splash or droplet protection from the driver's cab area. Covering walls, ceiling, floors, seats and benches with<sup>1</sup> water-impermeable barriers such as transparent heavy plastic sheeting may be an option to help reduce contamination by body fluids and provide easier decontamination upon completion of the transport. (This would increase the medical waste that would be handled as a category A infectious substance.)
- The transport isolation vehicle shall have the capability to communicate with the accompanying vehicle.
- Airway maintenance supplies and oxygen delivery system supplies and equipment must be present. (Provider may utilize a first-response bag in a separate sealed bag or plastic container.)
- Suction equipment and suction supplies shall be present and working.
- Emesis bags and bedpans shall be available.
- Adequate towels, linens, blankets and pillows shall be present (consider disposable items for these requirements).
- Adequate PPE shall be available for personnel staffing the transport isolation vehicle.
- Appropriate thermometer.
- Proper disinfectants for decontamination of the vehicle's surfaces.
- Biohazard waste bags.
- Biohazard container for storage of biohazard waste during transport.
- Consideration of full Tyvek coveralls and a hooded powered air purifying respirator (PAPR)<sup>1</sup> for EMS crew members or accompanying HCW's would provide increased splash protection, reduce fogging of goggles or face shields and improve crew comfort during the transport

Note: use of standard stethoscopes with PAPRs generally is not feasible due to the ambient noise created by PAPRs. Standard Stethoscopes also pose potential HCW contamination risk.

EMS Systems should work with receiving hospitals to determine plans for routes of accepting the known or suspected EVD patient to minimize exposure to other patients and/or unnecessary contamination of the health care facility. Exercising a plan is highly recommended.

Ambulance crew members should review and practice decontamination procedures, prevent environmental exposures, and safely manage medical waste following the recommended guidelines by the CDC.

Attached to this document is a sample of the waiver document that is available from the State Regional Emergency Medical Services Coordinator.

Questions or concerns should be addressed to your State Regional EMS Coordinator or call the Office of Preparedness and Response, Division of EMS & Highway Safety at 217-785-2080.

**References:**

1. Safe management of patients with serious communicable diseases: Recent experience with Ebola Virus. Alexander Isakov, MD, MPH; Aaron Jamison, EMT-P; Wade Miles, EMT-P; and Bruce Ribner, MD, MPH. *Ann Intern Med*. Published online 23 September 2014.



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

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## MEMORANDUM

**Date:** November 03, 2014

**TO:** IDPH Ebola Guidance Distribution Group

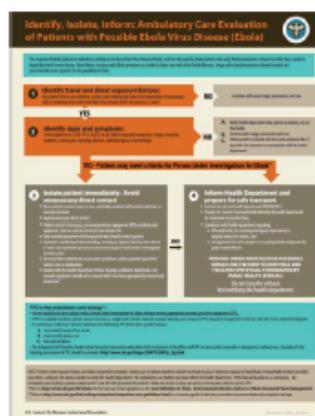
**FROM:** LaMar Hasbrouck, MD, MPH, Director

**SUBJECT:** Re: Interim Guidance for Ambulatory/Outpatient Care Evaluation of Patients with Possible Ebola Virus Disease

See attached flowchart from CDC: *Identify, Isolate, Inform: Ambulatory Care Evaluation of Patients with Possible Ebola Virus Disease*

IDPH encourages Illinois ambulatory and outpatient care settings to adopt the CDC approach to evaluating patients with possible Ebola Virus Disease.

Some additional guidance and Illinois-specific information to accompany the flowchart is provided below.



### 1. Identify Exposure (including Travel) History

- Ensure that triage staff know which countries currently have widespread Ebola transmission and ask patients about these countries **by name**.
- As of 11/3/14, countries with widespread Ebola transmission are **Guinea, Liberia, and Sierra Leone**. Patients who have traveled to other African countries do not require isolation.
- Countries included in this list will change as the outbreak evolves; see [www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html](http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html) for a current list of countries with widespread transmission.



Location of Guinea, Sierra Leone, and Liberia

### 2. Isolate Patient

- Triage staff should maintain at least a 3-foot distance from patient and immediately alert responsible clinician when patient is placed in isolation area/examination room.
- Restrict staff entry to essential personnel.
- Put a mask in the room for the patient to wear if he/she is coughing.

- Remain calm: Remember that Ebola is not spread through the air. It spreads through direct contact with a symptomatic infected person's body fluids. Other diseases (e.g. malaria) are likely to cause fever in a returning traveler, and travelers may seek care for unrelated conditions.

### 3. Assess Patient

- Clinician should maintain at least a 3-foot distance from patient and should not touch patient during initial assessment. See attached algorithm for recommended PPE; wear the best available PPE in your ambulatory setting.
- If feasible, have patient take his/her own temperature (e.g. with a disposable single-use thermometer)
- Clinician should obtain detailed and accurate history
  - Confirm travel history, if applicable: specific locations and dates
  - Confirm symptom history: fever, headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, or hemorrhage (note onset dates or presence of other symptoms)
  - Evaluate potential Ebola exposures: in travelers, while in the affected country, any exposure to health care settings, funeral attendance, or contact with ill or deceased individuals in the last 21 days

### 4. Inform Local Health Department

#### 4a. Patient with compatible travel history or Ebola exposure and symptoms potentially consistent with Ebola:

- IMMEDIATELY
  - Call your local public health department. The local public health department should already be aware of and monitoring travelers.
  - If unable to reach, call the Illinois Emergency Management Agency at 1-800-782-7860 or 217-782-7860 (24 hours/7 days) and ask to speak to the duty officer.
- Do not touch patient or perform any procedures unless absolutely necessary. Follow instructions on the attached algorithm.
- If patient is not clinically stable, call 911 and inform the operator that a suspected Ebola patient needs transfer, AND immediately contact the health department.
- Persons under investigation for Ebola should only be sent to hospitals and facilities specifically designated by public health officials; do NOT transfer patients without talking to the health department first.

#### 4b. Patient with compatible travel history or Ebola exposure in the last 21 days but none of the above symptoms (e.g. presenting for unrelated illness):

- Call your local public health department to help ensure the routine 21 days of monitoring are completed by the health department.

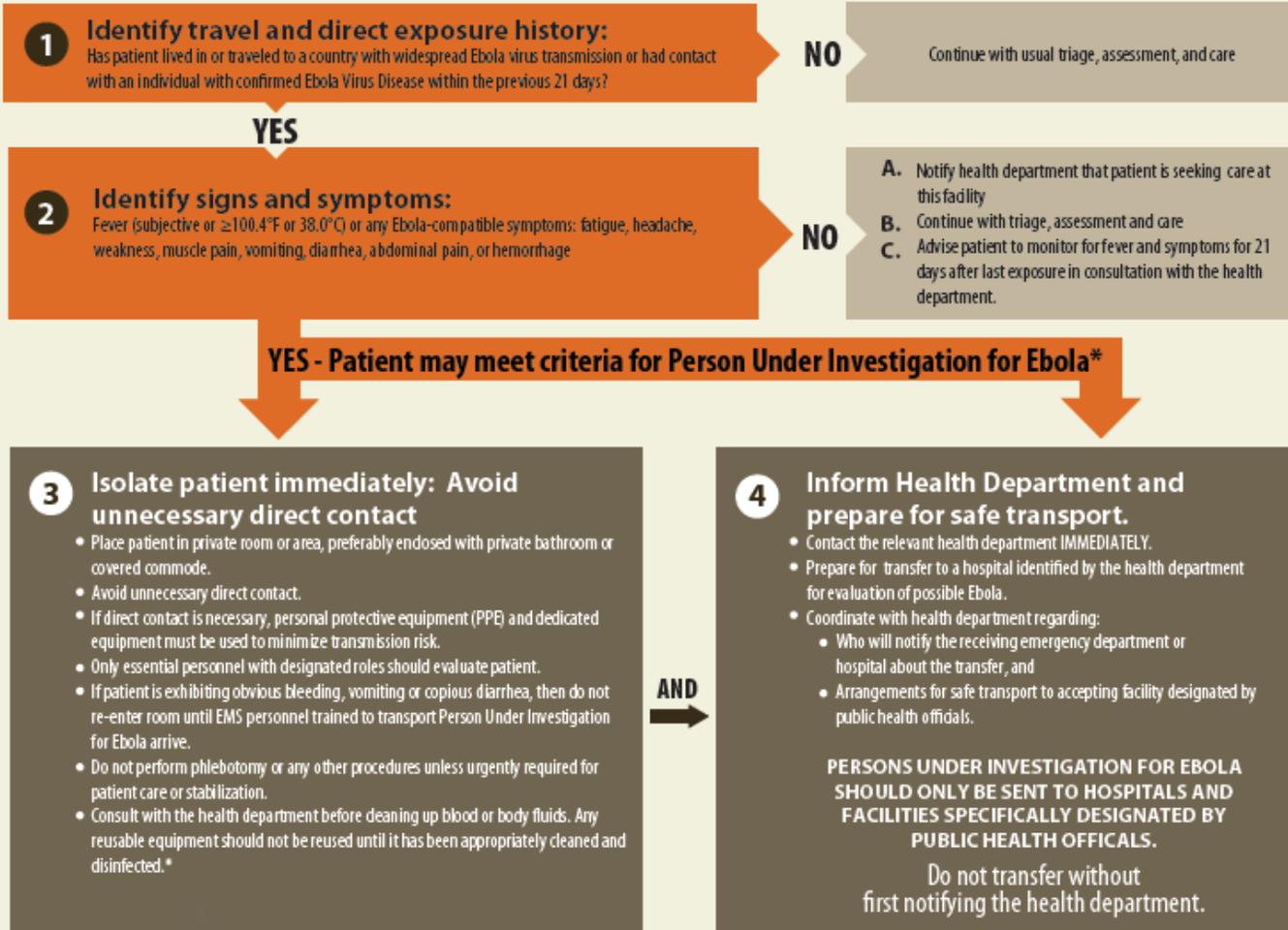
**4c. Patient WITHOUT compatible travel history or Ebola exposure, including patients who traveled to other unaffected countries in Africa or who traveled more than 21 days ago:**

- Discontinue precautions, manage patient in routine manner

# 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.



### 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/hkpac/2007IP/2007ip\\_fig.html](http://www.cdc.gov/hkpac/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.



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**To:** Illinois Hospitals  
Illinois Local Health Departments  
IDPH Regional EMS Coordinators  
Emergency Response Coordinator

**From:** Winfred Rawls, Deputy Director  
Office of Preparedness and Response

**Date:** November 10, 2014

**Re:** Regional Tiered Healthcare Coalition Planning for Coordinated Screening, Triage, Diagnosis and Care of EVD Patients in Illinois

The Ebola virus outbreak in Africa continues and risk of importation remains, however, the overall risk in Illinois is low. Only a handful of healthy travelers from currently affected countries have a final destination within Illinois each week. Based on current projections, fewer than 50 returned travelers will be residing in Illinois at any given time that are in the 21 day window of potential risk for developing Ebola Virus Disease (EVD). If the outbreak in Africa expands, or EVD is detected or treated in Illinois, then the number of individuals at potential risk of developing EVD infection will increase. Preparedness and response activities should put current and potential risks in perspective to help guide a rational and coordinated response.

Key elements of preparedness and response going forward are as follows:

**1. Screening, observation, and monitoring of incoming travelers from affected countries arriving at O'Hare and other airports**

All passengers arriving at O'Hare from affected countries, as well as all passengers from affected countries arriving at other airports that are destined for Illinois will be identified. All such travelers will receive daily monitoring by local health departments (LHDs) extending through the 21 day incubation period for EVD. This monitoring will help ensure that for individuals that develop illnesses, transfer to appropriate care sites (e.g. via coordination between primary care providers, LHDs, and health care facilities) takes place, and that any individuals with Ebola virus infection are diagnosed early in the illness, before much higher levels of infectiousness and risk for transmission occurs. However, it is possible that some individuals may not be captured through these efforts and may be identified in other ways.

**2. Screening assessments, triage, referral, diagnosis and care for ill individuals**

All LHDs and health care facilities in the state **should participate in healthcare coalitions** in order to ensure that, to the fullest extent possible, high quality and safe care is provided for individuals with **and** without EVD. Each health care facility should understand its role in performing remote and onsite screening assessments, triage, referral, diagnosis, and care, in

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order to ensure that individuals with **and** without Ebola infection receive proper care, in settings where staff are appropriately protected. The critical importance of **accurate travel histories** and exposure assessments, including up to date knowledge of Ebola affected countries in Africa cannot be over-emphasized --this will result in avoidance of unnecessary and disruptive “Ebola scares”

### **3. Ensuring access to appropriate PPE for different settings**

Personal Protective Equipment (PPE) resources must be appropriately managed to ensure that staff are properly protected, in particular those staff caring for patients with diagnosed EVD, who may excrete/secrete gallons of fluid each day, with fluid viral loads in the billions/ml. Over the next 2 months, CDC expects period shortages in PPE supplies. PPE supply chains must be ensured for Ebola Treatment Centers (ETC) and Regional Evaluation and Initial Management Centers (REIM) in collaboration with other facilities that have the ability to share PPE needed for Ebola care. IDPH and CDC can assist with emergency PPE supply needs.

The backbone for development of regional networks already exists in the form of Regional Healthcare Coalitions which are well established and utilized to coordinate disaster response efforts, share resources, and address regional vulnerabilities during a natural or manmade disaster, or public health emergency. These Coalitions are coordinated by a designated Regional Hospital Coordinating Center hospital that engages the local and regional health care facilities, LHD, Emergency Medical Services, clinics, emergency management agencies, local law enforcement, fire service, coroners, etc., in the development of regional medical disaster plans and response activities. These Coalitions are also designed to provide mutual aid to other affected regions of the state whenever possible.

Healthcare coalitions and their component healthcare systems and hospital and non-hospital members in all regions have reviewed and disseminated, and continue to regularly review and disseminate, updated Ebola-related guidance, obtain necessary PPE, and update plans to share PPE and other resources within each region. They are also conducting facility and regional training on Ebola patient procedures, donning and doffing PPE, and have been doing or planning Ebola patient “walk-in” exercises. IDPH’s Illinois Medical Emergency Response Team (IMERT) is assisting in resource-strapped Southern Illinois with these walk-in exercises with plans to expand these training assessments, if needed, into central and northern Illinois.

On October 30, 2014 IDPH met with all 11 major Regional Hospital Coordinating Centers (RHCC) hospitals to discuss the status of their regional healthcare coalition planning to coordinate and address all aspects of EVD response. The discussion involved dispatch/EMS/clinic screening, EMS System Ebola Transport Plans, Ebola Evaluation and Treatment facilities, training, PPE stocks and caches, and LHD communications.

*Regional Ebola Coordination Plan Meetings*

During this developing situation, it is important for Illinois' healthcare system executives to focus on their responsibility to cooperate with IDPH to help prevent this disease from gaining a foothold here. Starting as soon as possible over the next 2 – 3 weeks, I am asking IDPH Public Health and Medical Services Response Region (PHMSR) IDPH Regional EMS Coordinators and Disaster Planning and Readiness (DPR) Emergency Response Coordinators to work with the RHCC and the local health department where the RHCC is located to convene a meeting with all the PHMSR hospital's Chief Medical Officers and CEOs. This will assure that quick decisions can be made in setting up a regional tiered healthcare response to EVD. It is important for healthcare systems to work with their RHCC, IDPH, and LHDs to coordinate and share the responsibilities of Regional Evaluation and Initial Management Centers (REIM), and Ebola Treatment Centers (ETC) as outlined in the table below. These initial meetings should be completed as soon as possible within the next 3 weeks.

Following that initial regional meeting, I am asking that IDPH Regional EMS Coordinators and Emergency Response Coordinator regional staff work with their corresponding RHCC hospital and the RHCC's LHD to hold coordinating meeting(s) and discussions with all other relevant coalition healthcare partners in each of their regions to define and document their current plans on how the region's Ebola response coordination will be accomplished. The meetings need to include all other LHDs in the region, as well as EMS agencies, community health centers, outpatient clinics, urgent care centers, dentists, private health care providers, emergency management agencies, local law enforcement, fire service, coroners, and State's Attorney.

In preparation for the regional meetings, please review the key activities and considerations for the capabilities below as they pertain to your region. Please start to record your region's designated ETC, REIMs, and Isolation Transport Vehicle (ITV) for Ebola as described below. Include the roles and responsibilities of the various coalition members. Please address planning, training, and exercises as necessary. IDPH will have a more detailed State Ebola Virus Disease (EVD) Preparedness and Response Plan released very soon, along with a coordinated regional planning template for your use. At that time, our staff will ask you to document your regional planning on this template and return it to them no later than December 15, 2014.

Setting	Capability	Key activities /considerations	Designated System(s) or Facilities/Roles/ Planning/Exercising/ Training
EMS Dispatch, Outpatient Clinics, EDs.	Remote assessment and triage before in-person patient encounter  <a href="#">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</a>	Accurate information re: travel history within past 21 days. If positive or uncertain, assess for Ebola symptoms and exposures. Referral to appropriate site for care based on travel history and symptoms. Appropriate transport mechanisms. <sup>1</sup>	

	<a href="#">Virus Disease in the United States</a>		
Outpatient Clinic	<p>Ability to stay up to date with, and adhere to CDC guidance:</p> <p><a href="#">Ambulatory Care Evaluation of Patients with Possible Ebola Virus Disease</a></p> <p><a href="#">IDPH Interim Guidance for Ambulatory / Outpatient Care Evaluation of Patients with Possible Ebola Virus Disease.</a></p> <p>Ability to contact LHD, as needed (e.g. to support suspect case), including weekends and holidays when LHD is not open, and outpatient clinic is open.</p>	<p>Accurate travel history and symptom screen.</p> <p>Availability of PPE.</p> <p>Staff trained/drilled in use of PPE.</p> <p>Pre-existing plan for EMS transfer of patients to EDs, or REIM, if needed.</p>	
Emergency Department (ED)	<p>Ability to stay up to date with, and adhere to CDC guidance:</p> <p><a href="#">Identify, Isolate, Inform: Emergency Department Evaluation and Management for Patients Who Present with Possible Ebola Virus Disease</a></p> <p>Ability to contact LHD, as needed (e.g. to report suspect case), including weekends, nights, and holidays when LHD is not open, and ED is open.</p>	<p>Accurate travel history and symptom screen.</p> <p>Availability of PPE.</p> <p>Staff trained/drilled in use of PPE.</p> <p>Pre-existing plan for EMS transfer of patients to REIM if needed.</p>	
Regional Evaluation and Initial Management Centers (REIM). (REIMs do not	<p>Same requirements as ED, plus ability to provide initial evaluation and clinical care of patients up to the time of Ebola</p>	<p><b>PHMSR Healthcare Coalitions need to strategically designate one or more REIMs in their region to be within 8 hours transportation of an available ETC.</b></p>	

<p>have to be Ebola treatment centers.)</p>	<p>diagnosis, and provision of care prior to transport to an ETC, a minimum of 48 hours of care.<sup>1</sup></p> <p><a href="#"><u>Guidance for Clinical Labs Managing Specimens from Patients Under Investigation (PUI) for Ebola Virus Disease (EVD)</u></a></p> <p>On site capability for laboratory testing (e.g. CBC, platelet count, coagulation panels, LFTs, malaria smears).</p> <p>Pre-arranged mechanisms for rapid transport of specimens for Ebola testing to an IDPH laboratory that performs Ebola PCR.</p> <p>Capability (staffing etc) to provide supportive care, utilize investigational agents (if indicated), and maintain safe conditions (PPE, etc) for staff and other patients and visitors in the hospital.</p> <p>Quick access to designated Ebola Isolation Transport vehicle (ITV).</p>	<p>Corporate healthcare systems may internally identify one of their facilities in a region to be an REIM and receive patients from their other corporate healthcare facilities nearby their region. HOWEVER, through existing mutual aid agreements and regional plans, the RHCC will coordinate (through load sharing, rotation or reciprocity) the REIM support for patient referral from critical access hospitals, and other healthcare partners not affiliated with, or supported by the REIM's healthcare system.</p> <p>Patient referral to a REIM requires medical consultation and will be based on individualized assessment—e.g. location of patient, likelihood of Ebola diagnosis, how many days ill, “wet” vs. “dry” EVD stage, turnaround times for labs, etc. In some cases, ( e.g. if there is high probability for diagnosis of Ebola), an early direct referral to an ETC prior to diagnosis may be appropriate. Consideration should be given to minimizing number of inter-facility patient transfers.</p> <p>IDPH, the REIM's local health department, and EMS must be consulted prior to receiving a PUI or EVD diagnosed patient.</p> <p>Sufficient PPE supplies must be available to support REIMs; REIMs should seek training support.</p> <p>Media and other communications, security, labor relations issues identified and addressed in advance of accepting a patient.</p>	
<p>Ebola Treatment Centers (ETCs).</p>	<p>As above with additional capabilities for longer term care of</p>	<p>A limited number of large hospitals may volunteer to be a designated ETC.</p>	

<p>Limited number.</p>	<p>patients diagnosed with EVD, including higher levels of staffing, greater requirements for PPE, environmental infection control, waste disposal etc. <sup>i</sup></p> <p><a href="#">Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Virus Disease in U.S. Hospitals</a></p> <p>Must meet CDC and IDPH ETC assessment guidelines.</p> <p>Quick access to designated Ebola Isolation Transport vehicle (ITV).</p>	<p>IDPH needs at least one more large downstate medical facility outside the Chicago Metro area, especially near another major airport.</p> <p>ETC will receive priority access to emergency IDPH and CDC PPE supplies.</p> <p>Consultation and assessment by CDC and IDPH are necessary to be designated an ETC.</p> <p>Sufficient PPE supplies and training must be available to support ETCs.</p> <p>Patient referral to an ETC requires medical consultation and will be based on individualized assessment—e.g. location of patient, Ebola diagnosis, how many days ill, “wet” vs “dry” EVD stage, turnaround times for labs, etc. IDPH, LHD and EMS must be consulted prior to receiving a PUI or EVD diagnosed patient.</p> <p>Media and other communications, security, labor relations issues must be identified and addressed in advance of accepting a patient.</p>	
<p>Isolation Transport Vehicle (ITV) for Ebola</p>	<p>EMS teams that are designated to perform transport of suspected and diagnosed Ebola patients.</p> <p>Ability to meet IDPH guidance on Ebola Isolation Transport Vehicle (ITV) for EMS transportation.</p> <p>Ability to stay up to date with, and adhere to CDC guidance.</p> <p><a href="#">Interim Guidance for Emergency Medical</a></p>	<p>REIMs and ETCs must have quick access to a designated approved EMS ITV.</p> <p>RHCC’s will also be asked for similar reasons to work with EMS Systems, healthcare systems and hospitals to coordinate and consolidate Ebola-related ambulance transport and designate an ITV that meets IDPH guidance. Due to the expense and resources needed to transfer EVD patients, and the need to limit EVD transmission, a limited number of designated units in the region should be prepared and trained</p>	

	<p><a href="#">Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients with Known or Suspected Ebola Virus Disease in the United States</a></p> <p><a href="#">IDPH Interim Guidance for Emergency Medical Services (EMS) Systems for Management of Patients with Known or Suspected Ebola Virus Disease in the United States</a></p>	<p>for such activities. These units must have quick access to ETC and REIM facilities. This must be done in coordination with IDPH EMS.</p> <p>Communication plans and drills with dispatch, 911, public health and hospitals regarding the transport of suspected and actual EVD patients.</p>	
Personal Protective Equipment Supplies	<p><a href="#">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)</a></p> <p><a href="#">CDC PPE Donning and Doffing Procedures Video</a></p> <p>PPE may be back ordered until Dec/Jan. Regions should coordinate now for sharing or group ordering until then.</p> <p>For emergencies, be prepared to request emergency supplies from IDPH.</p>	<p>Plans to regionalize/redistribute/reallocate appropriate PPE supplies within region to prevent PPE emergencies.</p> <p>Plans for obtaining PPE supplies in an unforeseen emergency.</p> <p>Inventory management system to help track available resources and PPE.</p> <p>PPE Training/Exercises.</p>	

cc: Lamar Hasbrouck, MD, MPH, Director IDPH  
Jonathon E. Monken, Director IEMA

Donald G. Kauerauf, Chair Illinois Terrorism Task Force  
Debra Byers, Deputy Director, Office of Healthcare Regulation  
Jack Fleeharty, RN, Chief, Division of EMS and Highway Safety  
Cathy Grossi, BSN, J.D., Vice-President, Illinois Hospital Association  
Trish Anen, RN, MBA, Vice-President, Metropolitan Chicago Healthcare Council  
Beth Fiorini, MS, President, IAPHA  
Terry Mason, MD, President, NIPHC  
Phyllis Wells, President, SIPHC

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<sup>1</sup> Individuals without travel to affected countries in the past 21 days and without exposure to an Ebola patient in the past 21 days (e.g. at a US hospital) can receive usual management/care. Referral of all persons under investigation for diagnosis of EVD to an Ebola Treatment Center will not occur. Individuals with travel history in past 21 days but clearly without symptoms of Ebola can generally receive usual management/care; however planning around inpatient admission of these individuals should take into account the potential for a patient who currently has no symptoms of Ebola to subsequently become ill with Ebola while hospitalized. Overuse of these facilities, e.g. for lower probability “rule/outs” may have the unintended consequence of these facilities not being able to accept a patient with diagnosed Ebola, and cause delays in the transfer of “high probability” patients. Similarly, unnecessary transfer of patients to REIMs should be avoided.

Chicago vs Other Areas Regarding Ebola Evaluation, Referral, and Care Framework (11/7/2014)

Ebola related Activity	Chicago	Outside Chicago	Comments
Remote screening (eg via EMS system) to identify potential PUIs	All EDs	All EDs	System protocols to direct patient to appropriate site for care; if feasible, in consultation with LHD.
Identify PUI based on travel history and symptoms; assess exposures	All EDs	All EDs	If PUI identified, report immediately to LHD and obtain ID consult
Consider whether patient in the ED needs referral to another site for evaluation and care.	All EDs	All EDs	See below.
Discuss PUI with LHD, CDPH/IDPH and facility with higher level capabilities for diagnosis, initial supportive care to determine if transfer is needed	All EDs	All EDs	Hospital ID consultant should participate in call.
Transfer patient to REIM* or ETC **	Designated EMS providers	Designated EMS providers	
Diagnosis and initial care for "dry patient" with Ebola diagnostics pending	ETCs	REIM; ETC currently not available, except if approved by ETC, e.g. for in-network hospital that is outside Chicago	Single negative test usually sufficient to rule out Ebola if negative and patient improving.
Diagnosis and initial care in for "wet" (or deteriorating) patient with Ebola diagnostics pending	ETCs	Consult with ETC regarding bed availability etc.; if transfer not available initially, REIM will be site of care until bed becomes available.	REIMs must have capacity for initial care of "wet" patient with Ebola diagnostics pending.
Ongoing care for patient with Ebola + PCR	ETCs	ETC is anticipated site of care unless no beds available.	REIMs must have capacity for initial care of "wet" patient with confirmed Ebola.  CDC will deploy an Ebola response team to any hospital that has a confirmed Ebola patient.

\*Regional evaluation and initial management center (REIMs will be designated.)

\*\*Ebola treatment center (currently in Chicago only)



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

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MEMORANDUM

TO: Illinois Hospitals and Critical Access Hospitals

FROM: LaMar Hasbrouck, MD, MPH, Director 

DATE: December 05, 2014

SUBJECT: Ebola Virus Disease (Ebola) and Emergency Medical Treatment and Labor Act (EMTALA) Compliance

The purpose of this memorandum is to make all Medicare-participating hospitals and Critical Access Hospitals (CAHs) aware of a policy memo issued by the Centers for Medicare and Medicaid Services (CMS). On November 21, 2014, CMS issued Survey and Certification Memo 15-10 (S&C: 15-10-Hospitals). The attached document, Emergency Medical Treatment and Labor Act (EMTALA) Requirements and Implications Related to Ebola Virus Disease (Ebola), addresses provider obligations for screening, stabilization, transfer and recipient hospital in the context of EMTALA requirements.

EMTALA requires hospitals and CAHs having a dedicated emergency department to, at a minimum:

- Provide a medical screening examination (MSE) to every individual who presents for examination or treatment to determine if the individual has an emergency medical condition;
- Provide necessary stabilizing treatment for an individual with an emergency medical condition within the hospital's capability and capacity; and
- Provide for transfers of individuals with emergency medical conditions, when appropriate.

If during the MSE it is concluded the individual may be a possible Ebola case, the provider is expected to immediately initiate isolation precautions and notify the appropriate medical and public health authorities. It is both CMS' and IDPH's expectation that all hospitals and CAHs are able to, within their capability, provide a MSE and initiate stabilizing treatment while following isolation requirements and coordinating with local health departments and other authorities who in turn will coordinate with IDPH and as necessary with the Centers for Disease Control and Prevention (CDC).

IDPH and CMS will take into account public health guidance if it receives a complaint of an inappropriate transfer or refusal to accept an appropriate transfer. Based on CDC public health guidance, IDPH issued specific guidance (November 10, 2014, Regional Tiered Healthcare Coalition Planning for Coordinated Screening, Triage, Diagnosis and Care of EVD Patients in Illinois) to hospitals to utilize healthcare coalitions to create a tiered healthcare system response for Ebola. In addition to Illinois' designated Ebola Treatment Centers (e.g. network hospitals), the tiered system also requires the designation of one or more hospitals in each regional healthcare coalition as an Ebola Evaluation Hospital (now called an Ebola Assessment Hospital by CDC) that also conducts initial evaluation and provides up to 96 hours of care for individuals in the community that are referred (e.g. by local health departments) or upon transfer from another health care setting (e.g. from other hospitals or clinics).

IDPH recognizes ongoing regional activities related to protocols and designations of hospitals to handle potential or confirmed Ebola cases. However, in the absence of a regional protocol and designations of Ebola Assessment Hospitals, if it is determined that Ebola testing is required, the hospital or CAH is expected to maintain the individual in isolation, providing diagnostic and treatment measures within its capability for the individual's symptoms as needed, until it has the Ebola test results—unless prior to test results, it is determined in collaboration with public health authorities that transfer to another hospital is warranted, e.g. based on the severity of illness. Note that per CDC Laboratory Guidance, U.S. clinical laboratories can safely handle specimens from these potential patients by taking all required precautions and practices in the laboratory specifically designed for pathogens spread in the blood, in order to do routine laboratory testing (e.g. CBC, platelet count, malaria smear or malaria immunochromatographic assay).

All hospitals should aim to participate in the regional, tiered approach planning process, in order to ensure rational purchase/distribution/stockpiling of scarce personal protective equipment, as well as to promote efficient use of resources devoted to training staff to the appropriate level, given the amount and level of care that will be provided in a particular facility. Designation of regional assessment centers is critical to ensuring Illinois' readiness to meet the challenge of Ebola, and to provide high quality care to ill individuals who may have Ebola or other conditions (e.g. malaria) that may require prompt diagnosis and treatment.



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## MEMORANDUM

TO: Illinois Hospitals

FROM: LaMar Hasbrouck, MD, MPH, Director

DATE: October 17, 2014

SUBJECT: Guidance for the Disposal and Transport of Potentially Infected Ebola Medical Waste Generated in Health Care Facilities

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.
- 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](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=1483d3ee3a3f2bfbd8f83f4d004804e&n=pt49.2.173&r=PART&ty=HTML#se49.2.173\\_1134](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=1483d3ee3a3f2bfbd8f83f4d004804e&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 Ebola virus.