UW HEALTH EBOLA PREPAREDNESS PLAN
Frequently Asked Questions – updated 10.23.14

Please submit additional questions to: ebolaquestions@uwhealth.org

Screening    F6/5 Isolation Unit    Staffing and Patient Care    Miscellaneous Questions

**Screening**

1. **How is UW Health screening patients for Ebola?**
   UW Health is screening patients at all points of entry, including the emergency department, urgent care clinics and primary/specialty care clinics. Patients are asked (1) Have you traveled to West Africa in the last 30 days or had contact with someone with Ebola? If they answer yes, they are asked (2) Do you have any of the following symptoms: fever, chills, muscle ache, weakness, nausea, vomiting and abdominal pain?

   Signs are also in use at all entrances, directing patients who have traveled internationally in the last 30 days to put on a mask and go to a registration desk.

   The screening questions are live in Health Link as of Oct. 21, and training documents for inpatient, outpatient, lab tech, and home health users are available on U-Connect. The Health Link sequence guides users through the appropriate screening questions for patients and provides instructions for how to proceed, depending on patient responses. A Health Link downtime form is also available for Ebola identification and control and should be used for screening when Health Link is not available.

2. **Why do initial screening questions ask about international travel, rather than travel to Ebola-infected countries?**
   Entrance signs and kiosks deliberately begin with an inquiry about all international travel within the last 30 days. Patients who answer yes to this question are directed to put on a mask and go to a registration desk. At the registration desk, the questions cascade and become narrower, focusing on travel to Ebola-affected countries within the last 21 days. Structuring the questions in this manner produces some false positives which are then ruled out by the emerging pathogen physician, but it helps ensure that no potentially positive patient is missed and allows for any potential changes in the Ebola-affected countries.

3. **What happens if a patient answers yes/yes to the screening questions?**
   If a patient answers yes/yes to screening questions, staff will initiate isolation precautions and don PPE. The patient will be seated in a wheelchair and asked to put on a mask. A designated nurse will be called to escort the patient to a designated private room with a dedicated bathroom. The nurse or physician will contact the emerging pathogen physician on call by calling paging (262-2122) and asking for pager #4400.

   If the emerging pathogen physician on call determines the patient is suspect for Ebola, the Ebola protocol will be initiated and the patient will be transferred to F6/5 for testing and medical management. If the suspect patient is identified at an off-site ambulatory site, a protocol is in place to arrange EMS transport to UW Hospital.

4. **Are other organizations also screening for Ebola?**
   Screening is occurring at the five US airports that receive flights from West Africa. Other local hospitals and clinics are screening, and EMS units are screening at the point of dispatch.
5. **Will the screening questions be built into Health Link?**
   Yes, the Health Link build went live on Oct. 21. See Question 1.

6. **Are we conducting phone screening when patients call to schedule appointments? What do we advise if they answer yes/yes to the screening questions?**
   Yes, telephone schedulers are asking the screening questions. If a patient answers yes/yes, they consult the emerging pathogen MD, then follow up with the patient regarding next steps.

7. **During phone screening, will we educate patients not to come to UW Health if they answer yes/yes to screening questions?**
   The staff member conducting screening will consult with the emerging pathogen physician on call by calling paging (262-2122) and asking for #4400. The emerging pathogen physician will determine whether the patient should come to the hospital, either as a direct admit or through the emergency department. Patients who have traveled but do not have symptoms have no restrictions coming to UW Health for to receive care.

8. **Will we be receiving patients from other hospitals?**
   The CDC has stated that all hospitals should be prepared to isolate and provide initial care for Ebola patients. The CDC will deploy a team to any hospital with a patient who tests positive for Ebola and will make a determination about whether the patient should be transferred to another facility. The US military is forming a 30-person “quick strike team” that will be available within 72 hours to provide treatment for Ebola patients. Decisions about receiving patients from other hospitals would be made in conjunction with the CDC.

9. **What is the process for staff who return from travel to West Africa?**
   Staff who travel to West Africa should contact Employee Health Service before returning to work. Staff with any risk of exposure to Ebola will need to remain off duty until 21 days after their last potential exposure. While off work, employees can use any accrued paid leave benefit, or can take the time off unpaid. During the 21-day period, staff will need twice daily fever monitoring, which will occur in collaboration with local health department staff and/or the Wisconsin Division of Public Health.

**F6/5 Isolation Unit**

10. **If UW Health were to have a suspected or confirmed Ebola patient, where would we care for that patient?**
    F6/5 is a specially constructed isolation unit, designated as the inpatient unit where we would provide all levels of care for Ebola patients of any age. A plan is in place to convert one wing of the unit to accommodate a dedicated room for laboratory testing and three patient rooms, each with an adjoining room for removing PPE. Staff shower space and a nurses station would also be available on this special wing of the unit.

11. **Why was F6/5 selected as the destination unit for these patients?**
    The 10-bed east wing of F6/5 can be segregated with double doors to establish a containment area. All of the rooms in this wing are negative pressure airborne isolation rooms, which are recommended for aerosol-generating procedures, and with portable monitoring, are capable of supporting all levels of patient care.
12. What is the plan for lab testing?
Routine daily lab testing will be conducted in the lab space set up on F6/5. Per direction from the CDC, samples will be sent to the CDC or another designated lab for testing to confirm or rule out Ebola. Currently, results are obtained three days after samples are submitted.

13. Will we use telemedicine to supplement bedside care?
Yes, F6/5 will be equipped with video capability to (1) monitor and provide coaching in PPE donning and doffing areas and (2) to monitor inpatient rooms and provide care via telemedicine. No recording is taking place, and the video system is secure.

14. Would visitors be allowed on the unit?
No. Whenever possible, visitors will not be permitted for Ebola patients. Telemedicine equipment will be made available for remote visiting.

15. What about parents of a pediatric patient with Ebola?
Even for parents of pediatric patients, we would limit visitation as much as possible and rely on remote visiting via telemedicine capabilities. Each case will be evaluated, and if parents are required in the patient room, they will wear appropriate PPE.

16. When will F6/5 be ready?
Until UWHC receives a patient with suspected for confirmed Ebola, F6/5 will continue to serve general medicine and geriatrics patients. As soon as an emerging pathogen MD decides to admit a suspect or confirmed case of Ebola, paging will be activated and preparation for Ebola care on F6/5 will begin. All staff receiving the page have job action sheets that spell out their responsibilities for moving patients, cleaning the unit and setting up to receive the Ebola patient. The goal is to have the suspected Ebola patient on the unit within 90 minutes.

17. Will we seal the stairwell on F6/5?
Yes. If we have an Ebola patient, our emergency operations plan will be activated, allowing lockdown of the stairwell door.

18. What is the plan if we have more than three patients?
If we have even one Ebola patient, a CDC team will be here immediately and would assist in decision making on this question.

19. How will the patient get to F6/5?
Security will escort the patient and secure the route. As much as possible, the route will avoid regular patient/visitor areas. Environmental Services will disinfect the entire route.

20. Will we provide extraordinary care to Ebola patients? Who is providing ethical oversight regarding extraordinary care measures?
The UWHC resuscitation committee is drafting guidelines for extraordinary care situations, in collaboration with UWSMPH experts in medical ethics. The guidelines will balance the likelihood of success of such measures with the risk posed to clinicians. In addition, should we be in this situation, CDC officials will be here and would advise.

21. What is the plan for waste disposal?
UWHC environmental services has created a protocol for safely bagging waste and is working with MERI (Madison Environmental Resources Inc.) on a protocol for having the waste removed from our facilities.


**Staffing and Patient Care**

22. *How are we selecting staff to care for Ebola patients?*

The CDC has recommended minimizing the number of health care workers coming into contact with Ebola patients. In keeping with that recommendation, we will to the greatest extent possible seek out and train volunteer physicians, nurses and other direct care staff to treat these patients. These teams are already forming, and section heads, directors and managers will take the lead in continuing to identify volunteers. In nursing, we are assembling a team of critical care nurses who would be reassigned to F6/5 to care for an Ebola patient. The volunteer teams will receive training and will have ongoing opportunities to engage in preparedness exercises and refresher training to maintain readiness.

Despite relying on volunteer caregivers, there may be situations that require other providers and staff to participate. We know that an Ebola patient could present at any of our facilities at any time. All staff who might receive or interact with these patients should also be prepared to do appropriate screening, don protective gear and contact infection control if needed.

23. *What type of PPE will be worn by staff caring for Ebola patients?*

The main principle of PPE is that skin and mucous membranes should not be left exposed and that the appropriate precautions are applied consistently and correctly. For Ebola infection, the appropriate precautions are known as "Special Precautions." The infection control team has evaluated and continues to evaluate all of the PPE options available. Based on published protocols by facilities experienced in the care of such patients, infection control has devised a protocol for the appropriate type of PPE.

In most situations, the multi-component PPE kits are appropriate. These include a gown, head and neck covering, gloves, leg covers, shoe covers, N-95 respirator and faceshield. This PPE will be provided at each UW Health location for staff to use if Ebola virus disease is suspected. In cases of critically ill patients with suspected, probable, or confirmed Ebola with large volumes of stool output, vomitus or bleeding, full-body suits and powered air-purifying respirators (PAPRS) will be available. In each instance, assistance with donning and doffing PPE will be provided in the form of a trained "buddy," and posters in the donning/doffing room. Training has begun and will continue with refresher courses and frequent drills for frontline healthcare workers who will be providing care for suspect or confirmed Ebola cases.

24. *Will students and GME trainees participate in care for Ebola patients?*

Medical students and other health professions students will not participate in care of Ebola patients. GME trainees (residents and fellows) will not be primarily involved with care and would be called on only if situations arise in which their involvement is clearly in the best interest of our patients.

25. *How will Ebola caregivers be trained and prepared?*

Training in doffing and donning PPE began Oct. 13 in the UW Health Simulation Center and will continue until the Ebola threat is lifted.

Ambulatory sites will send designated trainers to the Simulation Center for training. These trained individuals will then be deployed to all ambulatory sites to train staff in the local environment.
For the inpatient core team, a practice area has been established on F6/5, where staff on all shifts can practice donning and doffing and receive feedback on their technique. If we receive an Ebola patient, a donning and doffing coach/buddy will be provided at all times to ensure that staff adhere to protocol for safely putting on, removing and disposing of all PPE items.

Preparation will also include regular drills and exercises to simulate various detection/triage, transport and care scenarios.

If a suspected or confirmed Ebola patient is admitted, UWHC infection control will provide an onsite Ebola protocol manager to serve as a resource for staff and ensure that protocols are followed.

26. What is the staffing plan for nursing?
Two nurses per shift will be assigned to each patient. In keeping with CDC recommendations to limit the number of staff in contact with Ebola patients, nurses will perform all routine duties. As far as possible, no dietary, phlebotomy or environmental services staff will enter the patient room. To reduce the need for bedside care, some nursing care and medical care will be provided via video link/telemedicine. As much as possible, consultation will be provided by telemedicine.

27. Will the Behavioral Response Team be called to F6/5?
The Behavioral Response Team will not be called to F6/5.

28. Can employees refuse to care for Ebola patients?
By using staff who have volunteered, we expect to avoid a situation in which an employee would refuse to provide care. If it becomes necessary to use staff who have not volunteered, all individuals will be fully trained and prepared to safely provide care.

Miscellaneous Questions

29. How long does the Ebola virus live on surfaces? What measures are effective in killing it?
For all its virulence in humans, the Ebola virus lives for only a matter of hours on surfaces and is easily eliminated by normal hospital disinfectants.

30. What is the plan for disposal of the remains of a diseased Ebola patient?
We will follow CDC guidance in this situation.

31. How are we working with other hospitals and health care agencies?
UW Health is in regular communication with other local hospitals and with Wisconsin Health Emergency Planning and Preparedness, the Wisconsin Hospital Association and the Wisconsin Division of Public Health.