LOS ANGELES COUNTY EID RESPONSE
THREE-TIERED FRAMEWORK

Frontline Healthcare Facility
1. Quickly identifies and isolates patients with possible Ebola
2. Notifies facility infection control and state and local public health officials
3. Has enough Ebola personal protective equipment (PPE) for at least 12–24 hours of care
4. Prepares for patient transfer, if needed
5. Transfers a patient with confirmed Ebola to an Ebola treatment center in consultation with public health officials

Ebola Assessment Hospital
1. Safely receives and isolates a patient with possible Ebola
2. Provides immediate laboratory evaluation and coordinates Ebola testing
3. Cares for a patient for up to 96 hours (including evaluation and management of alternative diagnoses) until Ebola diagnosis is confirmed or ruled out
4. Has enough Ebola PPE for up to 96 hours of care
5. CDC experts are ready to deploy to provide assistance as needed

Ebola Treatment Center
1. Safely receives and isolates a patient with confirmed Ebola
2. Cares for patients with Ebola for duration of illness
3. Has enough Ebola PPE for at least 7 days of care (will restock as needed)
4. Has sustainable staffing plan to manage several weeks of care
5. Adheres to infection control protocols

All of the hospitals will be prepared to do the following:
- Ensure staff are appropriately trained and have documented competency in safe PPE practices
- Have systems in place to safely manage waste disposal, cleaning and disinfection
EID RESOURCES IN LOS ANGELES COUNTY

Regional Ebola Treatment Center (RETC)
- Cedars-Sinai Medical Center
- Federal Region IX: California, Arizona, Nevada, Hawaii, Guam, Mariana Islands, Samoa, Palau, Micronesia, Marshall Islands

Ebola Treatment Center (ETC)
- Kaiser Permanente Los Angeles Medical Center
- Ronald Reagan UCLA Medical Center

Ebola Assessment Hospital (EAH)
- Children’s Hospital Los Angeles
High Risk Ambulance (HRA) Providers

- AMR
- McCormick
- CARE
FRONTLINE FACILITY MUST BE ABLE TO:

Identify, Isolate, & Inform

Provide care for at least 12 hours
Identify, Isolate, & Inform
Frontline Facility Care and Management of Patients
with an Emerging Infectious Disease

1. Identify
   - Travel history
   - Signs and Symptoms
   - Countries under global surveillance of epidemic-prone infectious diseases (Africa, Arabian peninsula, and/or Asia) within 21 days (3 weeks) of symptom onset
   - Symptoms may include: fever, flu-like symptoms, cough, shortness of breath, nausea, vomiting, weakness, malaise, internal/external bleeding, and/or diarrhea

If patient meets above criteria:

2. Isolate
   - Have patient put on a face mask and isolate away from others
   - Keep a safe distance of at least 6 feet until appropriate level of PPE is available
   - Follow your facility’s infection control policy to determine the appropriate level of PPE

3. Inform
   - IMMEDIATELY notify your facility’s Infection Control Program and other appropriate staff, i.e., charge nurse/supervisor, treating physician
EMTALA OBLIGATIONS

Frontline hospitals must provide:

• A medical screening examination (MSE)

• Stabilizing treatment within the hospital’s capability and capacity
  • Includes: Managing critically ill patients that require intubation or other high-level care
DEPARTMENT OF PUBLIC HEALTH
ACUTE COMMUNICABLE DISEASE CONTROL (ACDC)

Mission: To reduce the incidence of communicable diseases through prevention, surveillance, and outbreak control

The ONLY entity that:

Can activate an EID Response

Determines if an Ebola Treatment Center and a High-Risk Ambulance is needed
## ACDC’s Role in an EID Response

### Frontline Facility
- Conducts an epidemiologic interview
- Contact tracing
- Healthcare worker monitoring
- Actions and recommendations determined on a case-by-case basis

### Activation and Coordination
- Notifies the State and CDC
- Conducts a series of conference calls
- Coordinates patient destination
- Provides situational awareness among stakeholders
INCIDENT MANAGEMENT
PLANNING CONSIDERATIONS
HOSPITAL COMMAND CENTER (HCC)

- Follows Hospital Incident Command System (HICS) structure
- Customize HICS depending on the needs of the incident
- Always use the Three C’s
  - Communication
  - Coordination
  - Collaboration
- What are your triggers to activate incident command?
SURGE INCIDENT STRATEGIES

- Consider how many patients can be handled at once for screening or inpatient treatment – 2. 5. 10 patients

- Identify surge spaces
  - Closed but functional patient unit, designated inpatient unit, cohorting
  - Pop up space “medical tents”
  - Managing triage/waiting areas: segregation of potentially infectious patients from others
COORDINATION AND COLLABORATION

- Emergency management
- Administration
- House supervisor
- Nurse leaders
- Med/Tech Specialist (Infection Prevention)
- Occupational health
- Labor unions

- Mental/Behavioral Health
- Patient access
- Environmental services
- Facilities management
- Materials management/Supply Chain
- Security
COORDINATION AND COLLABORATION OUTSIDE PARTNERS

- Los Angeles County Department of Public Health
  - Depending on jurisdiction: Pasadena Public Health & Long Beach Public Health
- California State Department of Public Health
- CDC
COMMUNICATION AND COORDINATION

- Internal
- External

Public Information Officer (PIO)

Conduit for information to internal and external stakeholders, including media as approved by Incident Command.

- Risk Communication Strategies
- Determine internal and external messages
- Collaborate with medical staff and family on messaging
- Establish information lines/hotlines
- Monitor and manage social media
COORDINATION AND PREPARATION

• Plan for the *What If*…
• And… then the *What If* that changes too

Source: NETEC Emerging Infectious Disease Preparedness Training Workshop 12/2019