# LOS ANGELES COUNTY EID RESPONSE

# **THREE-TIERED** FRAMEWORK

Frontline **Healthcare Facility** 



Quickly identifies and isolates patients with possible Ebola



Notifies facility infection control and state and local public health officials



Has enough Ebola personal protective equipment (PPE) for at least 12-24

Prepares for patient transfer, if needed

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Ebola Assessment Hospital



Safely receives and isolates a patient with possible Ebola



96 hours

Provides immediate laboratory evaluation and coordinates Ebola testing

Cares for a patient

of care

Transfers a patient with confirmed Ebola to an

Ebola treatment center

in consultation with public health officials

for up to 96 hours (including evaluation and management of until Ebola diagnosis is confirmed or ruled out

Has enough Ebola

PPE for up to 96 hours

alternative diagnoses)

Ebola **Treatment Center** 



Safely receives and isolates a patient with confirmed Ebola



Cares for patients with Ebola for duration of illness



Has enough Ebola PPE for at least 7 days of care (will restock as needed)



Has sustainable staffing plan to manage several weeks of care



CDC experts are ready to deploy to provide assistance as needed

#### 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 Adhere to infection control protocols

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### **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









### EID RESOURCES IN LOS ANGELES COUNTY

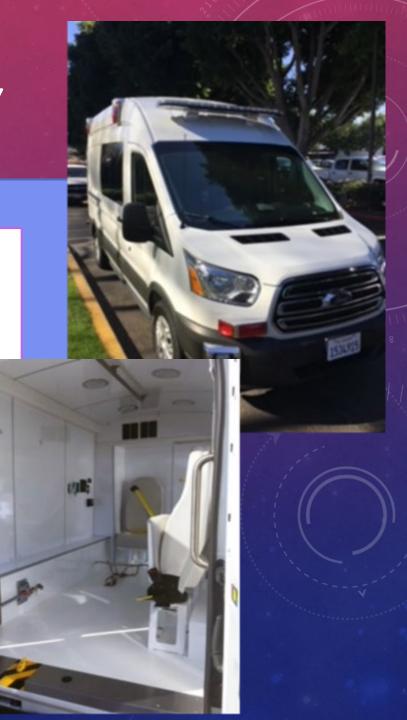
#### High Risk Ambulance (HRA) Providers

- AMR
- McCormick
- CARE



**ANR**.





# FRONTLINE FACILITY MUST BE ABLE TO:

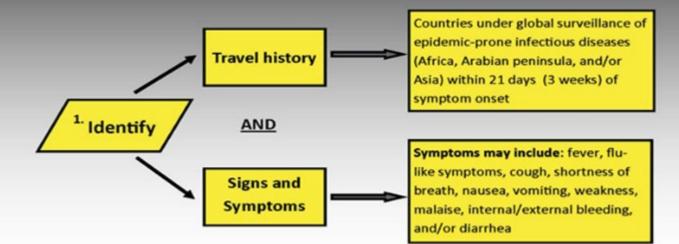
# Identify, Isolate, & Inform

# **Provide care for at least 12 hours**



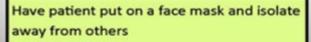
Identify, Isolate, & Inform Frontline Facility Care and Management of Patients with an Emerging Infectious Disease





If patient meets above criteria:

AND



Isolate

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 IMMEDIATELY notify your facility's Infection Control Program and other appropriate staff, ie, charge nurse/ supervisor, treating physician

Inform

### 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



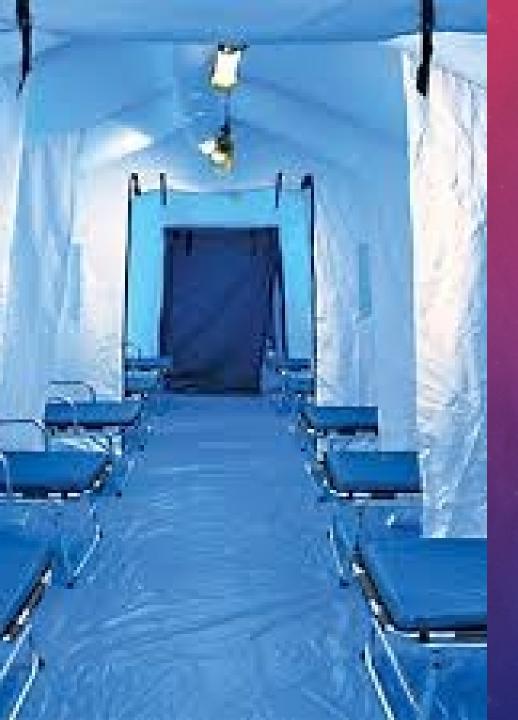
INCIDENT MANAGEMENT PLANNING CONSIDERATIONS

520 500

### 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