



**MANAGEMENT & RESPONSE PLAN
FOR
DEPLOYMENTS BY STAFF
OF PARTNERS HEALTHCARE AND ITS MEMBERS
TO
EBOLA VIRUS DISEASE (EVD) AFFECTED COUNTRIES**

November 25, 2014

FINAL

MANAGEMENT & RESPONSE PLAN FOR DEPLOYMENTS TO EBOLA AFFECTED COUNTRIES

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Document is based on prior management and response experience to global infectious disease outbreaks of concern. It will be reviewed regularly and updated, with corresponding dates recorded here:

<i>Record Edit Action: Review, Major Revision.</i>	<i>By whom:</i>	<i>Date Completed:</i>

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INTRODUCTION

In response to the Ebola outbreak that began in March 2014 in West Africa, a Global Ebola Task Force Working Group (GETF) was convened at Partners HealthCare System (PHS) and its member hospitals, physician organizations, and health centers (hereafter “members”) to monitor the situation and assess risks and potential impacts to Partners and its members staff, operations, and global health programs. The GETF, initially comprised of representatives of emergency medicine, emergency preparedness, risk management, and global health, issued travel guidance in early August consistent with the Center for Disease Control (CDC) travel notices at the time, in order to assist with repatriation of travelers, and GETF issued the “[Guideline Statement Regarding Possible Ebola Deployments by PHS Staff/Volunteers](#)”¹ on September 15, 2014. GETF recommended that each volunteer use these guidelines when considering deploying with an international aid organization.

This document provides an update to that guidance. Partners and its members recognize that the key to managing Ebola’s threat in the United States is to manage the epidemic overseas. In addition, Partners and its member hospitals have staff and expertise which could aid in that effort.

As we know, there are risks, but there are individuals among our staff with a desire and requisite set of experience, knowledge, and ability to help during this time of great need. As an organization we want to be supportive, yet offer the appropriate cautions.

This guidance document is intended to provide the employee as well as leadership at Partners and its members with key information regarding the need for active surveillance and monitoring of individuals who deploy. It is important to note:

- These recommendations are guided by a focus on the health and safety of volunteers, their families, their colleagues, and the patients they serve. Further guidance may be forthcoming as the epidemic evolves.

¹ Available at www.mghcgh.org , accessed 17 Nov 2014

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- References to “staff” or “employee” within this document pertain to individuals who are employed by Partners and/or any of its member hospitals, physician organizations, and health centers. .
- In general, this plan applies to all staff who deploy; however, the specific leave and employment status of deployed staff member may influence some aspects of this plan. Deployments are approved and managed on a case-by-case basis and thorough discussion with managers, Occupational Health Service, Human Resources, Global Health, and other subject matter experts is imperative.

Because of the potential impact to staff and the expected duration of the outbreak to continue for months beyond prior typical outbreaks, the GETF has prepared a management and response plan to mitigate the risk to staff and operations. GETF’s intent is to provide a practical and well-grounded approach for staff who deploy to West Africa, to help family, or as a health care worker working for an international aid organization, herewith described as a Non-Governmental Organization (NGO). Partners and its members are not organized as international response entities with the required resources, expertise, and field presence that would be required for a professional response to a highly infectious disease outbreak.

The organization with which an individual staff member chooses to deploy is responsible for that individual’s health, safety and security. Partners and its members would likely be severely limited in its ability to provide any assistance, especially in-country, in the event of illness, injury, or EVD related exposure. Our responsibility is to our own community and to the patients we serve every day and we all must do what is prudent and reasonable to protect and serve them.

PLAN APPLICABILITY AND SCOPE

This plan was developed out of the need to provide guidance, structure, and process relative to those who deploy in responses to the Ebola outbreak in West Africa. This plan has been informed by prior experience with outbreaks and incidents including Middle East Respiratory Syndrome (MERS), and Viral Hemorrhagic Fevers including EVD, Lassa Fever, and Marburg Fever. This plan should be considered to have the broadest possible applicability and scope to protect staff, international and global health programs, business travelers, and member hospitals,

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physician organizations, and other corporations during times of local, regional or international outbreaks, epidemics and pandemics of global emerging infectious diseases of concern including those categorized as [*Quarantine-able Communicable Diseases and Certain Influenza Viruses*](#)² as per Executive Orders 13295 and 13375. These guidelines will be interpreted and applied within the employment and other policy at each institution.

Critical considerations for individuals who decide to deploy and return from Ebola virus disease affected countries. Apart from assessment missions, which include no frontline patient care, Partners and its members do not endorse travel to or volunteering in Ebola endemic areas at this time. Changes to this position will be posted to the Partners Pulse webpage on Ebola.³ It is anticipated, however, that personnel from Partners and its hospitals will soon be requesting to travel to Ebola affected countries as part of the medical and public health response to the epidemic there.

The Key Elements:

To Deploy: Personal Choice and Self-Assessment

- **The decision to deploy is a personal one and is entirely voluntary on the part of the individual**
- **The individual must understand the risks and limits of assistance**
- **Before deployment, the individual should assess key considerations, including: health, mental health, family circumstances, financial and benefit arrangements.**
- **Individuals must acknowledge, through pre-deployment conversations with their manager, OHS, and other subject matter experts ,and understand the potential for and ramifications to them of Personal Quarantine, Direct Active Observation and the possibility of not being able to return to work for 21 days after leaving the EVD affected country.**

The decision to volunteer with an international aid/response organization or intergovernmental organization is a very serious and personal one. Individuals considering deployment must carefully assess their personal health and well-being, individual family

² <http://www.cdc.gov/quarantine/specificlawsregulations.html> Accessed 5 Nov 2014

³ Requires a Partners login

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circumstances, and skills, experience, and knowledge. Individuals must demonstrate the highest level of readiness possible— personal, mental, and professional. There is a considerable body of knowledge highlighting the negative impacts on untrained response workers - even on those who are trained clinicians - in providing assistance during outbreaks or in the aftermath of natural disaster. Volunteers should understand and be prepared for the commitment and be highly self-sufficient. As per the guidance above, the organization the individual is deploying with should provide complete and clear instructions as to this. As a primer, the CDC has issued ‘[Advice for Humanitarian Aid Workers Traveling to Guinea, Liberia, Nigeria, or Sierra Leone during the Ebola Outbreak.](#)’⁴

Medical assistance and, if necessary, medical evacuation, for non-EVD illness or injury can be extremely difficult to secure in EVD countries where health care infrastructure has been severely compromised. For EVD related exposure, evacuation plans for health care providers is available but varies greatly from country to country, nationality and country of residence.

Bottom-line, those that do decide to deploy must know that Partners’ ability to help across a range of issues including medical assistance and evacuation - even non EVD related - will be extremely difficult from a practical standpoint, challenging and certainty is not guaranteed.

Knowing the capabilities and limitations of the agency or organization you intend to deploy with must be a key component of any decision. You must understand the mission, including destination, anticipated role, and your personal and safety considerations related to your decision.

PRE-DEPLOYMENT /REPATRIATION/ RESPONSE TO SYMPTOMATIC INDIVIDUALS

Individual Preparations & Obligations for Deployment

1. Identification of those Traveling
2. Travel Health Assessment
3. Pre-Deployment Briefing
4. Pre-Departure from EVD affected Country Screening (conducted in-country).

⁴ <http://wwwnc.cdc.gov/travel/page/humanitarian-workers-ebola> Accessed 05 Nov 2014

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5. De-Briefing Post Deployment.
6. Follow up and monitoring for illness after return
7. Accountability and Non-Compliance:

1. **Identification of those traveling and special restrictions on trainees.**

- a. In order to identify individuals who decide to deploy, Partners and its members will work to determine those who are deploying through formal and informal networks. This includes word-of mouth, using Partners' and its members' programs via [Partners Travel Safe](#) and/or *Worldcue* travel risk management system, discussion with Partners travel vendors, interaction with Partners associated travel clinics, OHS as well as communication with unit managers and departments throughout the organization. Tracking of travelers is critical to enable travel risk management especially for purposes of repatriation and return to work. It also enables the traveler to benefit from automated travel safety and security alerts during the course of their trip. This tracking service is available to all employees deployed regardless of with whom they are deploying.
- b. BEFORE they consider deployment overseas, individuals must have an explicit discussion with their unit manager or department chief regarding the duration of deployment and the possibility of a mandated 21 day personal quarantine period upon return. Discussions should also address pay and benefits implications and logistical support during their mission. This can be addressed through a Terms of Reference with the sponsoring Organization. A sample of a TOR is found in the appendix.
- c. For the safety and benefit of the individual and the organization with which they are deploying, the individual must notify the appropriate contacts of anticipated or confirmed travel or deployment. This includes forwarding the travel itinerary, once tickets are confirmed, at the earliest possible time to the identified points of contact at the institution. Tracking of travelers is critical to enable travel risk management especially with regard to repatriation and return to work. It also enables the traveler to benefit from automated travel safety and security alerts

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during the course of their trip. This tracking service is available to all employees of Partners and its members regardless of with whom they are deploying.

- d. Restrictions on trainees: It is common practice to prohibit trainees across a broad spectrum (medical students, residents, fellows, temporary staff, other clinicians such as nurses, pharmacists, etc.) from deploying to post or active disaster situations. This is due to a lack of supervision, or mentoring, that is required for any US training program, trainees do not have full medical licenses to practice individually, their insurance carrier may not protect them for liability, and they may not have funding or time allocated for the necessary time period. The GETF recognizes there may be exceptions due to specific skill sets including experience, language, cultural and subject matter expertise that may have to be considered on a case by case basis. In any case, the involvement and permission of the director of training must be explicitly stated.

2. Travel Health Assessment:

- a. Individuals considering volunteering and deploying to West Africa must consider their own current personal health and mental health status and visit their primary care physician and/or get a travel medicine consult well in advance of their anticipated departure date.
- b. Occupational Health Service (OHS) will be notified of any confirmed or anticipated deployment by individuals. This may include, when possible, pre-departure notification by partner non-governmental organizations (NGOs) for deployments through that agency. This partner NGO is asked to forward necessary information directly to OHS at the clinic site which serves the individual's employer. If the individual is unclear as to which OHS clinic to notify he/she can notify any OHS clinic in PHS.

3. Pre-Deployment Briefing.

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- a. Once identified, individuals deploying will be briefed by the appropriate Point(s) of Contact, at the direction of their employer.
 - i. Purpose of Pre-Deployment Briefing – is to address critical issues relative to risk and overall travel to the region, including terms of reference with the NGO, Occupational Health Services, Employee Assistance Program, Public Relations, Finance and Administration, and plan for repatriation.
 - ii. They will provide a copy of their passport face book page, and an “in case of emergency form,” and will need to submit their itinerary to Ryan Wildes, Partners Risk & Insurance, to be entered into Worldcue and U.S. Department of State Smart Traveler Enrollment Program (STEP)⁵ program as indicated. A copy of this ICE form is in the appendix. Materials for this should include the “[Guideline Statement Regarding Possible Ebola Deployments by PHS Staff/Volunteers.](#)” This has also been published.⁶ Individuals will need to familiarize themselves with these guidelines and as they apply to their deployment and personal circumstances.
 - iii. 21 day Personal Quarantine - Volunteers must be made aware that a 21-day Personal Quarantine (sometimes referred to as home quarantine or self isolation) and active fever and symptom watch period may be necessary if they have cared for Ebola patients before they will be allowed to return to the workplace at Partners and/or its members. The CDC has outlined in their case definition the criteria for high, some, low (but not zero), and no exposure. The risk tables are those used by the CDC.⁷
<http://www.cdc.gov/vhf/ebola/hcp/monitoring-and-movement-of-persons-with-exposure.html>. The latest update is 3 November 2014. The definitions used in the risk tables are those defined by the CDC⁸:
<http://www.cdc.gov/vhf/ebola/hcp/case-definition.html>. Individuals will

⁵ <https://step.state.gov/step> Accessed 15 Nov 2014

⁶ Wildes R, Kayden S, Goralnick E, Niescierenko M, Aschkenasy M, Kemen K, Vanrooyen M, Biddinger P, Cranmer H. Sign Me Up: Rules of the Road for Humanitarian Volunteers During the Ebola Outbreak Disaster Med Public Health Preparedness. 17 Oct 2014;0:1-2⁶

⁷ <http://www.cdc.gov/vhf/ebola/hcp/monitoring-and-movement-of-persons-with-exposure.html>. Accessed 15 Nov 2014

⁸ <http://www.cdc.gov/vhf/ebola/hcp/case-definition.html>. Accessed 15 Nov 2014

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be informed they will need to familiarize themselves with their individual risk and as it applies to their deployment and personal circumstances.

iv. **A sample briefing document is attached with ICE, TOR and Action Items**

4. **Pre-Departure from EVD affected Country Screening (conducted in-country).**

- a. While overseas— **at direction of their respective employer** – an individual will be required to check in – by phone, video call (e.g. Skype), or email - before departure with the designated Point of Contact.
- b. The purpose of a pre-departure in-country screening (information will be held in confidence) is to assess the individual’s risk of exposure, and a plan for them should they develop symptoms en route, or get quarantined (legally barred from travel and isolated) by any of the border crossings necessary along the way home.
 - i. See [CDC issued a statement](#)⁹ about a deployed staff member who was returned by charter flight due to low risk exposure.
 - ii. See also “[Some Risk of Exposure” which prohibits travel on commercial conveyances](#).”¹⁰
- c. Travelers must be aware that they may be quarantined (legally barred from travel and isolated) according to the public health laws and International Health Regulations of the country or port of entry or disembarkation.
- d. If it is determined they cannot travel by commercial conveyance, the individual must contact the organization they deployed with. If further assistance is required, the respective institution Point of Contact should contact Ryan Wildes, Partners Risk and Insurance, to determine an alternative course of assistance.
- e. However, if they were legally quarantined, there is often little that can be done other than communications in regards to possibly providing support to the individual and their family.

⁹ <http://www.cdc.gov/media/releases/2014/s0827-deployee-returns.html> Accessed 15 Nov 2014

¹⁰ <http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html> Accessed 15 Nov 2014

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- f. **A sample screening form and a sample action plan for what to do if a traveler is legally quarantined are attached.**
5. **Return to work assessment and Mandatory Fever/Symptom Watch.**
- a. **Upon returning from deployment, individuals will be screened at customs and immigration and will be assigned a public health officer upon arriving at the final destination on their itinerary. They must call their appropriate Occupational Health Service (OHS) clinic and NOT return to work. OHS must assess their level of exposure per CDC guidelines and determine if care was provided to Ebola patients in which a mandatory 21-day furlough period from the workplace is required.** This can and likely will be done in conjunction assigned public health officer assigned their case. Working remotely without entering the workplace is encouraged when such is viable.
 - b. If furloughed, an individual will be provided with the process to implement daily active monitoring or self monitoring and reporting to the OHS for a 21 day period. The individual will again be reminded of the action plan, which instructs them what to do should they develop symptoms and who to call. Appropriate information will be kept confidential. However, completion and compliance with the process will not be regarded as private or confidential in order to ensure completion of the necessary steps and process.
 - c. Should symptoms develop, communication should happen directly with their OHS contact or their primary care physician and if necessary, a plan for evaluation by a medical professional will occur. This may include not presenting directly to the health care system for evaluation, but providing a means for a clinical evaluation in a setting with appropriate infection control measures and respects individual dignity and public health.
 - d. Clinicians involved in frontline treatment and care for Ebola patients.
 - i. Staff may not return to work until they have obtained written clearance to do so by the OHS. Volunteers should also know that a 21-day Personal

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Quarantine and active fever/symptom watch period will be necessary before they will be allowed to return to work at PHS.

- ii. **The MDPH screening form is attached** and will be completed and filed by the OHS. For employees residing in Boston, this form will also be filed with the BPHC.
- e. The OHS will contact the individual's supervisor to inform him/her of the period during which the individual cannot return to the workplace. The OHS will consult with the individual's supervisor to ensure, within the boundaries of the individual's confidentiality, that there is an accurate understanding as to when the individual returns to the workplace and that there is no risk to others in the workplace.
- f. The personal and travel restrictions on a returning traveler would be determined by the city and State the individual lives in. The individual will need to be aware that each city and State has been enacting personal quarantine and isolation rules that may not be in line with the CDC guidelines and may differ from city to city and day by day. Any individual should be aware of their city and State guidelines on this.

6. De-Briefing Post Deployment.

- a. In addition to the Occupational Health Service screening, the returning individual will be de-briefed by small team led by the employer's Point of Contact. The purpose of the debrief is to address the individual's experience with the NGO, and to review available resources such as Employee Assistance Program (EAP) and mental health resources, handling public relations, administrative and finance issues, and plan for re-entry to the workforce.
- b. Those who have returned are a special group and we recognize the advantages of having this community provide guidance and input to how Partners and its members can continue to help others.

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- c. Other considerations may include post TB testing, continuation of any prescribed medications either by primary care or travel medicine clinicians such as anti-malarials, and to stay well hydrated.
- d. **A sample de-briefing form is attached.**

RESPONSE TO SYMPTOMATIC INDIVIDUALS

7. Follow up and monitoring for illness after return

- a. Because staff will often deploy with an NGO, there should be a plan to coordinate with this NGO should any member of the team develop symptoms and thus need to be evaluated by a clinician to determine whether they may have EVD.
- b. Additionally, if it is necessary that this person be placed on 21 day Personal Quarantine or be tested for EVD, it should be clear who from Partners or its members will be responsible for contacting the local Department of Public Health (in the jurisdiction where the person resides e.g. Boston Public Health Commission, Cambridge Public Health Commission, etc.) and how this person should comply with personal quarantine, including separate kitchen and bathroom facilities, food, water, and access to health care. Evidence shows there is no risk of transmission while individuals are asymptomatic; however, if the individual who is deploying has concern for their housing during the personal quarantine period, arrangements should be made in advance. Partners and its members may have limited ability to work with employees on a case-by-case basis to assist employees seeking alternative housing upon return.
- c. **An action plan is attached for reference.**

ACCOUNTABILITY AND NON-COMPLIANCE

- 8. **Accountability and Non-Compliance:** In the event of non-compliance with this plan by an individual or individuals, the name(s) and circumstance(s) will be referred to the respective manager and/or: chair of the department or other senior management, and will include notification to the appropriate Human Resource representative for possible corrective action and or sanction.

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This plan represents the current thinking on how best to mitigate risk to our staff, patients, and community here at home while doing our best to support those who heed the call to respond. The plan was prepared with diligence and care, but should be considered a work in progress, recognizing that at any given time there is likely to be some new piece of information, procedure or process that may not be accounted for in this document.

POINTS OF CONTACT:

Notification of anticipated or confirmed deployment or questions about travel risk management or response related issues can be directed to one of the following individuals:

Partners HealthCare

Ryan Wildes, Manager, International Risk Management, Partners Risk & Insurance

Email: rwildes@partners.org Phone: 617-724-3720

Massachusetts General Hospital

Hilarie H. Cranmer, MD, MPH

Director of Global Disaster Response, MGH's Center for Global Health

Email: hcranmer@partners.org Phone: 617-724-1306

Brigham and Women's Hospital

Stephanie Kayden, MD, MPH

Chief, Division of International Emergency Medicine and Humanitarian Programs

Department of Emergency Medicine, Brigham and Women's Hospital

Email: skayden@partners.org Phone: 617-732-5813

RESOURCES

Centers for Disease Control and Prevention (CDC)

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[Advice for Humanitarian Aid Workers Traveling to Guinea, Liberia, Nigeria, or Sierra Leone during the Ebola Outbreak](#)

Guideline on Monitoring and Movement of Persons with Exposure:

<http://www.cdc.gov/vhf/ebola/hcp/monitoring-and-movement-of-persons-with-exposure.html>.

Case definitions: <http://www.cdc.gov/vhf/ebola/hcp/case-definition.html>.

World Health Organization

Global Alert and Response: Ebola <http://www.who.int/csr/disease/ebola/en/>

ReliefWeb

West Africa Ebola Outbreak page <http://reliefweb.int/disaster/ep-2014-000041-gin>

MEDBOX Ebola ToolBox <http://www.medbox.org/ebola-toolbox/listing>

Lancet Ebola Resource Page <http://ebola.thelancet.com/>

DEFINITIONS

Donning - putting on personal protective equipment such as gowns, hoods, masks, booties, etc.

Doffing – taking off personal protective equipment, often in a prescribed manner or process so as to ensure no contamination or cross infection occurs.

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

Global Ebola Task Force Working Group - (GETF) internal Partners task force formed with a focus on international aspects and to monitor the outbreak situation, assess potential areas of impact to Partners and staff and to provide guidance and identify areas of risk.

Isolation – the CDC defines isolation as the separation of sick people with a contagious disease from people who are not sick.

Personal Quarantine – period of voluntary confinement, usually at the individual’s home, so as to limit social and close personal contact with others and reduce likelihood of transmissibility of a disease.

Personal Protective Equipment (PPE) – the items necessary for individual use in protecting from infection.

Quarantine – the CDC defines quarantine as: separation and restriction of the movement of people who were exposed to a contagious disease to see if they become sick.

Further notes with respect to Isolation and Quarantine:

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- Isolation and quarantine are backed by legal authority through Executive Orders and defines authority, who is in charge, and enforcement measures.
- A traveler may be quarantined (legally barred from travel and isolated) according to the public health laws and International Health Regulations of the country or port of entry or disembarkation.

APPENDICES

- I. Briefing document template
- II. Sample screening template for the staff who is planning pre-departure from EVD country
- III. Action plan template for the traveler who is LEGALLY QUARANTINED (legally barred from travel and isolated)
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I. Briefing document template

SAMPLE PRE- DEPLOYMENT BRIEFING

DATE AND TIME
Conf call in NUMBER
Participant CODE

LOCATION – phone

Attachments:

Sample TOR
Sample Email action items to do before departure
Sample screening form
MADPH Guidelines
Emergency Contact form

TOR review	DIRECTOR, POINT OF CONTACT
Safety/Security	SECURITY OFFICER/RISK MANAGER
Health	DESIGNATED MD OR PH OFFICIAL
Communications/Media	PUBLIC RELATIONS REP
Admin/Finance/HR	HR REP
Repatriation	SAFETY/SECURITY OR DIRECTOR
Questions/Wrap up	ALL

PARTNERS OR MEMBER CENTRAL COMMAND

CONTACT LIST

NAME

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Suggested action items in email form after briefing to be done

Dear Sir/Madam,

Thank you for joining our briefing, here is the short action item list and who is helping. Please provide the following at your earliest convenience:

1. A copy of your current passport face page – it should be valid for 6 months beyond your return.
2. An In Case of Emergency (ICE) contact form, attached in email.
3. Please provide a copy of your FLIGHT itinerary.
4. Once you provide your itinerary you will be registered in WORLDUCUE TRACKING SYSTEM: we can only do this with your itinerary (SAFETY OFFICER will do this). You will then receive an email confirmation.
5. You will be registered for the US STEP program using COMPANY account.
6. Please provide your information and id number if you have for medical and for security EVACUATION when you have available. Additionally provide us information on your current health insurance.
7. Identify your institution's POINT OF CONTACT. Check in when you can; would be preferable upon arrival and before you depart to be sure that you remain NO RISK and can leave the country by commercial aircraft. ANY high-risk event (needle stick, etc.)let us know immediately.
8. Schedule a debriefing with us for your return.
9. Hydrate, hydrate, hydrate! Continue to take your anti-malarials if indicated. Take meds that will help with traveler's diarrheal disease, like Pepto- Bismol, as well as your own thermometer, gloves, n95 respirator and Purell that has at least 70% Ethanol concentration.

Best of luck, we will look forward to your safe return, call anytime

DIRECTOR

POINT OF CONTACT INFO

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TERMS OF REFERENCE

**NAME OF ORGANIZATION and NAME OF SPONSOR NGO:
DATES**

1. Introduction

This document describes our terms of reference (TOR) for the following project: EVD RESPONSE

- **XXXXXXX NAME, TITLE**, – *association with the organization*
- **Contact name, title** - COMPANY

The primary purpose of this project is to provide support and mutual learning as both organizations respond to the Ebola outbreak in WEST AFRICA

2. Program Background:

DESCRIBE: this should also include an evaluation of the organization using the "[Guideline Statement Regarding Possible Ebola Deployments by PHS Staff/Volunteers.](#)"

3. Specific Objectives

- **Outline what you specifically hope to achieve and how for example;**

4. Expected Outputs:

- **This should be done for EACH objective for example** To provide car safety and basic first aid training to staff , expats and drivers

5. Roles and Responsibilities: **(change according to needs)**

- *Chain of command (who is reporting to whom in the field)*
- *Medical and evacuation insurance*

6. Cost Sharing:

- **Travel Costs**
- **Other expenses**

7. Biographies:

- **XXXX NAME AND DEGREES**– *ONE PARAGRAPH BIO with degrees as well as current job title*
- **Partner Representative**

8. Budget:

If applicable

9. Signature Lines

EMPLOYEE

COMPANY DATE

POINT OF CONTACT FOR COMPANY

Name, title, date

MANAGEMENT & RESPONSE PLAN FOR DEPLOYMENTS TO EBOLA AFFECTED COUNTRIES

EMPLOYEE IN CASE OF EMERGENCY (ICE) CONTACT INFORMATION

Employee Name (As on passport):	
Employee Address:	
City State, Zip code:	
Employee Primary Contact #:	
Employee travel email:	
Employee ID #:	
Employee Office Location:	
Supervisor Name:	
Supervisor Email:	
Passport Number	
Date of Birth	
Date of Passport Issuance	
Date of Expiration	
Citizenship	
Green Card # if applicable	
#1	
Emergency Contact Name:	
Emergency Contact Address:	
City, State, Zip code:	
Emergency Contact Primary # and email	
#2	
Emergency Contact Name:	
Emergency Contact Address:	
City, State, Zip code:	

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Emergency Contact Primary # and email	
--	--

EMPLOYEE IN COUNTRY EMERGENCY CONTACT INFORMATION

NAME	TITLE	PHONE (within This country)	Email
COUNTRY TEAM			
	Program Director		
	Program Manager		
	International Program Manager		
	Site Chief		
US Embassy in this country			
Emergency Contact	Emergencies only		
	Consul		
	Assistant Regional Security Officer		
This Country's NGO/CONTACT			
USA Based Team			
INSURANCE COMPANY/RISK MANAGEMENT			

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II. Sample screening template for the staff who is planning pre-departure from EVD country

Ebola Virus Disease (EVD) Risk Assessment

This form is NOT to be shared with anyone other than the individual being assessed and the HR Department, unless required by public authorities. It will remain confidential within the HR Department.

If you are working in an EVD country, it is important and necessary for your individual health and the health of the public to determine whether you are able to travel by commercial conveyance. Should you have any concerning symptoms or risk factors, it is quite possible you may not be able to travel or that you may be stopped en route home so we want to be sure you understand your personal risk. Additionally, there is a possibility that you could develop symptoms while travelling, and we want to be sure you understand the steps you will need to take should you get sick.

This assessment is intended both to inform staff of their risk of getting Ebola as well as to set forth the measures to be taken in case of a potential exposure to Ebola or suspicion of contracting Ebola. This applies to employees, volunteers, temporary employees, employees on temporary duty assignment, rovers and consultants.

An in-country COMPANY Medical Doctor (Medical Director or Medical Coordinator) or another In-Country Public Health Expert appointed by Headquarters will be responsible for completing the form for all staff prior to leaving the country, and for communicating with the appropriate internal and external points of contact. The risk categories are HIGH, SOME, LOW (but not zero) and NO risk. Those staff who are determined to be NO RISK with no symptoms and no fever will be allowed to travel on commercial conveyances, including airlines, and return to work in an International Medical Corps office immediately. Those individuals with no symptoms, who are determined to have a HIGH, SOME or LOW (but not zero) risk of suspected contact, will be required to wait 21 days before returning to an COMPANY office. Additionally those with HIGH, SOME, LOW (but not zero) risk will NOT be allowed to travel on commercial conveyances. Staff may telework during this time.

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 monitoring and the application of movement restrictions when indicated. If an individual is deemed to be at SOME, LOW (but not zero) or HIGH risk, or at NO Risk but have a fever or symptoms consistent with EVD, the person completing this assessment form must contact the COMPANY Country Emergency Response Director and HQ Emergency Response Director immediately to the determine course of action.

Personal Information of the COMPANY Staff Member being evaluated:

Date of Assessment: _____ Location of Assessment: _____

First Name: _____ Last Name: _____

Title: _____ Office Location: _____

Gender: Male Female Email: _____ Tel. No: _____

Emergency Contact: Name: _____ Tel. No: _____

Email: _____

Information on person completing this form (A COMPANY Medical Doctor (Medical Director or Medical Coordinator) or another Public Health Expert appointed by Headquarters):

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Name: _____ Title: _____ Tel No. _____

Email: _____

Signature _____ Date: _____

Risk Assessment and Action Plan:

1. Determine Risk (USE RISK ASSESSMENT TABLE below)^{11, 12}
 - HIGH risk GO TO STEP 2**

 - SOME risk GO TO STEP 2**

 - LOW RISK (but not zero) GO TO STEP 2**
 - Only those with NO RISK or No known exposure and NO FEVER or clinical criteria not met (person must self monitor for 21 days, NO RESTRICTIONS ON WORK OR TRAVEL, See appendix for decision analysis flow tree)**

2. If person is HIGH, SOME, LOW (but not zero) or NO risk but with fever or other symptoms consistent with EVD: Notify the appropriate person, depending on the location
 - HQ COMPANY Emergency Response Medical Director:

 - EVD Country Emergency Response Director:

 - HQ Emergency Response Director:

 - Other (write in name and title here):

3. Once the medical professional completes this form, he/she is to send a copy to (1) the COMPANY staff member being evaluated HR Representative

¹¹ These risk tables are those used by the CDC. <http://www.cdc.gov/vhf/ebola/hcp/monitoring-and-movement-of-persons-with-exposure.html>

¹² The definitions used in the risk tables are those defined by the CDC: <http://www.cdc.gov/vhf/ebola/hcp/case-definition.html>

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RISK ASSESSMENT TABLE:

EXPOSURE RISK LEVELS	Clinical Criteria	Public Health Action
<p><input type="checkbox"/> High risk includes any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids of a person with Ebola while the person was symptomatic <input type="checkbox"/> 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 appropriate personal protective equipment (PPE) <input type="checkbox"/> Processing blood or body fluids of a person with Ebola while the person was symptomatic without appropriate PPE or standard biosafety precautions <input type="checkbox"/> Direct contact with a dead body without appropriate PPE in a country with widespread Ebola virus transmission <input type="checkbox"/> Having lived in the immediate household and provided direct care to a person with 	<p>Fever (subjective fever or measured temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) OR any of the following:*</p> <ul style="list-style-type: none"> <input type="checkbox"/> severe headache <input type="checkbox"/> muscle pain <input type="checkbox"/> vomiting <input type="checkbox"/> diarrhea <input type="checkbox"/> stomach pain <input type="checkbox"/> unexplained bruising or bleeding 	<ul style="list-style-type: none"> <input type="checkbox"/> Implement rapid isolation with immediate contact of public health authorities to arrange for safe transport to an appropriate healthcare facility for Ebola evaluation <input type="checkbox"/> Medical evaluation is required. o Quarantine orders may be used to ensure compliance o Air travel is permitted only by air medical transport <input type="checkbox"/> If medically evaluated and discharged with a diagnosis other than Ebola, conditions as outlined
<p><input type="checkbox"/> HIGH Risk</p>	<p>Asymptomatic (no fever or other symptoms consistent with Ebola)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Direct active monitoring <input type="checkbox"/> Public health authority will ensure, through orders as necessary, the following minimum restrictions: <ul style="list-style-type: none"> o Controlled movement: exclusion from all long-distance and local public conveyances (aircraft, ship, train, bus, and subway) o Exclusion from public places (e.g., shopping centers, movie theaters), and congregate gatherings o Exclusion from workplaces for the duration of the public health order, unless approved by the state or local health department (telework is permitted)

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		<ul style="list-style-type: none"> <input type="checkbox"/> Non-congregate public activities while maintaining a 3-foot distance from others may be permitted (e.g., jogging in a park) <input type="checkbox"/> Federal public health travel restrictions (Do Not Board) will be implemented to enforce controlled movement <input type="checkbox"/> If travel is allowed, individuals are subject to controlled movement <ul style="list-style-type: none"> o Travel by noncommercial conveyances only o Coordinated with public health authorities at both origin and destination o Uninterrupted direct active monitoring
<ul style="list-style-type: none"> <input type="checkbox"/> Some risk includes any of the following: <ul style="list-style-type: none"> <input type="checkbox"/> In countries with widespread Ebola virus transmission: direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic <input type="checkbox"/> Close contact in households, healthcare facilities, or community settings with a person with Ebola while the person was symptomatic o Close contact is defined as being for a prolonged period of time while not wearing appropriate PPE within approximately 3 feet (1 meter) of a person with Ebola while the person was symptomatic 	<p>Fever (subjective fever or measured temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) OR any of the following:*</p> <ul style="list-style-type: none"> <input type="checkbox"/> severe headache <input type="checkbox"/> muscle pain <input type="checkbox"/> vomiting <input type="checkbox"/> diarrhea <input type="checkbox"/> stomach pain <input type="checkbox"/> unexplained bruising or bleeding 	<ul style="list-style-type: none"> <input type="checkbox"/> Implement rapid isolation with immediate contact of public health authorities to arrange for safe transport to an appropriate healthcare facility for Ebola evaluation <input type="checkbox"/> Medical evaluation is required o Quarantine orders may be used to ensure compliance o Air travel is permitted only by air medical transport <input type="checkbox"/> If medically evaluated and discharged with a diagnosis other than Ebola, conditions as outlined for asymptomatic individuals in this exposure category will apply
<ul style="list-style-type: none"> <input type="checkbox"/> Some risk 	<p>Asymptomatic (no fever or other symptoms consistent with Ebola)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Direct active monitoring <input type="checkbox"/> The public health authority, based on a specific assessment of the individual's situation, will determine whether additional restrictions are appropriate, including: <ul style="list-style-type: none"> o Controlled movement: exclusion from long-distance commercial conveyances (aircraft, ship, train, bus) or local public conveyances (e.g., bus, subway) o Exclusion from public places (e.g., shopping centers, movie theaters), and

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		<p>congregate gatherings</p> <ul style="list-style-type: none"> o Exclusion from workplaces for the duration of a public health order, unless approved by the state or local health department (telework is permitted) <ul style="list-style-type: none"> <input type="checkbox"/> 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) <input type="checkbox"/> Other activities should be assessed as needs and circumstances change to determine whether these activities may be undertaken <input type="checkbox"/> Any travel will be coordinated with public health authorities to ensure uninterrupted direct active monitoring <input type="checkbox"/> Federal public health travel restrictions (Do Not Board) may be implemented based on an assessment of the particular circumstance o For travelers arriving in the United States, implementation of federal public health travel restrictions would occur after the traveler reaches the final destination of the itinerary
<ul style="list-style-type: none"> <input type="checkbox"/> Low (but not zero) risk includes any of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Having been in a country with widespread Ebola virus transmission within the past 21 days and having had no known exposures <input type="checkbox"/> Having brief direct contact (e.g., shaking hands), while not wearing appropriate PPE, with a person with Ebola while the person was in the early stage of disease <input type="checkbox"/> Brief proximity, such as being in the same room for a brief period of time, with a person with Ebola while the person was symptomatic <input type="checkbox"/> In countries without widespread Ebola virus transmission: direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic <input type="checkbox"/> Traveled on an aircraft with a person with Ebola while the person was symptomatic 	<p>Fever (subjective fever or measured temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) OR any of the following:*</p> <ul style="list-style-type: none"> <input type="checkbox"/> vomiting <input type="checkbox"/> diarrhea <input type="checkbox"/> unexplained bruising or bleeding 	<ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> Implement rapid isolation with immediate contact of public health authorities to arrange for safe transport to an appropriate healthcare facility for Ebola evaluation <input type="checkbox"/> Medical evaluation is required. <ul style="list-style-type: none"> o Isolation orders may be used to ensure compliance o Air travel is permitted only by air medical transport <input type="checkbox"/> If medically evaluated and discharged with a diagnosis other than Ebola, conditions as outlined for asymptomatic individuals in this exposure category will apply

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<p><input type="checkbox"/> Low (but not zero) risk</p>	<p>Asymptomatic (no fever, vomiting, diarrhea, or unexplained bruising or bleeding)</p>	<p><input type="checkbox"/> <input type="checkbox"/> No restrictions on travel, work, public conveyances, or congregate gatherings</p> <p><input type="checkbox"/> Direct active monitoring for:</p> <ul style="list-style-type: none"> o U.S.-based healthcare workers caring for symptomatic Ebola patients while wearing appropriate PPE o Travelers on an aircraft with, and sitting within 3 feet of, a person with Ebola <p><input type="checkbox"/> Active monitoring for all others in this category</p>
<p><input type="checkbox"/> No identifiable risk includes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contact with an asymptomatic person who had contact with person with Ebola <input type="checkbox"/> Contact with a person with Ebola before the person developed symptoms <input type="checkbox"/> Having been more than 21 days previously in a country with widespread Ebola virus transmission <input type="checkbox"/> Having been in a country without widespread Ebola virus transmission and not having any other exposures as defined above 	<p>Symptomatic (any)</p>	<p><input type="checkbox"/> Routine medical evaluation and management of ill persons, as needed</p>
<p><input type="checkbox"/> No identifiable risk</p>	<p>Asymptomatic</p>	<p><input type="checkbox"/> No action needed</p>

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DEFINITIONS

Person Under Investigation (PUI)

A person who has both consistent symptoms and risk factors as follows:

1. Clinical criteria, which includes fever of greater than 38.6 degrees Celsius or 101.5 degrees Fahrenheit, AND additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, OR unexplained hemorrhage;

AND

2. Epidemiologic risk factors within the past 21 days before the onset of symptoms, such as contact with blood or other body fluids or human remains of a patient known to have or suspected to have EVD; residence in—or travel to—an area where EVD transmission is active; or direct handling of bats or nonhuman primates from disease-endemic areas.

Probable Case

A PUI whose epidemiologic risk factors include high or low risk exposure(s) (see above)

Confirmed Case

A case with laboratory-confirmed diagnostic evidence of Ebola virus infection

Close contact is defined as

- a. being within approximately 3 feet (1 meter) of an EVD patient or within the patient's room or care area for a prolonged period of time (e.g., health care personnel, household members) while not wearing recommended personal protective equipment (i.e., standard, droplet, and contact precautions; see Infection Prevention and Control Recommendations); or
- b. having direct brief contact (e.g., shaking hands) with an EVD patient while not wearing recommended personal protective equipment.

Brief interactions, such as walking by a person or moving through a hospital, do not constitute close contact.

Conditional release means that people are monitored by a public health authority for 21 days after the last known potential Ebola virus exposure to ensure that immediate actions are taken if they develop symptoms consistent with EVD during this period. People conditionally released should self-monitor for fever twice daily and notify the public health authority if they develop fever or other symptoms.

Controlled movement requires people to notify the public health authority about their intended travel for 21 days after their last known potential Ebola virus exposure. These individuals should not travel by commercial conveyances (e.g. airplane, ship, long-distance bus, or train). Local use of public transportation (e.g. taxi, bus) by asymptomatic individuals should be discussed with the public health authority. If travel is approved, the exposed person must have timely access to appropriate medical care if symptoms develop during travel. Approved long-distance travel should be by chartered flight or private vehicle; if local public transportation is used, the individual must be able to exit quickly.

Infection Control Precautions: Standard, contact, and droplet precautions are recommended for management of ill patients with known or suspected Ebola virus disease (EVD).¹³ These precautions include the evaluator donning gown, gloves, mask and eye protection and giving the staff member a surgical mask and cover him/her with a clean sheet.

¹³ When evaluating patient, isolate and implement current infection control precautions:
<http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>

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Quarantine is used to separate and restrict the movement of persons exposed to a communicable disease who don't have symptoms of the disease for the purpose of monitoring.

Self-monitoring means that people check their own temperature twice daily and monitor themselves for other symptoms.

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III. Action plan template for the traveler who is quarantined (legally barred from travel and isolated)

QUARANTINE OR DETENTION PROTOCOL

Of Note: Travelers are always subject to local national laws and this includes quarantine and isolation or other public health laws and international health regulations that may apply during outbreaks, epidemics, or pandemics. Your U.S./foreign passport won't help you avoid quarantine. It's very important to know what is legal and what is not. Currently, some national laws include:

- Ban on miniskirts. Skirts need to be at the knees or longer.
- Homosexuality, as well as helping homosexuals, is illegal.
- It is illegal to possess/use drugs, such as marijuana.
- Illegal to gather in groups to discuss matters of public or political interest without prior permission from local police. E.g. It is illegal to hold a rally against corruption on High Street without prior local police permission.
- If you are found to have a fever, or if you fail to pass any Ebola risk assessment at borders, you may be detained.

While some countries will automatically notify the nearest U.S. embassy or consulate if a U.S. citizen is detained or arrested in a foreign country, that might not always be the case. To ensure that the United States is aware of your circumstances, *request that the police and prison officials notify the nearest U.S. embassy or consulate as soon as you are arrested or detained.*

The recommendations in this protocol apply in all cases of arrest or Quarantine or Detention, whether or not wrongful or warranted. You should follow this protocol as closely as possible, regardless of circumstances.

General Recommendations: Try your best to keep your colleagues and peers informed of your whereabouts, ask for somebody (preferably male) to accompany you in circumstances where your safety may be at risk, and memorize the telephone number of at least one colleague (because you may not always have your phone book or a contact list handy in a time of need).

Pre-Arrest or Quarantine or Detention:

- If you are home and the police arrive at your door, you do not have to open it immediately.
- Stall for a few minutes (ex: tell the police that you need to grab your passport, need to wash up quickly) and make a phone call to the CGH Program Director or someone else on staff. Memorize this one phone number.
- Return to the police and ask the purpose of their visit.
- Ask to see their police IDs and write down their names and badge numbers.
- Ask to see the arrest and/or search warrant or order authorizing Quarantine or Detention or other custody. This is legally required but is not always presented. It is recommended to ask for it, however.
- Do not resist arrest. You will need to accompany the police officer(s) to the police station. Before leaving, try to notify someone on staff.
- If possible, stall until someone on staff can accompany you to the station. They cannot ride with you but can follow the police car.

What *Not* To Do If Arrested or Detained:

- **DO NOT** resist arrest
- **DO NOT** be abusive or argumentative
- **DO NOT** try to bribe your way out of the situation
- **DO NOT** make statements unless asked and do not volunteer information; if you are required to answer questions, provide only brief responses and limit details as much as possible
- **DO NOT** admit to any wrongdoing
- **DO NOT** sign anything. If you are pushed to sign a document, politely decline until you have had the document examined and explained to you by a lawyer or embassy representative

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- **DO NOT** agree to provide any kind of assistance to those detaining you in return for your release. If there is no other option, say that you will consider their proposal if released. Then contact your embassy immediately for assistance.

What To Do If Arrested or Detained:

- **DO** claim the right to contact your embassy. *You are entitled to consular notification if you request it.* This is your legal right, but that does not mean it will be granted.
 - If refused, continue to make the request until you are allowed
 - If granted, you will need to sign a Privacy Act Form, which you should sign, otherwise the US Government cannot share information with anyone
- **DO** remain calm, patient, dignified and professional
- **DO** explain that there has been a misunderstanding and suggest resolving the situation by sensible and calm discussion. Reiterate the mission of your organization
- **DO** focus on the strong, and long-standing, partnership with MUST and your job in-country
- **DO** check the ID or credentials of individuals representing the embassy or other support and write down their name and job titles
- **DO** ask to contact a colleague or a lawyer

What To Do If A Colleague Is Arrested or Detained:

- If possible, meet at their house/place of arrest and follow them to the police station to ensure they arrive safely
- Notify at least one other Mbarara-based staff member of the arrest. You can then coordinate responsibilities for contacting others (Embassy, CGH/MGH/other home institution staff, MUST Collaboration staff, MUST leadership and Travel Safe)
- Ensure the U.S. embassy has been notified of the situation
- Contact at least one person on the MGH/CGH and/or Harvard-based Security team
- Contact at least one senior, trusted, faculty member of MUST (see list below). Ask him/her to join you at the police station and speak on your behalf about the work you are doing and the strong partnership between MGH and MUST.
- Contact Travel Safe to let them know of the current situation

Managing the Detainment of a Colleague:

- **Situation Working Group.** While it is important to remain positive that the situation will resolve itself quickly, it may be prudent to establish a ‘Situation Working Group’ for managing response, communications, and daily reporting.
- **Visitation.** It is important to visit incarcerated individual as soon as possible and then on a regular basis. It may be of value to bring a camera and take a photograph as proof and as a record of current condition. Do this only with permission from the prison officials and try to write down the name of the prison official granting the permission.
 - *If allowed*, and if local circumstances warrant (i.e. there is little or no material or dietary support for incarcerated individuals), bring the following items in a clear plastic bag:
 - Soap
 - Toothbrush/toothpaste
 - Comb
 - Deodorant
 - Hygiene products
 - Writing paper, pen, pencil
 - Magazine or other reading materials
 - Dry food
 - Other comfort items which are permissible

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- **Legal counsel.** If the program has been or anticipates operating within the country for long duration, it is a good idea to have identified attorneys with commercial and criminal law expertise and experience. At the very least, having a copy of the list from the embassy and short-listing a few is a starting point.

MANAGEMENT & RESPONSE PLAN FOR DEPLOYMENTS TO EBOLA AFFECTED COUNTRIES

iv MDDU screening form

Boston Public Health Commission

Massachusetts Department of Public Health



Screening Tool for Evaluating Risk of Ebola Virus Exposure
August 29, 2014

Name:	
Affiliation:	
Residence:	
Date of Birth:	

In the past 21 days has the person:	NO	YES
Traveled to, or in, an involved area (see: http://wwwnc.cdc.gov/travel/diseases/ebola)		
If no, patient is at NO RISK, no further action required		↓
Had exposure to an ill person or wild animals while in an involved area		
If no, patient is at NO RISK, no further action required		↓
Worked or volunteered in a facility with Ebola virus disease (EVD) patients		
Household member, friend or acquaintance with confirmed/suspected EVD		
If yes to either of these, patient is at risk, proceed to questions below		↓
1. Direct exposure to someone ill with EVD or their blood or body fluids, without personal protective equipment (PPE)		
2. Unprotected, direct exposure to someone who died with EVD		
3. Unprotected direct contact with animals that may have Ebola virus infection		
<p>If <u>No</u> to all of the 3 numbered questions above, patient is at LOW RISK and only fever/symptom monitoring is required.</p> <p>If <u>Yes</u> to any of the 3 numbered questions patient is at HIGH RISK and quarantine and fever/symptom monitoring required. Please contact public health department immediately (in Boston: BPHC at 617-534-5611; outside Boston: MDPH at 617-983-6800).</p> <p>See MDPH/BPHC guidance "Clinical Advisory: Management of Suspected Ebola Virus Cases or Contacts". (at: http://www.mass.gov/eohhs/docs/dph/cdc/advisories/ebola-advisory-08-01-14.pdf and http://www.bphc.org/whatwedo/infectious-diseases/Documents/EbolaUpdatedadvisory080714_FINAL.pdf)</p>		

MANAGEMENT & RESPONSE PLAN FOR DEPLOYMENTS TO EBOLA AFFECTED COUNTRIES

V. De-briefing document template

After Action Debriefing Meeting

Date:

Mission: To provide a professional humanitarian response to those affected by the Ebola outbreak in West Africa.

Agenda:

- 12:00 pm: Welcome/Introduction/equipment return -
- 12:05 pm: Employee Assistance Program Resources –
Occupational Health/Health checks and reporting
- 12:15 pm: Open Discussion on Operational Issues and Trip -
- 12:50: Summary and recommendations
- 1:00 Adjourn

MGH Points of Contacts and Resources:

- Hilarie Cranmer, MD, MPH - Director of Disaster Response
 - hcranmer@partners.org
 - 617-331-1196 (m)
 - 617-724-1306 (o)
- Andrea Piraino Stidsen, LICSW, CEAP – Director, Partners Employee Assistance Program
 - astidsen@partners.org and www.eap.partners.org
 - 1-866-724-4327 (toll free)
- Andy Gottlieb, NP – Occupational Health
 - AGOTTLIEB@mgh.harvard.edu
 - 1-617-726-2217 (general number)
- Ryan Wildes – Security and Risk Management
 - RWILDES@PARTNERS.ORG
 - 1-617-724-3720

THANK YOU!

MANAGEMENT & RESPONSE PLAN FOR DEPLOYMENTS TO EBOLA AFFECTED COUNTRIES

VI. Action plan template for the returned traveler who develops symptoms

Subject: EVD COUNTRY > MEDICAL CASE / EBOLA EXPOSURE >

Date: DAY MONTH 14:00 HRS EST

Sensitivity: ****CONFIDENTIAL****Please share with those who need to be included but do not disseminate personal and confidential information regarding the contact cases to maintain patient confidentiality

Hilarie Cranmer, MD, MPH,

MGH POINT OF CONTACT FOR THIS INCIDENT

MGH Center of Global Health Director of Disaster Response

Attending Physician, MGH Department of Emergency Medicine, Email: hcranmer@partners.org, Office: +1 617 724 1306 | Mobile: +1 617 331 1196 | Skype: hcranmer

COMMUNICATION:

1. **Next Communication** PRN

ATTACHMENTS: None

SITUATION UPDATE NEW: Departed COUNTRY DATE Day XX post departure from EVD Country, DAY XX/XX of personal surveillance:

- **TOTAL # CONTACT CASES CONSIDERED XXX RISK EXPOSURE AS PER CDC GUIDELINES, Person continues to experience no fevers or symptoms. Personal surveillance protocol detailed below. No need for Public Health Official to be collecting information**
- **Isolation corridor to be established *only if symptoms (fever >100.4 F or 38 C) develop or if symptoms develop as described by EVD risk assessment table* Designated receiving hospital is HOSPITAL ED and Hospital protocols established, notification via action plan detailed below.**
- **DOCTOR OR PRIMARY OCCUPATIONAL HEALTH CONTACT** designated point of contact for any medical issues for the contact. There is no plan to collect specimens outside of protocol and without contact experiencing fever at this time

SITUATION SUMMARY TO DATE

- **Person at NO Risk or no known exposure having been in a country in which an EVD outbreak occurred within the past 21 days and having had no HIGH or LOW risk exposures, for the HCW, all LOW can be considered SOME, but full PPE was used for duration of any patient contact**

There were no movement restrictions, and travel was by commercial conveyance.

ACTION PLAN:

MANAGEMENT & RESPONSE PLAN FOR DEPLOYMENTS TO EBOLA AFFECTED COUNTRIES

1. **Contacts is in CITY OF RESIDENCE, following personal surveillance protocol as described below.**
2. **Notifications (contact information below) TBD**
 - a. **Notify CITY OF RESIDENCE DPH, CDC via H Cranmer**
 - b. **Notified HOSPITAL leadership and Emergency Department and Infection Control via EMERGENCY PREPAREDNESS CHIEF**
 - c. **Public RELATIONS Officers at all respective institutions notified via DIRECTOR OF GLOBAL DISASTER RESPONSE/CHIEF OF EMERGENCY PREPAREDNESS**
Press statements in draft. “We are all working together.”
3. **SUGGESTED Interim Individual Care Plan –**
 - a. **Because incubation is 2-10 days (not infectious, not contagious) BUT will be on CDC guidance will follow personal surveillance NOT QUARANTINE for total 21 days**
 - b. **Recommendations for treatment are for watchful waiting, hydration, personal quarantine and infection control.**
 - c. **Personal surveillance protocol:**
 - i. **Temperature check twice a day to be followed by designated health care provider –**
 - ii. **minimal visitor contact, no travel on public transportation, no clinical contact, ensure all contacts have thermometers, bleach, personal protective gear.**
 - iii. **Avoid all medical Campuses.**
 - d. **Daily check-in by institution and/or ID points of contact; other support (food, etc) as needed**
 - e. **Wellness / mental health checks – To Be discussed**
4. **TREATMENT Protocol to be put in place ONLY if contacts develop illness or fever greater than 100.4**
 - a. **Contacts to notify:**
 - i. **POINT OF CONTACT FOR THE SUBJECT who notifies DIRECTOR OF EMERGENCY PREPAREDNESS**
 - ii. **HOSPITAL ED DIRECTOR OF EMERGENCY PREPAREDNESS who will notify CHIEF OF Infection Control, HOSPITAL**

MANAGEMENT & RESPONSE PLAN FOR DEPLOYMENTS TO EBOLA AFFECTED COUNTRIES

- iii. **Notify Boston EMS via 911, (OR DESIGNATED AMBULANCE SERVICE FOR THE CITY OF RESIDENCE) tell them that you are suspect for Ebola and you are to be transported to DESIGNATED HOSPITAL**
- c. **Notification to MGH ED by POINT OF CONTACT FOR THIS EVENT, DESIGNATED HOSPITAL ED and Hospital protocols established**
- d. **Transport to DESIGNATED HOSPITAL ED by Boston EMS OR DESIGNATED AMBULANCE SERVICE**
- e. **Entry DESIGNATED HOSPITAL ED per protocol, to establish isolation corridor to the ICU, negative flow isolation**

KEY CONTACTS

Hilarie H. Cranmer MD, MPH - MGH POINT OF CONTACT FOR THIS INCIDENT
Director of Disaster Response, MGH Center for Global Health
Attending Physician, MGH Department of Emergency Medicine
Office: +1 617 724 1306 | Mobile: +1 617 331 1196 | Skype: heranmer

INFECTIOUS DISEASE DOCTOR MD - Infectious Disease Unit, MGH

Email:
Page ID:
TITLE
ADDRESS
Office telephone 6
Office fax
Administrative Coordinator:

DIRECTOR OF INFECTION CONTROL AT DESIGNATED HOSPITAL,

Email:
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Administrative Coordinator:

DIRECTOR OF EMERGENCY PREPAREDNESS AT DESIGNATED HOSPITAL

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Administrative Coordinator:

DIRECTOR OF EMERGENCY MEDICINE DEPARTMENT OF DESIGNATED HOSPITAL

Email:
Page ID:

MANAGEMENT & RESPONSE PLAN FOR DEPLOYMENTS TO EBOLA AFFECTED
COUNTRIES

TITLE
ADDRESS
Office telephone 6
Office fax
Administrative Coordinator:

RISK MANAGEMENT MANAGER

Email:
Page ID:
TITLE
ADDRESS
Office telephone 6
Office fax
Administrative Coordinator:

DIRECTOR OF OCCUPATIONAL HEALTH

Email:
Page ID:
TITLE
ADDRESS
Office telephone 6
Office fax
Administrative Coordinator:

CITY/STATE/FEDERAL/INTERNATIONAL

Boston Public Health Commission: EPI ON CALL

Email:
Page ID:
TITLE
ADDRESS
Office telephone 6
Office fax
Administrative Coordinator:

Massachusetts Department of Public Health

Alfred DeMaria, Jr., M.D – Bureau of Communicable Disease Control Assistant Commissioner

Email:
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Office fax
Administrative Coordinator:

Infectious Disease Bureau

<http://www.mass.gov/eohhs/gov/departments/dph/programs/id/epidemiology/rdiq/>

CDC – Atlanta – Viral Special Pathogens Branch

<http://www.cdc.gov/ncidod/dvrd/spb/index.htm>

MANAGEMENT & RESPONSE PLAN FOR DEPLOYMENTS TO EBOLA AFFECTED
COUNTRIES

Email:
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ADDRESS
Office telephone 6
Office fax
Administrative Coordinator:

Attn: DASH/Unit 70
1600 Clifton Road NE
Atlanta, GA 30333, USA

US Embassy

RESOURCES

[Link to PHS SharePoint site \(PHS/MGH only\)](#)

CDC:

1. Ebola Fever resource page

a.

2. Historical Ebola reports of imported case into US:

3. “Yellow Book” Chapter 3, Viral Hemorrhagic Fevers

a. <http://wwwnc.cdc.gov/travel/yellowbook/2012/chapter-3-infectious-diseases-related-to-travel/viral-hemorrhagic-fevers.htm>

4. Information about Quarantine and Isolation

a. <http://www.cdc.gov/quarantine/QuarantineIsolation.html>

Maps: Google Map

END.