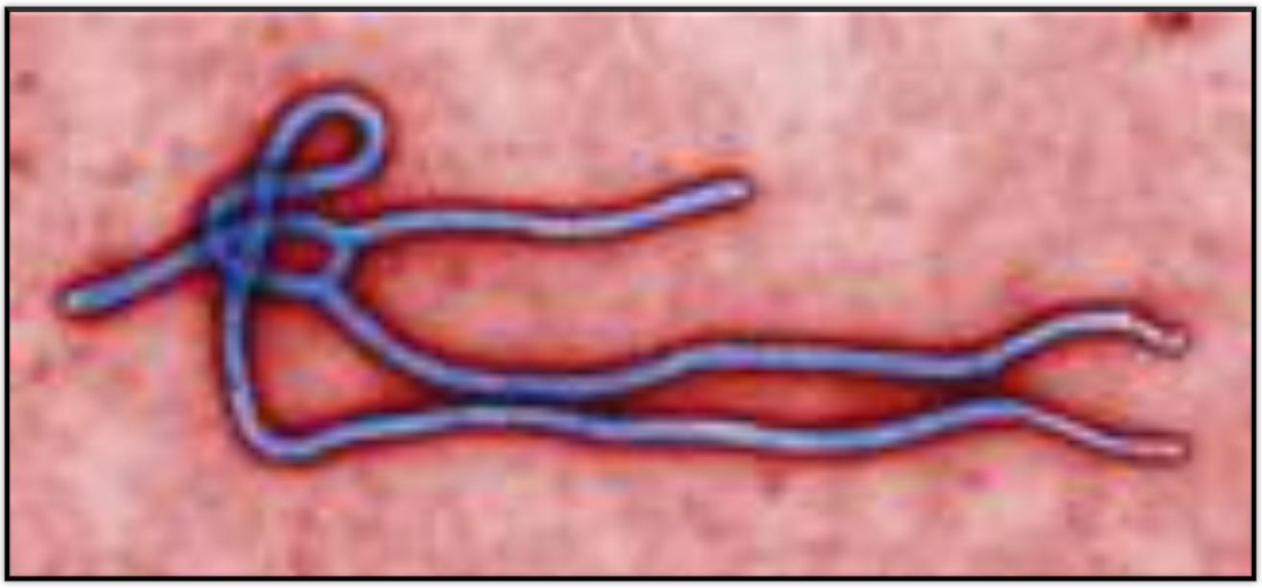


Louisiana Ebola Virus Disease Response Plan

Governor's Office of Homeland Security and Emergency Preparedness

Contents

Subject 4
Background 4
Purpose 5
Assumptions 5
Concept of Operations 6
Key Stakeholders 6
Prevention of EVD 6
Phase 1: Assessment and Confirmation of EVD Cases 7
Assessment of Suspected EVD Cases by Emergency Medical Services 8
Phase 2: Notification Process 9
Phase 3: Consequence Management Steps 12
Response for Suspected Case 12
Response for Patient under Investigation (PUI) or Confirmed Case 12
Response for Confirmed Case 12
Response for Household Contacts 12
Response for Close Contacts 13
Direction and Control 13
Organization and Assignments of Responsibilities 13
Administration and Finance 17
Appendix 1: Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients with Known or Suspected Ebola Virus Disease in Louisiana 18
Appendix 2: Transportation of Potential / Confirmed EVD Patients by EMS in Louisiana 27
Appendix 3: Recommendations for Pets in Louisiana 31
Appendix 4: DRAFT Protocol for Dog Isolation (*As of 10/14/14*) after Exposure to a Human with Suspected or Confirmed EVD Infection 33
Appendix 5: LA Handbook for School Administrators 37
Appendix 6: Guidance for Safe Handling of Human Remains of EVD Patients in Louisiana Hospitals and Mortuaries 40
Appendix 7: Preliminary Guidance for Determining Final Disposition of EVD Victims 43
Terms and Definitions 50
Attachment 1, ICS 205A 52

Attachment 2, GOHSEP State EOC 53
Attachment 3, GOHSEP Regional Coordinators 54
Attachment 4, Louisiana State Police Troops 55
Attachment 5, ESF-8 Network 56
Attachment 6, Bureau of EMS 57
Attachment 7. ESF-8 Behavioral Health 58
Attachment 8, US Coast Guard Vessel Screening 59
Attachment 9, List of Laboratories 61
Attachment 10, Biological Remediation Contractors 62
Attachment 11, Handling EVD Remains - ESF 8 and Louisiana Coroner's Association 63
Attachment 12, Initial findings of the Louisiana Crematory Survey 66
Attachment 13, Executive Order NO. BJ 2014-13 69
Attachment 14, Public Health Guidance for Travel to and from Ebola-Affected Countries 71

Subject

Ebola is a virus that has worldwide consequences. Confirmed or suspected cases of Ebola Virus Disease (EVD) present special requirements for disease surveillance, public communications, allocation of medical resources, and expansion of human services.

Background

The current EVD outbreak in West Africa has increased the possibility of patients with EVD traveling from the affected countries to the United States. 1 The likelihood of contracting EVD is extremely low unless a person has direct unprotected contact with the blood or body fluids of a person (like urine, saliva, feces, vomit, sweat, and semen) or direct handling of bats, rodents, or nonhuman primates from areas with EVD outbreaks. 2 Initial signs and symptoms of EVD include sudden fever, chills, and muscle aches, with diarrhea, nausea, vomiting, and abdominal pain occurring after about five (5) days. Other symptoms such as chest pain, shortness of breath, headache, or confusion, may also develop. Symptoms may become increasingly severe and may include jaundice (yellow skin), severe weight loss, mental confusion, bleeding inside and outside the body, shock, and multi-organ failure. 3 EVD is an often-fatal disease and care is needed when coming in direct contact with a recent traveler from a country with an EVD outbreak that has symptoms of EVD. The initial signs and symptoms of EVD are similar to many other more common diseases found in West Africa (such as malaria and typhoid). EVD should be considered in anyone with fever who has traveled to, or lived in, an area where EVD is present. The incubation period for EVD, from exposure to when signs or symptoms appear, ranges from 2 to 21 days (most commonly 8-10 days). Any EVD patient with signs or symptoms should be considered infectious. EVD patients without symptoms are not contagious. The prevention of EVD includes actions to avoid exposure to blood or body fluids of infected patients through contact with skin, mucous membranes of the eyes, nose, or mouth, or injuries with contaminated needles or other sharp objects.

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

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

Purpose

The intent of the EVD Response Plan Annex to the Louisiana State Emergency Operations Plan (EOP) is to provide general guidance to parish, State, and Federal Governments and all stakeholders in the preparation of plans specific to an EVD response. The specific purposes of this document are as follows:

1. Protect life and property
2. Minimize exposure particularly in the following sectors:
    a. Schools - particularly those of higher learning as students and faculty may be conducting research in West Africa
    b. Faith based organizations - as they have missionary/humanitarian efforts in affected countries
    c. Ports, Airports
    d. Oil and Gas Industry
    e. First Responders
3. Conduct active medical and public health vigilance so as to identify and isolate symptomatic cases.
4. Identify consequence management steps for confirmed case(s) and their contacts.
    a. Pathway 1: symptomatic patients that enter healthcare system
    b. Pathway 2: house-hold contacts that may be confined in their home.
5. Support rapid & effective response
6. Collect and disseminate accurate incident and public information to improve decision making, dispel rumors, and promote public awareness.

Assumptions

1. Local governments have the primary responsibility to provide initial emergency response and emergency management services within their jurisdictions.
2. State government may provide and/or augment emergency response services that exceed the capabilities of local governments as per the State EOP.
3. In the response to a confirmed case of EVD in Louisiana, the Governor will activate the State's Emergency Response Plan under the command of the Director of GOHSEP.
4. State Emergency Operations Center will be activated to appropriate level.
5. Unified Command Group (UCG) will assemble immediately to set response actions in motion.
6. Joint Information Center (JIC) will be activated
    - Develop Press Releases
    - Develop Canned Responses that can be used by all agencies PIOs
    - Aggressive factual information sharing to the public/news media
7. State response actions will begin.

State agencies will continue to have ongoing meetings to refine response plans for various scenarios.

8. Parish conference calls will be conducted immediately with affected parishes to obtain and provide information and guidance. GOHSEP would maintain continual contact with affected parish officials and State and local response agencies ensuring an immediate and coordinated response.
9. Support request for local and State agencies would be facilitated immediately via Web EOC.
10. Public Health Emergency Declaration will be issued.

Concept of Operations

Key Stakeholders

- Parish Offices of Homeland Security and Emergency Preparedness
- Parish 911/PSAP
- Parish EMS
- Parish Fire Departments/Districts
- Local law enforcement agencies
- Parish Coroner's Offices
- Local Funeral Homes
- Parish Health Units
- Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP)
- Department of Health and Hospitals
- Louisiana State Police (LSP)
- State and Federal (HHS/CDC) ESF 8 partners
- Department of Child and Family Services

Prevention of EVD

The State of Louisiana recognizes the potential threat of the EVD to incapacitate large numbers of people who would require precautionary health monitoring during the incubation period after coming into direct contact with even a single person exhibiting symptoms. It is foreseeable that a public health emergency could result from the single occurrence of 1 symptomatic EVD case. The state has developed an Executive Order (Attachment 12) and corresponding guidance for travelers from affected areas:

Epi-X Notification Data regarding travelers:
CDC screens passengers traveling from affected countries for symptoms and/or contact with EVD. Five airports in the United States now screen (including temperature monitoring) all travelers from the three EVD affected West African countries. The traveler information is captured by CDC and an Epi-X notification is provided to the respective states' Epidemiology sections.

Public Health Investigation: Upon receipt of Epi-X Data, ID Epi investigates the potential case to determine if the preliminary data provided by CDC meets the criteria to require monitoring.

Criteria for Monitoring: Travel to one of the three EVD affected countries.

Public health monitoring:

- For 21 days following travel, individuals are required to allow public health medical monitoring in order to quickly identify any potential symptoms of EVD.
    - Medical monitoring shall include, but is not limited to, the following:
        - Daily monitoring of body temperature and other vital signs, and
        - Daily monitoring of symptoms that could be related to EVD.
- Individuals must also maintain communication with DHH staff.

Restrictions on travel in Louisiana following a trip to an EVD-affected area:

- For 21 days following travel, individuals may not use any form of commercial transportation, including the following:
    - Airplane
    - Ship
    - Bus
    - Train
    - Taxi
    - Other public conveyance

Restrictions on use of public places following travel to an EVD-affected area:

- For 21 days following travel, individuals may not go to places where the public congregate, including but not limited to the following:
    - Restaurants
    - Grocery stores
    - Gymnasiums
    - Theaters
    - Schools
    - Places of worship

Phase 1: Assessment and Confirmation of EVD Cases

- Cases that are suspected to have EVD are reported to DHH / Office of Public Health/Infectious Disease Epidemiology (ID Epi) Section: 1-800-256-2748

- ID Epi will determine if suspect cases rise to person under investigation (PUI) using the conditions below.

    1. ID Epi, in consultation with CDC, determines whether the suspect case requires confirmatory testing at a CDC-certified LRN Lab based on symptoms, travel history, and risk of exposure. If IDEpi, in consultation with CDC, believes that confirmatory testing is needed, then the individual is immediately treated as a PUI. Patient would

then be placed in isolation at a hospital if not already there. If there is a PUI IDEpi would not delay the start of their investigation while labs are pending.

2. Hospital sends the sample to CDC or other approved LRN lab chosen by the state; whichever allows for the fastest turnaround time.
3. Confirmatory test results can take between 48-72 hours. The individual would be considered a PUI and isolated immediately if they are exhibiting symptoms and have a travel or exposure history.
4. Lab results are shared with the ID Epi and State Health Officer.
5. ID Epi shares information with patient and hospital.
6. Notification procedures are shown later in this document.

Assessment of Suspected EVD Cases by Emergency Medical Services

1- All emergency medical responders (EMRs), emergency medical technicians (EMTs), advanced emergency medical technicians (AEMTs) and Paramedics should have a heightened index of suspicion for any patients complaining of flu-like systems and a fever. These patients should be asked two additional screening questions:
   a. Within the past 21 days, has the patient traveled to a location where an EVD outbreak is occurring?
      i. If 'Yes' immediately call the Louisiana Epidemiology Hotline: 1-800-256-2748
      ii. If 'NO' ask the second question (below)
   b. Has the patient been exposed to someone who is a suspected or known to have EVD?
      i. If 'Yes' immediately call the Louisiana Epidemiology Hotline: 1-800-256-2748
      ii. If both questions are "no" continue patient care according to routine protocols
   c. The epidemiologist will make a determination, on the phone call, if the patient meets the criteria as a 'Suspected EVD Patient' or if the patient does not meet the EVD screening criteria. If the patient does not meet the criteria, transport per routine protocols.

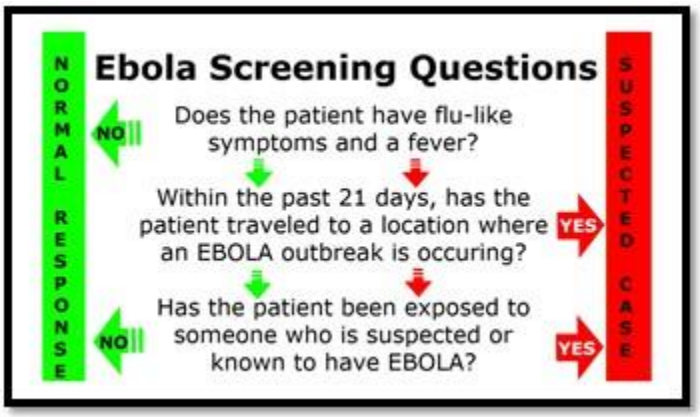
2- Modified Patient Care
   a. Do not transport a suspected EVD patient until the Epidemiology hotline (1-800-256-2748) has been called
   b. If the epidemiologist classifies the patient as a 'Suspected EVD Patient' detailed instructions will be provided to the EMS provider and crew members as to how and when the patient should be transported (See Appendix 2: Transport of Potential or Confirmed EVD Patients by EMS)
      i. EMS on-scene will inform the Epidemiologist of the underlying etiology and based on patient choice and medical protocols recommend a receiving hospital.
      ii. Prior to transport of the patient, EMS, the epidemiologist, and GOHSEP will develop a plan to include:
         1. Notification of the receiving hospital
         2. Transportation plan (route, time, entrance at receiving facility, etc.)

3. Care / Transport / Evaluation of family members, others at scene
4. Determine if a hazardous material (hazmat) response to the scene is required

c. PPE Guidance - See Appendix 1

The Bureau of EMS is distributing the pocket reference cards pictured below for every EMR, EMT, AEMT, and Paramedic in Louisiana.

Pocket Reference Cards:



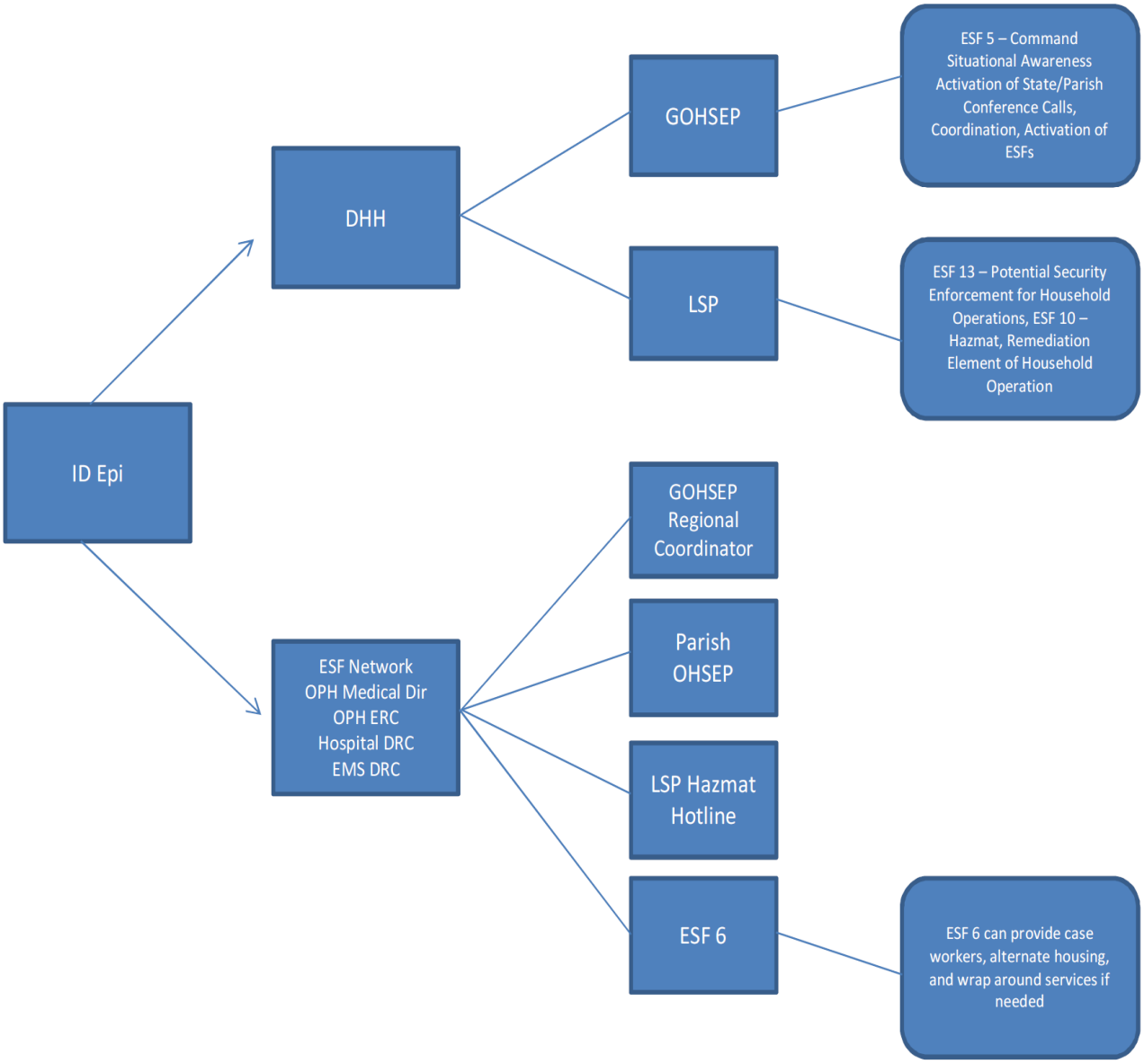
Phase 2: Notification Process

- For a suspect case of EVD:
  - Notification procedures are:
    - "Unfolding events" where several/varied inquiries are being made about a suspect case
    - PUI identified by ID Epi
    - DHH notifies GOHSEP Emergency Ops Center by phone and email (gohsep-idepi@listserv.doa.la.gov)

        - Email includes GOHSEP, LSP and DHH command staffs

- For a PUI and LAB-CONFIRMED case of EVD (See Figure 1):
    - Notification procedures are:
        - The CDC lab director will call the State Health Officer and State Epidemiologist, and alert the CDC Emergency Operations Center/Director of the CDC.
        - The State Health Officer / State Epidemiologist will immediately alert the GOHSEP Emergency Ops Center by phone and email (gohsep-idepi@listserv.doa.la.gov)
            - Email includes GOHSEP, LSP and DHH command staffs
        - The State Health Officer / State Epidemiologist will immediately alert DHH Emergency Operations Center (DHH EOC).
        - DHH notifies LSP Hazmat Hotline (1-877-925-6595 or 225-925-6595)
        - GOHSEP will immediately inform the Governor, and all ESF partners, and parish OHSEP directors.
        - DHH will immediately activate the DHH EOC, and alert all Subject Matter Experts and our Public Health Regions.
        - A Joint Information Center will be activated through the GOHSEP EOC to alert, respond, and educate the public about the event.
        - Healthcare and emergency response partners will be alerted through the Health Alert Network.

Figure 1: Notification Process: Lab-Confirmed Case



Planning Assumptions

- Lab-confirmation can take up to 48 hours
- A PUI with a high index of suspicion will be treated as a confirmed case and steps for activation would be followed
- In short, ID Epi is the trigger mechanism

Phase 3: Consequence Management Steps

PUI or Confirmed Case is placed in hospital setting

Hospital manages care of the PUI or confirmed case (patient), the patient's waste, etc.

Hospital is defined as Tier 1 with ICU capability and appropriate PPE.

PUI or Confirmed Case's Household Contacts

PUI or Confirmed Case's Contacts

Response for Suspected Case

- Hospital and ID Epi discuss patient details, relevant travel history and/or exposure to EVD to determine whether monitoring is required.

Response for Patient under Investigation (PUI) or Confirmed Case

- A suspect case that has any symptoms and any risk factors as outlined in the case definition is a PUI;
- Determine level of risk
- Sample sent for testing
- Patient in isolation
- ID Epi contact tracing begins
- Activation of the EOC system would begin

Response for Confirmed Case

- Patient remains in hospital facility in isolation for ongoing care
- Household operations would begin

Response for Household Contacts

- Wrap-around provisions for up to 42 days
  - Sustenance (food, water, etc.)
  - Laundry
  - Pharmaceutical
  - Family care items (diapers, etc.)

    - Financial
- Pet Care
- Behavioral Health
- Voluntary quarantine/confinement with possible enforcement once a suspected case is confirmed. Involuntary quarantine/confinement –would require a court order.
- Contaminated/Potential Contaminated EBV materials
    - Manage the collection, decontamination, transportation, treatment and disposal

Response for Close Contacts

- Contacts are identified and risk assessed by ID Epi with technical assistance from CDC.
- Monitoring by ESF8 (ID Epi) via phone call to determine if the person has gotten ill by 2x/day temperature and symptom monitoring beginning when case is confirmed.
- Communication from OPH/ID Epi (ESF8) Section will determine level of confinement for contacts.
- Investigate at hospital; notify CDC of determination of PUI and collect samples for confirmation.
- ESF 8 will begin contact tracing for any PUIs
- OPH/ ID Epi will work with Parish to communicate when need to confine is identified.

Direction and Control

In the response to a confirmed case of EVD in Louisiana, the Governor will activate the State's Emergency Response Plan under the command of the Director of GOHSEP.

Organization and Assignments of Responsibilities

ESF 1

DOTD

- If parish is unable to conduct the following missions, DOTD will:
    - Manage the mission of transporting quarantined contacts of the confirmed EVD cases to state approved quarantine locations.
    - Manage the mission of transporting medical supplies or Personal Protective Equipment (PPE).
    - Manage the mission of transporting furnishings to quarantine locations **prior to the arrival** of quarantine candidates.

ESF 2

See communications plan ICS 205

ESF 3

DOTD

- Be prepared to assist local, parish, and state officials with traffic management

ESF 4

- Provide local Fire Departments with situational awareness

- Provide local Fire Departments with best practices and protective measures
- Coordinate and provide assistance in response and mitigation

ESF 5

Unified Command Group will convene

GOHSEP

- State EOC will activate to appropriate level
- Conduct parish and regional conference calls to obtain and provide information
- Initiate WebEOC situational reporting and resource requesting from State and parish agencies.

ESF 6

DCFS

- As a contingency, DCFS will identify 10 foster homes for immediate placement for children if parent(s) are PUI /confirmed cases and there is no one else in the household.
- Provide case workers
- Create list of possible needs for quarantined individuals

Louisiana Housing Corporation

- Provide 18 single family dwellings for quarantine families
- Work with Public Service Commission for activation of utilities

Department of Corrections

- Will provide housing units from Corrections Facilities

American Red Cross

- Provide comfort kits to quarantined persons
- Coordinate with VOAD partners on a feeding plan
- Provide funding for prescription medications and medical equipment
- Will work with partner agencies to assist with support of quarantined families in order to handle non-EVD medical needs

Workforce Commission

- Provide mass feeding support through established contracts (minimum 500 people to activate contracts)

Department of Education
(See Appendix 5 for additional school information)

- Will determine continuity of education of quarantined school children
- DOE continues to disseminate through weekly newsletter all DHH EVD educational information to the following:
    - Public Schools, Child Care Centers, Private Schools, Charter Schools

- When a student presents with an illness
  I. Nurse or office faculty (if no nurse) will ask the DHH approved targeted questions related to Ebola by contacting the parent/guardian of the student
  II. If the response is yes
    - The school will notify IDEpi
    - The school will follow instructions per IDEpi
    - The school will notify superintendent's office
- Continuing education of quarantined/isolated student
  I. Work with state/local officials
  II. Provide electronic equipment for learning as needed

ESF 7

DOA

- Establish decontamination and remediation State contract
- Establish body bag State contract
- Establish activity code for tracking expenses
- Issue memorandum(s) to State agencies to track expenditures and report same into WebEOC
- Establish State contract for a regional cache of BioSeal™ or similar material for encasing remains in situ.
- Establish State contract for Victim Recovery and Transportation services

GOHSEP

- Execute Decontamination and Remediation contracts
- Execute procurement for other parish or state resource requests as needed

DHH

- Execute contract for surge supply of body bags or specialized kits that seal the EVD body to augment parishes as needed.

ESF 8

DHH

- Act as overall medical lead for all EVD cases
- Monitoring of quarantined persons will be conducted by DHH/OPH ID Epi staff
- The sheltering, transportation and care of pets of hospitalized or quarantined contacts will be conducted in facilities and methods approved by and under the authority of the DHH State Public Health Veterinarian
- Educate Hospitals and pre hospital providers regarding , PPE levels, and handling of remains
- Infectious Disease EPI
  - Will notify state agencies of Persons Under Investigation for EVD
  - Conduct epidemiological investigations

    - Identify contaminated items and provide technical assistance for on scene decontamination
- Bureau of Emergency Medical Services (BEMS) will provide proper direction and level of PPE for responders to potential EVD related 911 calls
- BEMS may provide direction and level of PPE for coroners, funeral directors, and/or victim recovery contractors in the handling and transportation of EVD remains to final disposition

ESF 9

No identified role

ESF 10

LSP

- On site command and control for all decontamination and remediation sites
- Direct and monitor contractor operations from contract executed by GOHSEP
- Remove all persons from contaminated sites as directed by DHH
- Oversee remediation in coordination with DEQ

ESF 11

LDAF

- Provide resource support to ESF8 upon the request of the Public Health Officer
- Follow LDAF'S Livestock Disaster Annex in response to a Livestock event

ESF 12

LPSC

- Work with Louisiana Housing Corporation for utilities activation of 18 reserved single family dwellings for quarantine families
- Work with DOTD/DHH to ensure regulated passenger vehicles for quarantine family transport are available and following all applicable regulations

ESF 13

LSP

- Provide public safety utilizing law enforcement assets
- Provide escorts for transportation
- Provide escorts for transportation of EVD victim remains to final disposition
- Provide security for stored remains until final disposition is implemented

DOJ

- Provide court order for quarantine
- Provide court order for cremation of EVD remains

ESF 14

No identified role

ESF 15

GOHSEP

- Lead for all public information
- Coordinate with all agency PIOs in order to provide a unified message
    - Key PIOs (GOHSEP, DHH and LSP)

ESF 16

LANG

- Prepare to handle logistics and commodity distribution
- Provide support to other ESFs
- Provide technical expertise assistance on scene

Administration and Finance

State agencies will track all related emergency expenses with supporting documentation.

State agencies will absorb all cost for their statutory and ESF responsibilities and seek supplemental budget and funding as needed.

Appendix 1: Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients with Known or Suspected Ebola Virus Disease in Louisiana

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

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

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

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

Key Points:

- The likelihood of contracting EVD in the United States is extremely low unless a person has direct unprotected contact with the blood or body fluids (like urine, saliva, feces, vomit, sweat, and semen) of a person who is sick with EVD.
- When risk of EVD is elevated in their community, it is important for PSAPs to question callers about:
    - Signs and symptoms of EVD (such as fever, vomiting, diarrhea); **and**
    - Residence in, or travel to, a country where an EVD outbreak is occurring (Liberia, Guinea, Sierra Leone);
    - Other risk factors, such as direct contact with someone who is sick with EVD.
- 9-1-1 call-takers and dispatchers should tell EMS personnel this information before they get to the location so they can put on the correct PPE following proper procedures as described in CDCs guidance: "Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting On (Donning) and Removing (Doffing)".
- EMS staff should immediately check for symptoms and risk factors for EVD. Staff should notify the receiving healthcare facility in advance when they are bringing a patient with suspected EVD, so that proper infection control precautions can be taken at the healthcare facility before EMS arrives with the patient.
- Law enforcement and fire service personnel should contact EMS to evaluate a person with symptoms of EVD.

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

Background

The current EVD outbreak in West Africa has increased the possibility of patients with EVD traveling from the affected countries to the United States.[1] The likelihood of contracting EVD is extremely low unless a person has direct unprotected contact with the body fluids of a person (like urine, saliva, feces, vomit, sweat, and semen) of a person who is sick with EVD. Initial signs and symptoms of EVD include sudden fever, chills, and muscle aches, with diarrhea, nausea, vomiting, and abdominal pain occurring after about 5 days. Other symptoms such as chest pain, shortness of breath, headache, or confusion, may also develop. Symptoms may become increasingly severe and may include jaundice (yellow skin), severe weight loss, mental confusion, bleeding inside and outside the body, shock, and multi-organ failure.[2]

EVD is an often-fatal disease and extra care is needed when coming into direct contact with a recent traveler who has symptoms of EVD and is traveling from a country with an EVD outbreak. The initial signs and symptoms of EVD are similar to many other more common diseases found in West Africa (such as malaria and typhoid). EVD should be considered in anyone with a fever who has traveled to, or lived in, an area where EVD is present.[3]

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

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

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

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

Case Definition for Ebola Virus Disease (EVD)

The CDC's most current case definition for EVD may be accessed here: Case Definition for Ebola Virus Disease (EVD)

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

First Responder agencies and 9-1-1 centers and other emergency call centers may use modified caller queries about EVD when they consider the risk of EVD to be elevated in their community (e.g., in the event that patients with confirmed EVD are identified in the area).

For modified caller queries:

It will be important for 911 system operators to question callers and determine if anyone at the incident possibly has EVD. This should be communicated immediately to responders before arrival and to assign the appropriate resources, including EMS. 911 systems should review existing medical dispatch procedures. DHH is available to consult with PSAP on the development of algorithm for PSAPs.

- Callers should be asked if they, or if the affected person, has fever of 38.0 degrees Celsius or 100.4 degrees Fahrenheit or greater, and if they have additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained bleeding.
    - If PSAP call takers suspect a caller is reporting symptoms of EVD, they should screen callers for risk factors within the past 3 weeks before onset of symptoms. Risk factors include:
        - Residence in or travel to a country where an EVD outbreak is occurring (a list of countries can be accessed at the following link: 2014 EVD Outbreak in West Africa).
        - Contact with blood or body fluids of a patient known to have or suspected to have EVD; or
    - If call takers have information alerting them to a person with possible EVD, they should make sure all responders are made confidentially aware of the potential for EVD before the responders arrive on scene.
    - If responding at an airport or other port of entry to the United States, the PSAP or 911 System should notify the CDC Quarantine Station for the port of entry. Contact information for CDC Quarantine Stations can be accessed at the following link: http://www.cdc.gov/quarantine/quarantinestationcontactlistfull.html

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

For the purposes of this section, "EMS personnel" means pre-hospital EMS, law enforcement, and fire service first responders.

Patient assessment

Interim recommendations:

- Address scene safety:
  - If 9-1-1 call-takers advise that the patient is suspected of having EVD, EMS personnel should put on the PPE appropriate for suspected cases of EVD **before** entering the scene.
  - Keep the patient separated from other persons as much as possible.
  - Use caution when approaching a patient with EVD. Illness can cause delirium, with erratic behavior that can place EMS personnel at risk of infection, e.g., flailing or staggering.
- During patient assessment and management, EMS personnel should consider the symptoms and risk factors of EVD:
  - A relevant exposure history should be taken including:
    - Residence in or travel to a country where an EVD outbreak is occurring (a list of countries can be accessed at the following link: 2014 EVD Outbreak in West Africa - Outbreak Distribution Map, or
    - Contact with blood or body fluids of a patient known to have or suspected to have EVD within the previous 21 days.
      - Because the signs and symptoms of EVD may be nonspecific and are present in other infectious and noninfectious conditions which are more frequently encountered in the United States, relevant exposure history should be first elicited to determine whether EVD should be considered further.
  - Patients who meet this criteria should be further questioned regarding the presence of signs or symptoms of EVD, including:
    - Fever (subjective or ≥100.4°F or 38.0°C), and
    - Headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, or bleeding.
  - Based on the presence of risk factors and symptoms, put on or continue to wear appropriate PPE and follow the scene safety guidelines for suspected case of EVD.
  - If during initial patient contact and assessment and before an EMS provider has donned the appropriate PPE, it becomes apparent that the patient is a suspected case of EVD, the EMS provider must immediately remove themselves from the area and assess whether an exposure occurred. The provider should implement their agency's exposure plan, if indicated by assessment.

        - To minimize potential exposure, it may be prudent to perform the initial screening from at least 3 feet away from the patient.
        - In addition, EMS crews may – keeping scene safety in mind – consider separating so that all crew members do not immediately enter the patient area.
    - If there are no risk factors, proceed with normal EMS care.

- As soon as EMS determines the patient meets the criteria as a 'suspect patient' the EMS provider must call the 24-Hour DHH Epidemiologist on call at 1-800-256-2748. The patient should NOT be transported until the epidemiologist is consulted. The hotline is staffed 24-hours by an epidemiologist from the Louisiana Department of Health and Hospitals.

EMS Transfer of Patient Care to a Healthcare Facility

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

The transportation plan should include:

- Pre-determined route the ambulance will travel. This should be coordinated with local law enforcement agencies.
- The specific hospital the patient will be transported to.
    - Discuss this with the DHH Epidemiologist prior to transport
    - Determine in advance the specific entrance to the utilized, and the time of arrival

Infection Control

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

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

Use of Personal protective equipment (PPE)

- For instance, it may be as simple as having one provider put on PPE and manage the patient while the other provider does not engage in patient care but serves in the role of trained observer and driver.

- Or, there may be situations where a patient must be picked up and carried and multiple providers are required to put on PPE. EMS personnel wearing PPE who have cared for the patient must remain in the back of the ambulance and not be the driver.

- EMS agencies may consider sending additional resources (for example, a dedicated driver for the EMS unit who may not need to wear PPE if the patient compartment is isolated from the cab) to eliminate the need for putting on PPE (field-donning) by additional personnel. This driver should not provide any patient care or handling.

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

Recommended PPE should be used by EMS personnel as follows:

- PPE should be put on before entering the scene and continued to be worn until personnel are no longer in contact with the patient. PPE should be carefully put on under observation as specified in the CDC's "Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting On (Donning) and Removing (Doffing)".

- PPE should be carefully removed while under observation, in an area designated by the receiving hospital, and following proper procedures as specified in the CDC's "Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting On (Donning) and Removing (Doffing)".

Fire & Police Assistance With Patient Care

- It is highly unlikely a member of fire or police would be asked to assist in the resuscitation of a potential EVD patient; however, this process is outlined below.
- Resuscitation procedures frequently result in a large amount of body fluids, such as saliva and vomit. Perform these procedures with extreme caution.
  - During cardiopulmonary resuscitation:
  - In addition to recommended PPE, respiratory protection that is at least as protective as a NIOSH-certified fit-tested N95 filtering facepiece respirator or higher should be worn (instead of a facemask).
  - Additional PPE must be considered for these situations due to the potential increased risk for contact with blood and body fluids including, but not limited to, double gloving, disposable shoe covers, and leg coverings.
  - If blood, body fluids, secretions, or excretions from a person with suspected EVD come into direct contact with the responder's skin or mucous membranes, then the responder should immediately stop working. They should wash the affected

skin surfaces with soap and water and report exposure to an occupational health provider or supervisor for follow-up.

Cleaning EMS Transport Vehicles after Transporting a Patient with Suspected or Confirmed EVD

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

- An EPA-registered hospital disinfectant with label claims for viruses that share some technical similarities to EVD (such as, norovirus, rotavirus, adenovirus, poliovirus)[4] and instructions for cleaning and decontaminating surfaces or objects soiled with blood or body fluids should be used according to those instructions. After the bulk waste is wiped up, the surface should be disinfected as described below.
- EMS personnel performing cleaning and disinfection should follow the "Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting On (Donning) and Removing (Doffing)". There should be the same careful attention to the safety of the EMS personnel during the cleaning and disinfection of the transport vehicle as there is during the care of the patient.
- Patient-care surfaces (including stretchers, railings, medical equipment control panels, and adjacent flooring, walls and work surfaces), as well as stretcher wheels, brackets, and other areas are likely to become contaminated and should be cleaned and disinfected after each transport.
- A blood spill or spill of other body fluid or substance (e.g., feces or vomit) should be managed by trained personnel wearing correct PPE, through removal of bulk spill matter, cleaning the site, and then disinfecting the site. For large spills, a chemical disinfectant with sufficient potency is needed to overcome the tendency of proteins in blood and other body substances to neutralize the disinfectant's active ingredient. Contaminated reusable patient care equipment (e.g., glucometer, blood pressure cuff) should be placed in biohazard bags and labeled for cleaning and disinfection according to agency policies. Reusable equipment should be cleaned and disinfected according to manufacturer's instructions by trained personnel wearing correct PPE. Avoid contamination of reusable porous surfaces that cannot be made single use.
- Use only a mattress and pillow with plastic or other covering that fluids cannot get through. To reduce exposure among staff to potentially contaminated textiles (cloth products) while laundering, discard all linens, non-fluid-impermeable pillows or mattresses as appropriate.

The EVD is a Category A infectious substance regulated by the U.S. Department of Transportation's (DOT) Hazardous Materials Regulations (HMR, 49 C.F.R., Parts 171-180). Any item transported for disposal that is contaminated or suspected of being contaminated with a Category A infectious substance must be packaged and transported in accordance with the HMR. This includes medical equipment, sharps,

linens, and used health care products (such as soiled absorbent pads or dressings, kidney-shaped emesis pans, portable toilets, used PPE, [e.g., gowns, masks, gloves, goggles, face shields, respirators, booties] or byproducts of cleaning) contaminated or suspected of being contaminated with a Category A infectious substance.[5]

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

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

Enforcement of isolation or quarantine

Professionals tasked to assist in the protection of individuals in isolation and/or quarantine will be assisted by both healthcare and law enforcement individuals, and will play a supportive role as part of an overall management team.

- Isolation: A person symptomatic with the disease kept isolated from others usually in a medical setting (hospital), and treated by persons wearing personal protective equipment.
- Quarantine (confinement): A non-symptomatic person who has potentially been exposed to the disease; confined for the duration of the incubation period which is 21 days for EVD, with close monitoring.

Responders with the potential for contact with a symptomatic isolated patient should wear PPE as outlined above in Use of Personal Protective Equipment.

Appendix 2: Transportation of Potential / Confirmed EVD Patients by EMS in Louisiana

EVD Patient Transport:

The steps below describe the process for transporting any potential or confirmed EVD case (as determined by the DHH epidemiologist):

1. Determine the treatment that the patient will need to receive during transit (medications, ventilator, etc.) and assure that it is within the scope of practice.

2. Determine the receiving hospital facility. In coordination with DHH Epidemiologist, on a conference call if possible, notify the receiving hospital in advance of departing the scene. (This may require the patient to be maintained on scene for an extended period of time.)

3. Determine, in coordination with GOHSEP and local authorities, the specific route the ambulance will take. This should include the following:

    a. Will a police escort be required
    b. Which hospital entrance will be used
    c. Confirm the estimated time of departure and arrival

PPE Requirements:

All EMS providers should consult with the current CDC guidance for EMS, in real time, before initiating a transport. (http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-emergency-medical-services-systems-911-public-safety-answering-points-management-patients-known-suspected-united-states.html)

Preparing the Ambulance for Transport:

Ambulance preparation will be done with the purpose of segregating the cab from the patient compartment and covering the cabinetry/shelving, ceiling, seating and floor with an impermeable barrier.

Supplies needed:

- Plastic sheeting (visqueen)
- Duct tape
- Scissors

Procedures:

All sheeting should overlap prior sheets of plastic by a minimum of 1 inch. All seams should be sealed completely by duct tape.

1. Remove all unnecessary medical equipment and place in the cab of the ambulance.

2. Cover the ceiling of the patient compartment with plastic sheeting and affix with duct tape.

3. Place sheeting on the floor of the rig and affix to bench seat, jump seat and walls to create a bowl affect in an effort to channel any body fluids toward the center of the floor causing fluids to collect in one area.

4. Place plastic sheeting over the walls (sides and bulkhead) by affixing it to the edges of the sheeting for the ceiling and floor with duct tape to enable any flow of fluid to be captured on the sheet on the floor.

5. Wall sheeting should overlap with the upper portion over the lower portion to prevent any body fluid from leaking between sheets by gravity.

6. The gurney antlers and clamp will need to be accessible through the plastic sheeting for safe transport of the gurney and patient. Seal these openings generously with duct tape so that all fluids flow to the sheeting on the floor.

7. Leave openings around ventilation ports to allow proper airflow and exchange.

8. Continue to overlap sheeting down and over seating to the floor. Cover rear doors with plastic sheeting and duct tape.

Stretcher Preparation:

Supplies needed:

- Impermeable Mattress Cover

Cover mattress pad with fitted impermeable mattress cover. If no impermeable mattress is available then use plastic sheeting and seal with duct tape.

Crew Preparation:

If the patient is able to walk to the ambulance, have them do so and have the patient don the same level PPE as is required for EMS personnel.

EMS should use a designated driver that has no direct contact with the patient, whom remains in the driver's compartment of the ambulance. The "Designated Driver," will assume no patient contact nor enter the patient compartment. Their sole purpose will be to remain uncontaminated during the transport, supervise the donning and doffing of PPE, and to drive the ambulance to the destination.

Transport to Hospital and Patient Care:

1. Patient care during transport should be limited to supportive care and the on call medical director, in coordination with the DHH Epidemiologist should be notified for guidance if further treatment is required. If any invasive or at-risk procedure is absolutely required, it must not be done in a moving ambulance. The ambulance must stop until the procedure is completed and used sharps and other waste are properly disposed of.

2. Family or friends of the infected patient should not ride in the ambulance and should be instructed to stay home. (GOHSEP/unified command will be providing specific guidance)

3. When calling the receiving facility, make them aware you are transporting a patient with positive screen for EVD and ask for specific instructions as to where to unload the patient. (Note – this should have been pre-determined prior to initiating the transport)

4. Preplan the unloading procedure with the receiving facility.

5. Patients with a positive screen for EVD should be isolated away from public areas as designated by the facility staff. They also should not be moved through or temporarily left in waiting rooms.

6. Upon arriving at the receiving facility, make contact with the staff and do not unload the patient until they are ready to receive them. After patient care has been transferred, doff PPE as indicated in donning and doffing procedures and dispose of properly.

Notification Guidelines:

- The highest ranking licensed EMS personnel with the patient should make direct contact with the DHH Epidemiologist prior to the transport of any suspected EVD patient by calling 1-800-256-2748

Environmental Infection Control/Decontamination Procedures:

1. GOHSEP and DHH will provide guidance to any EMS agency transporting a suspected /potential / confirmed EVD patient on the specific decontamination procedures. In general, these procedures may include:

    a. The transporting ambulance and crew will immediately be placed out of service until appropriate decontamination of equipment can be completed.

    b. Diligent environmental cleaning and disinfection and safe handling of potentially contaminated materials is paramount, as blood, sweat, emesis, feces, and other body secretions represent potentially infectious material.

    c. Only one person that provided patient care should be used to doff and disinfect the ambulance module. The other person should be used to watch over and supervise the process looking for any at risk behaviors.

    d. The person performing environmental cleaning and disinfection should wear the recommended minimum PPE as described above for gross decontamination of mass body fluids.

e. For decontamination without the presence of mass body fluids, it is acceptable to wear the following PPE: N 95 mask, impermeable gown, booties/shoe covers, eye protection (fluid shield wrap around and safety glasses), and disposable exam gloves.

f. Dispatch disinfectant, which is a bleach solution, should be used to clean all equipment and environmental surfaces.

g. When decontaminating the module, mist Dispatch disinfectant on all plastic sheeting surfaces and let it sit for 5 minutes.

h. Carefully and slowly un-tape the plastic sheeting from the walls, floor, and ceiling, roll in a ball, and place in a red bio hazard bag.

i. When the plastic sheeting is removed, spray all other surfaces with and approved disinfectant and let soak in accordance with manufacturer's guidelines

j. All infectious waste, which consists of but not limited to soiled absorbent pads or dressings, impermeable covers, used PPE (Tyvek suits, masks, gloves, goggles, respirators, booties, etc.) emesis basins, and any byproducts of cleaning, must comply with the packaging requirements for infectious substances as indicated in CFR 49 173.196. Any potentially infectious waste must be packaged separately and disposed of at the receiving facility. Upon doing so, the receiving facility must be notified we are disposing of potentially EVD infectious (Class A) waste. The receiving facility will need to follow their internal procedures in place for packaging and handling of Class A infectious material.

k. When decontamination is complete, the EMS crew should doff their PPE in accordance with the donning and doffing procedures and wash hands thoroughly with soap and water.

l. The ambulance and crew may be placed back in service only after decontamination is completed and the crew has been sent to a local station to shower.

Appendix 3: Recommendations for Pets in Louisiana

Infectious disease epidemiology at the Louisiana Office of Public Health will investigate all suspect EVD cases and all persons that have history of exposure. If a pet is involved and exposed, the state public health veterinarian will determine the necessity for quarantine of the animal. At present OPH has an arrangement with LVMA (LSART) and LDAF to quarantine the animal at an undisclosed location. The animal will be cared for by the state public health veterinarian, trained infectious disease epidemiology staff, and/or designated veterinarians appropriately trained to provide care."

- If there is a pet in the home of an EVD patient, CDC recommends that public health officials in collaboration with a veterinarian, evaluate the animal's risk of exposure (close contact and exposure to blood or bodily fluids of an EVD patient).
- The exposed pet should be monitored, in collaboration with a veterinarian, with limited contact, for a minimum of three weeks following the exposure.

The following is information regarding animals and EVD:

Dogs and EVD

- There has never been a documented case in a dog. No dog has been found to be ill with the virus.
- There have been no reports of pets playing a role in transmission of EVD to humans.
- Dogs in areas where EVD circulates have been found to produce antibodies against the disease, indicating that the dogs were infected with the virus or, at minimum, were exposed to the extent that the immune system was stimulated. Nevertheless it does not appear that dogs get sick when exposed.
- The virus has never been isolated from a dog, only antibodies to the virus have been discovered in dogs. This also indicates that dogs are only temporarily infected, or that the virus does not infect the dog, but stimulates immunity.
- In areas where EVD circulates in human populations, dogs are likely exposed by consuming parts of the carcasses of animals that are infected (non-human primates such as gorillas and chimpanzees, wild ruminants such as duikers) or by licking vomit or other bodily excretions and secretions from human patients.
- Because dogs have not been discovered to be sick from the virus, but do produce antibodies to the disease, it is thought dogs may temporarily be infected but not present with signs of illness.
- Although dogs do not get sick, they may be able to excrete the virus in urine, feces and saliva for a short period of time. The dogs may transmit the virus through licks, biting and grooming (due to the dog's coat being contaminated with body fluids).
- There is some evidence in endemic areas that dogs may also be exposed to an unknown natural host in the environment (at present, bats and small rodents are the most likely

candidates). Researchers cannot rule out the possibility that this exposure could be due to aerosol or droplet transmission.

- Due to the unknowns above, dogs must be considered during any response to an EVD outbreak or when addressing individual human cases of EVD in areas where the disease has not been known to circulate historically.

Pigs and EVD:

- Swine can be infected with the virus and have played a role in at least one outbreak.
- Swine have been shown experimentally to be able to infect non-human primates through large droplet transmission. Swine are extremely efficient producers of large respiratory droplets.

Appendix 4: DRAFT Protocol for Dog Isolation (*As of 10/14/14*) after Exposure to a Human with Suspected or Confirmed EVD Infection

Disclaimer All situations involving pets and possible EVD exposure are unique. No protocol can address every situation that might occur. The intent of this protocol is to provide guidance for the most common scenarios, based on the latest scientific evidence and recommendations from national organizations. Questions regarding animals and EVD or this protocol may be directed to Gary Balsamo, DVM, MPH, state public health veterinarian, Louisiana Department of Health and Hospitals (gary.balsamo@la.gov; 504-568-8315) or by 800-256-2748 (24/7).

Background: The ongoing epidemic of EVD in West Africa has raised several questions about how EVD affects the animal population, particularly pets. Though several scientists have looked at this, many questions still need to be answered about EVD and animals. Scientists do not know where the virus originates, but the natural host of EVD is thought to be fruit bats. At this time, only mammals are known to become infected with EVD. In addition to humans, natural infection in Africa has only been detected in bats, non-human primates, and forest duikers (an African antelope). In EVD outbreaks, illness in dogs has not been found, and dogs have not been found to be a contributor to disease transmission.

At this time, there have been no reports of dogs or cats becoming sick with EVD or of being able to spread EVD to people or animals. Even in areas in Africa where EVD is present, there have been no reports of dogs or cats becoming sick with EVD. The chances of a dog being exposed to EVD in the US is very low and would require close contact with bodily secretions of a person with symptoms of EVD infection. We do not yet know whether or not a pet's body, feet, or fur can act as a fomite to transmit EVD to people or other animals. It is important to keep people and animals away from blood or body fluids of a person with symptoms of EVD infection.

If a Pet is in the Home of a Suspect or Confirmed EVD Patient

1. Collect the following identifying information on the pet:
    - Species (i.e. dog, cat)
    - Breed
    - Sex and Spay/Neuter status
    - Age
    - Markings (Take multiple photos of the dog to capture markings and unique identifiers)
    - Other identifying characteristics
    - Vaccination history, most importantly rabies vaccination details
    - Medical history/need for medications
    - Microchip number (if no microchip and quarantine/confinement is required, consider requiring microchip to ensure that correct dog is monitored in quarantine or home confinement) All dogs and cats that will be quarantined, examined or treated at an approved veterinary hospital or other quarantine facility could be required to have an implanted electronic microchip. The microchip should be obtained from your veterinarian and must be working.

- Any other information specifically required by the state/jurisdiction where the dog is located or to be quarantined.
- Contact information for alternate decision maker on pet(s) in event owner is unavailable to make decisions.

2. Public health officials in collaboration with the state public health veterinarian should evaluate the pet's risk of exposure and transmission including the following:
    - Close contact with human EVD suspect patient since the onset of the patient's symptoms, including sitting in lap, being cuddled, being kissed, licking suspect patient, sleeping in bed with suspect patient, other types of contact with suspect patient; questions should be asked for the time period since the suspect patient onset began
    - Exposure to blood or body fluids of an EVD patient (including but not limited to urine, saliva, sweat, feces, and vomit); this includes licking, consuming, or walking through any of these fluids for any reason
    - Clinical history
        - Recent history of decreased appetite, fever, vomiting, diarrhea, lethargy, or other symptoms) since the onset of the EVD patient's symptoms
        - Medical history in the last year, including history of gastrointestinal illness or bleeding disorders
    - Other human or animal contacts since the onset of the EVD patient's symptoms (timing and nature of interaction)
        - Presence of other humans or animals in the household
        - Contact with other people or animals:
            - Walks
            - Visits to dog parks
            - Visit to groomer
            - Visit to animal clinic
            - Other outings
        - Is this a therapy, assistance, service, or working animal?
    - Any additional information that might be helpful to evaluate the pet's risk of exposure and potential transmission

3. Once the relevant information is collected, a consultation will be made between relevant state (& local) public health authorities and CDC to determine if the animal has had a risk of exposure to EVD, and whether confinement is warranted. A state health official should contact the CDC Emergency Operations Center at 770-488-7100 (available 24/7)

4. If the animal in question is a species not covered by this protocol, it will be handled on a case by case basis, in collaboration with local, state, and federal human and animal health officials.

Guidance for the Confinement of a Pet

In the event that confinement is required, the state public health veterinarian will act as the point of contact for confinement of the pet. Ideally confinement should begin within 48 hours after the

first contact with the symptomatic patient. Based on experimental studies in other species, the minimum incubation period is 48 hours before an animal becomes viremic.

In the event that confinement of a pet is needed, the following criteria should be met:

- The animal was not a stray or free-roaming animal at the time of the potential exposure. If the animal was a stray and is not available in the home, the state public health veterinarian shall work in conjunction with local animal control officials to identify and capture the animal.

- **Transportation of animal:**
    - Individual(s) removing animal must be in full PPE
    - Collar, clothing etc. to be removed from the animal
    - Only the animal is to be removed from premise
    - Animal placed in new crate outside of home
    - Transport in open air vehicle or in vehicle with back area closed off from driver[1]
    - Lock placed on crate enclosing animal
    - Cleaning and disinfection of vehicle after transport

- **Confinement facility/enclosure:**
    - Minimum of two physical containment levels (i.e., crate/kennel housed in secured facility)
    - Secure primary enclosure (for example, a kennel or crate) to prevent escape (for example, no climbing over or digging out) and approved by the state public health veterinarian
    - Facility should
        - Exclude access by other animals (domestic or wild) or unauthorized personnel
        - Allow animal to remain clean and dry
        - Protect animal from harm
        - Place for eating, drinking, urinating, defecating
    - Confinement shall be subject to additional conditions specified by the designated public health official to protect the public health and animal welfare regulations.

- **Caretaker:**
    - Be limited to as few individuals as possible (minimum of two)
    - Have experience handling animals (appropriate species)
    - Be appropriately trained on PPE, and wear PPE when caring for the animal, in its enclosure, or handling waste material
        - PPE shall consist of, at a minimum
            - Gloves
            - Tyvek suit with foot covers
            - Goggles or face shield
            - N-95 mask
        - Perform proper hand-hygiene prior to leaving enclosure
    - Caretaker voluntarily self-monitor for fever twice daily
        - Report a fever >100.4 F to designated public health authority

- Report any symptoms of illness to the designated public authority.

- **Health monitoring of animal:**
  - Direct contact with the animal's body fluids and waste must be limited during the confinement period.
  - The state public health veterinarian, or a veterinarian or veterinary technician designated by the state public health veterinarian will be responsible for oversight of the animal's care and confinement.
    - The veterinarian or veterinary technician should be appropriately trained on PPE, and wear PPE when caring for the animal, in its enclosure, or handling waste material (as above)
    - The veterinarian or veterinary technician should be on call and available over the course of the confinement period
  - As a precaution, and based on what we know about humans, an exposed pet should be monitored, in collaboration with a public health veterinarian as outlined above for a minimum of 21 days following the last date of exposure to the symptomatic EVD patient. The confinement period may need to be extended based on the progression of the situation.
    - At this time, there are no known clinical signs of EVD in dogs.
    - The dog should be monitored for general signs of illness.
    - Additionally, other potential signs of illness including decreased appetite, lethargy, vomiting, and diarrhea should be closely monitored.
  - During the confinement period, the animal's caretaker must monitor the animal's behavior and health status and immediately notify the designated veterinarian. The veterinarian will determine if the designated public health official should be notified.
    - Only if the dog appears to be ill, outside of its normal health status, use a digital thermometer with a probe cover to take a rectal temperature to monitor for fever (fever in dogs is >102.5 F).
  - Any required maintenance medicine during the confinement period should be given by indirect method only (no injections or per os).
  - In the case of an animal developing an unrelated condition, the situation would be addressed on case-by-case basis, based on assessment by the designated veterinarian in consultation with the state public health veterinarian.

- **Waste disposal:**
  - Primary containment needs to be cleaned a minimum of once daily
  - Collect of waste, soiled pads/linens should be collected in heavy plastic bag that is secured in rigid plastic tub
  - Transportation of feces, urine, and soiled linens or other potentially hazardous materials should be treated as Category A medical waste.
  - Individual(s) handling waste disposal should be trained to use PPE as outlined above and trained on how to securely handle potentially hazardous waste.
  - At the end of the confinement period all linens, dog beds, and other textiles used in the confinement facility must be discarded as medical waste.

Appendix 5: LA Handbook for School Administrators

A. The local superintendent or chief school officer may dismiss any or all schools due to emergency situations, including any actual or imminent threat to public health or safety which may result in loss of life, disease, or injury; an actual or imminent threat of natural disaster, force majeure, or catastrophe which may result in loss of life, injury or damage to property; and, when an emergency situation has been declared by the governor, the state health officer, or the governing authority of the school.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:416.16 and R.S. 17:154.1.
HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 31:1262 (June 2005), amended LR 39:3258 (December 2013), LR 40:

B. A student who has been quarantined by order of state or local health officers following prolonged exposure to or direct contact with a person diagnosed with a contagious, deadly disease, and is temporarily unable to attend school, shall be provided any missed assignments, homework, or other instructional services in core academic subjects in the home, hospital environment, or temporary shelter to which he has been assigned. The principal, with assistance from the local superintendent and the LDE, shall collaborate with state and local health officers and emergency response personnel to ensure the timely delivery or transmission of such materials to the student.

C. Elementary students shall be in attendance a minimum of 60,120 minutes (equivalent to 167 six-hour days) a school year. In order to be eligible to receive grades, high school students shall be in attendance a minimum of 30,060 minutes (equivalent to 83.5 six-hour school days), per semester or 60,120 minutes (equivalent to 167 six-hour school days) a school year for schools not operating on a semester basis.

- Students in danger of failing due to excessive absences may be allowed to make up missed time in class sessions held outside the regular class time. The make-up sessions must be completed before the end of the current semester and all other policies must be met.

D. Each LEA shall develop and implement a system whereby the principal of a school, or his designee, shall notify the parent or legal guardian in writing upon on or before a student's third unexcused absence or unexcused occurrence of being tardy, and shall hold a conference with such student's parent or legal guardian. This notification shall include information relative to the parent or legal guardian's legal responsibility to enforce the student's attendance at school and the civil penalties that may be incurred if the student is determined to be habitually absent or habitually tardy. The student's parent or legal guardian shall sign a receipt for such notification.

E. Tardy shall include but not be limited to leaving or checking out of school unexcused prior to the regularly scheduled dismissal time at the end of the school day but shall not include reporting late to class when transferring from one class to another during the school day.

F. Exceptions to the attendance regulation shall be the enumerated extenuating circumstances below that are verified by the Supervisor of Child Welfare and Attendance or the school

principal/designee where indicated. These exempted absences do not apply in determining whether a student meets the minimum minutes of instruction required to receive credit:

1. Extended personal physical or emotional illness as verified by a physician or nurse practitioner licensed in the state;

2. Extended hospital stay in which a student is absent as verified by a physician or dentist;

3. Extended recuperation from an accident in which a student is absent as verified by a physician, dentist, or nurse practitioner licensed in the state;

4. Extended contagious disease within a family in which a student is absent as verified by a physician or dentist licensed in the state; or

5. quarantine due to prolonged exposure to or direct contact with a person diagnosed with a contagious, deadly disease, as ordered by state or local health officials; or

6. Observance of special and recognized holidays of the student's own faith;

7. Visitation with a parent who is a member of the United States Armed Forces or the National Guard of a state and such parent has been called to duty for or is on leave from overseas deployment to a combat zone or combat support posting. Excused absences in this situation shall not exceed five school days per school year;

8. Absences verified and approved by the school principal or designee as stated below:

a. prior school system-approved travel for education;

b. death in the immediate family (not to exceed one week); or

c. natural catastrophe and/or disaster.

G. For any other extenuating circumstances, the student's parents or legal guardian must make a formal appeal in accordance with the due process procedures established by the LEA.

H. Students who are verified as meeting extenuating circumstances, and therefore eligible to receive grades, shall not receive those grades if they are unable to complete makeup work or pass the course.

I. Students participating in school-approved field trips or other instructional activities that necessitate their being away from school shall be considered to be present and shall be given the opportunity to make up work.

J. If a student is absent from school for 2 or more days within a 30-day period under a contract or employment arrangement to render artistic or creative services for compensation as set forth in the Child Performer Trust Act (R.S. 51:2131 et seq.) the employer shall employ a certified teacher, beginning on the second day of employment, to provide a minimum of three education instruction hours per day to the student pursuant to the lesson plans for the particular student as provided by the principal and teachers at the student's school. There must be a teacher to student ratio of one teacher for every 10 students.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:112, R.S. 17:221.3-4, R.S. 17:226.1, and R.S. 17:233.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 31:1273 (June 2005), amended LR 32:546 (April 2006), LR 32:1030 (June 2006), LR 33:2351 (November 2007), LR 35:641 (April 2009), LR 35:1097 (June 2009), LR 35:1475

(August 2009), LR 36:482 (March 2010), LR 36:1224 (June 2010), LR 37:1126 (April 2011), LR 37:2132 (July 2011), LR 38:1000 (April 2012), LR 38:1225 (May 2012), LR 38:1399 (June, 2012), LR 39:2205 (August 2013), LR 40:

Communicable Disease Control

A. The LDE will work cooperatively with the Louisiana Department of Health and Hospitals for the prevention, control and containment of communicable diseases in schools and shall assist in the dissemination of information relative to communicable diseases to all school governing authorities, including but not limited to information relative to imminent threats to public health or safety which may result in loss of life or disease.

B. Students are expected to be in compliance with the required immunization schedule.

1. The principal is required under R.S. 17:170 to exclude children from school attendance who are out of compliance with the immunizations required by this statute.

2. School personnel will cooperate with public health personnel in completing and coordinating all immunization data, waivers and exclusions, including the necessary Vaccine Preventable Disease Section's school ionization report forms (EPI-11, 11/84) to provide for preventable communicable disease control.

C. The superintendent may exclude a student or staff member for not more than five days, or the amount of time required by state or local public health officials, from school or employment when reliable evidence or information from a public health officer or physician confirms him/her of having a communicable disease or infestation that is known to be spread by any form of casual contact and is considered a health threat to the school population. Such a student or staff member may be excluded unless the state or local public health officers determine the condition is no longer considered contagious.

Appendix 6: Guidance for Safe Handling of Human Remains of EVD Patients in Louisiana Hospitals and Mortuaries

http://www.cdc.gov/vhf/ebola/hcp/guidance-safe-handling-human-remains-ebola-patients-us-hospitals-mortuaries.html

These recommendations give guidance on the safe handling of human remains that may contain EVD and are for use by personnel who perform postmortem care in Louisiana hospitals and mortuaries. In patients who die of EVD infection, virus can be detected throughout the body. EVD can be transmitted in postmortem care settings by laceration and puncture with contaminated instruments used during postmortem care, through direct handling of human remains without appropriate personal protective equipment, and through splashes of blood or other body fluids (e.g. urine, saliva, feces) to unprotected mucosa (e.g., eyes, nose, or mouth) which occur during postmortem care.

Only personnel trained in handling infected human remains, and wearing PPE, should touch, or move, any EVD-infected remains.

Handling of human remains should be kept to a minimum.

Autopsies on patients who die of EVD should be avoided. If an autopsy is necessary, the state health department and CDC should be consulted regarding additional precautions.

Definitions for Terms Used in this Guidance

- Cremation: The act of reducing human remains to ash by intense heat.
- Hermetically sealed casket: A casket that is airtight and secured against the escape of microorganisms. A casket will be considered hermetically sealed if accompanied by valid documentation that it has been hermetically sealed AND, on visual inspection, the seal appears not to have been broken.
- Leak-proof bag: A body bag that is puncture-resistant and sealed in a manner so as to contain all contents and prevent leakage of fluids during handling, transport, or shipping.

Personal protective equipment for postmortem care personnel

Personal protective equipment (PPE): Prior to contact with body, postmortem care personnel must wear PPE consisting of: surgical scrub suit, surgical cap, impervious gown with full sleeve coverage, eye protection (e.g., face shield, goggles), facemask, shoe covers, and double surgical gloves. Additional PPE (leg coverings, apron) might be required in certain situations (e.g., copious amounts of blood, vomit, feces, or other body fluids that can contaminate the environment).

Putting on, wearing, removing, and disposing of protective equipment: PPE should be in place BEFORE contact with the body, worn during the process of collection and placement in body

bags, and should be removed immediately after and discarded as regulated medical waste. Use caution when removing PPE as to avoid contaminating the wearer. Hand hygiene (washing your hands thoroughly with soap and water or an alcohol based hand rub) should be performed immediately following the removal of PPE. If hands are visibly soiled, use soap and water.

Postmortem preparation

Preparation of the body: At the site of death, the body should be wrapped in a plastic shroud. Wrapping of the body should be done in a way that prevents contamination of the outside of the shroud. Change your gown or gloves if they become heavily contaminated with blood or body fluids. Leave any intravenous lines or endotracheal tubes that may be present in place. Avoid washing or cleaning the body. After wrapping, the body should be immediately placed in a leak-proof plastic bag not less than 150 μm thick and zippered closed. The bagged body should then be placed in another leak-proof plastic bag not less than 150 μm thick and zippered closed before being transported to the morgue.

Surface decontamination: Prior to transport to the morgue, perform surface decontamination of the corpse-containing body bags by removing visible soil on outer bag surfaces with EPA-registered disinfectants which can kill a wide range of viruses. Follow the product's label instructions. The visible soil has been removed, reapply the disinfectant to the entire bag surface and allow to air dry. Following the removal of the body, the patient room should be cleaned and disinfected. Reusable equipment should be cleaned and disinfected according to standard procedures. For more information on environmental infection control, please refer to "Interim Guidance for Environmental Infection Control in Hospitals for EVD" (http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html).

Individuals driving or riding in a vehicle carrying human remains: PPE is not required for individuals driving or riding in a vehicle carrying human remains, provided that drivers or riders will not be handling the remains of a suspected or confirmed case of EVD, and the remains are safely contained and the body bag is disinfected as described above.

Mortuary care

Do not perform embalming. The risks of occupational exposure to EVD while embalming outweighs its advantages; therefore, bodies infected with EVD should not be embalmed.

Do not perform autopsies.

Do not open the body bags.

Do not remove remains from the body bags. Bagged bodies should be placed directly into a hermetically sealed casket.

Mortuary care personnel should wear PPE listed above (surgical scrub suit, surgical cap, impervious gown with full sleeve coverage, eye protection (e.g., face shield, goggles), facemask, shoe covers, and double surgical gloves) when handling the bagged remains.

In the event of leakage of fluids from the body bag, thoroughly clean and decontaminate areas of the environment with EPA-registered disinfectants which can kill a broad range of viruses in accordance with label instructions. Reusable equipment should be cleaned and disinfected according to standard procedures. For more information on environmental infection control, please refer to "Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus Disease" (http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html).

Disposition of Remains

Remains should be cremated or buried promptly in a hermetically sealed casket.

Once the bagged body is placed in the sealed casket, no additional cleaning is needed unless leakage has occurred.

No PPE is needed when handling the cremated remains or the hermetically sealed closed casket.

Transportation of human remains

Transportation of remains that contain EVD should be minimized to the extent possible.

All transportation, including local transport, for example, for mortuary care or burial, should be coordinated with relevant local and state authorities in advance.

Interstate transport should be coordinated with CDC by calling the Emergency Operations Center at 770-488-7100. The mode of transportation (i.e., airline or ground transport), must be considered carefully, taking into account distance and the most expeditious route. If shipping by air is needed, the remains must be labeled as dangerous goods in accordance with Department of Transportation regulations (49 Code of Federal Regulations 173.196).

Transportation of remains that contain EVD outside the United States would need to comply with the regulations of the country of destination, and should be coordinated in advance with relevant authorities.

References

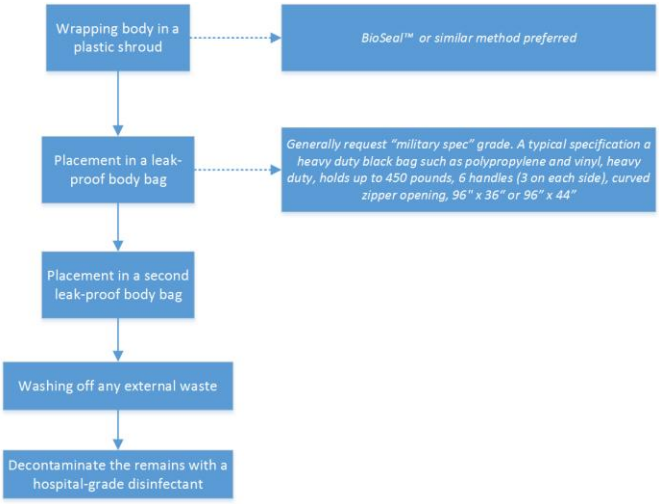
CDC. Medical Examiners, Coroners, and Biologic Terrorism A Guidebook for Surveillance and Case Management. MMWR 2004;53(RR08);1-27. (http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5308a1.htm)

Appendix 7: Preliminary Guidance for Determining Final Disposition of EVD Victims

Introduction

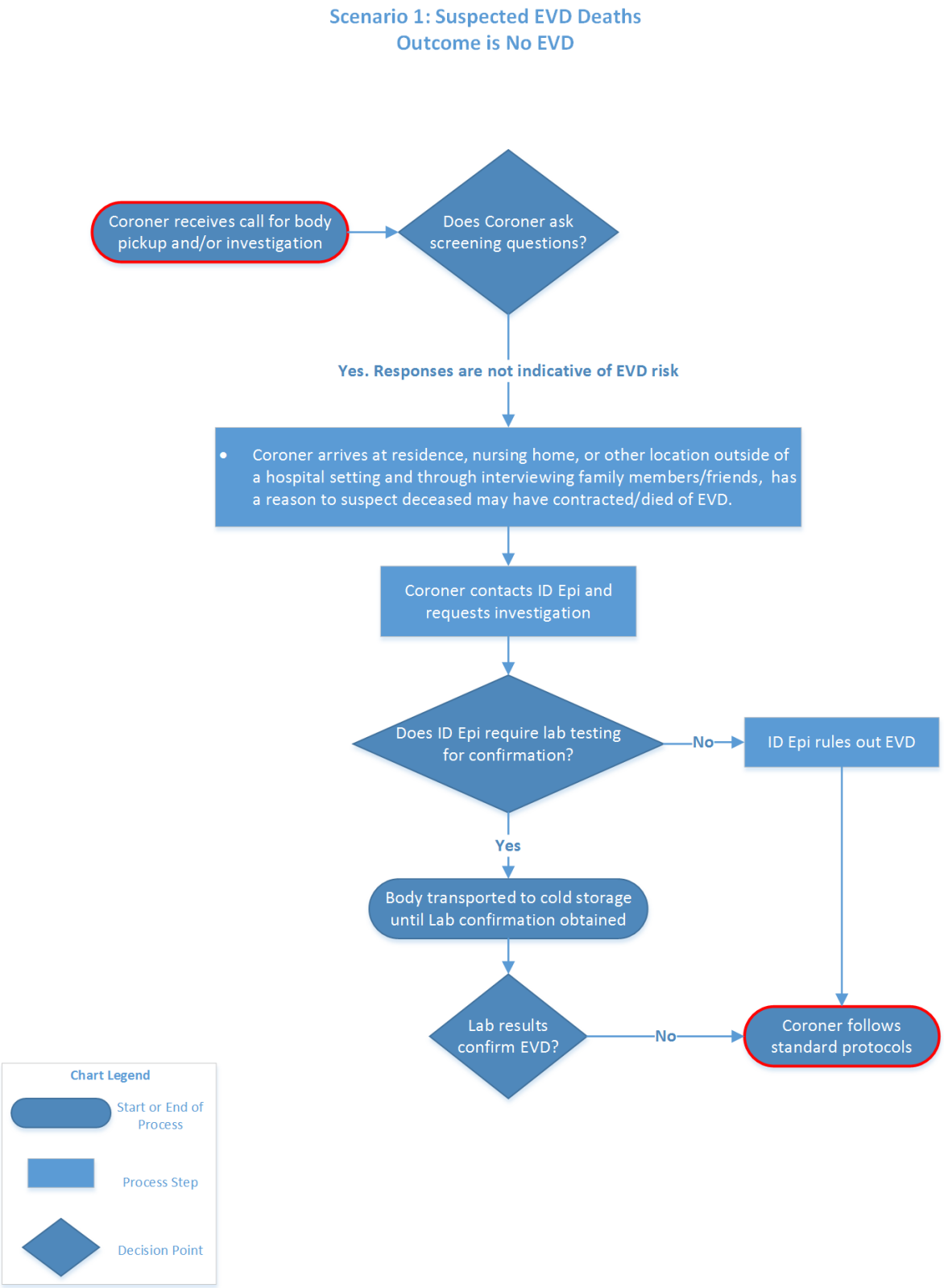
This preliminary guidance presents a number of algorithms for coroners and other stakeholders involved in the disposition of remains of an EVD victim. There are a number of assumptions made for the guidance that follows:

1. Cremation of EVD remains is the preferred disposition method.
2. For EVD victims that expire in a hospital setting:
    a. EVD has already been confirmed prior to death and the involvement of coroners, funeral directors or other contractors
    b. The hospital will assume responsibility for the management of any waste generated by coroners/funeral directors/contractors in the containment of the body per CDC guidance
    c. The hospital will confirm the presence or absence of any sealed medical devices (i.e. pacemakers, etc.) that would contra-indicate cremation
    d. The hospital will probably not be prepared to perform the containment procedures described above.

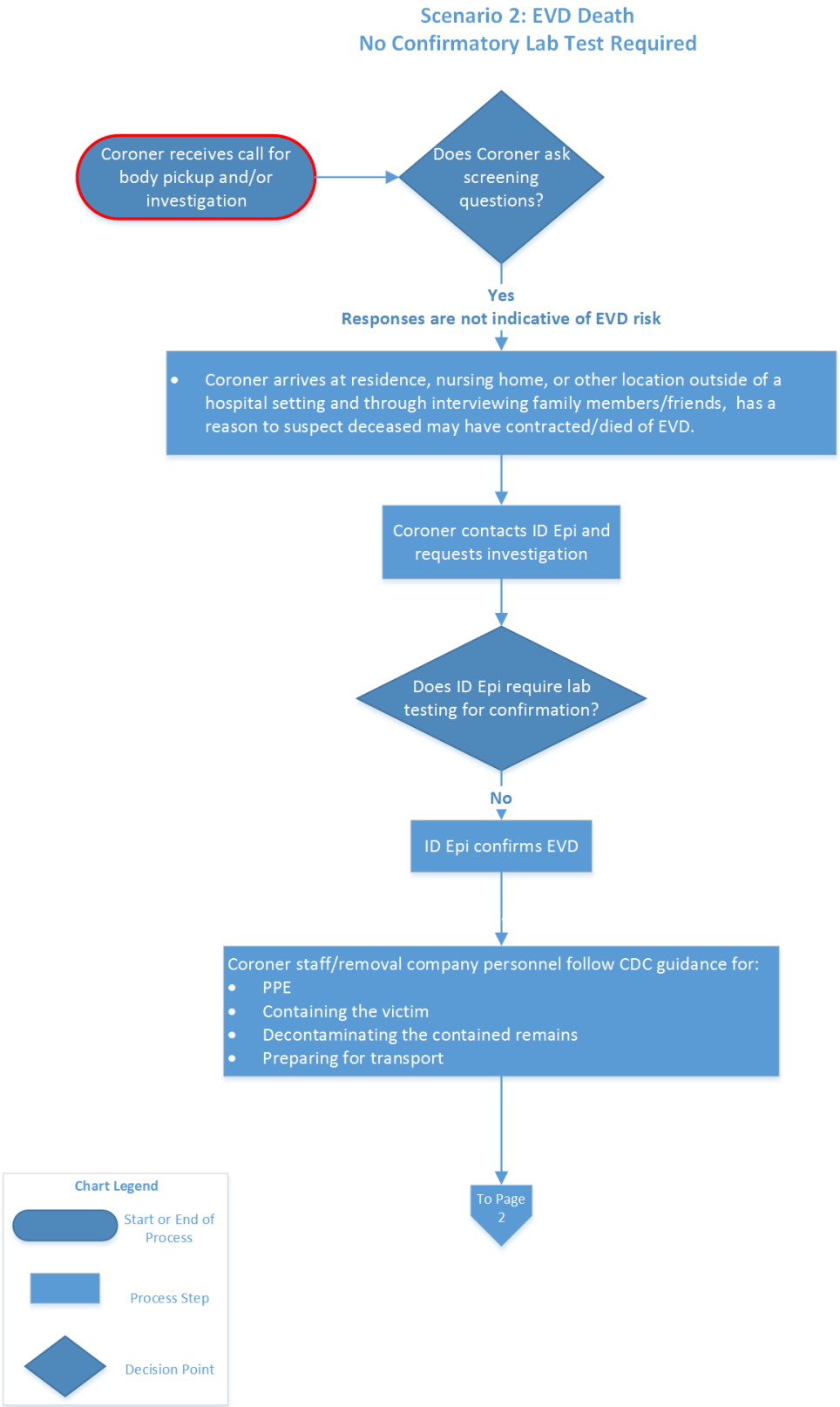


3. In suspected cases occurring outside a hospital setting, we outline a decision tree where the Coroner/Funeral Director/Contractor performs a simple telephone screening (similar to 911 Guidance) before going out to the scene. The algorithm presents divergent paths if the investigator does or does not have a reasonable degree of certainty in the accuracy or truthfulness of the answers obtained.
4. There are three basic scenarios presented:
    a. A simple scenario where a suspected EVD case is confirmed negative
    b. A confirmed EVD victim where Infectious Disease Epidemiology (ID Epi) requires no confirmatory lab testing
    c. A confirmed EVD victim that requires confirmatory testing
5. These scenarios are presented to account for the potential need to temporarily store the sealed remains and preserve some choice for the next of kin (NOK).

Scenario 1: Suspect Death is Negative for EVD

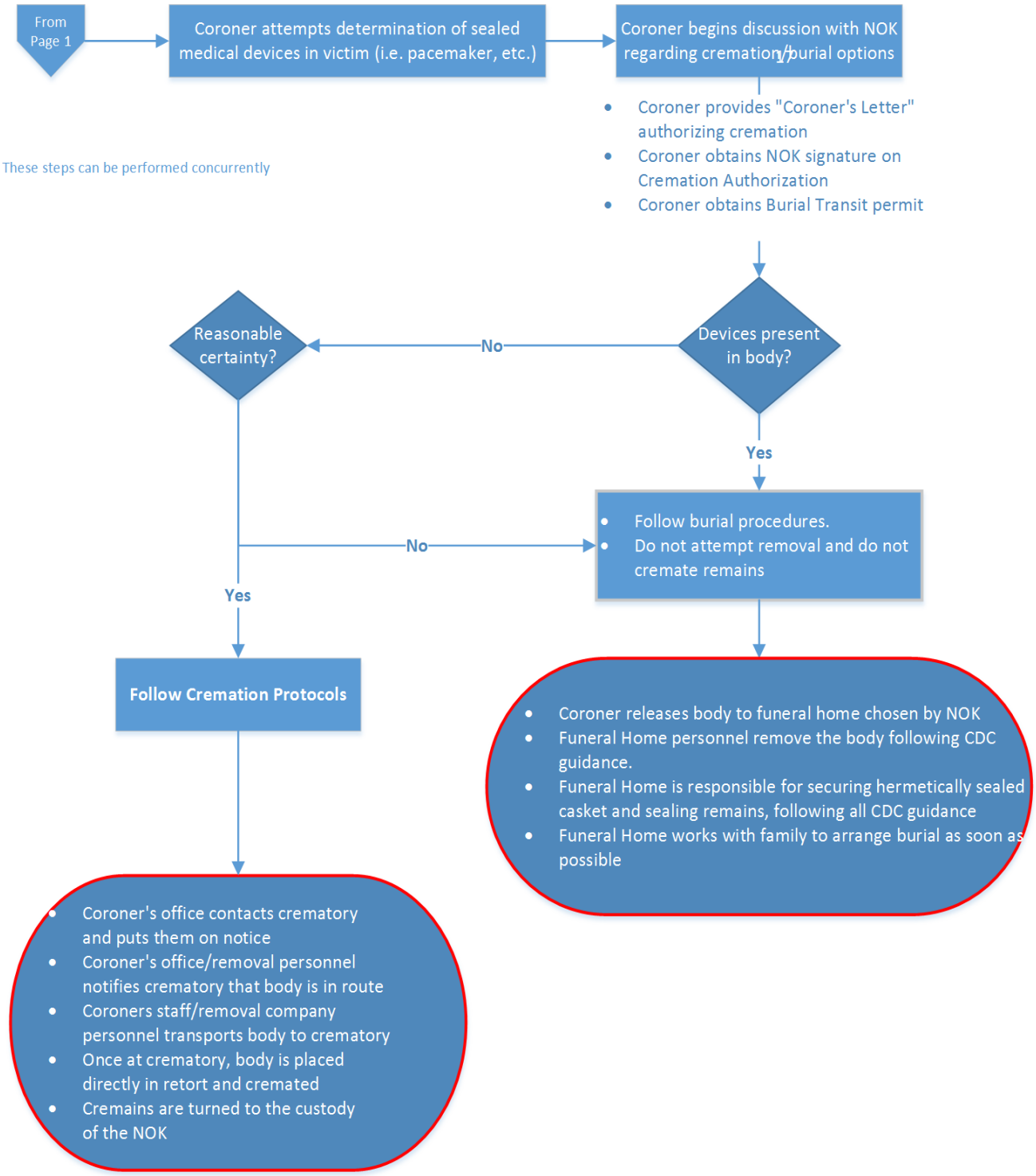


Scenario 2: Suspected Case Confirmed without Lab Testing
Page 1

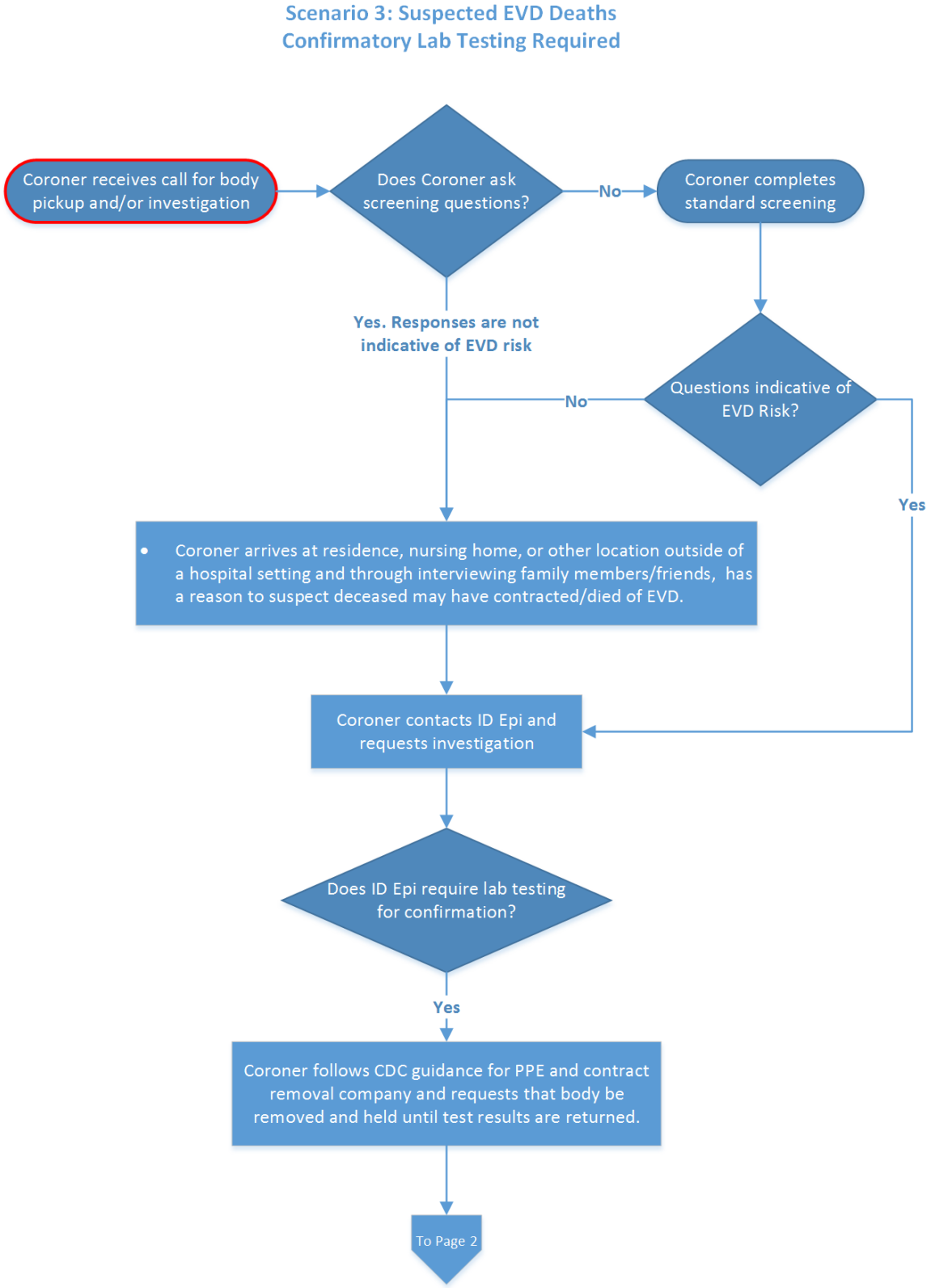


Page 2

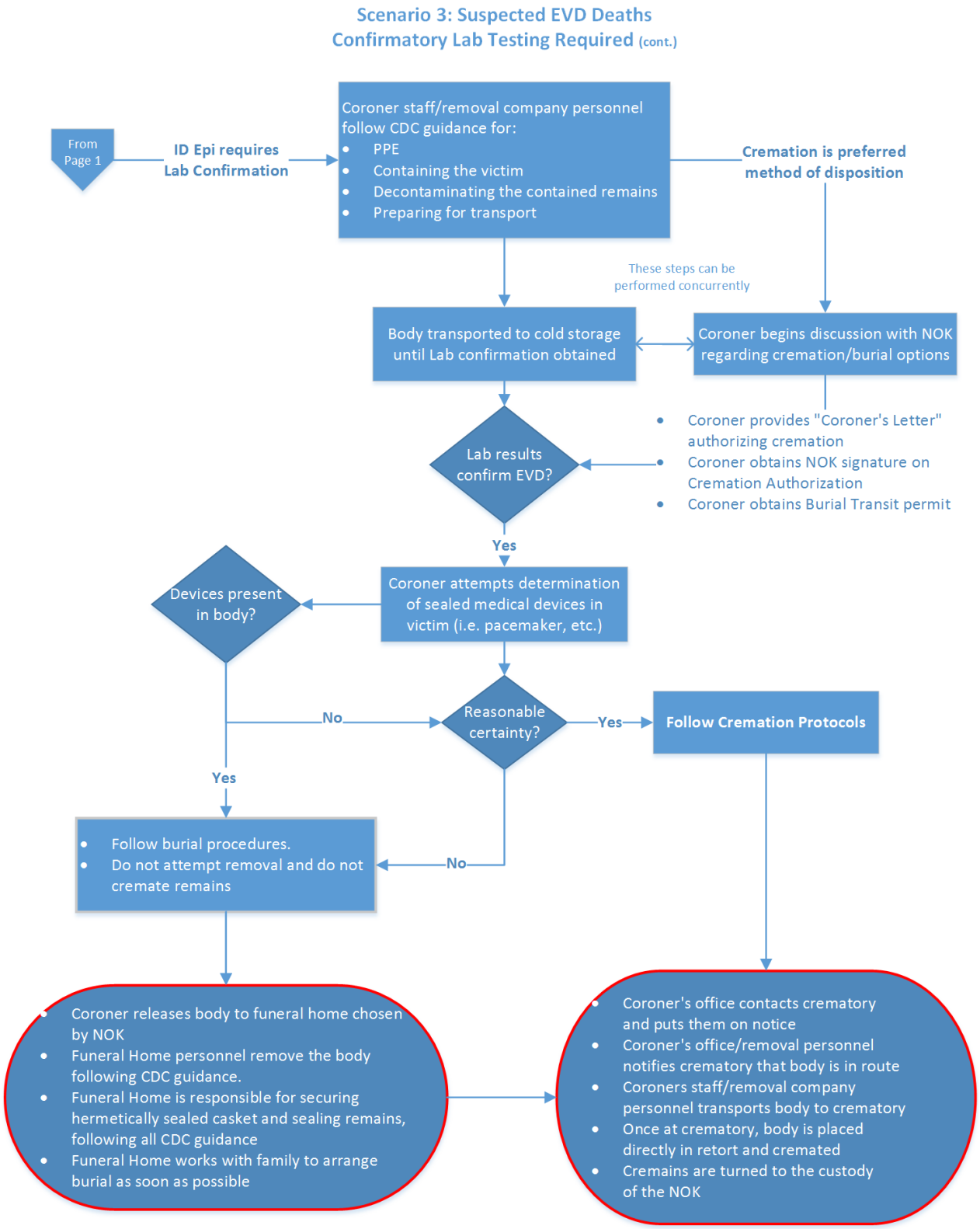
Scenario 2: EVD Death
No Confirmatory Lab Test Required (cont.)



Scenario 3: Suspected Case Confirmed with Lab Testing
Page 1



Page 2


Scenario 3: Suspected EVD Deaths
Confirmatory Lab Testing Required (cont.)
From Page 1
ID Epi requires Lab Confirmation
Coroner staff/removal company personnel follow CDC guidance for:
PPE
Containing the victim
Decontaminating the contained remains
Preparing for transport
Cremation is preferred method of disposition
These steps can be performed concurrently
Body transported to cold storage until Lab confirmation obtained
Coroner begins discussion with NOK regarding cremation/burial options
Coroner provides "Coroner's Letter" authorizing cremation
Coroner obtains NOK signature on Cremation Authorization
Coroner obtains Burial Transit permit
Lab results confirm EVD?
Yes
Coroner attempts determination of sealed medical devices in victim (i.e. pacemaker, etc.)
Devices present in body?
No
Reasonable certainty?
Yes
Follow Cremation Protocols
Yes
No
Follow burial procedures.
Do not attempt removal and do not cremate remains
Coroner releases body to funeral home chosen by NOK
Funeral Home personnel remove the body following CDC guidance.
Funeral Home is responsible for securing hermetically sealed casket and sealing remains, following all CDC guidance
Funeral Home works with family to arrange burial as soon as possible
Coroner's office contacts crematory and puts them on notice
Coroner's office/removal personnel notifies crematory that body is in route
Coroners staff/removal company personnel transports body to crematory
Once at crematory, body is placed directly in retort and cremated
Cremains are turned to the custody of the NOK

Conclusion

These draft algorithms need to be reviewed by the Louisiana Coroner's Association, the Louisiana Hospital Association, and other Subject Matter Experts (SME). However, the objective should be to gain consensus and implement these algorithms statewide and continue to evolve them as other, more definitive guidance is published.

Terms and Definitions

CDC
Centers for Disease Control and Prevention

Confirmed Case
Positive PCR lab test results from the CDC

Contact Tracing
Conducted by ID Epi Team and CDC Team; finding everyone who comes in direct contact with a sick EVD patient

DHH
Department of Health and Hospitals

DRC
Disaster Response Coordinator

EMS
Emergency Medical Services

ESF
Emergency Support Function

EUA
Emergency Use Authorization

EVD
Ebola Virus Disease

GOHSEP
Governor's Office of Homeland Security and Emergency Preparedness

Hazmat
Hazardous Materials

HHS
Health and Human Services

ID Epi
Infectious Disease Epidemiology

Isolation
Symptomatic; and in isolated setting in a medical setting or in a home-setting

LRN
Laboratory Response Network

LSBEFD
Louisiana State Board of Embalmers & Funeral Directors

LSP
Louisiana State Police

OPH
Office of Public Health

OHSEP
Office of Homeland Security and Emergency Preparedness

Person Under Investigation (PUI)
A person who has clinical criteria for EVD and has the Epidemiological risk factors

PHERC
Public Health Emergency Response Coordinator

PPE
Personal Protective Equipment

PSAP
Public safety answering point

Quarantine (Confinement)
Non-symptomatic: exposed to the disease: confined for the duration of the incubation period which is 21 days for EVD.

Attachment 1, ICS 205A

COMMUNICATIONS LIST (ICS 205A)

1. Incident Name: Preventative (Pre-Ebola)	2. Operational Period:	Date From: 10/3/2014	Date To: Date
		Time From: HHMM	Time To: HHMM

3. Basic Local Communications Information:

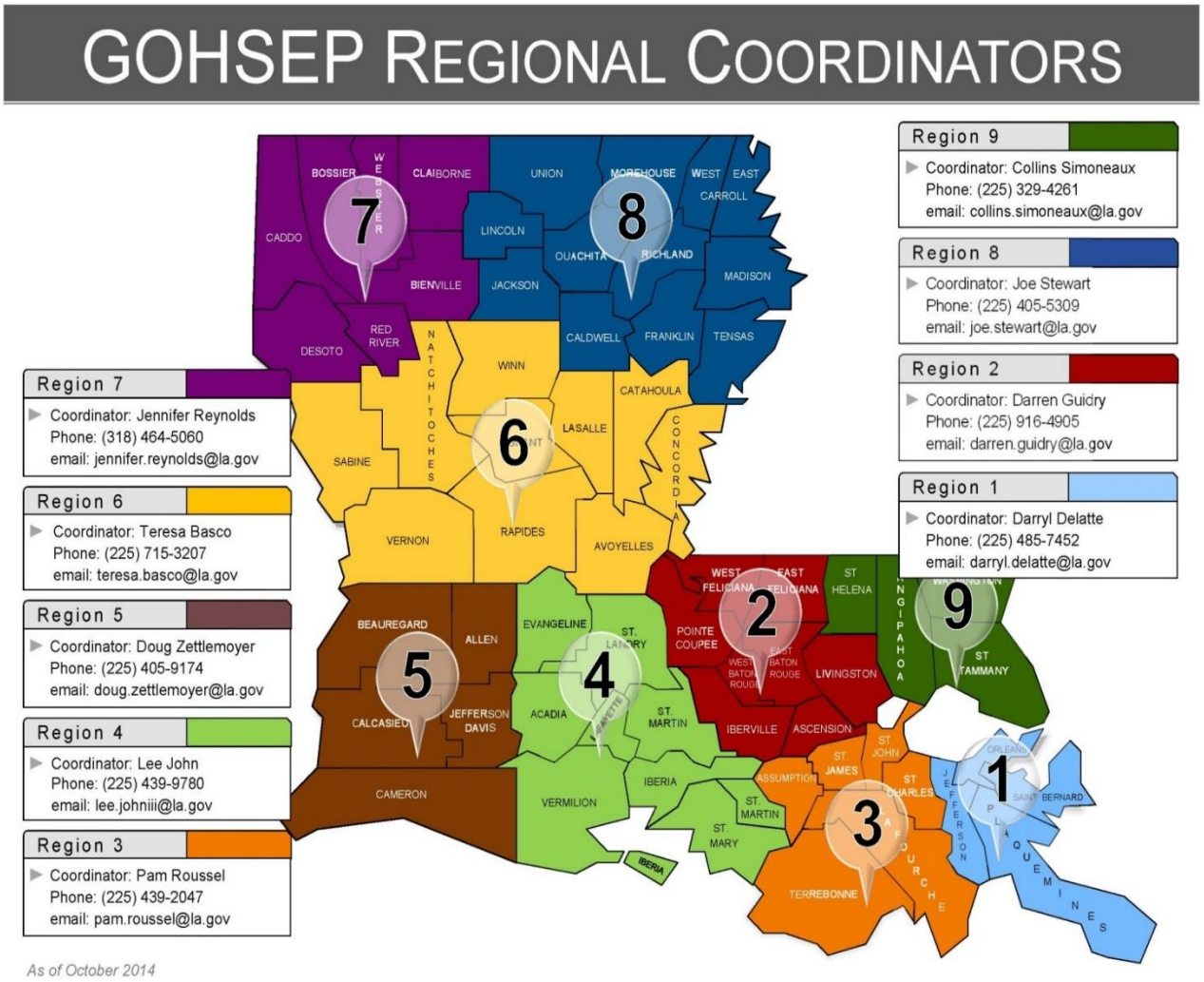
Incident Assigned Position	Name (Alphabetized)	Method(s) of Contact (phone, pager, cell, etc.)
Reference WebEOC Contact List Board for ESF Contacts		http://lawebeoc.ohsep.louisiana.gov/eoc7/
State EOC Contacts		See Attachment 2
GOHSEP Regional Contacts		See Attachment 3
LSP Regional Contacts		See Attachment 4
DHH & OPH Regional Contacts		See Attachment 5
Bureau of EMS Contacts		See Attachment 6
ESF-8 Behavioral Health Operations Districts/Authorities Contacts		See Attachment 7
US Coast Guard Vessel Screening		See Attachment 8

Attachment 2, GOHSEP State EOC

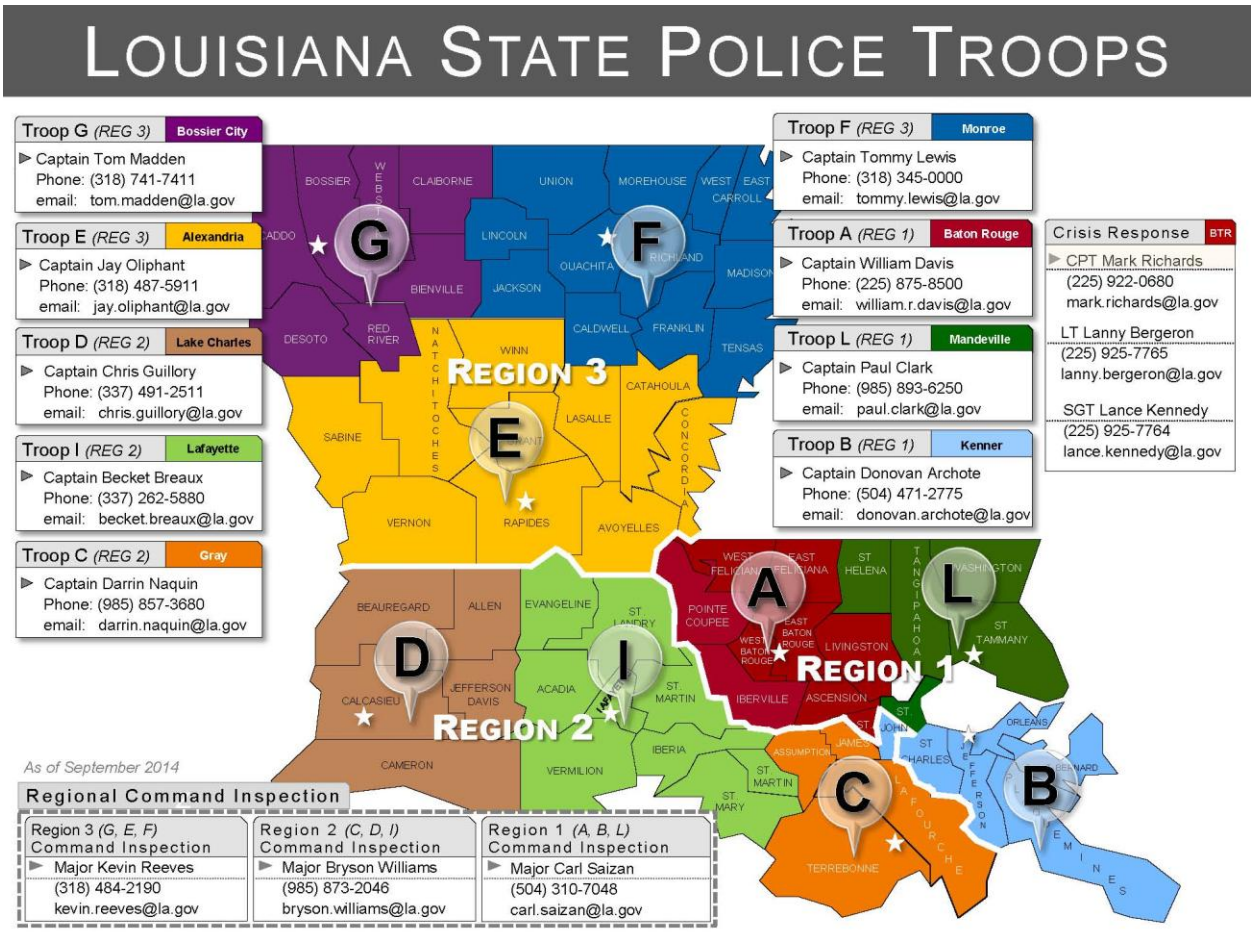
GOHSEP EOC Contact Numbers

Executive Staff			
Name	Title	Office	Cell
Kevin Davis	GOHSEP Director	225-925-7345	225-252-2172
Christina Dayries	Chief of Staff	225-358-5599	225-247-0797
Executive Staff – Preparedness, Response & Interoperability (PRI) Division			
Name	Title	Office	Cell
Christopher Guilbeaux	Deputy Director	225-925-7333	225-715-3191
Kevin Breaux	Assistant Deputy Director	225-925-3506	225-573-9345
Operations Section			
Name	Title	Office	Cell
Sean Wyatt	Section Chief	225-358-5412	504-301-6166
Jason Lachney	Assistant Section Chief	225-925-7520	225-933-0173
Preparedness Section			
Name	Title	Office	Cell
David Schultz	Section Chief	225-358-5656	225-252-2005
Amy Dawson	Assistant Section Chief	225-922-2667	225-328-8642

Attachment 3, GOHSEP Regional Coordinators



Attachment 4, Louisiana State Police Troops



Ebola Information Contacts

Charlie Dupuy
225-925-6111
charlie.dupuy@la.gov

David Staton
225-925-1980
david.staton@la.gov

Taylor Moss
225-925-6113 x 240
taylor.moss@la.gov

Attachment 5, ESF-8 Network

ESF8 Network

1. Parish Directors can be found at this link:
http://gohsep.la.gov/parishoepnumbers.aspx

Code:
ADM – Regional Administrator
MD – Regional Medical Director
PHERC – Public Health Emergency Response Coordinator
H-DRC – Hospital Designated Regional Coordinator
A-DRC – Administrative Hospital Designated Regional Coordinator
EMS-DRC – EMS Designated Regional Coordinator

Region 8
MD: Shelley.Jones@la.gov 225-573-6473
Assist. Admin: Jeff.Toms@la.gov 318-475-1789
PHERC: Sheila.Hutson@la.gov 318-366-5828
A-DRC: Bramem@stfran.com 318-348-7096
E-DRC: jogden238@gmail.com 318-729-2677
Daniel.Haynes@amr.net 318-801-0359

Region 2
MD: Marilyn.Reynaud@la.gov 225-328-8831
PHERC: Schaun.Morgan@la.gov 225-354-5649
H-DRC: Richard.Boyen@ololhmc.com 401-338-7582
Connie.Deleo@brgeneral.org 225-572-9658
E-DRC: michael.lhammett@gmail.com 225-200-2925

Region 7
MD: Martha.Whyte@la.gov 225-247-4988
PHERC: Frank.Robison@la.gov 225-252-3045
H-DRC: wandrl@lsuhsc.edu 318-465-9500
E-DRC: bpems505@bellsouth.net 318-464-7995
E-DRC: casey@balentineambulance.com 318-422-4228

Region 9
MD: Gina.Lagarde@la.gov 225-329-5919
PHERC: Thomas.Jordan@la.gov 985-200-2473
H-DRC: Region9DRC@yahoo.com 985-290-2642
E-DRC: Dmeche@acadian.com 985-974-4000
Tjacobsen@acadian.com 985-320-3944

Region 6
MD: David.Holcombe@la.gov 318-542-9790
PHERC: Patricia.White@la.gov 318-613-2854
H-DRC: Mary.Tarver@christushealth.org 318-664-0843
Brenda.Bennet@christushealth.org 314-451-8588
E-DRC: Detheridge@acadian.com 318-541-6395
Jandries@acadian.com 318-290-0447

GOHSEP EOC
Jquidin@la.gov 225-938-8049
Roxanne.Prats@la.gov 225-938-8059

DHH EOC
Doris.Brown@la.gov 225-202-2306
Kelli.Phillips@la.gov 225-329-6063
Mardrai.Starks-robinson@la.gov 318-518-2196

Region 5
MD: Bertrand.Foch@la.gov 225-573-6275
PHERC: Mike.Parent@la.gov 225-614-5051
H-DRC: Jeron.Kyle@christushealth.org 337-274-2898
Rfavre@wcch.com 337-476-9133
lharmon@lgmc.com 337-570-4230
E-DRC: Mconney@acadian.com 337-912-2668
lowers@acadian.com 337-316-2974
wvincent@acadian.com 337-302-9275

Region 4
MD: Tina.Stefanski@la.gov 337-581-5847
PHERC: Carol.Broussard@la.gov 337-380-1922
H-DRC: Ahebert@lgmc.com 337-654-2662
lharmon@lgmc.com 337-570-4230
E-DRC: Dsimon@acadian.com 337-319-7710
eburleigh@acadian.com 337-278-1268
taylor.richard@acadian.com 225-270-1157

Region 3
ADM: Paul.Landry@la.gov 337-278-7124
MD: Tina.Stefanski@la.gov 337-581-5847
PHERC: Kayla.Guerrero@la.gov 225-614-5053
H-DRC: Percy.Mosely@tgmc.com 985-804-5275
Region3DRC@yahoo.com 985-413-2859
E-DRC: Cdavis@acadian.com 985-637-0695
gnaquin@acadian.com 985-791-7496

Region 1
ADM: Avis.Gray@la.gov 225-328-8350
MD: Takeisha.Davis@la.gov 225-328-9750
PHERC: Sundee.Warren@la.gov 225-485-6322
H-DRC: Denice.Eshleman@touro.com 504-235-7193
H-DRC: Hasprion@ochsner.org; 504-450-9850
A-DRC: Cindy Davidson Region1adrc@gmail.com 225-939-1313
E-DRC: Region1EMSDRC2@gmail.com 985-855-2897
Frank.Graff@careambulance-la.com 504-234-7193
At-Large/University DRC: Norris@tulane.edu 504-452-7864

Attachment 6, Bureau of EMS

Point of Contact for the Bureau of EMS

Name	Position	Direct / Mobile
Donnie Woodyard Jr.	Director	(225) 590-3555
Stephen Phillipe	Deputy Director	(504) 417-0756
Elizabeth Fiato	Mgr. Disaster Management	(504) 251-8242
Rose Johnson	EMS for Children	(318) 578-1308

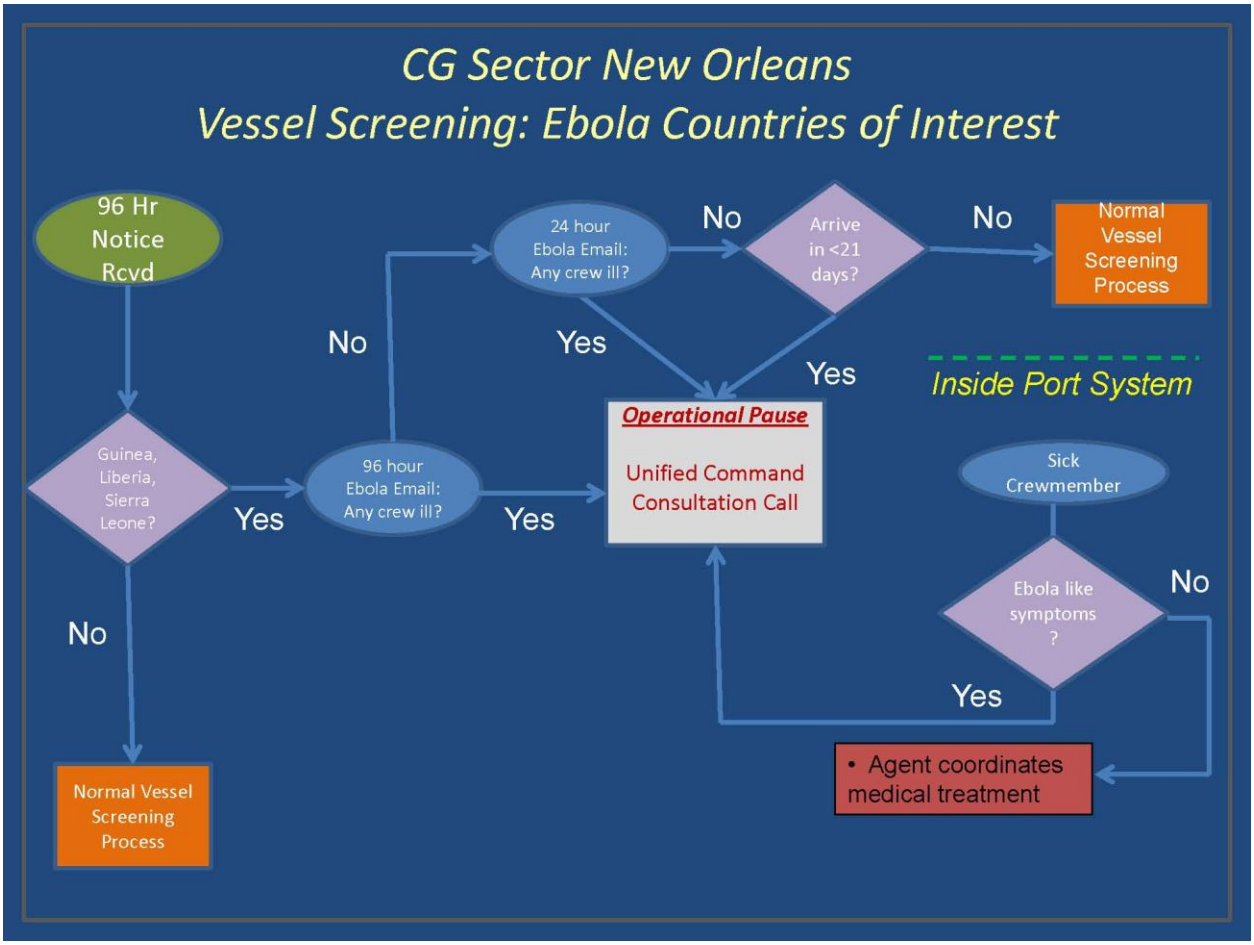
Attachment 7, ESF-8 Behavioral Health

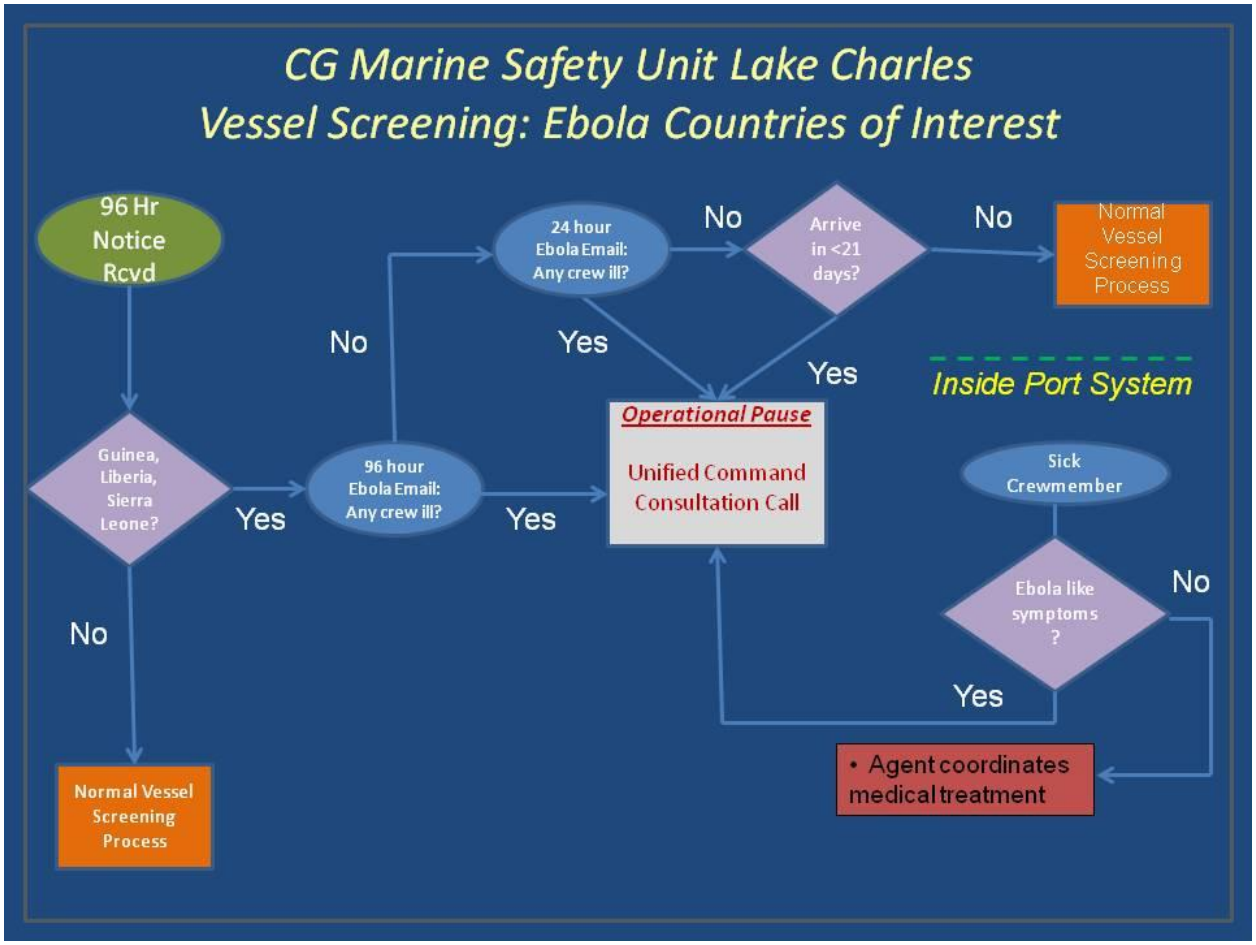
Point of Contacts for ESF-8 Behavioral Health Operations Districts/Authorities

	Name	Office Phone	Cell Phone
Region 1	**Metropolitan Human Services District**	Yolanda Webb , Executive Director Charlotte Cunliffe, Deputy Director	504-535-2909 504-654-9486
Region 2	**Capital Area Human Services District**	Dr. Jan Kasofsky, Executive Director	225-266-0522
Region 3	**South Central Louisiana Human Services Authority**	Lisa Schilling, Executive Director Kristin Bonner, Deputy Director	985-688-4351 985-209-2922
Region 4	**Acadiana Area Human Services District**	Brad Farmer, Executive Director Yancey Mire, Director of BH (POC)	337-278-7671 337-303-3726
Region 5	**Imperial Calcasieu Human Services District**	Tanya McGee, Executive Director	337-802-2176
Region 6	**Central Louisiana Human Services District**	Egan Jones, Executive Director	318-730-8273
Region 7	**Northwest Louisiana Human Services District**	Doug Efferson, Executive Director Wendy Goad, Administrator	318-423-4202 318-362-4914
Region 8	**Northeast Delta Human Services Authority**	Dr. Monteic Sizer, Executive Director Mark DeBord, Regional Administrator	225-270-8324 318-381-9070
Region 9	**Florida Parishes Human Services Authority**	Melanie Watkins, Executive Director	985-974-4007
Region 10	**Jefferson Parish Human Services Authority**	Lisa English Rhoden, Executive Director	504-473-7711

Revised: June 5, 2014

Attachment 8, US Coast Guard Vessel Screening




CG Marine Safety Unit Lake Charles
Vessel Screening: Ebola Countries of Interest
96 Hr Notice Rcvd
Guinea, Liberia, Sierra Leone?
Yes
No
96 hour Ebola Email: Any crew ill?
No
Yes
24 hour Ebola Email: Any crew ill?
No
Yes
Arrive in <21 days?
No
Yes
Normal Vessel Screening Process
Operational Pause
Unified Command Consultation Call
Inside Port System
Sick Crewmember
Ebola like symptoms ?
No
Yes
• Agent coordinates medical treatment
Normal Vessel Screening Process

Attachment 9, List of Laboratories

List of Laboratories Approved to Perform the EUA EVD Zaire (EZ1) rRT-PCR (TaqMan®) Assay

LRN Labs	
Arizona SPHL	Phoenix
Florida SPHL	Miami Branch
Los Angeles County PHL	
Maryland SPHL	Baltimore
Massachusetts SPHL	Boston
Michigan SPHL	Lansing
Minnesota SPHL	St. Paul
Montana SPHL	Helena
Nebraska SPHL	Omaha
New York City PHL	New York City
New York SPHL	Albany
North Carolina SPHL	Raleigh
Ohio SPHL	Reynoldsburg
Pennsylvania	Exton
Texas SPHL	Austin
Virginia SPHL	Richmond
Washington, DC PHL	
Washington SPHL	Shoreline

Attachment 10, Biological Remediation Contractor

Biological Remediation Contractor

Clean Scene, LLC
514 Derbigny St.
Gretna, LA 70053

Primary Contact:
Phone: (504) 433-5777
Cell: (504) 237-1960
E-mail: cleanscenenola@yahoo.com

Alternate Contact:
Phone: 337-781-6681
Cell: 337-781-6681
E-mail: cleanscenenola@yahoo.com

Attachment 11, Handling EVD Remains - ESF 8 and Louisiana Coroner's Association

Handling EVD Remains - ESF 8 and Louisiana Coroner's Association

This is a list of issues that are being further considered by ESF 8 in coordination with the Louisiana Coroners Association. A Statewide meeting of coroners will be held on November 1, 2014 in Baton Rouge, Louisiana, and the president of the association has agreed to allow State ESF 8 to address fatality management of EVD victims with all state coroners. The following list contains topics to be discussed. Louisiana will use the CDC guidance as a baseline, and the following issues will be used to identify any potential gaps in resources and/or planning. Gaps identified will be referred to a small planning cell for protocol development, then reviewed and distributed by the Coroner's Association.

1. Coordination between Coroner and Hospitals for Body Handoff

a. Preparation of Remains at Hospital

i. Packaging Protocol
ii. Preparation of Personnel
iii. Liaison with the Parish Coroner
iv. Handling Medical Waste

Discussion: Follow CDC Guidance on Safe Handling of Human Remains

- *Follow CDC Guidance on Safe Handling of Human Remains*
- *Disposition of any waste material used in packaging remains*
- *Provision of PPE observers in the packaging and transport preparation of any EVD remains*

b. Transportation Protocols

i. Transporters
ii. Preparation
iii. Handling and Movement Protocols
iv. Managing PPE Waste
v. Route Planning
vi. Internal to the Hospital
2. External to the Destination
viii. Transport Vehicle Preparation
1. Preparation
2. Decontamination

Discussion:

- *Survey Coroners about transportation resources, contractors and guidelines. Also explore MOUs between the larger parishes which are well-resourced and the smaller parishes.*
- *Explore MOUs between the larger parishes which are well-resourced and the smaller parishes.*
- *Discuss standard protocol for transporting remains to various destination:*
  - *Direct to crematory (use of cardboard containers (temporary coffins) so that transportation and crematory personnel do not have to directly handle the remains.*
  - *Direct to coroner's office or other secure refrigerated storage site if some delay in final disposition is encountered (i.e. lab testing, court orders, etc.).*

c. Preparation of Receiving Facilities

i. Preparation

ii. Decontamination

Discussion:

- *Preparation of crematories*
- *Preparation of funeral homes*
- *Preparation of coroner's offices or other temporary secure refrigerated storage.*
-

2. Interface with Families

a. Hospital Duties

b. Coroner Duties

c. Funeral Home/Crematory Duties

Discussion:

- *Primary interface with the families will occur at the hospital by hospital staff before death.*
- *After death, the Coroner's Investigators typically handle family coordination.*

3. Communication and Interface with Funeral Homes and Crematories

a. Preparation of Funeral Homes and Crematories

b. Transportation Protocols

c. Security Protocols

Discussion:

- *Standardized protocol for transportation security*

4. Burial and/or Cremation Procedures

a. Licensed Crematories

- Preparations
- Handling of remains
- Disposal of cremains

Discussion:

- *Follow CDC Guidance on Safe Handling of Human Remains.*
- *Also obtain information on the following:*
    - *Contact the Louisiana State Board of Embalmers & Funeral Directors (LSBEFD) for data about funeral homes and crematories. Update: the database for the Board has been down for several days, but they will forward the information as soon as they can access their server. In the interim, the following data was provided about licensed Louisiana resources:*
        - *404 funeral homes in the state,*
        - *24 crematories with 103 licensed operators qualified to cremate (see attached preliminary results of participation survey)*
    - *ESF 8 will obtain the data from the LSBEFD as soon as available. In the interim, with the data available, we will create a rough map of the location of these resources along with a throughput simulation model based on industry benchmarks, such as average time to complete cremation, transportation times, workloads and capacities, etc. This will be made available for the November 1st Coroner's Association Meeting.*

In conclusion, the President of the Association agreed to the following:

- Give ESF 8 time during the meeting to address the coroners in attendance about potential protocols and other issues
- Assist in finalizing a draft protocol for review by the association members
- Participate in a small fatality planning cell with ESF 8 staff and other subject matter experts.
- Provide any templates, protocols and operating guidelines already developed for handling EVD victim remains (or any remains where an infectious disease was the cause of death.)

Attachment 12, Initial findings of the Louisiana Crematory Survey

Initial Findings of the Louisiana Crematory Survey

Legend

- Cremate Y/N: Whether or not this crematory would accept EVD victims for cremation
- Addl. Costs: Whether or not additional costs would be charged by the crematory for cremation of EVD remains
- P/U or deliver: Whether or not the crematory would provide pickup and delivery to the crematory
- Turnaround: Average time taken from transport to packaging cremains for NOK
- 24/7: Will the crematory operator be on call 24/7
- Max temp: The maximum temperature of the crematory retort during cremation
- N/R: No response – still awaiting feedback from the operator

Company	Cremate Y/N	Addl. Costs	P/U or deliver	Container	Turnaround	24/7	Max temp	Comments
Abita Crematory	Yes	100	Deliver	CDC recommendations	24 hrs	Yes	1,600	Requests guidance for cemetery handling remains
Alexandria Crematory	No	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	
Billand, LLC	Yes	150	Deliver	CDC recommendations	12 hrs	Yes	2,000	Does not favor BioSeal alone. Thinks FH personnel should handle remains from location of death to crematory
Caddo Crematory, LLC	Yes	No	Deliver	CDC recommendations	12-24 hrs	Yes	1,600	
Church Funeral Services & Crematory, LLC	Yes	1,000	Deliver	CDC recommendations	12 hrs	Yes	1,600	Wants to know CDC protocols for crematories
Crematorium, Inc.	No	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Afraid of exposure and reputation of funeral home
Daniel Granite, LLC	Yes	No	Deliver	CDC recommendations	24 hrs	Yes	1,600	Wants information from coroners meeting jim.danielgranite@brcoxmail.com
Downing Pines Crematory	N/R	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Left message-no return call

Company	Cremate Y/N	Addl. Costs	P/U or deliver	Container	Turnaround	24/7	Max temp	Comments
Evergreen Crematory	N/R	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Left message-no return call
Forest Lawn Crematory	Yes	Yes	P/U or Deliver	CDC recommendations	24 hrs	Yes	1,600	
Garden of Memories Crematory	N/R	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Left message-no return call
Grace Crematory	Yes	No	P/U or Deliver	CDC recommendations	24 hrs	Yes	2,000	Wants more guidance for crematory operators
Kilpatrick's Rose-Neath Funeral Homes & Cemeteries	Yes	500	Deliver	CDC recommendations	12 hrs	Yes	1,600	
Lafayette Crematory, Inc.	Yes	No	Deliver	CDC recommendations	12 hrs	Yes	1,600	
Lake Charles Crematory, LLC	N/R	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Left message-no return call
Magnolia Crematory, LLC	N/R	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Left message-no return call
Memorial Crematory	Possibly	1,500	PU/ or Deliver	CDC recommendations	12 hrs	Yes	2,000	response stated could "possibly" handle EVD cases
Metairie Cemetery Association	N/R	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	
Pinecrest Crematory	Yes	No	Deliver	CDC recommendations	12 hrs	Yes	1,600	EJ Fielding feels coroner's staff p/u, and transports to crematory
Rabenhorst Funeral Home, LLC DBA Rabenhorst Crematory	No	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	
Resthaven Crematory	N/R	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Left message-no return call
Simply Cremations, LLC	N/R	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Left message-no return call

Company	Cremate Y/N	Addl. Costs	P/U or deliver	Container	Turnaround	24/7	Max temp	Comments
St. John Crematorium	N/R	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Left message-no return call
Tangi Crematory	Yes	No	Deliver	CDC recommendations	12 hrs	Yes	1,600	

Attachment 13, Executive Order NO. BJ 2014-13

State of Louisiana

EXECUTIVE DEPARTMENT

EXECUTIVE ORDER NO. BJ 2014 – 13

TRAVEL TO AREAS IMPACTED BY EBOLA VIRUS DISEASE

WHEREAS, Article IV, Section 5 the Louisiana Constitution establishes the governor as the chief executive officer of the State and, during times of emergency or the threat of emergency, the governor has emergency powers to protect the citizens and property of the State of Louisiana;

WHEREAS, the Louisiana Health Emergency Powers Act, La. R.S. 29:760, et seq., confers upon the Governor of the State of Louisiana emergency powers to deal with public health emergencies, including an occurrence or imminent threat of an illness or health condition that is believed to be caused by the appearance of a novel or previously controlled or eradicated infectious agent or biological toxin, in order to ensure that preparations of this state will be adequate to deal with such emergencies or disasters and to preserve the health and lives of the people of the State of Louisiana;

WHEREAS, when the threat of an emergency is foreseeable, it is prudent to implement common sense, precautionary measures to prevent the occurrence of the emergency and eliminate the need to trigger emergency legal authorities;

WHEREAS, the World Health Organization has declared the Ebola Virus Disease outbreak an international public health emergency, with at least 8,997 worldwide cases of Ebola Virus Disease, including 4,493 deaths currently reported by the Centers for Disease Control, making the 2014 outbreak the largest in history;

WHEREAS, the Centers for Disease Control and Prevention (CDC) has issued Level 3 Travel Warnings for the West African nations of Liberia, Guinea, and Sierra Leone, advising against non-essential travel, and has also issued a Level 2 Travel Alert for Nigeria, advising travelers to practice enhanced precautions against the threat of contracting the Ebola Virus Disease;

WHEREAS, the federal government, to date, has failed to implement protections at the national level to prevent the entry of the Ebola Virus Disease into the United States of America;

WHEREAS, the State of Louisiana recognizes the potential threat of the Ebola Virus Disease to incapacitate large numbers of people who would require precautionary health monitoring during the incubation period after coming into direct contact with even a single person exhibiting symptoms;

WHEREAS, it is foreseeable that a public health emergency could result from the occurrence of an outbreak of Ebola Virus Disease in this state, and that such a threat can be reduced with the implementation of precautionary, common-sense measures for public employees and students, faculty, and staff of institutions of higher learning who travel to these countries;

WHEREAS, it is prudent to implement such precautionary, common-sense measures steps to reduce this foreseeable threat to the citizens and property of the State, including the reporting of travel to these countries and the development of policies governing their return to normal duties or classroom attendance following such travel.

NOW THEREFORE, I, BOBBY JINDAL, Governor of the State of Louisiana, by virtue of the authority vested by the Constitution and laws of the State of Louisiana, do hereby order and direct as follows:

SECTION 1: All departments, budget units, agencies, offices, entities, and officers of the executive branch of the State of Louisiana are authorized and directed to develop policies and reporting mechanisms for public employees and students, faculty, and staff of institutions

of higher learning to report travel to the countries identified by the Centers for Disease Control as having a threat of contracting the Ebola Virus Disease, as those countries are periodically updated at: http://wwwnc.cdc.gov/travel/notices.

SECTION 2: All departments, budget units, agencies, offices, entities, and officers of the executive branch of the State of Louisiana, in consultation with Department of Health and Hospitals, Infectious Disease Epidemiology Section (EPI) are authorized and directed to develop policies for public employees and students, faculty, and staff of institutions of higher learning governing their return to normal duties or classroom attendance following such travel, to include:

A. Reporting of such travel to the Department of Health and Hospitals, Infectious Disease Epidemiology section (EPI), within forty-eight (48) hours of receiving the information if prior to travel and within twenty-four (24) hours of receiving the information if subsequent to travel.

B. Restrictions or advisories regarding use of commercial transportation (including airplane, ship, bus, train, taxi, or other public conveyance) for twenty-one (21) days after departing an impacted area.

C. Restrictions or advisories regarding going to places where the public congregates, including but not limited to, restaurants, grocery stores, gymnasiums, theaters, etc. for twenty-one (21) days after departing an impacted area.

D. Procedures for daily communication and monitoring, if determined necessary, by public health officials for twenty-one (21) days after departing an impacted area.

SECTION 3: Due to the urgency of this foreseeable threat and importance of having procedures in place to minimize the threatened harm, the policies required herein shall be developed at the earliest possible date, and no later than within five (5) business days from the effective date of this Order.

SECTION 4: All departments, budget units, agencies, offices, entities, and officers of the executive branch of the State of Louisiana are authorized and directed to cooperate in the implementation of the provisions of this Order.

SECTION 5: Nothing in this Order shall be applied in a manner which violates, or is contrary to, the Fair Labor Standards Act (FLSA), the Family and Medical Leave Act (FMLA), the Health Insurance Portability and Accountability Act (HIPAA), or any other applicable federal or state law, rule, or regulation.

SECTION 6: The Order is effective October 20, 2014 and shall remain in effect modified, terminated, or rescinded by the Governor, or terminated by operation of law.

IN WITNESS WHEREOF, I have set my hand officially and caused to be affixed the Great Seal of Louisiana, at the Capitol, in the City of Baton Rouge, on this 20th day of October, 2014.

/s/ Bobby Jindal
GOVERNOR OF LOUISIANA

ATTEST BY
THE GOVERNOR

/s/ Tom Schedler
SECRETARY OF STATE

Attachment 14, Public Health Guidance for Travel to and from Ebola-Affected Countries

Bobby Jindal
GOVERNOR

Kathy H. Kliebert
SECRETARY

State of Louisiana

Department of Health and Hospitals

Office of Public Health

Public Health Guidance for Travel to and from Ebola-Affected Countries

On Monday, Oct. 21, 2014, Gov. Bobby Jindal issued Executive Order No. BJ 2014-13. The order directs all agencies within the executive branch of the State of Louisiana to develop policies and reporting mechanisms for public employees and students, faculty, and staff of institutions of higher learning to report travel to certain Ebola infected countries to the Department of Health and Hospitals (DHH) within certain time periods. DHH has developed this guidance for reporting protocols to assist agencies with their compliance of this order.

To whom does this apply?

- Higher education institutions
  - Students
  - Faculty
  - Staff
- State Departments, Offices, Budget Units
  - Employees

See full list of applicable agencies attached.

Travel destinations to which this applies

- Sierra Leone
- Liberia
- Equateur Province, in Lokolia, Boende, and Watshikengo
- Guinea

This list is updated periodically by the U.S. Centers for Disease Control and Prevention. Please check it before and 21 days after international travel at www.cdc.gov/travel/notices.

Responsibilities of Organizations

- Ensure all employees, students, faculty and staff are aware of these policies and the Travel Notification Form on Page 4 of this document for travel to Ebola-affected countries.
- Ensure all individuals in your organization, including students, comply with the emergency order by:
  - Notifying the Louisiana Department of Health and Hospitals, Infectious Disease Epidemiology Section (EPI) of any trip to an Ebola-affected country both before and after the trip,
  - Ensuring individuals comply with commercial transportation and travel restrictions, and
  - Ensuring individuals have a readiness plan that includes a 21-day supply of food and water along with any personal items or medications for use following their return trip.
  - Ensure all relevant Civil Service and DHH policies regarding work at home, sick leave, annual leave and leave without pay are applied appropriately for any individual returning from a trip to an Ebola-affected countries. Application of those policies should

be considered on a case-by-case basis.

Responsibilities of Individuals

- You must complete the Travel Notification Form regarding your travel to and from an Ebola-affected country or area so that it may be submitted to Louisiana Department of Health and Hospitals, Infectious Disease Epidemiology Section (EPI).
- You must submit a copy of the Travel Notification Form to your supervisor or reporting authority.
- You must notify DHH EPI of any trip to an Ebola-affected country both before and after the trip,
- You must comply with commercial transportation and travel restrictions, and
- You must have a personal readiness plan that includes a 21-day supply of food and water for you and your family along with any personal items or medications for use following their return trip.
- You must work with your employer to determine whether work from home, sick leave, annual leave or leave without pay will be applied to the 21-day period during which you must remain at home following a trip to an Ebola-affected country.

Before travel

- With 48 hours of notification of planned travel, report to the Louisiana Department of Health and Hospitals, Infectious Disease Epidemiology Section (EPI) using the attached form.
    - For example, if a college received notification on Dec. 10 at 10 a.m. that a faculty member planned to travel to Liberia on Dec. 20, notification must be sent to DHH EPI not later than 10 a.m. Dec. 12.

After travel

- With 24 hours after an individual returns from travel in an Ebola-affected country, DHH EPI must be notified.
    - For example, if a student returns from travel in Sierra Leon on Dec. 10 at 10 a.m., DHH EPI must be notified no later than 10 a.m. Dec. 11.

Restrictions on travel in Louisiana following a trip to an Ebola-affected area

- For 21 days following travel, individuals may not use any form of commercial transportation, including the following:
    - Airplane
    - Ship
    - Bus
    - Train
    - Taxi
    - Other public conveyance

Restrictions on use of public places following travel to an Ebola-affected area

- For 21 days following travel, individuals may not go to places where the public congregate, including but not limited to the following:
    - Restaurants
    - Grocery stores
    - Gymnasiums
    - Theaters
    - Schools

- Places of worship

Public health monitoring

- For 21 days following travel, individuals are required to allow public health medical monitoring in order to quickly identify any potential symptoms of Ebola.
  - Medical monitoring shall include, but is not limited to, the following:
    - Daily monitoring of body temperature and other vital signs, and
    - Daily monitoring of symptoms that could be related to contracting Ebola.
- Individuals must also maintain communication with DHH EPI staff.

For questions about this guidance, please call the DHH Emergency Operations Center (DHH EOC) at the following contact information:

- eocwatch@la.gov
- 1-855-523-2652 (855-LA-EBOLA)

Ebola Travel Notification Form

Date: **Time:**

Reporting Agency

Agency Name: Office:
Street: City:
State: Zip:

Reporting Official

Last Name: First Name:
Occupation: Email:
Phone: Fax:

Traveler

Last Name: First Name:
Occupation: Email:
Phone: Office:

Dates of Travel and Countries Visited

Departure: Return:

Countries or Regions Visited	Dates Present
☐Guinea	
☐Liberia	
☐Sierra Leone	
☐Other(s)	

Submit reports via email to:
IDEpi@la.gov

Submit reports via fax to:
504-568-8290

_____
Signature of Traveler or Reporting Official (if Traveler is not available)