Emerging Disease Response Plan

Eastern Star Home
8290 State Route 69 Oriskany NY 13424
www.eshomeny.org

Approval and Implementation

This Emerging Infectious Disease Plan has been approved for implementation by:

Jeffrey French — 9/15/20
CEO/Administrator/ Eastern Star Home — Date

Mary Beth Getchell — 9/15/20
Assistant Administrator/ CF0/Eastern Star Home — Date

Record of External Distribution

Table 2: Record of External Distribution

Date	Recipient Name	Recipient Organization	Format	Number of Copies
9/15/20	website		electronic	1

Emergency Contacts

The following table lists contact information for public safety and public health representatives for quick reference during an emergency.

Table 1: Emergency Contact Information

Organization	Phone Number(s)
Local Fire Department	315-736-2345
Local Police Department	315-736-0141
Emergency Medical Services	315-853-6000
Fire Marshal	315-765-2527
Local Office of Emergency Management	315-765-2527
NYSDOH Regional Office (Business Hours)[1]	315-477-8472
NYSDOH Duty Officer (Business Hours)	866-881-2809
New York State Watch Center (Warning Point) (Non-Business Hours)	518-292-2200

Table 4: Notification by Hazard Type

M = Mandatory
R = Recommended

Notification Recipient	Example Hazard	Active Threat[2]	Blizzard/Ice Storm	Coastal Storm	Dam Failure	Water Disruption	Earthquake	Extreme Cold	Extreme Heat	Fire	Flood	CBRNE[3]	Infectious Disease / Pandemc	Landslide	IT/Comms Failure	Power Outage	Tornado	Wildfire
NYSDOH Regional Office[4]	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
Facility Senior Leader	M	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	M	☐	☐	☐	☐	☐
Local Emergency Management	R	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Local Law Enforcement		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Local Fire/EMS		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Local Health Department	R	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	M	☐	☐	☐	☐	☐
Off Duty Staff		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Relatives and Responsible Parties		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	M	☐	☐	☐	☐	☐
Resource Vendors		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Authority Having Jurisdiction		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Regional Healthcare Facility Evacuation Center		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
[Additional Facility-Specific Recipient(s)]																		

[2] "Active threat" is defined as an individual or group of individuals actively engaged in killing or attempting to kill people in a populated area. Example attack methods may include bombs, firearms, and fire as a weapon.

[3] "CBRNE" refers to "Chemical, Biological, Radiological, Nuclear, or Explosive"

[4] To notify NYSDOH of an emergency during business hours (non-holiday weekdays from 8:00 am – 5:00 pm), the Incident Commander will contact the NYSDOH Regional Office [region-specific phone number]. Outside of normal business hours (e.g., evenings, weekends, or holidays), the Incident Commander will contact the New York State Watch Center (Warning Point) at 518-292-2200. The Watch Command will return the call and will ask for the type of emergency and the type of facility (e.g. hospital, nursing home, adult home) involved. The Watch Command will then route the call to the Administrator on Duty, who will assist the facility with response to the situation.

Table 5: Orders of Succession

Incident Position	Primary	Successor 1	Successor 2
Incident Commander	Administrator	Assistant Administrator - CFO	Director of Clinical Services Skilled Care
Public Information Officer	Administrator	Assistant Administrator - CFO	Director of Clinical Services Skilled Care
Safety Officer	Dir. of Environmental Services	Administrator	Director of Clinical Services Skilled Care
Operations Section Chief	Director of Clinical Services Skilled Care	Director of Clinical Services Adult Care	Nursing Supervisor
Planning Section Chief	Director of Clinical Services Skilled Care	Director of Clinical Services Adult Care	Nursing Supervisor
Logistics Section Chief	Assistant Administrator –CFO	Social Services	Director of Clinical Services
Finance/Admin Section Chief	Assistant Administrator - CFO	Controller	Accounts Receivable

- **Note this plan is also part of the Emergency Operations Plan/ Infection Prevention Control Plan**

EMERGING INFECTIOUS DISEASE RESPONSE

DEFINITIONS

Emerging Infectious Diseases (EIDs)

An infectious disease whose incidence in humans has increased in the past two decades, or threatens to increase in the near future, have been defined as "emerging." These diseases, which respect no national boundaries, include:

- New infections resulting from changes or evolution of existing organisms
- Known infections spreading to new geographic areas or populations
- Previously unrecognized infections appearing in areas undergoing ecologic transformation
- Old infections reemerging as a result of antimicrobial resistance in known agents or breakdowns in public health measures

Pandemic

A sudden infectious disease outbreak that becomes very widespread and affects a whole region, continent, or the world due to a susceptible population. By definition, a true pandemic causes a high degree of mortality.

Isolation

Separation of an individual or group reasonably suspected to be infected with a communicable disease from those who are not infected to prevent the spread of the disease.

Quarantine

Separation of an individual or group reasonably suspected to have been exposed to a communicable disease but not yet ill (displaying signs and symptoms) from those who have not been exposed to prevent the spread of the disease.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

Eastern Star must always be prepared to protect residents, families, and staff from harm resulting from exposure to an emerging infectious disease while they are in the facility.

Every disease is different. The local, state, and federal health authorities will be the source of the latest information and most up-to-date guidance on prevention, case definition, surveillance, treatment, and Eastern Star Home response related to a specific disease threat.

The procedures outlined are designed to help protect our residents, families, and staff from harm resulting from exposure to an emerging infectious disease.

Incidents involving an emerging infectious disease, or suspected case, require the consultation of the facility Medical Director and/or other physician in addition to referring to the facility Infection Prevention and Control Plan.

General Preparedness for Emerging Infectious Diseases (EIDs)

a. The facility's Infection Prevention and Control Policy will include a response plan for a community-wide infectious disease outbreak such as pandemic influenza.
b. This plan will:
    i. include administrative controls (screening, isolation, visitor policies and employee absentee plans)
    ii. address environmental controls (isolation areas / rooms, plastic barriers, hand hygiene stations , and special areas for contaminated waste)
    iii. address human resource issues such as employee leave.
c. Clinical leadership will be vigilant and stay informed about EIDs around the world. They will keep administrative leadership briefed as needed on potential risks of new infections in their community and region.
d. As part of the Emergency Preparedness Program (EPP), the facility will maintain a supply of personal protective equipment (PPE) including moisture-barrier gowns, face shields, surgical masks, assorted sizes of disposable N95 respirators, nitrile exam gloves, and alcohol based hand sanitizer. The amount that is stockpiled will minimally be enough for several days of facility-wide care and will be determined based on a calculated burn rate for 60 days supply.
e. The facility has developed plans with its vendors for re-supply of food, medications, sanitizing agents and PPE in the event of a disruption to normal business including an EID outbreak as found in the Emergency Operations Plan.
f. The facility has developed plans optimizing conventional, contingency and crisis plans for all PPE in the event of diminished supplies.
g. The facility will train all staff annually on the Emerging Infectious Diseases response plan and test staff knowledge and competency of the plan annually through various drills and/or exercises.

ADMINISTRATION / CLINICAL LEADERSHIP CONSIDERATIONS

The leadership team will consider its requirements under OSHA, Center for Medicare and Medicaid (CMS), state licensure, Equal Employment Opportunity Commission (EEOC), American Disabilities Act (ADA) and other state or federal laws in determining the precautions it will take to protect its residents and staff.

Protecting residents and staff shall be of paramount concern.

The leadership team shall take into account:

- The degree of frailty of residents in the facility.
- The likelihood of the infectious disease being transmitted to residents and employees.
- The method of spread of the disease (for example, through contact with bodily fluids, contaminated air, contaminated surfaces, etc.).

- Precautions which can be taken to prevent the spread of the infectious disease and other relevant factors.
- Once these factors are considered, the leadership team will weigh its options and determine the extent to which exposed employees, or those showing signs of the infectious disease, must be precluded from contact with residents or other employees.
- Apply whatever action is taken uniformly to all staff in like circumstances.
- Do not consider race, gender, marital status, country of origin or other protected characteristics unless they are documented as relevant to the spread of the disease.
- Make reasonable accommodations for employees, such as permitting employees to work from home if their job description permits as applicable.
- Permit employees to use sick leave, vacation time, and FMLA where appropriate while they are out of work.
- Permit employees to return to work when cleared by a licensed physician; however, additional precautions may be taken to protect residents.
- Employees who refuse at any time to take the precautions set out in this and other sections of this policy may be subject to discipline.

ADMINISTRATOR / INCIDENT COMMANDER

- Assess impact on facility operations and resident care. Develop an action plan and determine need to activate Incident Command to manage the incident.
- Work with Director of Nursing and/or Medical Director to review incident considerations, determine level of service and rescheduling necessities.
- Consider activating Command Center (follow Activation of Plan) to ensure procedures are in place.

Communications

- Provide staff with incident updates, as necessary.
- Prepare media statements, as necessary.
- Ensure appropriate external and internal notifications have taken place.
- Determine need to contact the following:
    - Local / State Department of Health
    - CDC
    - Department of Health and Human Services
- The communications plan allows for residents and their families to communicate by electronic or preferred methods.
- Residents will have daily contact to family members via electronic methods, such as SKYPE, videoconferencing or other equivalent methods.
- The regional communications plan to interact with other external entities (local responders, other healthcare facilities, etc.) during an incident.

Assessment

- Request an assessment of critical supplies throughout the facility using the *Department Rapid Assessment Form*. Direct each department to conduct assessments of food, water, medical and other supplies.
- Review agreements with vendors and other healthcare facilities. Request vendor support to ensure sufficient supplies are on hand, including:
    - PPE
    - Medications
    - Medical supplies / equipment
    - Food / water
- Ensure vendor support is available for medical waste disposal.

Staffing

- Determine need for further staff education efforts, as necessary, relative to the current threat or infectious disease.
- Review staffing levels and scheduling. Ensure sufficient staffing resources for sustaining operations for the duration of the event.
- Consider contracting staff to supplement current staffing.
- Determine if shift changes will be possible. If not, make provisions for adequate scheduling of on-duty staff, including eating and sleeping arrangements.

Local Threat Procedures

- Once notified by federal, state and/or local public health authorities that the EID is likely to (or already has) spread to the facility's community, the facility will activate specific surveillance and screening as instructed by the Centers for Disease Control and Prevention (CDC), state agency and/or local public health authorities.
- The facility's Infection Control Practitioner will research the specific signs, symptoms, incubation period, route of infection, risks of exposure, and recommendations for skilled nursing facilities as provided by the CDC, Occupational Health and Safety Administration (OSHA) and other relevant local, state and federal public health agencies.
- Working with advice from the facility's Medical Director or clinical consultant, local and state public health authorities and others as appropriate, the Infection Control Practitioner will review and revise internal policies and procedures and stock up on medications, environmental cleaning agents and PPE as indicated by the specific disease threat.
- Staff will be educated on the exposure risks, symptoms, and prevention of the EID. Special emphasis will be placed on reviewing basic infection prevention and control, use of PPE, isolation and other infection-prevention strategies (such as hand washing).
- If EID is spreading through an airborne route, the facility will activate its respiratory protection plan to ensure employees who may be required to care for

a resident with suspected or known case are not put at undue risk of exposure until transferred to the appropriate facilities.

- Provide residents and families with education about the disease and the facility's
- response strategy at a level appropriate to their interests and need for information.
- Brief contractors and other relevant stakeholders on the facility's policies and procedures related to minimizing exposure risks to residents.
- Post signs regarding hand sanitation and respiratory etiquette and/or other prevention strategies relevant to the route of infection at the entry of the facility, along with the instruction that anyone who is sick must not enter the building.
- To ensure staff and/or new residents are not at risk of spreading the EID into the facility, screening for exposure risk and signs and symptoms must be done PRIOR to admission of a new resident and/or allowing new staff persons to report to work.
- **Self-screening**: Staff will be educated on the facility's plan to control exposure to residents. This plan will be developed with the guidance of public health authorities and may include:
    - Reporting any suspected exposure of the EID while off-duty to their supervisor and public health.
    - Removing (as a precaution) employees who report actual or suspected exposure to the EID.
    - Self-screening for symptoms prior to reporting to work.
    - Screening employees for symptoms upon arrival to work.
    - Prohibiting staff from reporting to work if they are sick until cleared to do so by appropriate medical authorities and in compliance with appropriate labor laws.
- **Self-isolation**: In the event there are confirmed cases of the EID in the local community, the facility may consider closing the facility to new admissions and limiting visitors based on the advice of local public health authorities.
- **Environmental cleaning**: The facility will follow current CDC guidelines for environmental cleaning specific to the EID, in addition to routine cleaning for the duration of the threat.
- **Engineering controls**: The facility will utilize appropriate physical plant alterations such as use of private rooms for high-risk residents, plastic barriers, sanitation stations and special areas for contaminated wastes as recommended by local, state, and federal public health authorities.

Suspected Case Within Facility

- Place a resident or staff member that exhibits EID symptoms in isolation with appropriate transmission based precautions and notify the Infection Prevention nurse and primary MD.
- Notification to local / county / state public health authorities will occur as appropriate.

- Under the guidance of public health authorities, arrange a transfer of the suspected infectious person to the appropriate acute facility via emergency medical services as soon as possible if this is medically necessary.
- If the suspected infectious person requires care while awaiting transfer, follow facility policies for isolation procedures, including all recommended PPE for staff at risk of exposure.
- Keep the number of staff assigned to enter the room of the isolated person to a minimum. Ideally, only specially-trained staff and prepared (i.e. vaccinated, medically cleared and fit tested for respiratory protection) will enter the isolation room. Provide all assigned staff additional "just in time" training and supervision in the mode of transmission of this EID and the use of the appropriate PPE.
- If feasible, ask the isolated person to wear a face mask while staff is in the room. Provide care at the level necessary to address essential needs of the isolated individual unless it is advised otherwise by public health authorities.
- Conduct control activities such as the management of infectious wastes, terminal cleaning of the isolation room, contact tracing of exposed individuals and monitoring for additional cases under the guidance of local health authorities and in keeping with guidance from the CDC.
- Implement the isolation protocol in the facility (isolation rooms, cohorting, cancelation of group activities and social dining) as described in the facility's infection prevention and control plan and/or recommended by local, state, or federal public health authorities.
- Activate quarantine interventions for residents and staff with suspected exposure as directed by local and state public health authorities, and in keeping with guidance from the CDC.

DEPARTMENT-SPECIFIC ACTIONS

NURSING STAFF

- Work with Incident Commander to prepare announcements for families of residents and staff.
    - The primary contact of infected residents will be updated at least once daily and upon any change in condition.
    - A weekly update will be made to all resident primary contacts on the number of infections and deaths at the facility. This update may occur electronically or by such other means as may be selected by each primary contact.
- Consider the following to address staff concerns:
    - ➢ Provide education, including frank discussions about potential risks and plans for protecting healthcare providers.

<u>General Guidelines for Infection Control Practices for Resident Management</u>

- Contact state and local Health Departments, CDC and/or the Department of Health and Human Services for updated information and protocols to follow.

- An outbreak or significant increase in infection above and must be reported to NYSDOH. This reporting is done electronically via the Nosocomial Outbreak Reporting Application (NORA).
- Any symptomatic staff or residents with suspected or confirmed illnesses should, at a minimum, be managed utilizing Standard Precautions for certain diseases or syndromes (e.g. smallpox and pneumonic plague). Additional precautions may be needed to reduce the likelihood for transmission.
- Residents in need of acute care due to illness will be transferred, established bed hold policy will be followed and resident will be re admitted to the facility when deemed to be free of acute infection that may be transmissible. Upon return to the facility will be placed on a precautionary quarantine for a period of the incubation period of the disease not to exceed 14 days.

General Guidelines for Contaminated Resident Placement

- If the situation is small-scale, follow routine resident placement and established infection control practices.
- If a large number of staff or residents are presenting with similar syndromes, group affected individuals into a designated area of the facility. Before grouping, consult with the Health Department and facility Infection Control personnel regarding adequate isolation (i.e. ventilation).
- Designated rooms at the end of the hall on Williams Unit may be used.
- A separate location should be considered with the Health Department if the number of residents exceeds the capacity of the area and the provision of care due to staff illness.
- Control entry into this area.

General Guidelines for Resident Transport

- Limit movement to that which is to provide proper resident care.
- Resident will not leave the facility unless medically necessary.
- EMS will be notified of resident status prior to arrival.
- Only the resident and transporter should be in an elevator.
- Mask resident if airborne or droplet organism is suspected, or resident is coughing.

General Guidelines for Discharge Management

- Refrain from discharge to community until resident is deemed non-infectious, if possible.
- Ensure those discharged have education and follow-up material.

General Guidelines for Post-Mortem Care

- Keep tracking records of all residents.
- Notify Funeral attendants of current transmission status of residents.

Psychological
Fear and panic can be expected from both residents and healthcare providers. Psychological responses may include anger; panic, unrealistic concerns about infection, or fear of contagion. To address resident and general public fears:

- Minimize panic by clearly explaining risks, offering careful but rapid medical evaluation / treatment, and avoiding unnecessary isolation or quarantine.
- Treat anxiety in unexposed persons experiencing somatic symptoms.

Resident Care
Only direct care providers in the resident room:

- No person enters room without mandatory training and demonstrated competency
- Physical and Occupational Therapy will only enter for essential services.
- Environmental decontamination will occur after each staff encounter.

The care team train and validate competency in the following areas:

- Donning and doffing of PPE
- Utilization of the "Buddy System"
- Waste management protocols
- Specimen handling for diagnostic testing

Standard Precautions
The basic principle is that all residents may be colonized with a resistant organism or blood-borne pathogen; therefore, the healthcare worker needs to apply this principle in the care of all residents during each interaction.

- Gloves are to be worn when exposure to body fluids is likely.
- Hand hygiene is a critical component, even if gloves are worn.
- Masks, eye protection and gowns should be worn during procedures or resident care activities likely to generate splashes of blood, body fluids, secretions or excretions, or other care activities that may expose the healthcare worker to contamination with one or more of these substances.
- Care should be taken to avoid sharps injuries.

Contact Precautions
For residents with known or suspected epidemiologically important infections or colonization with resistant organisms transmitted by direct or indirect contact with residents or the environment (e.g., wound infections, colonization with MRSA, VRE, resistant gram-negative bacilli, RSV infection, skin infections (herpes zoster), C. difficile infection or other types of infectious diarrhea), excessive wound drainage and fecal incontinence:

- Gloves and gowns must be worn when caring for a resident.
- Discard PPE before leaving the room.
- Hand hygiene is a critical step after care is completed.
- A private room is also recommended if available.
- Residents may leave their room if the infection site can be covered effectively to minimize contamination.
- Residents who require skilled care (physical and occupational therapy) represent a challenge; they should continue to receive skilled care either in their room or after other residents have completed therapy; environmental contamination in the therapy area needs to be minimized.

Droplet Precautions

Prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. Because these pathogens do not remain airborne over long distances, special air handling and ventilation are not required. Infectious agents for which droplet precautions are indicated include Bordetella pertussis, influenza virus, adenovirus, rhinovirus, Neisseria meningititis, and group A Streptococcus (for the first 24 hours of antimicrobial therapy).

- A private room is preferred if available.
- Standard precautions apply.
- Healthcare workers should wear a mask (not a respirator) when entering the room and if coming into close contact with the resident who is infectious.
- Hand hygiene is required after completing care.
- If the resident needs to leave the room, a mask should be worn by the resident if tolerated.

Hand Hygiene

Hand hygiene is the single most important practice to reduce the transmission of infectious agents in healthcare settings. This includes hand washing with either plain or antiseptic-containing soap and water, or the use of alcohol-based products (gels, rinses, and foams) that do not require the use of water.

If there is no visible soiling, alcohol-based products for hand disinfection are preferred over antimicrobial or plain soap and water because of their superior microbicidal activity, reduced drying of the skin, and convenience.

- When dealing with C. difficile (C-diff) infection, hand washing with either plain or antiseptic-containing soap and water is recommended over alcohol-based products because spores are not killed by alcohol products; the mechanical action of washing with soap and water washes off the spores.
- Effectiveness of hand hygiene can be reduced by the type and length of fingernails; artificial nails or nail extenders should not be worn by healthcare workers who have direct contact with residents.

DINING SERVICES

- Conduct an assessment of emergency food, liquids and supplies and provide information to the Command Center.
- Coordinate meal service with Nursing. Modify menu if deliveries will not be possible.
- As necessary, ensure staff utilize necessary PPE if delivering meals or interacting with any residents who may be infectious.
- Establish plan for feeding staff if shift change will not be possible.

HOUSEKEEPING / LAUNDRY

- Review policies and ensure sufficient supplies in the event deliveries cannot be made.
- Wear appropriate PPE if cleaning up any contaminate.
- Cleaning, disinfecting and sterilization of equipment and environment:
    - Utilize principles of Standard Precautions.
    - Germicidal cleaning agents should be available in contaminated and/or isolated resident care areas for cleaning spills of contaminated materials and disinfecting non-critical equipment.
    - Discard single-use resident items appropriately.
    - Contaminated waste should be sorted and discarded in accordance with federal, state and local regulations.
    - Used resident care equipment soiled or potentially contaminated with blood, body fluids, secretions, or excretions should be handled in a manner that prevents exposure to skin and mucous membranes, avoids contamination of clothing and minimizes the likelihood of transfer of microbes to other residents and environments.
    - Rooms and bedside equipment should be cleaned utilizing Standard Universal Precautions, unless the infecting microorganism and the amount of environmental contamination indicates special cleaning.
    - Resident linen should be handled in accordance with Standard Universal Precautions. Although linen may be contaminated, the risk of disease transmission is negligible if it is handled, transported, and laundered in a manner that avoids transfer of microorganisms to other residents, personnel and environments. Facility policy and local / state regulations should determine the methods for handling, transporting and laundering soiled linen.
- Coordinate a linen-reduction program, as necessary, with nursing and other appropriate departments.

MAINTENANCE

- Determine ability to isolate sections of the building for contagious residents.

SOCIAL SERVICES / PASTORAL CARE STAFF

- As assigned by the Command Center, work with families and other responsible parties on behalf of residents.
- Minimize panic by clearly explaining risks to residents.
- Treat anxiety in unexposed persons experiencing somatic symptoms with reassurance.
- Fearful or anxious healthcare workers may benefit from their usual sources of social support or by being asked to fulfill a useful role.
- Work with Incident Commander to ensure regular information updates are available to the public.

SUPPLY / RECEIVING AREA

Elevated Threat Alert Procedures

- Assess supplies to determine how long you can continue operations. Take results to Command Center.
- Establish receiving area for additional equipment and supplies. Plan for storage and tracking.

RETURN TO NORMAL OPERATIONS / RECOVERY

- Internal / external contamination eliminated:
    - Get clearance from Public and/or Health Department Authorities for an All Clear.
    - Assess facility, staff and department operations to determine ability to return to normal operations.
    - Communicate to the public that the facility is open for business.
    - Have Finance section collect cost for reimbursement.
    - Have department heads re-stock supplies.
    - Develop a full report for critique.
    - Close Incident Command.
    - Critique reports and make necessary updates.

ONLINE RESOURCES

IDSA Practice Guidelines
Practice guidelines are systematically-developed statements to assist practitioners and patients in making decisions about appropriate health care for specific clinical circumstances.
https://www.idsociety.org/practice-guideline/practice-guidelines

https://osha.gov/Publications/influenza_pandemic.html
http://www.cahfdisasterprep.com/PreparednessTopics/PandemicInfluenza
https://www.cdc.gov/coronavirus/2019-nCoV/index.html

Ebola Online Resources

CDC Ebola Resources for State and Local Public Health Partners CDC resources include updated Personal Protective Equipment (PPE) guidance for health care personnel.
http://www.cdc.gov/vhf/ebola/healthcareus/ppe/guidance.html
http://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance-clinicallystable-puis.html

Ebola Concept of Operations (ConOps) planning template.
http://www.cdc.gov/phpr/documents/ebola-concept-of-operations-planning-template-8-20- 2015.pdf
http://www.cdc.gov/phpr/coopagreement.htm

Frequently asked questions for guidance on Personal Protective Equipment to be used by healthcare workers during management of patients with confirmed Ebola or Persons Under Investigation (PUI) for Ebola who are clinically unstable or have bleeding, vomiting or diarrhea in U.S. hospitals, including procedures for donning and doffing.
https://www.cdc.gov/vhf/ebola/healthcare-us/ppe/faq.html

4/2020; 9/2020

Record of Changes

Table 3: Record of Changes

Version #	Implemented By	Revision Date	Description of Change