Ebola Legal Preparedness

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Presentation Overview

• The 2014 Ebola Outbreak
• The Basics of Local and State Isolation and Quarantine Power
• Questions being received by state health department lawyers
2014 Ebola Outbreak

- This is the largest Ebola epidemic in history
- CDC’s response to Ebola is the largest international outbreak response in CDC’s history

Outbreak Challenges: Lack of acceptance of Ebola

- Fear and superstition
- Stigma
- Distrust of outsiders
Outbreak Challenges, West Africa

- Porous borders
- High population mobility
- Geographic breadth
Outbreak Challenges in West Africa

- Overburdened public health and healthcare systems
- Inefficient use of stakeholders
Overall Goals in Outbreak Response

- Patient Care
- Stop human to human transmission
- Community education
Ebola Cases in the United States

Four cases of Ebola have been diagnosed in the U.S.

- **Index patient (first case)** —
  - Traveler from Liberia to Dallas, Texas
  - Confirmed on September 30
  - Passed away October 8

- **Healthcare Worker (second case)** —
  - Healthcare worker who provided care for index patient in Dallas
  - Confirmed on October 10
  - Recovered and discharged from the NIH Clinical Center October 24
Ebola Cases in the United States

- Four cases of Ebola have been diagnosed in the U.S.
  - Healthcare Worker (third case) –
    - Another healthcare worker who provided care for index patient in Dallas
    - Confirmed on October 15
    - Traveled by air to and from Cleveland, Ohio before reporting symptoms
    - Receiving treatment in a hospital in Atlanta, Georgia
  - Medical Aid Worker (fourth case) –
    - Medical aid worker who traveled from Guinea to New York
    - Confirmed on October 24
    - In isolation at a New York City hospital
CDC’s Response in the U.S.

- CDC teams deployed to Dallas, Ohio, and New York to assist in finding, assessing, and assisting everyone who came into contact with the Ebola patients.
- CDC and DHS are conducting enhanced entry screening at five U.S. airports.
- Post-arrival monitoring will begin October 27 in six states where 70% of incoming travelers are located.
- CDC tightened previous infection control guidance for healthcare workers caring for patients with Ebola to ensure there is no ambiguity.
Ebola is a rare and deadly disease

- First discovered in 1976 near the Ebola River in the Democratic Republic of the Congo
- Outbreaks occur sporadically in Africa
- Family of zoonotic RNA viruses
  - Filoviridae
Ebola virus Ecology

Enzootic Cycle

New evidence strongly implicates bats as the reservoir hosts for ebolaviruses, though the means of local enzootic maintenance and transmission of the virus within bat populations remain unknown.

Ebolaviruses:
- Ebola virus (formerly Zaire virus)
- Sudan virus
- Tai Forest virus
- Bundibugyo virus
- Reston virus (non-human)

Epizootic Cycle

Epizootics caused by ebolaviruses appear sporadically, producing high mortality among non-human primates and duikers and may precede human outbreaks. Epidemics caused by ebolaviruses produce acute disease among humans, with the exception of Reston virus which does not produce detectable disease in humans. Little is known about how the virus first passes to humans, triggering waves of human-to-human transmission, and an epidemic.

Following initial human infection through contact with an infected bat or other wild animal, human-to-human transmission often occurs.

Human-to-human transmission is a predominant feature of epidemics.
Transmission

- Ebola virus is spread through direct contact (through broken skin or unprotected mucous membranes) with:
  - A sick person’s blood or body fluids, including urine, saliva, sweat, feces, vomit, and semen
  - Contaminated objects (like needles and syringes)
  - Infected fruit bats and primates (apes and monkeys)

- Ebola virus has been detected in breast milk, but it is not known if the virus can be transmitted from mothers to infants through breastfeeding

- Mosquitos or other insects cannot transmit Ebola virus

- It is not believed that pets (like dogs and cats) are at significant risk for Ebola
Human to Human Transmission

SYMPTOM ONSET

MEAN DEATH DAY


LAST VIRUS ISOLATION

LAST DETECTABLE IgG

Acute phase

Convalescent phase

VIREMIA/BLOOD

SALIVA/SWAB

URINE

TEARS/CONJ.

SEmen

SKIN/SWEAT

VAGINAL

RECTAL/FECES

Milk

Image of a building and palm trees
Symptoms

- Signs of Ebola include
  - Fever
  - Severe headache
  - Muscle pain
  - Vomiting
  - Diarrhea
  - Abdominal pain
  - Unexplained hemorrhage

- The incubation period, from exposure to when signs or symptoms appear, is 2 to 21 days, but the average time is 8 to 10 days
  - A person infected with Ebola virus is not contagious until symptoms appear
Treatment

- No FDA-approved vaccine or medicine (e.g., antiviral drug) is available for Ebola.

- Symptoms of Ebola are treated as they appear. The following basic interventions, when used early, can significantly improve the chances of survival:
  - Providing intravenous fluids and balancing electrolytes (body salts)
  - Maintaining oxygen status and blood pressure
  - Treating other infections if they occur

- Experimental vaccines and treatments for Ebola are under development, but they have not yet been fully tested for safety or effectiveness.
Patient Recovery

- Recovery from Ebola depends on good supportive care and the patient’s immune response
- People who recover from Ebola infection develop antibodies that last for at least 10 years, and possibly longer
- It isn’t known if people who recover are immune for life or if they can become infected with a different species of Ebola
- Some people who have recovered from Ebola have developed long-term complications (joint and muscle pain, and vision problems)
Risk

- Health workers caring for Ebola patients and the family and friends in close contact with Ebola patients are at the highest risk of getting sick
  - They may come in contact with the blood or body fluids of sick patients

- Ebola also can be spread through contact with objects that have been contaminated with the virus
  - Clothes, bedding, needles/syringes, medical equipment

- People also can become sick with Ebola after coming in contact with infected wildlife (bats and primates)
  - In Africa, Ebola may be spread as a result of handling bushmeat (wild animals hunted for food) and contact with infected bats
CDC GUIDANCE FOR HEALTHCARE WORKERS
Personal Protective Equipment Guidance
Centers for Disease Control and Prevention, 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), located at [www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html](http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html).

Collection, Transport, Testing, and Submission Guidance

CDC Guidance

Human Remains

Movement and Monitoring
BASICS OF LOCAL, STATE, AND FEDERAL QUARANTINE AND ISOLATION POWER
State and Local Legal Control Powers

Remember the lessons of federalism:
The primary “police power” function, including public health control power, is reserved to the states under the US Constitution’s 10th Amendment, and the states may delegate this power to localities.
Jacobson v. Massachusetts, US Supreme Court (1905)

- Principal case on constitutionality of mandatory public health control measures
  - 1902 smallpox outbreak in Cambridge, MA
  - Defendant Jacobson convicted for refusal to be vaccinated ($5 fine)
  - Court stated that police power embraces “reasonable regulations” to protect public health and safety
  - “Upon principle of self defense, community has a right to protect itself against an epidemic disease”
Isolation and Quarantine

“**Isolation** refers to the separation of persons who **have a specific infectious illness** from those who are healthy and the restriction of their movement to stop the spread of that illness. . .”

“**Quarantine** refers to the separation and restriction of movement of persons who, while not yet ill, **have been exposed** to an infectious agent and therefore may become infectious.”
Mandatory Orders: Critical Implementation Issues

The government has legal authority to require quarantine, isolation, and treatment

**BUT**

Public health officials must still determine:

- Is the action reasonable?
- How to apply these powers fairly?
- Who will enforce?
- How much force will be used to achieve compliance?
Quarantine and Isolation: Constitutional Requirements

- Quarantine and isolation restrict individual liberty
- US Constitution, Amendments 5 and 14
  - 5th Amendment due process clause: “nor be deprived of life, liberty, or property, without due process of law”
  - 14th Amendment makes due process applicable to states
- Basic due process for quarantine and isolation
  - Right to notice
  - Right to counsel (depends on state law)
  - Right to hearing on request
  - Rational/reasonable basis for detention
What do quarantine and isolation orders and hearings look like?

- Quarantine/isolation administrative order
- Supporting affidavits and factual findings
- Notice and explanation of due process procedures
- Service of process (likely by law enforcement officers, not private process servers)
- Opportunity to challenge factual basis:
  - Arrange for appearances at hearing
  - Possible telephonic/electronic hearings
- Right to representation (depends on state law)
Quarantine and Isolation Procedures

Illinois example

• If individual does not consent, ordering official must:
  • Arrange notice, right to counsel, and hearing in 48 hours if practicable
  • Make determination based on “clear and convincing evidence” that “public's health and welfare are significantly endangered” by exposed/diseased individual
  • “Prove that all other reasonable means of correcting the problem have been exhausted and no less restrictive alternative exists”
QUESTIONS BEING RECEIVED BY STATE HEALTH DEPARTMENT LAWYERS
What questions are health department attorneys receiving?

- What legal standing does CDC guidance have?
- Does the hospital have the authority to detain someone absent a public health order?
- Do health information disclosure protections apply to individuals with an absence of fever and Ebola-related symptoms who are being monitored due to travel to West Africa?
- Do you allow an asymptomatic parent to stay with a pediatric Ebola patient in the isolation room?
- How do we address restrictions on transporting Ebola-exposed waste?
- How do you handle health care workers’ refusal to work/refusal to treat persons infected with or exposed to Ebola? Or when EMS refuses to pick up and transport a patient?
For more information on PHLP visit:

http://www.cdc.gov/phlp

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov       Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Ebola 2014: A Public Health and Legal Perspective

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Emerging Legal Issues

- Quarantine Authority
  - Federal
  - State and Local

- Privacy

- EMTALA and transfers to “Ebola Centers”

- Labor issues

- Emergency Use of Unapproved Drugs and Devices
  - Obtaining access
  - Consent
The Basics: Shared Responsibility

A Tiered Approach

- The State has the primary responsibility for public health and emergency preparedness
- Local governments have responsibility as delegated by the State
- Tribal governments are sovereigns; they also have responsibility
- Federal responsibility for public health, particularly emergency preparedness, is limited.
  - Interstate quarantine
  - International quarantine
  - War, terrorism
  - Major disasters
- International
  - World Health Organization
Administrative Responsibility

- **Local:** Chief Executive Officer (i.e., Mayor, County Executive)
  - Responsible for coordinating local resources and requesting State aid
  - May have some extraordinary powers under law
- Office of Emergency Management (OEM)
- Local Public Health
- Fire
- EMS
- Law Enforcement
- Public Works
- Local Hospital/Other Healthcare Facilities
Administrative Responsibility

- State: Governor
  - Responsible for coordinating state’s disaster response and requesting federal assistance
  - Generally has extraordinary powers for duration of emergency
  - Authorizes inter-state mutual aid for resource sharing
  - Commander-In-Chief of State military forces (National Guard)
    - State Public Health
    - National Guard
    - Emergency Management
    - “Others”
Administrative Responsibility

Federal

- Health and Human Services
  - Primary Federal response agency for public health and medical emergencies
    - Public Health Service
    - National Disaster Medical System
    - Strategic National Stockpile
    - Federal Medical Stations
    - Medical Reserve Corps
State Disaster/Public Health Laws
- Public Health Law
  - Defines the role of public health
  - May define a situation called a “public health emergency”
  - Sets out role and power of state and local public health personnel
  - Not limited to emergency situations
- Emergency Management Act
  - Relates strictly to emergency situations
  - Defines emergency/disaster
  - Authorizes declaration of disaster/emergency
  - Specifies consequences of declaration of disaster/emergency
Legal Authorities

Other Laws That Impact Emergency Preparedness:
- Workers’ Compensation
- Occupational Safety and Health
- Medical Personnel Licensure
- Police Jurisdiction and Authority
- Temporary Traffic Control laws
- Liability Provisions
  - Good Samaritan Legislation
  - EMA Provisions
  - Other?
Public Health Emergency: Challenges

- It should be pretty simple, right? Something happens, it is determined to have a significant public health impact, so public health should respond.
- It ain't that simple…
  - Authority to declare public health emergency varies from state to state
  - Structure of agencies responsible for public health activities varies from state to state
  - Scope of public health activities varies from state to state
  - Allocation of power between public health agencies (state versus local) varies from state to state
  - Power struggles – local to state to tribal to federal
  - Power vacuums, similarly
  - Who’s in charge?
Emergency Preparedness Law

Declarations of an Emergency/Public Health Threat

- A legal determination by an authorized official which triggers special powers

Who Declares?

- Usually Governor (state level)
- Some jurisdictions permit declaration of local emergencies by
  - Mayor
  - Public Health Officials
Emergency Preparedness Law

- Public health officials may act without declaring an Emergency/Public Health Threat
  - Public Health officials have broad powers even without a declaration
    - Quarantine
    - Isolation
    - Travel Restrictions
    - Contact Tracing
    - Medical Examinations
    - Mandatory Vaccinations
State Emergency Management Act

- Designates authority to declare an emergency or disaster
- Mandates establishment of state/local emergency operations plans (EOP)
- Establishes authority during a disaster
- Sets forth procedures for disaster declaration
- Definitely not business as usual
Emergency Preparedness Law

- Emergency Management Act
  - Establishes authority for extraordinary powers
  - Ability to commandeer private property
  - Waiver of licensure requirements
  - Immunity
    - Usually excludes gross negligence, willful and wanton, etc.
  - Grants volunteer emergency workers protections
    - Treated as if state employee
    - Eligible for worker's compensation if injured on response
  - Mutual aid agreements – across jurisdictional boundaries
Emergency Preparedness Law

- When is quarantine/isolation permitted?
  - Federal: entry of disease internationally, interstate, intrastate if state response inadequate, for certain diseases.
  - States:
    - Based on state statute
  - Because it is a limitation of freedom based on action of the state, due process rights must be afforded
    - Hearing if patient disagrees
    - May be remote
Emergency Preparedness Law

Who Can Authorize Quarantine/Isolation?

- **Federal:** Centers for Disease Control and Prevention
  - Division of Global Migration and Quarantine
    - Surgeon General, with approval of Secretary of HHS
  - Only for diseases listed in Presidential Executive Order
- **Indian Health Service**

- **States:** State department of health or local health department may order; administrative appeals may be available but enforcement may require court action
Emergency Preparedness Law

- **For How Long?**
  - Based on scientific and disease control principles.

- **Where?**
  - Shelter in place.
  - Work quarantine.
  - Voluntary versus mandatory placement.
    - Mandatory placement requires more due process.
    - Is the facility required to accept the patient?
  - Look for less restrictive alternatives
    - Infection control procedures
    - Social Distancing
Public Health Emergencies: Work Quarantine

What is Work Quarantine?

- Used in Toronto in response to SARS
  - Healthcare workers taking care of SARS patients were required to wear masks at all times
  - Right of travel was severely limited – between home and work only
  - Requires isolation of healthcare workers when eating, etc.
  - Requires frequent checking of body temperature, other symptoms
  - No physical contact with family or others
Emergency Preparedness Law

**Enforcement**

- Court orders, contempt of court
- Police
- Military may be used to enforce quarantine.
Emergency Preparedness Law

Compliance and Enforcement

- Many anticipate voluntary compliance
- Toronto's experience: voluntary worked well
- Courts have traditionally upheld broad public health powers, but there are limits
  - If quarantine/isolation is used as a means of discrimination, it will be rejected. *Jew Ho v. Williamson*
  - If the patient objects to quarantine/isolation, there is a right to be heard. *Ex parte Gilbert*, 135 SW 2d 718 (Tex. Crim. 1940).
Emergency Preparedness Law

Restrictions on Travel

- Federal: "A person who has a communicable disease in the communicable period...shall not travel from one state or possession to another...without a permit from the health officer of the state, possession, or locality of destination state, if such permit is required under that state's law." 42 C.F.R. § 70.

- Only the Director of the CDC can issue a permit for travel on interstate conveyances for certain diseases, such as:
  - Cholera
  - Plague
  - Smallpox
  - Typhus
  - Yellow fever
Emergency Preparedness Law

- Travel Limitations:
  - State/Local health authorities can restrict movement into and out of infected areas
  - "Cordon Sanitaire"
  - Evacuations
    - Voluntary
    - Mandatory
      - How mandatory is mandatory?
      - How active can enforcement be?
      - Plans need to anticipate and address common reasons for resisting evacuation
Reaction of States

New York, New Jersey: Mandatory quarantine for any healthcare workers entering the state who had contact with known Ebola patients and arriving from Guinea, Liberia and Sierra Leone

- Quarantined either at home or, if from out-of-state, in medical facilities
  - NY and NJ reverted to home; medical only if high-risk

Illinois: Mandatory 21 day home quarantine

- Not limited to symptomatic individuals
- Governors purportedly made decision before checking with local public health officials
Ebola 2014

Maryland: Tiered approach

High Risk:
- HCW with needlestick or breach of PPE
- Others with unprotected contact to known Ebola patients
- Home quarantine; temp check 4X/day; home visits from Public Health

Moderate Risk: HCW with intact PPE
- Temp check 4X/day; avoid public transport and large gatherings; check in with public health

Low Risk: No known direct contact
- Temp check 2X/day; check in with public health

Voluntary agreements; order if necessary
# CDC Recommendations

<table>
<thead>
<tr>
<th>Exposure</th>
<th>Public Health Action</th>
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<tbody>
<tr>
<td>Monitoring</td>
<td>Restrict Public Activities</td>
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<tr>
<td>High Risk (Contact with bodily fluids, no PPE)</td>
<td>*</td>
</tr>
<tr>
<td>Some Risk (Returning HCW; used PPE)</td>
<td>*</td>
</tr>
<tr>
<td>Low Risk (exposed to symptomatic Ebola patient on plane)</td>
<td></td>
</tr>
<tr>
<td>No Risk (contact with Ebola patient before symptoms began)</td>
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* Direct Public Health observation

- High Risk
- Some Risk
- Low Risk
- No Risk
Privacy and Security

- Hospitals, physicians, EMS and other covered entities need to comply with HIPAA, state law regarding privacy of patient information
  - Protected health information (PHI) may be disclosed to comply with public health laws, for purposes of reporting reportable diseases, for public health surveillance, and for public health investigations
  - PHI may be disclosed to prevent or lessen a serious threat to the health or safety of a person or the public, if the disclosure is to a person or entity that is reasonably able to prevent or lessen the threat
EMTALA

- CDC recommendations regarding screening should be posted in any possible intake area where Ebola-exposed patients might present.

- Many states are developing “Ebola centers” to ensure possible Ebola patients are directed to hospitals with the services and personnel able to provide the intensive care necessary.

- Patients still must be screened and stabilized in accordance with EMTALA, and transferred in an appropriate manner.
EMTALA

- Transfer of patients to designated “Ebola hospitals”
  - Involuntary transfers are permissible, if performed under public health powers
  - EMTALA – permissible if meet criteria
  - If transfer is interstate, communication between the hospitals and between public health authorities of each state would be necessary
  - The EMS unit will need to follow CDC/state public health guidance regarding PPE and in-transport infection control; cooperation between sending hospital and EMS is critical
Refusal to Treat

- OSHA – employer has an obligation to provide a safe workplace
  - Provision of appropriate PPE and training provide a safe workplace
  - Consider special situations where medical concerns may require a different assignment

- Americans with Disabilities Act
  - Infected employees may have a disability; those with exposure may be “regarded as” having a disability
  - Consider reasonable accommodations
Labor Relations

NLRA

- Non-supervisory employees have the right to concerted activity for their mutual aid and protection, and may cease work in good faith because of *abnormally dangerous conditions*
  - Consider the reasons an employee gives for refusing to work
  - Make sure steps have been taken to reduce risk as much as possible
  - Ask what employee needs to feel safe, and for scientific support for that intervention
  - Get all the facts before terminating
  - The fact that the CBA has a “no-strike” clause does not trump this right
Labor Relations

- Mandatory 21-day leave or medical screening for employees returning from West Africa (not involved in treating Ebola patients; not necessarily from affected country)
  - Could raise labor or discrimination issues
  - What is the scientific reason underlying the decision?

- Consider designating specific team which has been trained for high-risk infectious diseases
  - Ebola is not the only high-risk disease healthcare facilities should train for
Labor Relations

In planning staffing:

- Remember that working in high-biohazard PPE is hot, tiring work. Many facilities plan on caregivers spending extended periods (3-4 hours) in patient care area before leaving the room. Caregivers need rehabilitation/rest time, rehydration, etc. Consider need to rotate between stations (room, nursing desk, etc).

- Consider whether pay differentials are appropriate for Severe Communicable Disease team members given intensity of patient care needs and additional training required.
Access to Unapproved Drugs

- FDA may provide access to unapproved drugs under limited conditions
  - Life-threatening disease
  - No generally accepted treatment
  - No time for IND or other similar process
  - Manufacturer must agree to the use
  - May use without IRB approval

- Difficulty is...
  - Very limited amounts

- New treatments include
  - Transfusions from recovered Ebola patients
  - Testing is starting on vaccines
Ideas on How to Prepare

- You already have the basics of an Ebola plan…
  the Emergency Operations Plan
  - Review and update it to address all high-risk communicable diseases, including Ebola
  - Modify PPE provisions to follow CDC/WHO recommendations; maintain currency as recommendations change

- Hold training sessions on donning and doffing PPE as a priority for staff that potentially could be involved in care of patient, or could be exposed to patient
Idea on How to Prepare

- Hold information sessions for hospital personnel with subject matter experts to reduce anxiety and misinformation
- Hold information sessions for the public with subject matter experts to reduce anxiety and misinformation
- Reinforce infection control principles:
  - Proper handwashing
  - Don’t wear scrubs home
  - Prompt clean-up of spills
Ideas on How to Prepare

- Conduct a facility-based risk assessment to determine where possible patients might present.
  - Post CDC assessment/evaluation guidance at each location
  - Stock PPE at each location
  - Develop a protocol for handling patient at each location
  - Train personnel on the protocol at each location
  - Practice response at each location

- See Joint Commission Ebola resource page, CDC, WHO and other resources
Ideas on How to Prepare

For initial treatment of a presenting patient:
- Determine where the patient will be treated
- Determine whether special preparation of the room is required.
  - If so, what?
  - Develop a protocol
  - Practice it
- Place any special equipment, PPE, etc at the treatment room
- Identify the treatment team, and have them practice providing care in PPE
- Review treatment protocols
- Develop protocols for disposal of waste; ensure you have worked with disposal companies
Ideas on How to Prepare

For ongoing treatment of a patient:
- Identify a specific area for treatment location, which is removed from other patient treatment areas
- Develop protocols for preparation of the room for an admission
- Establish with your supplier a time period in which additional PPE can be shipped. Stock enough PPE to ensure you have several days excess
- Establish protocols for staffing for:
  - Nursing
  - Lab
  - Respiratory
  - Imaging/radiology
  - Other care team members
Ideas on How to Prepare

For ongoing treatment of a patient:

- Discuss with waste management contractor protocols for handling large amounts of waste
- Ensure adequate amounts of disinfectant and cleaning materials
- Consider advisability of a dedicated or isolated laboratory space, so a spill does not shut down the hospital’s main lab
- Develop procedures for decontamination of portable x-ray, ultrasound, etc. machines
- Ensure that a dedicated, trained staff member supervises all donning and doffing of PPE
Ideas on How to Prepare

Following patient care:
- Disposition of patient care items
  - Will mattress be burned?
  - Terminal cleaning of hard surfaces
- Final pick-up of remaining soiled items
- Staff debriefing
- Monitoring for symptoms
Ideas on How to Prepare

- Have legal team involved in general preparations
  - ID staff probably know local public health staff, but does the hospital counsel know the lawyers that represent public health? They should...
  - Hospital lawyers should pull out the public health law for the jurisdiction in which the hospital operates. Know whether a quarantine order can be issued by the public health officer, or requires a judicial order.
  - Consider pulling together a committee of local lawyers and judges to develop a process. It isn’t just for Ebola...
Ideas on How to Prepare

- Work with Media Relations
  - Have a statement ready
  - Remember, no patient-specific information!
  - In information meetings with hospital personnel, emphasize
    - No sneaking a peek at the EMR – we will check audit trails and we will take disciplinary action!
    - Only specific people can speak on behalf of the hospital – please refer inquiries to....
  - Be ready for crisis communications
    - Have a plan!
SUMMARY

- Ebola preparedness should be approached as a component of overall emergency preparedness.

- While Ebola is a serious disease, it is not easily transmitted, and if the updated CDC guidelines are carefully followed, U.S. caregivers have had good results in cases encountered to date.

- Preparation now is essential; it is never good to prepare for an emergency after it arrives.
QUESTIONS?
THANKS!!!