

October 7, 2022

Dear \_\_\_\_\_,

On October 6, 2022, the U.S. Centers for Disease Control and Prevention (CDC) issued an order requiring airlines to direct all passengers arriving from Uganda to five designated airports in order to be screened for possible Ebola virus infection. The Order was issued in response to the fast-growing Ebola outbreak in Uganda caused by the species *Sudan ebolavirus*.<sup>1,2</sup> The CDC also issued a health alert urging clinicians to obtain a detailed travel history from patients with Ebola symptoms or viral hemorrhagic fever, especially those that have been in affected areas of Uganda.<sup>3</sup> According to the World Health Organization, as of October 5, 2022, a total of 63 confirmed and probable cases have been reported, including 29 deaths during the current outbreak. Ten health care workers have been infected, and four have died from Ebola virus disease.<sup>4</sup>

While no known cases related to this outbreak have been reported in the United States, Ebola virus disease (also known as Ebola hemorrhagic fever) is a deadly disease with estimated case-fatality rates ranging from 41 percent to 100 percent, for which no vaccine or treatment is available for the prevention and treatment of *Sudan ebolavirus*.<sup>5</sup> The fast-growing outbreak of Ebola cases combined with the ongoing Covid-19 pandemic poses additional risks to patients and health care workers.

We assume you have a plan in place for the care of patients with Ebola virus in your facilities. Many of these plans will have an impact on the terms and conditions of employment for our members, therefore, please consider this to be our demand to bargain over these issues at your earliest availability.

Please provide, in advance of the meeting, if possible, the following information:

## I. Planning

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<sup>1</sup> U.S. Centers for Disease Control and Prevention, "Requirement for Airlines and Operators To Collect and Transmit Designated Information for Passengers and Crew Arriving Into the United States; Requirement for Passengers To Provide Designated Information Under 42 CFR 71.4, 71.20, 71.31, and 71.32 as Authorized by 42 U.S.C. 264 and 268," <https://www.cdc.gov/quarantine/pdf/CDC-Global-Contact-Tracing-Order-10-25-2021-p.pdf>

<sup>2</sup> U.S. Centers for Disease Control and Prevention, "September 2022 Uganda, Mubende District," last updated October 4, 2022, <https://www.cdc.gov/vhf/ebola/outbreaks/uganda/2022-sep.html>

<sup>3</sup> U.S. Centers for Disease Control and Prevention, "Outbreak of Ebola virus disease (*Sudan ebolavirus*) in Central Uganda," last updated October 6, 2022, <https://emergency.cdc.gov/han/2022/han00477.asp>

<sup>4</sup> World Health Organization, "WHO Director-General's opening remarks at the media briefing – 5 October 2022," October 5, 2022, <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-5-october-2022>

<sup>5</sup> World Health Organization, "Ebola Disease caused by Sudan virus – Uganda," last updated September 26, 2022, <https://www.who.int/emergencies/disease-outbreak-news/item/2022-DON410>

- a. How have the facilities integrated Ebola preparedness into its disaster preparedness plans?
- b. Do the facilities have an Ebola planning committee (please provide title and department/area represented for all committee members)?
- c. Who are the primary and backup contacts for infectious disease planning (please provide name, title, and contact information)?
- d. Has the facilities' infectious disease response coordinator contacted local, regional planning groups, or Local Emergency Management Service (LEMSA) to obtain information on coordinating the facilities' plan with other agencies and facilities?
- e. What is the timeline for implementation of these plans? What factors trigger the plan to be initiated/escalated?

## **II. Employee Training**

- a. What type of training has been provided to nurses and other health care workers to ensure that staff can competently perform all Ebola-related infection control practices and procedures, specifically in donning and doffing proper PPE.
- b. What type of training has been provided to nurses and other health care workers to identify signs and symptoms of Ebola virus disease in the event of an exposure?
- c. How will you ensure that each employee is up to date with their annual refresher training on the OSHA Bloodborne Pathogen Standard, Respiratory Protection Standard, and Personal Protection Standard?
- d. Are the facilities providing ongoing High Consequence Infectious Disease training program and drills? If so,
  - i. How often are these training programs being conducted? Which staff are included in this training?
  - ii. Provide any materials that are part of the facilities ongoing HCDCI training programs.
  - iii. Please furnish any reports of HCDCI drills that have been conducted over the past three years.

## **III. Screening**

- a) How are facilities planning to prevent the introduction of Ebola virus to the facilities?
- b) When and how are facilities planning to cancel routine and elective appointments and procedures to prevent infectious disease transmission within the facilities?
- c) How are facilities planning to eliminate or restrict visitor access to the facilities to prevent infectious disease transmission?
- d) How will you be improving source control within the facilities?
- e) How will you limit or prevent the transmission of Ebola virus in waiting rooms such as in the emergency department?
- f) How are facilities planning to adapt triage protocols, processes, and locations to respond to or prepare for increasing numbers of patients who may have Ebola cases?
- g) How are facilities planning to evaluate whether a patient has Ebola virus or not? How are facilities planning to rule out a patient as definitively not a patient with the Ebola virus? Will you be using clinical indicators, epidemiological factors, serology testing, and/or specimen testing?
- h) How are facilities planning to ensure that each patient is screened for Ebola?

- i) How are facilities planning to ensure isolation precautions are in place for patients who may have Ebola but who have not yet been tested or who cannot be tested due to a lack of testing availability or delays in testing?
- j) Have facilities performed clinical education to all staff about Ebola signs and symptoms? internal notification protocols, isolation guidelines, appropriate personal protection equipment, external notification protocols (i.e., departments of health)? If not, when will that be completed?

## **II. Patient Placement**

- a) Are facilities planning on expanding bed capacity by converting units or adding capacity using alternate spaces such as outpatient departments, tents, or patient care units? Where and by how many beds?
- b) Are facilities planning to cohort patients with suspected or confirmed Ebola on a unit or unit(s)? If so, which ones?
- c) At what point would facilities initiate a dedicated unit to cohort patients who have Ebola? What would trigger this?
- d) Are facilities planning to use any type of remote monitoring tools or staff to care for patients who are in isolation?
- e) Are facilities planning to convert any rooms, units, floors, or other areas to negative pressure? If so, which ones? What are the facilities' policies and protocols to ensure, in an ongoing manner, the proper functioning and maintenance of negative pressure in these areas?

## **III. Staffing and Scheduling**

- a. How would you staff the Ebola unit or units? That is, from which units will the nurses come? Will the nurses be from the unit where the new Ebola unit is housed exclusively? How will this impact the current plans for staffing units with Covid-19 patients? Will you take volunteers? Will you be rotating nurses from other units, or will this be a dedicated team?
- b. What staffing levels are facilities planning to provide for any Ebola unit(s), including both RNs (Registered Nurses) and support staff such as respiratory therapy, techs, or nursing assistants, LPNs/LVNs, unit clerks, environmental services workers?
- c. What plans do you have to provide safe staffing levels for patients who may need to be isolated in the emergency department?
- d. What plan is in place for staffing telephone triage, follow-up, and clinical coordination of patients who are being deferred to telehealth services?
- e. Will nurses be expected or asked to rotate to other clinical sites that are not currently under the direct control of the employer?
- f. How will facilities ensure that there are enough nurses always present to monitor safe donning and doffing of PPE (Personal Protective Equipment)? Do the facilities have any plans to use any form of technology as a supplement or substitute for nurses in observation of donning/doffing procedures?

## **IV. Nurse Health, Safety, and Supportive Services**

- a. What are the facilities' plans to monitor, in an ongoing manner, the health of nurses providing care in areas where they may be exposed to patients with Ebola?

- b. What is the facilities' plan for logging contacts and potential exposures to patients with or potential Ebola cases? Including exposures that happen before a patient is identified as having Ebola virus.
- c. What is the facilities' plan for handling employee exposures in the workplace? How will nurses be notified of exposure? What testing and treatment are available to them?

**V. Infection Prevention and Environmental Controls**

- d. What are the facilities' plans for environmental cleaning to prevent the transmission of Ebola within the facilities? What chemicals will be used? How often will cleaning occur? How often will linens, patient care areas, other work areas, and waiting areas, etc., be cleaned?
- e. What are the facilities' plans to improve air cleaning within the facilities, such as through use of portable HEPA filter units, increased ventilation, installing HEPA filters within the ventilation system?
- f. What are the facilities' policies and protocols to ensure, in an ongoing manner, the proper functioning and maintenance of these devices and equipment including negative pressure rooms?
- g. What are the facilities' plans for providing personal protective equipment (PPE)?
- h. What are the facilities' plans for acquiring and providing more protective, reusable respirators, such as powered air-purifying respirators (PAPRs), in such an event? What is your current stockpile of Personal Protective equipment?

To the extent possible, please provide the information prior to the meeting. That said, we do not wish to delay meeting in order to allow for the gathering of these materials. Do not hesitate to contact me should you wish to discuss this further.

Sincerely,