

**Fact Sheet and FAQ on Hospitals with Ebola Treatment Centers**  
***Content updated as of Nov 30<sup>th</sup>, 2014***

Hospitals with Ebola treatment centers have been designated by state health officials, based on a collaborative decision with local health authorities and the hospital administration, to care for Ebola patients. Ebola treatment centers are staffed, equipped and have been assessed to have the capability, training and resources to provide the extensive treatment necessary to care for a person with Ebola.

**Background:**

- The vast majority of travelers to the United States who have a fever (and/or other possible Ebola symptoms) do not have Ebola.
- Nearly all cases of Ebola presenting to an emergency department or other healthcare setting will come from the individuals under public health authority monitoring because passengers arriving from countries with widespread transmission or from Mali (<http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html>) are actively monitored by state and local public health officials for 21 days from the last date of potential exposure and will be directed to designated facilities for evaluation if they become ill.
  - Flights from countries with widespread transmission and where Ebola is present in urban centers with uncertain control measures such as Mali (<http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html>) are funneled through 5 major U.S. airports (John F. Kennedy International in New York, Newark Liberty International, Washington Dulles International, O'Hare International in Chicago, and Hartsfield-Jackson International in Atlanta) for initial health screening. These travelers are then referred to state and local public health authorities to be actively monitored for Ebola symptoms for 21 days following their last day of potential Ebola exposure.
  - State public health authorities conducting active monitoring will direct passengers who develop Ebola symptoms to specific designated hospitals for further assessment.
- A facility that treats a confirmed Ebola patient throughout the entire continuum of the disease process requires more intensive preparation than a facility that will temporarily care for a patient who might have Ebola during the time before a confirmed diagnosis is made until it then transfers the patient to an Ebola treatment center.
  - The risk to health care workers posed by Ebola patients with early, limited symptoms is lower than a patient hospitalized during the later more severe stages of the disease.
- Hospitals with Ebola treatment centers have been designated by state health officials to serve as treatment facilities for Ebola patients based on a collaborative decision with local health authorities and the hospital administration. All of the facilities have received a site visit from an interdisciplinary team of CDC experts called a CDC Rapid Ebola Preparedness Team (REP team).
- In some areas, additional facilities may have been identified as Ebola treatment centers by the governor or state and/or local health authorities. Typically this type of designation

sets in motion a process by which readiness to provide care is assessed and improved, often with assistance from CDC.

- However, all U.S. healthcare facilities, whether designated as a treatment center or assessment hospital or not, should continue to “think Ebola” and assess all patients with Ebola-like symptoms for relevant travel history and exposure to people sick with Ebola in the last 21 days.

### **Hospitals with Ebola Treatment Centers**

- Ebola treatment centers are staffed, equipped and have been assessed to have the capability, training and resources to provide the extensive treatment necessary to care for a person with Ebola.
- State and local health authorities identify potential hospitals as Ebola treatment centers and CDC works with the state to assess these hospitals and make recommendations to improve and assure preparedness. Ultimately, state and local health authorities, in collaboration with hospital officials, make the final designation of which hospitals will treat patients with Ebola.
- A CDC Rapid Ebola Preparedness (REP) team thoroughly assesses each facility on all infection control aspects of caring for a patient with Ebola, including personal protective equipment (PPE) use, supplies and training, and even details like the route of the trash from the patient’s room.
- CDC helps hospitals get ready and will be on site, if needed, to further assist states and facilities when a patient with Ebola is confirmed.

### **Assessment Hospitals**

- Ebola assessment hospitals are being identified by state health officials as the point of referral for individuals with potential exposure to and symptoms of Ebola. CDC and HHS are working with state and local public health officials to assist in this process.
- These hospitals have the capability to evaluate and care for these individuals for up to 96 hours, initiate or coordinate testing for Ebola and for other diseases, and either rule out Ebola or transfer the individual to an Ebola treatment center, as needed.

### **Frequently Asked Questions**

#### **Q: Are hospitals that have been designated Ebola treatment centers really ready to care for patients with Ebola?**

Each hospital designated as an Ebola treatment center worked with state and local public health officials, as well as the CDC, to prepare to treat an Ebola patient. Each hospital with an Ebola treatment center underwent an assessment by a CDC Rapid Ebola Preparedness (REP) team, which is a team staffed with experts in all aspects of caring for a patient with Ebola, including staff training, infection control, personal protective equipment (PPE) use, and even details such as handling and management of the trash from the patient’s room. As part of the designation process, each hospital confirmed that all staff that will be involved in patient care or supporting patient care has been appropriately trained for their role.

**Q: Did hospitals volunteer to be an Ebola treatment center?**

Identification of hospitals that care for a potential or confirmed Ebola patient is a collaborative decision made by the state and local health authorities and the hospital administration. All of the facilities have received a site visit from an interdisciplinary team of CDC experts called a CDC Rapid Ebola Preparedness Team (REP team).

**Q: Do healthcare workers at the hospitals with Ebola treatment centers feel ready?**

As part of the designation process, hospitals and state health officials have confirmed that all staff that will be involved in patient care or supporting patient care has been appropriately trained for their role. CDC is working with experts from Emory University Hospital and Nebraska Medicine to provide additional technical assistance, consultation and training to designated Ebola treatment centers.

**Q: Are hospital staff members required to take care of Ebola patients or is it voluntary?**

[Feel free to add facility-specific points]

As part of the designation process, facilities have confirmed that all staff who will be involved in patient care or supporting patient care have been appropriately trained for their role.

- Staff who are involved in patient care have demonstrated proficiency in putting on/taking off PPE, proper waste management, infection control, and safe transport of lab specimens.
- Ongoing training programs are in place.

Hospitals also have processes in place to support the physical and emotional wellbeing of staff and to monitor them for fever or other early symptoms of infection so that they can be promptly assessed and provided care.

**Q: What do hospitals have in place to make sure other patients are safe?**

A CDC Rapid Ebola Preparedness (REP) team thoroughly assessed each designated hospital on all infection control aspects of caring for a patient with Ebola, including PPE use, supplies and training, and even details like the route of the trash from the patient's room. Staff caring for Ebola patients do not provide care to other patients, thus limiting potential exposure to all other patients.

**Q: Do hospitals have an adequate supply of PPE?**

[Feel free to add facility-specific points. Ebola treatment centers are recommended to have sufficient Ebola PPE for at least 7 days.]

Hospitals with Ebola treatment centers are recommended to have sufficient Ebola PPE for at least 7 days. In addition, CDC has worked closely with state and local authorities, as well as with domestic and global manufacturers, to ensure an effective PPE supply chain for the Ebola response. Following the release of the updated PPE guidance by CDC in late October, CDC began a dedicated effort to increase PPE inventory in the Strategic National Stockpile (SNS) that can be deployed to hospitals if needed to supplement other supply mechanisms. As of November 28<sup>th</sup>, CDC had sufficient PPE to support 50 days of Ebola patient care in the SNS. Additional PPE supplies to provide a total of 250 days of patient care are on order and will be delivered over time to avoid market disruption.

- PPE supplies can be delivered from the SNS to any hospital in the continental United States in less than 24 hours. These items can be delivered in significantly less than 24 hours to hospitals in large cities and population centers.
- To support optimal hospital preparedness and PPE delivery times, HHS is working with the Health Industry Distributors Association (HIDA) and PPE manufacturers to prioritize and, as needed, redirect PPE supplies should any designated Ebola treatment center be unable to obtain sufficient supplies from within its hospital network, state, or local supply chain.

**Q: What steps are hospitals taking to help staff practice and learn how to properly use the recommended PPE?**

As part of the designation process, hospitals have confirmed that all staff who will be involved in patient care or supporting patient care have been appropriately trained for their role.

- Staff who are involved in patient care have demonstrated proficiency in putting on/taking off PPE, proper waste management, infection control, and safe transport of lab specimens.
- Ongoing training programs are in place.

**Q: Are hospitals concerned that being named an Ebola treatment center will scare away patients?**

Hospitals are educating the community so they understand that if a hospital does treat a patient with Ebola, other patients in the hospital will not be at risk. Hospitals have implemented thorough infection control procedures. Staff caring for patients with Ebola do not provide care to other patients, thus limiting potential exposure to all other patients.

**Q: [Name of facility] is not on the list. Why? What is the process?**

- The decision to designate an Ebola treatment center is made by the state and local public health authorities in collaboration with hospital officials. This decision is typically informed by the results of a site visit conducted by a CDC Rapid Ebola Preparedness (REP) team. REP teams are staffed with experts in all aspects of caring for a patient with Ebola, including staff training, infection control, personal protective equipment (PPE) use, and even details such as handling and management of the trash from the patient's room.
- Our facility is scheduled to be assessed by a CDC REP team on *<insert date here>*.
- Upon completion of this assessment, our hospital will work collaboratively with state and local health authorities to determine whether and at what point our facility will be designated as an Ebola treatment center that is ready to care for a confirmed Ebola patient.