# North West Health Services Coalition HCID Plan

**Purpose**

This document guides how the North West Health Services Coalition will perform its role to a high consequence infectious disease (HCID) incident in the region.

This document serves as a reference for handling Category ‘A’ infectious substances safely in both the hospital setting as well as for EMS. Hospitals and EMS are required to have a waste management plan that addresses the handling of highly infectious substances.

The Centers for Disease Control (CDC) defines Category ‘A’ agents as high-priority organisms that may pose a risk to national security because they can be easily transmitted from person to person, have the potential to result in high mortality rates and public health impact, and can cause public/social panic and/or disruption. Category ‘A’ agents include:

• Anthrax (Bacillus anthracis)

• Botulism (Clostridium botulinum toxin)

• Plague (Yersinia pestis)

• Smallpox (variola major)

• Tularemia (Francisella tularensis)

• Viral hemorrhagic fevers (filoviruses [e.g., Ebola, Manburg] and arenaviruses [e.g., Lassa, Machupo])

https://www.cdc.gov/phpr/publications/2008/appendix6.pdf

**Scope**

The scope of this document is defined by and limited to the response function of the North West Health Services Coalition during a confirmed, developing, or potential HCID incident that may require resources beyond those readily available within the affected jurisdiction(s) in the region. It is intended to:

* Identify organizational responsibilities of the HMACG during an HCID event.
* Standardize regional response strategies and activities.
* Provide response guidelines and coordination protocols for the HMACG.
* Identify potential tasks that may be accomplished or coordinated by the HMACG.

The response to an HCID incident is expected to involve a coordinated effort on the part of numerous public, private, and not-for-profit stakeholders. It is expected that the Coalition HMACG will support:

* 13 counties
* 9 Local Health Departments/Boards
* 200,000 regional population

This document is intended to assist the Coalition in responding to an HCID incident in an organized and efficient manner so that complex challenges can be effectively addressed while simultaneously facilitating the accomplishment of the Coalitions core responsibilities, ultimately meeting the expectations of both the state and the region’s stakeholders.

**Synopsis and Concept of Operations**

The purpose of this section is to assist the reader in visualizing how HMACG operations will be conducted throughout the entire response phase. The HMACG may support other agencies or organizations. In a confirmed or potential HCID incident, coordination across the 17 core functional areas (CFAs) of ESF-8 may be needed, depending on the type of infectious disease and other factors.

The HMACG serves as a coordination point between state, regional, or local agencies or organizations.

**Overview**

Given an HCID incident, epidemiologists will conduct investigations on cases and identify contacts. Multiple disease surveillance systems will be used to detect potential cases, and specialized epidemiological studies may be initiated to increase understanding. Persons with a certain travel history, exposures, and/or symptoms, may need to be monitored. Risk, impact, and needs assessments also may be conducted. Depending on the incident, various pharmaceutical or non-pharmaceutical disease control interventions may be recommended—including mass vaccinations, isolation, quarantine, social distancing, or vector control operations.

Sick individuals may self-present to a medical facility or require transportation. Should a patient present at a frontline hospital with an HCID, the patient may need to be transported to a designated assessment hospital, and possibly a specialized treatment facility (such as an approved Ebola Treatment Facility, in the case of Ebola virus disease). Surge strategies may need to be implemented if the number or complexity of patients is great. If an individual is determined to be a case, contaminated material may need to be removed from locations visited by the person, and further environmental decontamination may be required. Pets/service animals also may need to be cared for and monitored for symptoms.

Other public health and medical issues that may need to be addressed include fatality management and the safety and security of water, food, drugs, blood, tissues, etc. Furthermore, ESF-8 operations during an HCID incident will require specialized logistics, technical/subject matter expertise, and public information support.

The HMACG is involved in coordinating, conducting, supporting, or ensuring completion of all of the above activities.

**Plan Activation**

When the Medical Director or a local health authority determines that an infectious disease meets the definition of an HCID and additional resources may be needed, this document will be activated at the discretion of the Regional Healthcare Preparedness Coordinator, or their designee. Regional or local partners, a local Emergency Manager, local public health, or a representative of another health or medical organization may request activation. Medical Directors should consider the likelihood that state resources will be employed, the need or potential need for specialized technical assistance, and the status or activation forecast of the State Disaster Operations Center when determining whether or when to activate the HMACG and the plan.

**Operational Levels**

In order to ensure both appropriate staffing levels and focus of efforts, the Coalition uses an activation and operations framework that includes:

*Routine Operations:* No confirmed human cases having HCID potential identified in Minnesota:

* The RHPCs will monitor the situation and communicate with MDH to assure integration with the State HCID CONOPS.
* The RHPC will coordinate with other state and regional entities, local jurisdictions, and private sector/not-for-profit partners to identify resources, undocumented capabilities, and previously unrecognized limitations.

*Enhanced Operations:* Sporadic confirmed, isolated, travel-related human case of HCID or suspected HCID detected in Minnesota:

* RHPC will review their assigned responsibilities and tasks in this plan and communicate with state, regional, and local partners as necessary.

*Increased Readiness Operations:* Single confirmed, non-travel related human case of HCID or suspected HCID detected in Minnesota:

* RHPCs will begin identifying initial priority tasks. During a period of Increased Readiness, the Medical Director may designate a frequency for such assessment.

*Escalated Operations:* Multiple confirmed non-travel-related human cases of HCID or suspected HCID within a defined geographic area in Minnesota:

* RHPCs will begin preparing to activate the HMACG.
* RHPCs will continue to assess priority tasks (those that may be already underway or will be within the first operational period of the HMACG) and will begin to assess any unique and immediate regional issues (such as many public gatherings, temporary unavailability of substantial resources, etc.) that may impact the completion of priority tasks.
* RHPCs will establish and maintain contact with key partners and resources and may provide liaisons or SMEs to support regional efforts.

*Emergency Response Operations:* Multiple confirmed non-travel-related human cases of HCID or suspected HCID detected in Minnesota:

HMACG activation is likely, and activation protocol may be initiated.

* RHPCs will coordinate with HMACG staff to transition responsibilities, provide collected background data from assessments, and provide assistance with priority tasks. It is understood that during this transition, many of the Coalition staff members may have difficulties transitioning to roles between their programs and their assigned responsibility within the HMACG.

Deactivation of the HMACG and implementation of the HCID Plan will be coordinated with both state and local partners. Members should consider that HCID events might create unforeseen recovery challenges for both state and local agencies, some of which may not be clearly recognized during the response. As a minimum, consideration should be given to:

* Disease and illness forecasts or verifiable trends;
* Expected timing of and challenges associated with deactivation or demobilization of state-owned or controlled resources or teams; and
* Possible recovery needs that may require facilitation, coordination or technical assistance that was provided by the HMACG during the response phase.

**Areas of Responsibility**

On an ongoing basis, the Coalition is responsible for:

* Coordinating regional public health and medical response and recovery preparedness, including planning, training, and exercises;
* Working with local and regional partners to align HCID plans and procedures and identify potential capability and resource shortfalls;
* Synthesizing data (case reports, medical resource availability, etc.) at a regional level to improve preparedness and situational awareness;
* Developing regional coordination systems and maintaining these systems
* Facilitating routine use of the regional coordination systems developed through routine operations and emergency preparedness exercises.
* Designate and train representatives to serve as subject matter experts to an HCID incident
* Identify staffing requirements and maintain current notification procedures to ensure appropriately trained personnel are available to respond to issues related to an HCID incident, to include, as appropriate, extended duty at the HMACG
* Develop and maintain a current inventory of resources related to an HCID incident response and a means of obtaining them
* Provide situational and operational status reports in response to an HCID incident

**Command and Control**

Multiple agencies and organizations have substantial responsibilities in an HCID incident, and therefore coordination is vital to regional response. The HMACG is the coordination center for the region in support of local response needs. The locations from which the HMACG will operate are:

Primary HMACG:

MN Department of Health, Bemidji Office

Alternate HMACG:

Sanford Health Bemidji IT Center

Additionally, in the event that the HMACG is not activated or is activated virtually, there may exist the potential that the Coalition staff may provide direct, in-person support to one or more facilities/members.

The Coalition staff will remain flexible before and during an HCID incident in respect to their physical location during operations, and may be asked to operate from unfamiliar or austere locations, including field locations such as an Incident Command Post (ICP). Furthermore, it is accepted that some members of the HMACG staffing team (or their alternates) may have operational duties or responsibilities that are in addition to their role supporting the HMACG, but still necessary in support of the Coalitions overall mission. The Coalition leadership will address these conflicts on a case-by-case basis.

**Information Collection, Management, Analysis and Dissemination**

The Coalition will receive, collect, organize, interpret, and assess information on the HCID incident and its actual and potential impact on the region. Sources of information may include local, state, federal, and international public health agencies, medical providers, response partners, and subject matter experts. The regular and routine exchange of information within the Coalition is managed by the RHPC or their designee and utilizes the most appropriate methods available, including:

* Verbal communications
* Email (standard and secure)
* Fax
* SMS Text
* Landline/Cellular telephone
* ARMER radio

The RHPCwill determine frequency of, solicit, and receive Situation Reports (SitReps) from LHDs.

Facilities and other the Coalition staff will determine the best method for communicating based on the conditions in the field and the equipment or services available.

Both raw data products and organized information and intelligence may be provided to LHDs, LHAs, local mental health authorities, and other organizations as appropriate via any appropriate means as determined by the owning entity.

The HMACG may leverage additional communication tools, such as:

* WebEx
* MNTRAC
* Partnerlink

**Communications**

The Coalition assists in facilitating or coordinating regional HCID messaging in conjunction with MDH, local PIO’s, and other agencies as appropriate to support dissemination of clear, timely, and consistent information to the public and the media.

During an HCID incident, the HMACG supports MDH efforts to disseminate public health, disease prevention, and behavioral health information to the public, media, and responders located in or near the affected or potentially affected areas. Communications are provided in languages and formats that are understandable to individuals with limited English proficiency and individuals with disabilities and functional needs.

If established, the HMACG supports or participates in Joint Information Centers (JICs) in coordinating release of medical and public health response information and protective action guidance to the public and the media.

**Administration, Finance and Logistics**

The HMACG will keep efficient records of all administrative actions and maintain appropriate financial documentation. It will ensure that resources under its control and those that it coordinates for other entities are accounted for.

**Responsibilities**

The HMACG may be asked to provide technical assistance or provide subject matter expertise (SME) support on a wide range of health and medical topics, or to coordinate such assistance between local, state and federal agencies.

Primary Responsibility within HMACG:

* Assess expected public health activities to identify potential areas where assistance may be needed.
* Consider the results of rapid needs assessments and other relevant assessments to identify areas where assistance may be needed.
* Communicate with regional and local stakeholders to sense for concerns or areas where support may be needed through emails, conference calls, or other appropriate methods.
* Identify regional sources for SME assistance or support and maintain SME lists
* Communicate any areas where SME assistance is not regionally available to the MDH.
* Assess expected medical response and treatment activities to identify potential areas where assistance may be needed.
* Consider the results of rapid needs assessments and other relevant assessments to identify areas where assistance may be needed.
* Communicate with regional and local stakeholders to sense for concerns or areas where support may be needed through emails, conference calls, or other appropriate methods.
* Provide information and safety protocols specific to the HCID to responders and health, medical, mortuary, and cleaning personnel.
* Consider limitations that may be faced by responders or public service entities that may require just-in-time (JIT) training or other SME support.
* Coordinate with the MDH to develop or refine PPE guidance in a format that can be rapidly distributed and easily understood by first responder and public service organizations.
* Ensure that information is shared with entities such as:
  + First responder agencies
  + Local and regional Public Safety Answering Points (PSAP) and other dispatch centers
  + Public and private healthcare providers
  + Mortuary services professionals
  + Public and private educational institutions
  + Critical Infrastructure Partners through Regional Homeland Security offices
* Coordination of movement of resources
* Forecasting resources for future operational periods, as well as resource needs identified by assessments.
* Coordinate or support the employment of mutual aid assets.
* Facilitate the integration of state and federal response teams as allocated to the region.
* The HMACG Incident Commander (IC) will be responsible for activities relating to external needs assessments.
* Coordinate the collection of data from facilities and other entities.
* Collect data from needs assessments conducted by LHDs, healthcare facilities and other providers.
* Collect and analyze the impact of healthcare system infrastructure degradation, damage or other limiting factors.
* Assess known medical professional and responder preparedness and capabilities.
* Training and knowledge relevant to the specific HCID may be considered.
* The HMACG IC may appoint an individual or team of individuals to conduct a rapid needs assessment of populations. The IC may designate a specific methodology for the assessment
* Coordinate assessment of impacts and potential impacts on the general population and on healthcare and response personnel.
* Coordinate the assessment of potential impact on populations with functional and access needs populations
* Collect data from local EOCs, if appropriate, to identify priority Critical Infrastructure/Key Resources (CI/KR), as well as other local and regional infrastructure of high-value/importance and assess potential impacts.
* Assess availability of LHD resources and staff in and near affected areas or jurisdictions.
* Consider availability of professionals within the region with skills applicable to the particular HCID expected impacts.
* Assess training levels and consider effectiveness of just-in-time (JIT) training.
* Consider availability of public health tools and resources, as well as situation-specific efficiency and accessibility of facilities and other infrastructure.
* Supporting DBH needs within the region, upon request.
* Ensure that response teams have access to information on:
  + Disaster behavioral health resource team information, and referral processes
  + Psychological first aid and associated resources
  + Responder self-care
  + Helplines and other resources available
  + Ensure that DBH teams are in place to conduct behavioral health screenings and referrals for:
    - Patient(s) under investigation and their families
    - Person(s) under monitoring and their families
    - Responders
    - Community and public
    - Disaster victims and their families,
* Provide information to DBH and response teams related to cultural considerations in provision of care and referrals.
* Have situational awareness of DBH team requests and deployments to reduce duplication.
* Coordinate with appropriate agencies for the purpose of including disaster behavioral health assistance as part of an HCID incident response.
* Ensure that response teams and appropriate agencies have contact information for coordinating DBH efforts.
* Coordinate DBH messaging with EOCs to ensure all services and outreach programs are appropriately resourced.
* The HMACG Liaison will coordinate information requests and incoming data regarding fatalities.
* Document relevant information on fatalities as collected from mortuary services organizations, medical examiners, justices of the peace, or other entities.
* Based on HCID progression, morbidity, and mortality information, conduct modeling of potential fatality numbers. Provide information to local health departments and appropriate partners and stakeholders.
* Provide regular updates on disease and fatality trends and forecasts to local health departments and appropriate partners and stakeholders.
* Work with healthcare providers to identify resource needs based on fatality trends and forecasts.
* Continually assess need to activate Regional Mass Fatality Plan at the beginning of each operational period.
* Coordinate all medical surge issues with the facilities.
* Coordinate surge protocols for:
  + Triage,
  + Transport,
  + Treatment
  + Documentation
* Support decompression of critical hospital beds.
* Coordinate with hospitals/facilities to identify safe and reasonable methods to clear beds.
* Considerations for at-risk individuals and those with medical needs during HCID incident-related surge.
* Review or develop protocol for activation of an alternate care site.
* Coordinate regarding resource requests for supply tents, trailers and equipment to serve as treatment areas for patients.
* Coordinate support for staffing requests to operate sites.
* Coordination of alternate care sites with state medical or EMS resources and local organizations.
* Coordinate logistics and tracking of assets.
* Provide assessment criteria according to HCID case definition.
* Facilitate consultations with appropriate subject matter experts or medical specialists regarding patient care guidance.
* Support protection of patients and staff from exposure and injury.
* Coordinate with local jurisdiction(s) regarding guidance on in-home care.
* Coordinate resource requests from local jurisdiction(s) to support in-home care.
* Ensure appropriate patient confidentiality is maintained as outlined in the Texas Health and Safety Code 181 Medical Records Privacy and HIPAA regulations, where applicable.
* Coordinate patient transportation issues with EMS Teams (Transport Officer)
* Monitor medical and medical transport systems.
* Collaborate with appropriate entities regarding patient movement and placement/destination determinations (whether to move patient, which facility to transfer patient, assets to use, and logistics of the move).
* Support identification and deployment of additional or specialized resources as needed.
* Ensure patient tracking requirements are addressed in each Incident Action Plan (IAP).
* Coordinate physical movement of patients from one location to another.
* Coordinate the need for large-scale patient movement - moving a large number of patients from the impact area.
* Coordinate or support transport of patient(s) to their originating medical facility or residence.
* Coordinate support for critical services to assure communities have access to appropriate care.
* Maintain ability to know the location and status of a patient from the time of movement to the time of return.
* Identify and determine information needs of risk awareness audiences:
  + Health and medical personnel
  + Media
  + Public
* Coordinate development and implementation of an the Coalition risk communication strategy with support from the MDH:
  + Establish objectives.
  + Identify optimal modes of communication, by audience.
  + Guide message development and delivery.
  + Providing ongoing community outreach.
  + Evaluate effectiveness.
* During incident, coordinate and participate in delivery of evidence-based public information messages regarding the HCID and protective measures.
* Manage key information to support situational awareness and to improve decision making within the HMACG and by LHDs, healthcare providers, and other partners.
* If appropriate, participate in activities of a Joint Information System (JIS) and/or Joint Information Center (JIC) to coordinate messages, message delivery, and communication with LHDs and medical facilities, the public, the media in an HCID incident.
* Monitor the effectiveness of media messaging, including monitoring traditional media, social media, and other sources daily. Identify inaccurate messages, ineffective messaging strategies, and popular rumors and report them to the MDH if appropriate.

**Job Action Sheets**

HMACG Staff Job Action Sheet for HCID Operations:

1. Routine and Enhanced Operations

The Routine Operations Phase is characterized by a normal respiratory virus season. Media attention is absent to minimal regarding the spread of the illness, and there are no local operations centers activated.

Objective: Promote situational awareness among regional stakeholders.

Tasks:

* Monitor situational awareness reports received from public health and emergency management partners to identify potential situations that may warrant a notification to stakeholders. Examples of reports include the Centers for Disease Control and Prevention's Epi-X notifications, reportable disease notifications, and epidemiological surveillance and investigation reports.
* Epidemiologists conduct investigations for suspect communicable and infectious disease outbreaks. As needed, epidemiologists work with epidemiologists from LHDs and hospital personnel on case investigations.

2. Enhanced Operations

The Enhanced Operations Phase is characterized by sporadic travel-related cases of an unusual illness in Minnesota. There is no to moderate media attention to the spread of the illness, and there may be up to one local operations center activated

Objectives:

* Promote situational awareness among regional stakeholders.
* Maintain awareness of the status of regional resources.

Tasks:

* Operate through modified or full command.
* Consult with the MDH and/or other stakeholders, as appropriate, to develop any disease control and prevention recommendations that may be warranted.
* Issue situational awareness notifications to the stakeholder group.
* Assess the status of regional resources and ensure the status is updated. Provide the MDH with a resource update.
* Confirm the availability of access to resources as agreed to under any current Memorandum of Understanding (MOU)/Memorandum of Agreement (MOA).
* Query local public health on the status of local response assets.
* If serving as a local health department, consider activating the HMACG if resources not controlled by an individual entity will be required.
* Consider activating the HMACG on a limited basis if it is anticipated that regional resources will be needed.
* Test the functionality of all communication systems that may be used to coordinate regional activities. Encourage all regional stakeholders to test their communication systems as well.

3. Increased Readiness Operations

The Increased Readiness Operations Phase is characterized by a single non-travel related case of an unusual illness in Minnesota. There are increased levels of public and media attention during this phase. There are multiple local operations centers open during this phase.

Objectives:

* Promote situational awareness among stakeholders throughout the region.
* Establish HMACG, as appropriate, to support multi-jurisdictional activities.
* Anticipate public health resource requirements throughout the region.

Tasks:

* Operate through modified or full command.
* Maintain communications with directly affected jurisdictions.
* Lead public health conference calls.
* Develop and send situational awareness notifications to stakeholders on a routine basis. Notifications should include information gathered from directly affected jurisdictions.
* Execute HMACG activation procedures, as necessary.
* Maintain communications with the MDH.
* Monitor resource utilization. Anticipate future resource needs. Initiate resource requests, as appropriate.
* Provide directly affected jurisdictions with disease control and prevention recommendations (e.g. PPE usage, anti-viral treatment, vaccination, social distancing, etc.), if appropriate.

4. Escalated Operations

The Escalated Operations Phase is characterized by multiple non-travel-related cases of an unusual illness in Minnesota. There is a high to exceptional level of public and media attention during this phase. There are multiple local operations centers activated.

Objective: Coordinate regional activities.

Tasks:

* Operate through full command.
* If not already done, establish the HMACG, if necessary.
* Notify stakeholders of HMACG activation.
* Routinely gather and update information from directly affected jurisdictions and entities (e.g. hospital) on a pre-determined schedule.
* Continue to lead public health conference calls. Calls may occur at an increased frequency.
* Promote situational awareness among stakeholders by sending routine situational awareness notifications. Consider suspending all non-mission critical training and exercises.
* Evaluate if any routine public health functions can be temporarily suspended so staff can be re-assigned to regional coordination activities.
* Prepare to receive state and/or federal assets.

5. Emergency Response Operations

The Emergency Response Operations Phase is characterized by multiple, widespread non-travel-related cases of an unusual illness in Minnesota. There is a high to exceptional level of public and media attention during this phase. There are multiple local operations centers activated.

Objective: Coordinate regional ESF-8 activities.

Tasks:

* Operate through full command.
* If not already done, activate the HMACG per protocol.
* In coordination with the MDH, develop and disseminate an Incident Action Plan for each operational period.
* Establish regional response objectives. Work with directly affected jurisdictions and the MDH to ensure consistency among state, regional, and local response objectives.
* Receive, coordinate, and prioritize resource requests.
* Assign resources to regional operations.
* Promote situational awareness among stakeholders throughout the region.
* Coordinate regional conference calls among stakeholder groups.
* Initiate demobilization planning.

6. Demobilization

Demobilization of assets is an ongoing activity of each jurisdiction. Assets should be demobilized and released as incident objectives are met so as to return resources to normal function.

Objective: Coordinate demobilization of regional resources.

Tasks:

* Coordinate execution of the regional demobilization plan.
* Notify the MDH when a regional asset is no longer required for response operations. Await MDH confirmation prior to authorizing asset demobilization.
* Ensure all demobilized personnel are debriefed and complete any necessary out-processing.
* Facilitate the process for returning physical resources to "ready" status (e.g. replace used medical supplies, replace broken equipment).
* Promote situational awareness among regional stakeholders by including demobilization activities as part of the routine situational awareness notifications being sent.
* As necessary, coordinate regional recovery planning for members, to include long-term mental health and fatality management issues.
* Deactivate the HMACG.
* Conduct and document internal and regional After Action Reviews and Improvement Plans.

**EMS Ambulance set up, transport and cleaning/disinfecting for biohazard infected patients**

Purpose: The EMS guideline is for ambulance set up, transport and cleaning/disinfection for potential or confirmed biohazard infected patient (such as Ebola).

1. Precaution:

a. Highly contagious infections (such as Ebola) are capable of causing permanent disability or life threatening or fatal disease in otherwise healthy humans or animals when exposed to it.

b. Hazardous waste/trash (infections/isolation wastes) must be handled, packaged, controlled and properly disposed.

c. Personal protective equipment, training, and practice are needed to work in highly contagious infection environments (such as Ebola).

2. Ambulance Set-up for potential or confirmed biohazard infected patient

* + Prep patient compartment with plastic wrap and tape
  + Seal patient compartment from driver’s compartment
  + Prep driver’s compartment with plastic wrap and tape
  + Assemble patient care equipment
    - Oxygen tank with regulator
    - O2 administration supplies (NRB, NC)
    - BVM (Adult, Pedi, Infant)
    - Oral airway/Nasal Airway
    - Portable suction
    - AED
* Prep Cot with body fluid resistant patient containment

3. Ambulance transport of potential or confirmed biohazard infected patient

* Place patient in body fluid resistant patient containment
* Secure to cot utilizing seatbelts
* Notify receiving facility of estimated time of arrival.
* Provide no invasive procedures, utilize BLS skills only.

4. Ambulance Cleaning and Disinfection

* After transferring care, move the ambulance to the pre-assigned cleaning area
* Using approved bleach solution spray patient compartment
* Remove all plastic wrap from ambulance, being sure to remove inside out.
* Place waste plastic in approved biohazard trash
* Wipe all surfaces with approved bleach solution
* Dispose of all waste in approved biohazard trash

5. Dispose of highly contagious hazardous waste/trash

* Place waste into a red biohazard bag tie off bag, disinfect the exterior of the bag and place into a second red bag. Disinfect the exterior of the second red bag.
* Place red bags onto a rigid container with a tight fitting lid. The container must be marked with Identification number and proper shipping name: For Ebola “UN 2814, Infectious substances, affecting humans, all labels shall have black and white lettering. The container must have directional arrow to indicate the correct “Upright” orientation.
* Transport rigid container to a dedicated locked storage area “Do Not Store this waste in an intermediate storage area”
* Disinfect the rigid container and transport cart
* Be aware a suspected or known case may generate as much as 8 (eight) 55-gallon drums per day.
* Always disinfect with an approved US environmental protection agency (EPA) – registered hospital disinfectant.
* Contact your hazardous waste disposal company to remove hazardous waste containers.

Note: “Stericycle” (hazardous waste disposal company used by several hospitals in northwest Minnesota) has DOT special permit to handle highly contagious hazardous wastes. Customer service # 866-338-5120. Stericycle can also be contacted to help with transport and disposal of non-standard waste materials such as mattresses and flooring.

**Disposal of Hospital highly contagious infectious waste/trash**

Purpose: proper care and disposal of hospital highly contagious infectious waste/trash

1. Precaution: Proper care and disposal of hospital highly contagious infectious waste/trash

a. Highly contagious infections (such as Ebola) are capable of causing permanent disability or life threatening or fatal disease in otherwise healthy humans or animals when exposed to it.

b. Hazardous waste/trash (infections/isolation wastes) must be handled, packaged, controlled and properly disposed.

c. Personal protective equipment, Personal Protective Equipment (PPE) training, and practice are needed to work in highly contagious infection environments (such as Ebola).

2. Highly contagious waste/trash can be generated at all stages of patient contact and care.

a. Vigilance , isolation, with all patient encounters to prevent spread of highly contagious infections.

b. All areas of patient contact/transfer must be cleaned and disinfected with an approved US Environmental protection Agency (EPA) registered hospital disinfectant.

c. All hospitals should limit numbers of trained personnel in entering highly contagious patient areas.

d. Hospital housekeeping personnel need training and PPE to work in highly contagious infected environment (such as Ebola).

e. All equipment and cleaning supplies should be cleaned/disinfected or disposed of after entering highly contagious infected areas.

3. Highly contagious hazardous waste/trash disposal.

a. Place waste into a red biohazard bag, tie off bag, disinfect the exterior of the bag and place into a second red bag. Disinfect the exterior of the second red bag.

b. Place red bags onto a rigid container with a tight fitting lid. The container must be marked with Identification number and proper shipping name: For Ebola “UN 2814, Infectious substances, affecting humans, all labels shall have black and white lettering. The container must have directional arrow to indicate the correct “Upright” orientation.

c. Transport rigid container to a dedicated locked storage area “Do Not Store this waste in an intermediate storage area”

d. Disinfect the rigid container and transport cart

e. Be aware a suspected or known case may generate as much as 8 (eight) 55-gallon drums per day.

f. Always disinfect with an approved US environmental protection agency (EPA) – registered hospital disinfectant.

g. Contact your hazardous waste disposal company to remove hazardous waste containers.

Note: “Stericycle” (hazardous waste disposal company used by several hospitals in northwest Minnesota) has DOT special permit to handle highly contagious hazardous wastes. Customer service # 866-338-5120. Stericycle can also be contacted to help with transport and disposal of non-standard waste materials such as mattresses and flooring.

**References**

Developing and Maintaining Emergency Operations Plans: Comprehensive Preparedness Guide (CPG) 101, Version 2.0

MDH HCID CONOPS

Federal Emergency Management Agency Emergency Support Function #8 – Public Health and Medical Services Annex

CDC Guideline for Disinfection and Sterilization in Healthcare Facilities:

[https://www.cdc.gov/vhf/ebola/healthcare-us/cleaning/waste-management.html](https://www.cdc.gov/vhf/ebola/healthcare-us/cleaning/waste-management.html%20)

U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration Transporting Infectious Substances

[https://cms.phmsa.dot.gov/transporting-infectious-substances/transporting-infectious-substances-overview](https://cms.phmsa.dot.gov/transporting-infectious-substances/transporting-infectious-substances-overview%20)

CDC Interim Guidance for Environmental Infection Control in Hospitals for Highly infectious disease Virus

[https://www.cdc.gov/vhf/ebola/healthcare-us/cleaning/hospitals.html](https://www.cdc.gov/vhf/ebola/healthcare-us/cleaning/hospitals.html%20)

Minnesota Pollution Control Agency

<https://www.pca.state.mn.us/waste/hazardous-waste>

CDC - Procedures for Safe Handling and Management of Ebola-Associated Waste

[https://www.cdc.gov/vhf/highly infectious disease/healthcare-us/cleaning/handling-waste.html](https://www.cdc.gov/vhf/ebola/healthcare-us/cleaning/handling-waste.html)

CDC - Guidance on Personal Protective Equipment (PPE) To Be Used By Healthcare Workers during Management of Patients with Confirmed Ebola or Persons under Investigation (PUIs) for Ebola who are Clinically Unstable or Have Bleeding, Vomiting, or Diarrhea in U.S. Hospitals, Including Procedures for Donning and Doffing PPE

<https://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance.html>

CDC - Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients Under Investigation (PUIs) for Ebola Virus Disease (EVD) in the United States

<https://www.cdc.gov/vhf/ebola/healthcare-us/emergency-services/ems-systems.html>

Interagency Board - Recommendations on Selection and Use of Personal Protective Equipment for First Responders against Ebola Exposure Hazards

<https://iab.gov/Uploads/IAB%20Ebola%20PPE%20Recommendations_10%2024%2014.pdf>

**Authorities**

United States Code, Title 42, Section 243

United States Code, Title 42, Section 264

Code of Federal Regulations, Title 42, Part 70

FEMA Disaster Assistance Policy 9523.17