NCOEMS EMERGENCY OPERATIONS PLAN (NCOEMS – EOP)

APPENDIX C2

HIGH CONSEQUENCE PATHOGENS CONCEPT OF OPERATIONS

APRIL 2023

Table of Contents

Introduction

High Consequence Pathogens are infectious diseases that may occur infrequently but are associated with high rates of death. Ebola Virus Disease (EVD), considered an infectious disease of high consequence, is a rare and deadly disease caused by infection with one of the Ebola virus strains. Ebola can cause disease in humans and nonhuman primates (monkeys, gorillas, and chimpanzees). One of the primary roles of government is to provide for the public health and medical welfare of its residents and visitors. Per the National Response Framework, federal and state governments depend on local agencies, such as local public health and healthcare organizations, to engage in mitigation, preparedness, response, and recovery actions to safeguard citizens during disaster and public health incidents.

This plan provides a concept of operations (ConOps) for the safe and timely identification, isolation, information sharing and transportation of suspected and/or confirmed cases of infection caused by EVD. This ConOps is considered an incident specific plan, although many of the concepts may be applicable to other high consequence pathogens. The coordination between Local, State, Federal, and private organizations and resources is key to being able to prepare for, respond to and recover from potential outbreaks of high consequence pathogens. To keep up with shifting priorities, emerging threats and new guidance, this plan is intended to be a dynamic document that can be modified as new information becomes available.

Authorities

The North Carolina Division of Emergency Management (NCEM) is delegated the responsibility and authority to respond to emergencies and disasters by the Governor via The North Carolina Emergency Management Act found in **Chapter 166A** of the North Carolina General Statutes.
https://www.ncleg.net/EnactedLegislation/Statutes/HTML/ByChapter/Chapter_166A.html

The North Carolina Department of Health and Human Services (DHHS) is the lead agency for disease prevention, treatment, and control. Per the State Emergency Operations Plan (EOP) developed and coordinated by the North Carolina Division of Emergency Management (NCEM), the North Carolina Division of Public Health (DPH) and North Carolina Office of Emergency Medical Services (OEMS) are delegated specific roles and responsibilities during a health and medical event such as this. If an event occurs that presents an imminent threat to the public, or exceeds OEMS and DPH day-to-day capacity, NCEM may request coordination through the State Emergency Response Team (SERT) to coordinate the state-level emergency management activities and the engagement with other emergency management stakeholders, including local, state, and tribal governments, nongovernmental organizations (NGOs), other states, the federal government, and the private sector.

Local Health Directors (LHDs) and/or the State Health Director (DHHS) or designee have the authority to activate their isolation and/or quarantine plan and issue orders as necessary under; 130A-145, the main isolation and quarantine statute, provides specific procedures for a person to obtain judicial review of an isolation or quarantine order.

NC General Statute 130A-145
https://www.ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_130A/GS_130A-145.pdf

NC General Statute 130A-25

https://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_130A/GS_130A-25.html

Purpose

The purpose of this concept of operations is to provide local, state, and federal partners, relevant healthcare agencies and organizations, and other stakeholders the strategic high-level overview based on our tiered healthcare system's approach to prepare for, respond to persons/patients and recover from incidents with suspected or confirmed High Consequence Pathogens in North Carolina.

Scope

While many local, state, and federal partners may have roles and responsibilities outlined in this ConOps the following are considered the core agencies of this plan: North Carolina Division of Emergency Management; North Carolina Division of Public Health: Epidemiology Section: Public Health Preparedness & Response Branch, Communicable Disease Branch; the North Carolina Division of Public Health: State Laboratory of Public Health; and the Division of Health Service Regulation: Office of Emergency Medical Services: Healthcare Preparedness Program.

This plan provides guidance for all public health agencies, healthcare systems, healthcare facilities, healthcare coalitions, and EMS agencies within North Carolina on the framework that will be used to prepare for, respond to, and recover from a confirmed or potential Ebola Virus Disease outbreak.

Note: This EVD ConOps primarily addresses specific activities related to the response of an EVD event. The many agencies and facilities involved in this type of response each have their own emergency operations plans to facilitate the response and coordination of all types of emergencies and will be used concurrently with this plan.

Jurisdiction and Capabilities

Public Health Agencies

In North Carolina, state and local resources work in concert to protect public health. On a day-to-day basis the Division of Public Health's (DPH) Epidemiology Section and the State Laboratory of Public Health (SLPH) work to reduce health risks across North Carolina and respond to outbreaks of disease. Within the Epidemiology Section of DPH are two Branches that have shared roles and responsibilities for EVD and high consequence pathogens response: Public Health Preparedness & Response (PHP&R), Communicable Disease Branch (CDB). Investigation and control of communicable diseases are coordinated by the State Epidemiologist and the CDB. A key component is the EPI On-Call line which is a 24/7 monitored phone line that is used by the public health and healthcare systems to report potential and/or confirmed communicable diseases and to receive communicable disease response technical assistance. The staff for this EPI On-Call line comes from the Communicable Disease Branch. Overall planning and coordination of response to public health emergencies is performed through PHP&R. The SLPH is responsible for the initial Diagnostic Specimen Testing for Ebola Virus and lab consultation and support to healthcare systems. The Local Health Departments and Districts are responsible (and have legal authority) to investigate cases and outbreaks, and to identify and require control measures.

Emergency Medical Services System

The Emergency Medical Services (EMS) systems across all local jurisdictions should be prepared and

capable of transporting a patient with EVD or infection with other high consequence pathogens. EMS systems should have access to an initial cache of personal protective equipment that staff can utilize once a potential EVD patient has been identified. Transportation of an emergency incident in the community will be the responsibility of the local EMS agency, according to applicable local jurisdictional plans. For individuals that are under monitoring and are not emergent (i.e., the 911 system has not been activated), the hospital- based critical care services will be responsible for transport to an in-state or out of state assessment hospital and/or treatment center.

Transportation to an out of state healthcare facility should be coordinated in accordance with the Region IV Ebola Patient Transportation Plan and include NC DPH, NCOEMS and the receiving State's Department of Health. In some circumstances it may be safer and more practical to transport to an Ebola Assessment or Treatment Hospital that is out of state (i.e., Virginia, South Carolina, Georgia, Tennessee RESPTC.) Patient assessment and treatment decisions will be made on a case-by-case basis to include a specific transportation location, method, and airport if needed. OEMS is responsible for activation of transportation assets and for coordination with the DPH and Department of Public Safety (DPS), Division of Emergency Management (NCEM).

Healthcare Preparedness Program

The North Carolina Healthcare Preparedness Program (HPP) sits within the Division of Health Service Regulation's Office of Emergency Medical Services. HPP's mission is to partner with healthcare and emergency response organizations working to prepare for, mitigate, respond to, and recover from emergencies and disasters. HPP has the following responsibilities during a potential Ebola Virus Disease response: provide situational awareness, support continuity of operations, augment medical surge, coordinate healthcare resource allocation, EVD patient transportation coordination and technical assistance.

There are eight Healthcare Coalitions (HCCs) across North Carolina (https://hpp.nc.gov/coalitions/) that include representation from all jurisdictions or emergency response organizations, to include Hospitals, Emergency Medical Services, Emergency Management, Public Health, Dialysis Centers, Skilled Nursing Facilities, Home Health & Hospice Agencies, Durable Medical Equipment Agencies, Pharmacies, ancillary healthcare organizations, Volunteer Organizations Active in Disasters (VOADs), and other relevant members. Each of these HCCs are part of the Healthcare Preparedness Program and have similar responsibilities during an EVD response to include: provide situational awareness to the healthcare system, support continuity of operations, augment medical surge and coordinate healthcare resource allocation.

North Carolina will utilize the tiered healthcare system outlined below with the eight Healthcare Coalition lead hospitals serving as Assessment Hospitals with the addition of Cone Health serving as the ninth. These facilities are geographically distributed across the state to effectively meet the needs of potential EVD patients or potential at-risk populations. This tiered system was established to effectively triage and treat high acuity medical issues related to trauma and other specialty care through the regional advisory committee system and the healthcare preparedness program.

These healthcare organizations will provide the capability of assessment hospital for their specific referral areas: HCA Mission Hospital (Asheville, NC), Atrium Health Wake Forest Baptist Health (Winston- Salem, NC), Atrium Health (Charlotte, NC), Cone Health (Greensboro, NC) Duke University

Medical Center (Durham. NC), WakeMed Raleigh Campus (Raleigh, NC), University of North Carolina Hospitals (Chapel Hill, NC), ECU Health (Greenville, NC), and Novant Health New Hanover Regional Medical Center (Wilmington, NC).

Tiered Healthcare System

It is expected that all healthcare workers have awareness of Ebola Virus Disease regardless of the tier of their healthcare facility. Early identification of a potential EVD patient is key to managing the outbreak. Healthcare Facilities in North Carolina will not be formally designated into one of the categories below, however, all hospitals are expected to provide Frontline-level capability. Further, in a medical surge event, where national and regional treatment facilities are unavailable, the eight North Carolina Ebola assessment hospitals will be expected to share their existing resources to provide necessary treatment capabilities based on the acuity of patients and geographic needs. It is expected that all hospitals work closely with their Healthcare Coalitions to coordinate resource sharing across the healthcare system. When necessary additional support can be requested through state resources by following the normal process for resource requests.

Frontline Healthcare Facilities (FHF) are any healthcare facility (e.g., physician's office, urgent care, outpatient clinic, emergency department, in-patient hospital RESPTC.) to which a patient with symptoms, regardless of monitoring status, may be present. Frontline healthcare facilities should be prepared to:

- Identify and triage a potential Ebola Virus Disease (EVD) and/or other High Consequence Pathogen patient within 5 minutes of arrival based on the patient's relevant exposure history and signs or symptoms consistent with EVD and/or other high consequence pathogens. Each Frontline Healthcare Facility should have access to an initial cache of personal protective equipment that staff can utilize once a potential EVD patient has been identified.
- Isolate any patient with relevant exposure history and signs or symptoms consistent with EVD and/or other high consequence pathogens.
- Inform as soon as possible their hospital/facility infection control program, all appropriate facility staff/ management and state and local public health departments of the identified potential EVD patient.
- Participate in a risk-assessment between Local/State Public Health to determine potential risk for EVD.
- It is the expectation that a patient be transferred as quickly as possible from a FHF to an assessment or treatment facility, however, in a worst-case scenario, facilities that have in-patient capability (e.g., Hospitals) need to be prepared to care for a potential EVD patient for up to 24 hours.

Refer to TABC2C: HCP ConOps External Forms and Reference Documents: NC DPH Screen Isolate Call Ambulatory Care Evaluation

Assessment Hospitals (AH) are tertiary care hospitals that have adequate dedicated treatment areas, skilled and trained staff, appropriate equipment and demonstrated proficiency in infection control procedures. Each Assessment Hospital should be prepared to:

- Meet all the requirements of the Frontline healthcare facilities.
- Receive and Isolate potential EVD patients in their EVD Containment areas within 8 hours of

receiving activation from NC HPP and/or NC DPH
- Care for the potential or confirmed EVD patient for up to 96 hours or until an Ebola diagnosis can be confirmed or ruled out and until discharge or transfer is completed.
- Initiate or coordinate Ebola testing and testing for alternative diagnoses.
- Coordinate with NC HPP and NC DPH the potential transfer of the individual to an Ebola Treatment Center (if indicated)
- If EVD is ruled out as a potential diagnosis, then the EAH is responsible to continue caring for the patient based on their normal protocols.

It is expected that the transport/transfer of suspected EVD patients from the community or FHF will follow each individual health system's normal referral patterns or established catchment area. Additional screening should be made real-time in concert with guidance from local and state public health entities and the receiving EVD assessment facility. Inter-facility transports will be made by appropriate vehicles with staff trained and equipped specifically for the transport of persons under investigation. If EVD or a high consequence pathogen is confirmed, patients will be considered for transfer to an EVD and high consequence pathogen treatment hospital. This transfer coordination should involve state and federal entities and should not be coordinated directly by the Ebola Assessment Hospital.

Regional Emerging Special Pathogens Treatment Centers (RESPTC)

are hospitals that have adequate designated treatment areas, skilled and trained staff, appropriate equipment, and infection control procedures matching requirements for Ebola and/or other high consequence pathogens. These facilities have the capability to manage a confirmed EVD or high consequence pathogen patient for duration of necessary medical treatment. These types of facilities also include specialized biocontainment facilities. The HHS Region IV Treatment Center is Emory University Hospital in Atlanta, however additional RESPTCs exist within Region IV and Region III. Placement of a patient into an RESPTC is coordinated between NC DPH and the receiving state's Public Health Department, NCHPP, the sending and receiving facility and ASPR Regional Emergency Coordinators.

Laboratory Capacity

The North Carolina State Laboratory of Public Health (SLPH) can perform testing for many of the suspect agents identified by the CDC Laboratory Response Network (LRN) as emerging diseases with the appropriate biosafety level. It also has the capacity to expand testing once it is available by the LRN. The SLPH also maintains a laboratory response network within the state comprised of both hospital and private clinical laboratories. This network coordinates testing protocols and processes throughout the state. Within that program is a robust training program for safe packaging and transportation of samples to the SLPH. **Refer to TAB C2A: Laboratory Specimen Collection, Testing, and Transport**

Planning Assumptions

The following assumptions are made:

- By law (10A NCAC 41A .0201), North Carolina adopts CDC published guidance for infection prevention and control by reference.
- Horizontal and vertical partnerships will be established to include, but are not limited to appropriate federal, state, local, private, and non-governmental organizations.

- Healthcare system planning is required to include patient screening, evaluation, isolation, transfer protocols, equipment, training and staffing needs, EMS transport protocols, and coordination with outpatient/ambulatory care facilities.
- Healthcare system (Public Safety Answering Points, Emergency Medical Services, Emergency Departments, Hospitals, Ambulatory Care, and other clinical settings) must be able to identify persons presenting with a travel history or exposure history compatible with communicable diseases of consequence and be prepared to isolate patients, provide basic supportive care and inform/consult with public health officials.
- Many high consequence pathogens will not have an active monitoring program. People at risk may not be identified until symptomatic.
- Suspected or confirmed EVD and high consequence pathogens patients will access the healthcare system through various points of entry.
- Active monitoring (AM) may be in place when available to identify at risk persons with early symptoms of EVD and high consequence pathogens.
- All healthcare organizations fall into one of the three tiers of this system: frontline healthcare facilities, assessment hospitals and treatment centers.

Concept of Operations

The concept of operations for all healthcare workers in North Carolina is to be prepared to identify potential person(s)/patient(s) with suspected or confirmed EVD (hereafter referred to as Person Under Investigation PUI), rapidly and appropriately isolate the PUI and inform internal team members and external stakeholders of the PUI. The concept of operations for NC DPH, NC HPP, NCEM and other state-level partners is to minimize the potential spread of EVD or other high consequence pathogens in North Carolina through the mobilization of local, state, and federal resources to effectively identify the threat, isolate it, inform responders and transportation the patient to a definitive level of care.

Critical Tasks

- Train Healthcare Workers Across North Carolina on Identify, Isolate and Inform
- Identification through ongoing surveillance and early detection methods
- Tracking through case investigation of persons-at-risk
- Monitoring of identified Persons Under Investigation (PUI)
- Transport of PUI for assessment
- Isolation and assessment of PUI
- Transfer of PUI for treatment

Surveillance

Surveillance is a routine activity, encompassing the tasks of identification, tracking, and monitoring of persons-at risk. In most cases of a high consequence pathogen, a population may be suspected of being at risk but individuals within that population in North Carolina may not be known.

Assessment Phase

The assessment phase begins with the receipt of a notification to CDB and/or EPI On-Call of a person within North Carolina with relevant exposure history and signs or symptoms consistent with EVD (Person Under Investigation - PUI) or through the notification of a returning traveler from areas with active EVD transmission (Monitored Person - MP).

Notification of a Person Under Investigation

Public Health & Healthcare facilities across North Carolina who identify a PUI should contact EPI On-Call for consultation and assistance with completing a risk assessment to determine potential risk of EVD and to determine if EVD laboratory testing is indicated.

EPI On-Call is a 24/7 system that is answered M-F from 0800-1700 and a monitored voicemail line that is checked by CDB staff after hours. Every effort is made to return calls quickly, but public health & healthcare facilities should be prepared to wait 15-30 minutes to receive a call back. For emergent concerns, PHP&R can be contacted at 888-820-0520, however the notification still must be made to EPI On-Call to facilitate the risk assessment.

Potential HCP Patient Notification:

DPH/State CDB Epidemiologist On-Call (919) 733-3419

If EVD testing is indicated this will trigger the Response Phase of this ConOps. If no testing is indicated, then public health and healthcare facilities should continue assessment and treatment of the patient to determine a potential diagnosis. If additional support is needed from CDB and/or HPP then the healthcare facility is responsible for requesting this additional support.

Monitored Persons

Notification of monitored persons are received through a variety of ways (e.g., emails/calls directly from Non-Governmental Organizations (NGOs), emails/calls from the Centers for Disease Control and Prevention (CDC), in addition to emails/calls directly from local health departments). As of August 2019, there is no required reporting for returning travelers from areas with active EVD outbreak and notification to CDB is made on a completely voluntary basis.

The assessment of a monitored person will trigger an evaluation by CDB to determine if a patient is considered “No Known Exposure,” “Low-Risk Exposure,” or “High-Risk Exposure.” If a patient is considered High-Risk Exposure, then testing for Ebola Virus Disease is considered indicated. If a patient is a Low-Risk or No Known Exposure, then a review of the case with the health department will be completed to determine if testing for Ebola Virus Disease is indicated. **Refer to TABC2C: HCP ConOps External Forms and Reference Documents: NC DPH Ebola Algorithm**

If EVD testing is indicated this will trigger the Response Phase of this ConOps and this individual will be referred to as a PUI. If no EVD testing is indicated, then the returning traveler will receive information from the local health department on monitoring for symptoms of EVD and who to contact should they begin to experience symptoms. These individuals will be considered a Monitored Person (MP) for the remainder of their 21-day monitoring period unless they develop symptoms.

PHP&R is responsible for notifying HPP of these Monitored Persons along with the following information:

1. Risk Assessment Outcome (No Known Exposure, Low-Risk Exposure, or High-Risk Exposure)
2. Port of Entry
3. Final Destination

4. Any pertinent medical concerns

HPP is responsible for notifying the Healthcare Coalitions and Ebola Assessment Hospitals whose catchment areas include the Port of Entry and the Final Destination of this same information.

Risk Assessment Coordination Call

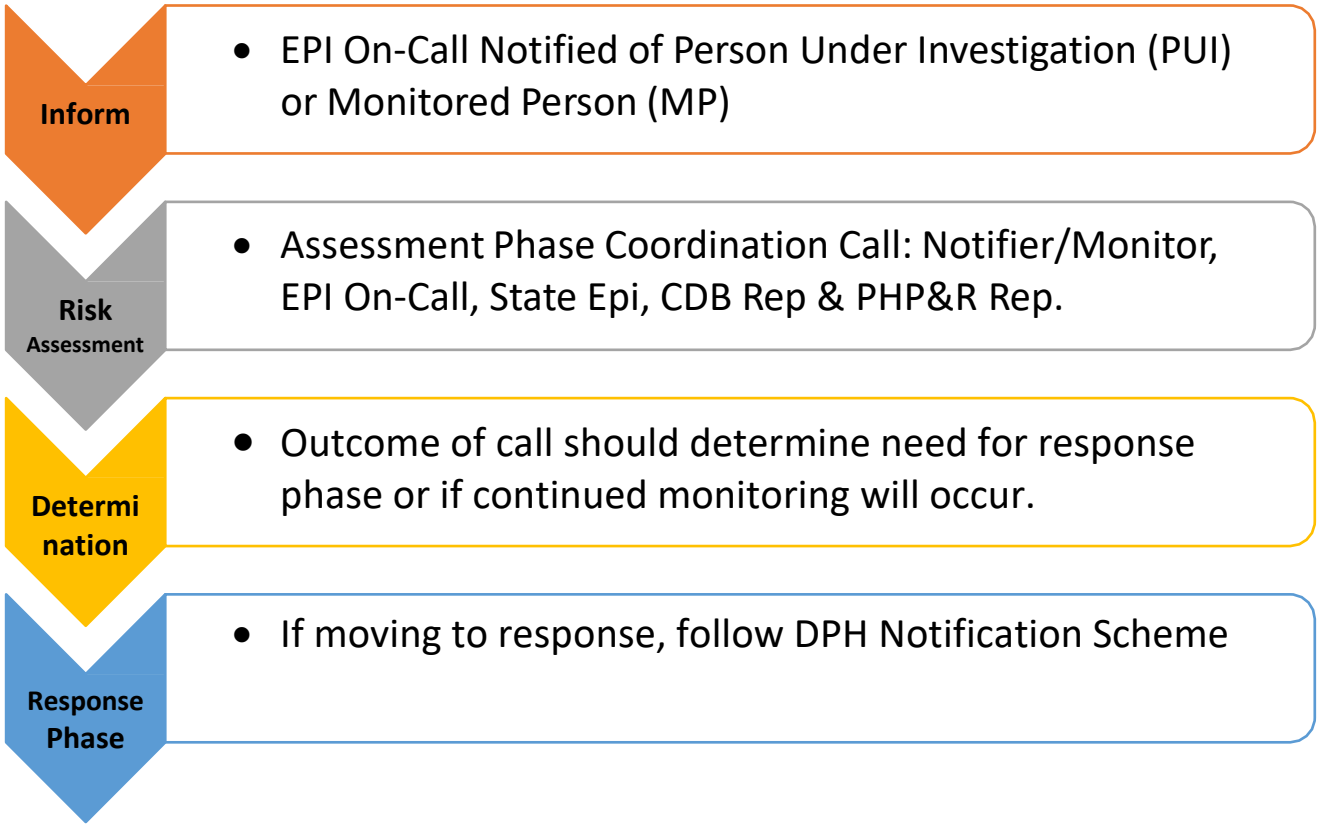
A key component of the assessment phase is a coordination call between the agencies involved in the risk assessment. These agencies include but are not limited to: Notifier/Monitor, EPI On- Call, State Epidemiologist, or designee, CDB Representative and PHP&R Representative.

The purpose of this call is to gather information on the situation, confirm if a case meets threshold of case definition, and determine further actions (e.g., EVD testing, ongoing monitoring, other diagnostic tests RESPTC.). A decision must be made whether or not to move to the response phase on this call.

If the decision is made to move into the response phase the following notifications are required:

- State Epidemiologist, or designee is responsible for notifying Case Location LHD and Case Destination LHD
- PHP&R is responsible for notifying HPP Program Manager or HPP Shift Duty Officer and NCEM Emergency Services Lead
- HPP is responsible for notifying Case Location and Destination Healthcare Coalition and Case Destination Ebola Assessment Hospital
- NCEM is responsible for notifying Case Location EM and Case Destination EM

DPH Notification Scheme Assessment Phase Steps:



Response Phase:

The response phase begins when it is determined by NC State Epidemiologist, or designee, that a PUI within North Carolina has met the threshold of the case definition and requires testing for EVD or other HCP. The PUI's health and wellbeing along with protecting the public's health and the first responder's and healthcare worker's safety should be top priorities during the response phase.

A PUI may present in a variety of situations and locations when the response phase is first activated including but not limited to the following: Frontline Healthcare Facility, Assessment Hospital, EMS Encounter, Port of Entry, or private residence/hotel. Based on this, the specifics of each step of the response phase may vary, however the following outlines the core key steps.

The response phase starts with a coordination call between all designated agencies from the assessment phase. The purpose of this call is for CDB/PHP&R to brief stakeholders on the situation and determine a plan for the medical management of the PUI.

PHIMT

Once the response phase has been activated, PHP&R in consultation with the CDB and the State Epidemiologist should determine when to assemble the Public Health Incident Management Team (PHIMT) to control and coordinate this incident. It is anticipated that a liaison from NCEM and HPP will be requested for the PHIMT. The PHIMT should operate out of the Public Health Coordination Center (PHCC) or alternate designated location until the situation either resolves or expands beyond the capacity of the PHCC. Activation of the State Emergency Operations Center (SEOC) should be requested upon confirmation from the SLPH that there is a confirmed EVD patient in North Carolina or when the coordination of partner agencies expands beyond NC DPH, NC EM and NC HPP.

EVD Assessment

The main goal of this step is to ensure the PUI can be medically assessed for EVD and other potential diagnoses. This step may involve the coordination of patient movement to an Ebola Assessment Hospital's containment unit. It is anticipated that the coordination of transportation assets will be a key component of this step. NC HPP has the responsibility for the coordination and communication between the Ebola Assessment Hospitals and the transportation agencies unless the transportation assets are coming from the EAH.

Laboratory Testing

The main goal of this step is to ensure that a specimen from the PUI suitable for state lab testing is obtained in a timely and safe manner. Transportation of the specimen to the State Laboratory of Public Health (SLPH) is the responsibility of the healthcare facility caring for the patient at the time the specimen is taken. Support and guidance for the healthcare facility will be provided by SLPH and PHP&R. SLPH will communicate with the CDC regarding any EVD labs requested of CDC. Notification, information sharing and coordination with ASPR Regional Emergency Coordinators (RECs) and the Georgia Department of Public Health should also be initiated.

Laboratory Results

Once EVD tests have been performed at the SLPH then the results will be communicated to the PHIMT and the healthcare facility caring for the patient. Three possible outcomes from the initial results:

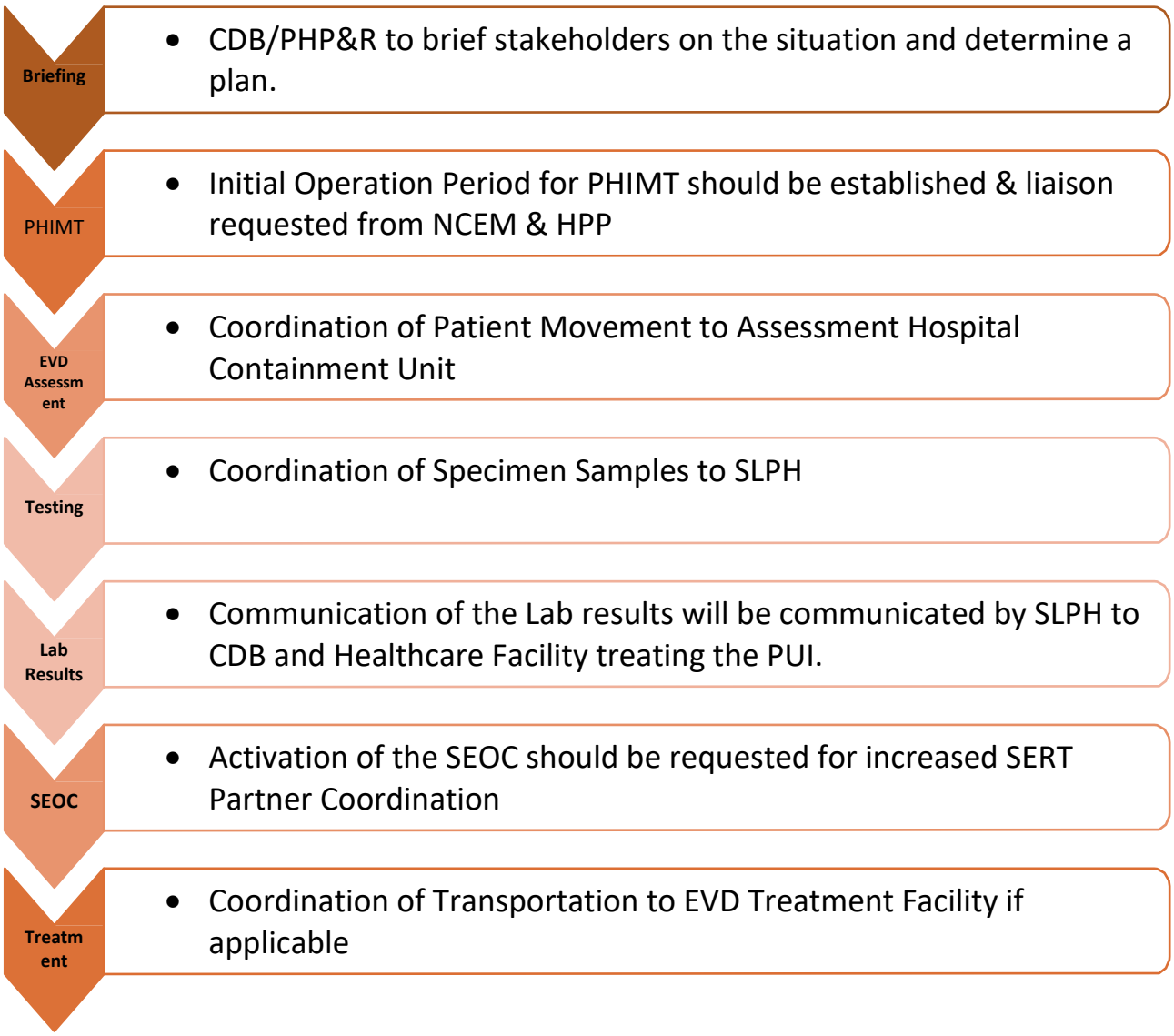
Confirmed Negative; Retesting Required (a second sample collected 72 hours after onset of symptoms is required to definitively rule out Ebola) and or Presumptive Positive Result (confirmation required by CDC). It is anticipated that a coordination call will occur regardless of results to discuss next steps.

Transportation to EVD Treatment Facility

Once a PUI is confirmed positive for Ebola, the patient is transported to an Ebola Treatment Center (ETC) in accordance with the HHS Region IV Transport Plan. North Carolina does not have any identified ETCs so the coordination for transfer of the patient must follow the checklist outlined for patient transportation to an ETC within the HHS Region IV Transport Plan.

Refer to TABC2C: HCP ConOps External Forms and Reference Documents: 2019_ASPR R4 Ebola Transport Process Checklist

Response Phase Steps



Environmental Care & Waste Management

Healthcare Settings

Within the local healthcare organizations, solid waste generated during the identification, assessment, and treatment of a patient in whom EVD or high consequence pathogen is suspected or confirmed is managed through that facility's existing hospital waste management and environmental care procedures. Waste management and environmental care capacity varies regionally but should meet the CDC's minimum standards for waste management and environment care; these standards are noted in **TAB C2B: Waste Management Procedures and for Ambulances here:** https://www.cdc.gov/vhf/ebola/clinicians/emergency-services/ambulance-decontamination.html Healthcare organizations should coordinate with local public waste management agencies to assure compliance with local standards.

Non-Healthcare Settings

Contamination of the environment will be assessed on a case-by-case basis based on the patient's status and symptoms. If the patient is determined to have the potential to be contaminating the environment, then the area will be secured and decontaminated by a previously vetted private vendor with oversight by state public health and emergency management. If the patient is determined not to be contaminating the environment, then the patient is transported, and the area is released.

Patient Discharge Back to the Community

In the event the PUI does not test positive for EVD or another HCP, the patient will be discharged in accordance with an integrated plan for housing, monitoring, and continued follow-up. Discharge planning for return to the community will be accomplished on a case-by- case basis through coordination with state and local public health and emergency management agencies. Plans will consider continuity of medical care, communicable disease control measures and public messaging.

Fatality Management

Fatality management and the handling of remains will be guided by recommendations from CDC. Facilities for handling of multiple fatalities will be identified early in the event so that preparations can be made for infection control practices and appropriate handling of remains. This will be accomplished through state, local and public-private partnerships. This process will be coordinated through DPH, local, and private entities. More details can be found here: https://www.cdc.gov/vhf/ebola/clinicians/evd/handling-human-remains.html

Organization and Assignment of Responsibilities

To coordinate the complex response to EVD and high consequence pathogen in a system-wide manner, roles and responsibilities have been identified.

Local Agencies

Local Health Departments (LHDs)

- Develop and implement plans for contact tracing, symptom monitoring, local containment measures and public information to provide the general public with appropriate information.
- Provide active monitoring (AM) of potentially exposed individuals.
- Perform contact tracing.
- Coordinate with local response partners and healthcare organizations.

Public Safety Answering Points (PSAP)

- Adopt and utilize statewide protocols for screening and identification of individuals at risk for effective dispatching of local Emergency Medical Services to the community.
- Provide initial screening of individuals at risk.
- Provide notification to Local Emergency Medical Services and dispatch EMS unit(s) as appropriate to the situation.

Local Emergency Medical Services

- Adopt and utilize statewide protocols for Isolate, Identify and Inform when responding to individuals at risk for Ebola Virus Disease (EVD)
- Ensure personal protective equipment is available and ensure all responding providers are properly trained in donning, doffing, and appropriate disposition.
- Provide EMS unit(s) necessary for the transportation of patient from communities to designated Healthcare Organizations
- Ensure capability for proper decontamination of transport ambulance, medical equipment, and personnel.
- Comply with State/Local Health Department guidelines on EMS provider observation following the transport.

Healthcare Organizations

- Provide initial patient triage at points of entry, while ensuring protection of other patients.
- Provide minimal screening per facility based on local ability for EVD or other high consequence pathogen.
- Utilize established plans for the:
    - Isolation and quarantine of patients under investigation (PUI)
    - Care and protection of PUI and caregivers
    - Transportation of PUI between FHF and AH
    - Sharing of resources necessary for the isolation, care, and transport of PUI
    - between healthcare organizations

North Carolina Airports

- Participate in planning of air transportation of PUI to designated Treatment Facilities
- Provide support for the transfer of PUI between Healthcare Organizations and federally-contracted air medical services on airport property.

State Agencies

DPH

- Provide technical assistance and guidance on the surveillance, investigation, and screening of individuals, performance of contact tracing, environmental safety, infection control measures, and community outreach. APPENDIX L: Ebola Guidance for Non- Hospital Healthcare Facilities
- Provide laboratory capacity for testing clinical samples of potentially exposed individuals who have symptoms consistent with communicable diseases of consequence where testing is available.
- Support the coordination of healthcare organization identification for transport.
- Facilitate information sharing among agencies.

- Implement CDC recommendations for response and control including:
    - Coordination of the outbreak investigation
    - Patient medical consultation, treatment, and movement, when necessary

OEMS

- Provide technical assistance and guidance to local EMS agencies and healthcare organizations involved in CONOPS.
- Assist with the coordination and identification of assessment and treatment facilities.
- Facilitate information sharing between OEMS, healthcare coalitions, healthcare organizations, NCEM, DPH, and ASPR.
- Facilitate resource sharing and other medical surge support to affected Healthcare Organizations through regional Healthcare Coalitions as necessary.
- Coordinate with DPH, Healthcare Organizations, and EMS systems concerning appropriate transportation methods and healthcare organization location based on presented case(s).

DHHS Communications Office

- Develop public information messages and oversee public health information efforts.
- Coordinate with print, radio and electronic media outlets for public information messaging and announcements

NCEM

- Coordinate incident management of the State Emergency Response Team and/or relevant agencies.
- Coordinate law enforcement, emergency management and other first responder agency planning.
- Provide incident management and logistical support as needed.

North Carolina Department of Environmental Quality (DEQ) Division of Solid Waste & Wastewater

- Provide technical assistance regarding the management and disposal of medical waste.
- Provide technical assistance regarding wastewater systems.

Federal Agencies

Responsibilities at the federal level are divided within the U.S. Department of Health and Human Services (HHS), to include CDC and the ASPR. The CDC will provide consultation and expertise for clinical care and subject matter experts for patient management. The ASPR and the HHS Secretary's Operation Center will be responsible for coordination and logistical considerations of any transport and treatment outside of North Carolina.

CDC

- Maintains an emergency operations center (EOC, 770-488-7100) 24 hours a day, 7 days a week for direction and control, communications, and information collection, analysis, and dissemination.
- Provides epidemiologic consultation for the determination of risk factors for illness and development of prevention and control strategies.
- Provides on-site assistance (e.g., Epidemiologic Assistance or "Epi-Aid upon request for urgent public health responses and investigations.

- Provides reference diagnostic support to state public health laboratories, direct laboratory testing, and confirmatory capability beyond state laboratory capacity.

ASPR

- Acts as a liaison and manages federal agencies engaged in interstate transport.
- Requests air transport services from the U.S. Department of State (DOS).
- Provides interstate and interagency communications about the need for transfer of potential EVD or high consequence pathogen patient.
- Assists with air and ground transportation logistics.
- Facilitates communication among all agencies and individuals about incoming patients.
- Facilitates logistics when appropriate; ensure secondary logistics are considered (e.g., law enforcement escort).
- Facilitates conference calls with all parties involved when arrangements are complete and prior to arrival.
- Assists with patient return to home state as necessary.
- Provides education and training opportunities through the National Ebola Training and Education Center (NETEC).

Joint Information Center

Public Information Dissemination

The Joint Information Center (JIC) can be either a physical or virtual operation setup to ensure that the information released to the public is coordinated through local, state, and hospital authorities/public information officers (PIO). The JIC should have representation from all agencies and organizations involved in the assessment and response phases of this ConOps.

If a physical JIC is determined to be necessary, it should be coordinated through the PHIMT at the PHCC or through the SERT at the SEOC.

The main responsibility of the JIC is to:

- Coordinate with PIOs from all agencies and organizations involved in the response.
- Disseminate public information when necessary.
- Coordinate between all agencies and organizations involved to ensure accurate and current information is provided.