

STILES SW -3-107

RECEIVED	RECORDS TEAM	DEPT. OF HEALTH
	17 SEP 2014	

16/9/14.

QC40/00888/1
16 SEP 2014

Brief for Noting

Requested by:

Department

Minister's office

Department RecFind No:	Page 1 of 2 BR059848
Division/HHS:	GCHHS
File Ref No:	

SUBJECT: Suspected Ebola Patient Gold Coast Hospital and Health Service (GCHHS)

Headline Issues

1. A suspect Ebola patient was admitted to Gold Coast University Hospital (GCUH) 11 September 2014 at 8.00am and discharged at 6.40pm on the same day after Pathology results indicated the patient was negative to the Ebola virus.
2. During the period of admission the patient was treated according to prescribed infection control precautions relevant to the Ebola virus and Queensland Health guideline Ebola Virus Disease: Interim Guideline for managing presentations of suspected cases.
3. A full debrief by the GCHHS Clinical Team in conjunction with the Queensland Health Communicable Diseases Unit will be undertaken this week to examine lessons learned and options for improvement of the current protocols in relation to Ebola response. The outcome of this debrief will be forwarded to the Chief Health Officer. However, on a preliminary assessment no major deficiencies in the application of the current protocols were evident in the treatment of the patient and the incident.
4. Media was alerted to the patient transfer via scanning the Queensland Ambulance Service (QAS) communication channel resulting in a media response to the public that was alarmist rather than factual. Consequent responses by the GCHHS and Queensland Health were reactive rather than proactive in addressing public concern and risk. A protocol to manage QAS communications through a different medium on high risk patients would be a constructive outcome to allow more proactive management of any public concern issues.

RECEIVED	HSG RECORDS
	21 OCT 2014
	QLD HEALTH

Background

5. QAS transported a 27 year old male patient by the name of [redacted] to the GCUH Accident and Emergency Department for treatment at 8.00am 11 September 2014, [redacted], with a query diagnosis of suspected Ebola virus on the basis of [redacted]
6. The patient was treated as suspect Ebola virus using recommended and prescribed precautions and Queensland Health prescribed guidelines given that the period of return to date was within the 21 day incubation period for the virus.
7. [redacted] The Pathology test result was returned at 6.20pm on 11 September 2014, indicating a negative result to the Ebola virus.
8. [redacted]
9. The patient was subsequently discharged from the Hospital at 6.40pm on 11 September 2014, on receipt of the negative Pathology result to the Ebola virus and after appropriate treatment.
10. Appropriate media responses were given by the GCHHS Director of Infectious Diseases and the Queensland Health, Chief Health Officer, to allay public and media concerns.

Consultation

11. The GCHHS liaised with the appropriate QH Public Health – Communicable Diseases Unit, Office of the Director General, Office of the Chief Health Officer in managing the patient, public risk and media response.

Department RecFind No:	BR059848
Division/HHS:	GCHHS
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NOTED

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IAN MAYNARD
Director-General

18 SEP 2014

Director-General's comments To Minister's Office for Noting

Add to my AHMC Risk.

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LAWRENCE SPRINGBORG
Minister for Health

Chief of Staff

Minister's comments

Briefing note rating
1 2 3 4 (1 = poor and 4 = excellent)

Author	Cleared by: (SD/Dir)	Content verified by: (CEO/DDG/Div Head)
Kimberley Peirce	Mike Allsopp	Ron Calvert
General Manager, DEMS	AV Exec Director Operations	CE
GCHHS	GCHHS	GCHHS
15 September 2014	15 September 2014	16 September 2014

Brief for Approval

Department RecFind No:	BR060120
Division/HHS:	HSCID
File Ref No:	

Requested by:

Department

Minister's office

SUBJECT: Approval to request a Queensland Police Service liaison officer to support the SHECC Ebola Virus Disease Incident Management Team

Issue(s)

1. The State Health Emergency Coordination Centre (SHECC) Ebola Virus Disease (EVD) incident management team is currently overseeing provision of housing, social support and health monitoring s47(3)(b) s47(3)(b)
2.
3.
4. ; however the SHECC does not currently have a police liaison officer that could assist with ensuring the safety of these people while in home quarantine.
5. A point of contact with the Queensland Police Service is sought to help the SHECC manage the safety aspects of a person in home isolation, as well as any other issues that may arise relating to protecting the community from potential exposure to EVD.
6. A letter has been drafted to the Commissioner of the Queensland Police Service to formally request this support (Attachment 1).

Background

7. The State Health Emergency Coordination Centre was activated on 15 October 2014 to manage the potential that a person infected with EVD could arrive in Queensland.
8. Persons with identified exposure to EVD are asked to go into voluntary home quarantine for 21 days after their last potential contact with EVD.
9. With intense media and local interest in EVD there is potential for a person in home quarantine and/or being transferred to a health care facility to be identified and targeted by a member of the community.

Consultation

10. Consultation was conducted with Department of Health Conduct Advisory Services.

Recommendation/s

11. It is recommended that the Director-General sign the attached letter seeking the appointment of a Queensland Police Service liaison officer as a point of contact for the EVD SHECC Incident Management Team.

Attachments

12. Attachment 1 - Letter to Commissioner of the Queensland Police Service – DG075415

Department RecFind No:	BR060120
Division/HHS:	HSCID
File Ref No:	

APPROVED/NOT APPROVED NOTED

IAN MAYNARD
Director-General

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To Minister's Office for Approval
for Noting

Director-General's comments

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APPROVED/NOT APPROVED NOTED

NOTED

LAWRENCE SPRINGBORG
Minister for Health

Chief of Staff

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Minister's comments

Briefing note rating

1 2 3 4 (1 = poor and 4 = excellent)

Author	Content verified by: (SD)	Content verified by:	Content verified by:
Janet Farmer	Dr Sonya Bennett	Dr Jeannette Young	Dr Michael Cleary
Public Health Nurse	Incident Controller	Chief Health Officer	Chief Operations Officer, Department of Health and
SHECC EVD IMT	SHECC EVD IMT	Chief Health Officer Branch	Deputy Director-General, Health Service and Clinical Innovation
	Contrary to Public Interest		
31 October 2014	31 October 2014	3 November 2014	4 November 2014

Date: 09 OCT 2014

Time: 1600

Incident Name: Ebola - Cairns

1. Situation Overview**Background of Incident**

- A s47(3)(b) nurse has returned to Cairns o from Sierra Leone after treating Ebola patients with the Red Cross
- The Cairns Public Health Unit (PHU) is currently in contact with the patient and conducting follow-up.
- Patient currently in home quarantine and has been requested to come to Cairns Base Hospital for evaluation and possible testing.

2. Rationale for CDU to support/lead

Ebola is a novel virus to Australia and has significant media and National interest. The Australian Government shares the international community's deep concern over the recent Ebola Virus Disease outbreak in West Africa and the risk that it may pose to Australia.

Ensure that the Dr Jeannette Young (Chief Health Officer) is briefed and kept up to date with suspected or diagnosed cases within QLD.

Professor Baggoley (Australia Chief Medical Officer) also meets weekly with state and territory Chief Health Officers and other infectious diseases experts to ensure Australia could successfully respond to any case of Ebola should it reach our shores.

3. Incident Objective(s)**Overall Incident objective**

To assist HHS in the management of suspected or confirmed cases of Ebola
Inform CHO with up to date information regarding the case.

Initial strategies for Incident

Initial meeting to discuss situation.

Access to information that may have been escalated by the HHS/Hospital to CE.

Media management

4. Incident Management Structure (or support)*

- Incident controller – Dr Sonya Bennett
- Duty Manager – Will Stiles/Chris Wold
- Planning and Intelligence officer – Debra El Saadi
- Operations Officer – Wendy Morotti
- Logistics Officer – not assigned
- Communications Officer – Dr Bhakti Vasant
- Specialty advisors i.e., epi – Ellen Doan
- Secretariat –
- Liaison Officer -

For smaller teams, one person may cover multiple roles. Please list all roles each individual is covering.



5. Action Items and Support Requirements

SitRep reports to be completed following each meeting and when approved, escalated to the CHIO

Daily Actin Plan to be completed by Planning Officer

RTI Release

9/9/14.

QCHo/00888/1

Department of Health



Queensland Government

MEMORANDUM

To: All Chief Executives, Hospital and Health Services

Copies to:

From: Dr Jeannette Young

Chief Health Officer

Contact

No:

Fax No:

Section 73
Section 73

(07) 3328 9782

Subject: Ebola Virus Disease

File Ref: LHC/14/1

As advised in previous communiques, the Department has been coordinating the development of an Interim Queensland Guideline for managing suspected cases of Ebola Virus Disease (EVD). A copy of the Interim Guideline is enclosed for your review and dissemination as appropriate.

Concurrently, the Communicable Diseases Network of Australia has also been reviewing the National Guidelines for Public Health Units in the management of Ebola Virus Disease (found at <http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-ebola.htm>)

This document has been used for reference and direction in producing the recommendations specific to Queensland.

The Interim Queensland Guideline describes the recommended steps for managing suspected cases of Ebola Virus Disease (EVD) identified at an international port in Queensland, presenting at a Queensland hospital (public or private) or being referred from General Practice.

I hope this resource will assist your Hospital and Health Service to streamline your arrangements for managing suspected and confirmed EVD cases that may present or transfer to your facility.

The Chief Health Officer Branch will continue to monitor the status of the EVD outbreak in West Africa and will advise Hospital and Health Services of any changes to the situation which could alter the recommendations in this Interim Guideline.

If you have any concerns regarding the preparedness of your hospitals to manage a suspected or confirmed EVD case, please contact your local public health physician or infectious diseases physician.

If you require any further information or clarification in regards to this Interim Guideline please contact [redacted], Manager Notifiable Diseases Prevention and Control, Communicable Diseases Unit at [redacted] @health.qld.gov.au or phone [redacted]

Dr Jeannette Young
Chief Health Officer

9 / 09 / 2014



Pages 8 through 12 redacted for the following reasons:

Schedule 3 Section 6(c)(i) infringe the privileges of Parliament

■

RTI Release

STILES
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Brief for Noting

Requested by:

Department

Minister's office

RECORDS TEAM	
18 AUG 2014	
OLD HEALTH	

14 AUG 2014

Page 1 of 2

Department RecFind No:	BR059648
Division/HHS:	HSCI / CDU
File Ref No:	

DOH/008881 P1

SUBJECT: Ebola: Queensland preparations

Headline Issues

1. The Australian Health Protection Principal Committee (AHPPC) have commenced preparations to ensure Australia is prepared if a person infected with Ebola is detected in Australia.
2. The likelihood of an infectious person entering Australia is thought to be low, however, there is potential for local transmission if this did occur.
3. To ensure Australia is prepared to detect and appropriately manage an imported case, the AHPPC have recommended the following activities occur:
 - The Public Health Laboratory Network (PHLN) establish a streamlined process for the handling, collection, transportation and testing of suspected Ebola containing specimens
 - The Australian Government Department of Health explore with airlines and international airport authorities appropriate options for public messaging regarding Ebola during flights and at airports
 - The Communicable Diseases Network of Australia (CDNA) be tasked with the development of guidelines for managing suspected Ebola cases that arrive to Australia by plane.
4. CDNA is finalising a first draft of the national Ebola guidelines for dissemination to jurisdictions.
5. Queensland public health and infectious disease experts in Queensland have convened to discuss first response processes in Queensland.
6. It was recommended by the expert group that the primary hospital for managing Ebola infected patients in Brisbane should be the RBWH, suspected cases from a Cairns international flight would be transported to Cairns Base Hospital and from Gold Coast International flights to Gold Coast University Hospital.
7. Standard and transmission based infection control precautions are recommended for management of a suspected or confirmed Ebola case. Cases should be managed in single rooms with their own bathroom facilities as a minimum.
8. Decisions on transporting confirmed Ebola cases that present outside of these hospitals would be based on the capacity and facilities of the hospital and the severity of the case symptoms, an expert advisory panel would be convened to consider the options on a case by case basis.

Background

9. An outbreak of Ebola was first detected in West Africa in late March 2014, the World Health Organization (WHO) has reported 1,603 cases and 887 deaths as at 1 August 2014.
10. Human to human transmission of Ebola virus is through direct contact with body fluids including blood, urine, sweat, semen and breast milk. The recommended infection control procedures are very effective at preventing transmission.
11. The time from exposure to symptoms can range from 2 to 21 days, therefore, it is possible for an exposed person to travel across the globe before symptoms occur.
12. Preparing for a possible case of Ebola in Queensland is consistent with the *Blueprint for better health care*: health services focussed on patients and people.

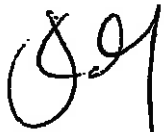
Consultation

13. When the draft national guidelines for the management of a person infected with Ebola is released by CDNA for comment it will be disseminated to public health and infectious disease experts for comment, it is expected that the timeframe for comments will be short to enable the guideline to be available as soon as possible.
14. Further consultation will be required across the health sector in regards to the nationally recommended management of a suspected or confirmed Ebola case and Queensland's proposed first response procedures, particularly with private and public hospital staff, general practitioners, private and public laboratory staff, Queensland Ambulance and patient retrieval services.

RECEIVED	HSCI RECORDS	RECEIVED
	18 SEP 2014	
	QLD HEALTH	

Department RecFind No:	BR069648
Division/HHS:	HSCI / CDU
File Ref No:	

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IAN MAYNARD
 Director-General
 15 AUG 2014

Director-General's comments	To Minister's Office for Noting <input type="checkbox"/>

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LAWRENCE SPRINGBORG
 Minister for Health

Chief of Staff

Minister's comments

Briefing note rating
 1 2 3 4 (1 = poor and 4 = excellent)

Author	Cleared by:	Content verified by:	Content verified by:	Content verified by:
Debra El Saadi	Dr Heidi Carroll	Dr Sonya Bennett	Dr Jeannette Young	Dr Michael Cleary
Manager NDPC	SMO NDPC	Senior Director	Chief Health Officer	Chief Operations Officer and Deputy Director-General
Communicable Diseases Unit	Communicable Diseases Unit	Communicable Diseases Unit	Chief Health Officer Branch	Health Service and Clinical Innovation Division
5 August 2014	8 August 2014	8 August 2014	12 August 2014	13 August 2014

AFTER RELEASE

CDU Situation Report

Suspect Ebola Case-Gold Coast

Report date & time: 11 Sep. 14

Sitrep Number: 1

1. **Incident Management Team:** CDU.IMT@health.qld.gov.au

Role	Name	Contact
Incident Controller	Dr Heidi Carroll	
Operations	Debra El Saadi	
Media & Communication	Kate	
Duty Officer & Administration	N/A	
Logistics	N/A	
Planning	N/A	

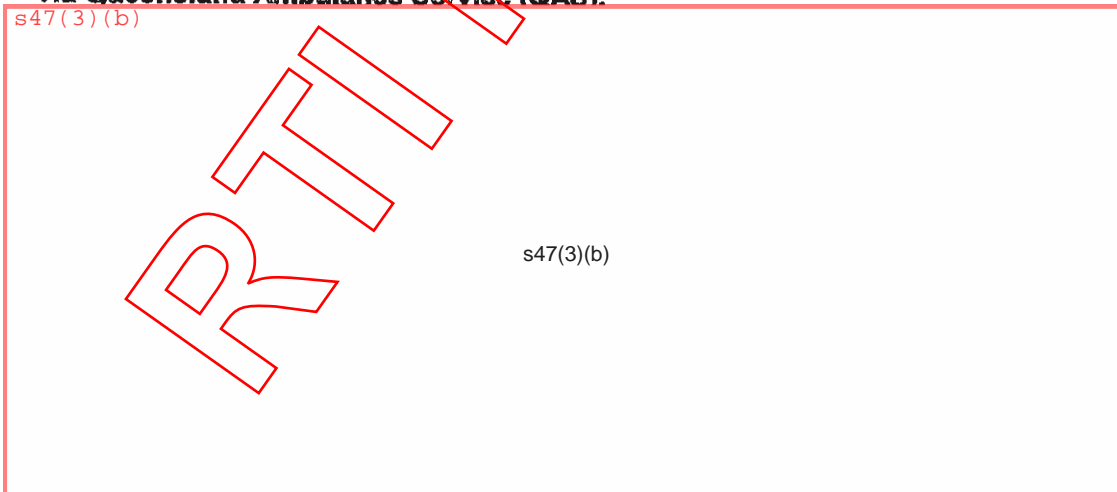
2. **Situation objective:**

•

3. **Situation Overview:**

- **Current situation**
Suspect Ebola case admitted to Gold Coast Hospital (GCH) 11 September 2014 via Queensland Ambulance Service (QAS).

s47(3)(b)



s47(3)(b)

Significant media interest in case and increasing level of public concern reported by GCPHU.

- **Current actions**
Bloods drawn from patient, urgently couriered to FSS and RBWH. Await pathology results.

- **Predicted situation**
Pathology results expected 17:00-18:00 hours 11 September 2014.

- **Planned actions**
Follow up teleconference with GCPHU 14:30hrs 11 September 2014.

s47(3)(b)

s47(3)(b)

4. Media & Communication

- CDU – Liaise with Biosecurity Queensland.
- HHS – Managing bulk of media enquiries

5. Issues

6. Action Items:

7. Next IMT meeting

14:30 hrs 11 September 2014

8. Attached reports (Epi Charts, etc)

N/A

9. Draft and Release Authority

Drafted by: Kath O'Brien

Approved for release by: Dr Heidi Carroll

Position: Acting Senior Director Communicable Diseases Unit

Date: 11 Sep. 14

10. Distribution List

Email	
[Redacted]	@health.qld.gov.au
[Redacted]	@health.qld.gov.au
[Redacted]	@health.qld.gov.au
[Redacted]	@health.qld.gov.au
[Redacted]	@health.qld.gov.au
[Redacted]	@health.qld.gov.au

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[REDACTED]	@health.qld.gov.au
[REDACTED]	@health.qld.gov.au

RTI Release

Ebola virus disease: interim guideline for managing presentations of suspected cases

27 October 2014
Version 2.0

RTI Release

Ebola virus disease: interim guideline for managing presentations of suspected cases

Published by the State of Queensland (Queensland Health), October 2014



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For more information contact:

Communicable Diseases Unit, Department of Health, GPO Box 48, Brisbane QLD 4001, email CDU@health.qld.gov.au, phone 3328 9724 or 3328 9728.

An electronic version of this document is available at www.health.qld.gov.au/cdcg/index/default.asp#v

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Contents

Purpose	1
Scope	1
Supporting documents	1
Procedures, guidelines and protocols	1
Process for managing a suspected Ebola case that arrives at an international airport in Australia	1
Process for transferring a suspected Ebola case from a general practice.....	4
Process for managing a suspected Ebola case that presents to a hospital emergency department	5
Review	7
Business area contact	7
Approval and implementation	7
Appendix 1: Human quarantine officer checklist.....	8
Appendix 2: Ebola virus disease patient assessment flow chart	10

RTI Released

Purpose

This guideline describes the mandatory procedures for managing suspected cases of Ebola identified at an international port in Queensland, presenting at a Queensland hospital (public or private) or being referred from a general practice (GP).

Scope

This guideline applies to Hospital and Health Services (HHSs), private hospitals, GPs, private pathology services, Forensic and Scientific Services Unit (FSS) and the Communicable Diseases Unit (CDU).

Supporting documents

Procedures, guidelines and protocols

Ebola Virus Disease National Guidelines, available at www.health.gov.au/internet/main/publishing.nsf/Content/ohp-ebola.htm

Process for managing a suspected¹ Ebola case that arrives at an international airport in Australia

Identifying a suspected case at an international border

A suspected Ebola case may be identified prior to landing through routine passenger review by airline staff and notified to airport border staff.

Border protection staff will also identify and check the health of people who originate their travel from Ebola affected countries, including returning healthcare workers.

The border protection staff will contact the human quarantine officer (HQO) to report any ill passengers with prescribed symptoms and await advice on further management.

Role of the human quarantine officer in managing suspected Ebola cases

Where the HQO assesses that an ill passenger is a suspected Ebola case, the HQO will:

- contact the relevant Ebola designated hospital (page 4) to inform them that a suspected Ebola case will be transported to their emergency department

¹ For the purpose of this guideline, a suspected Ebola case includes a patient with clinical symptoms and a history of travel to an Ebola affected area (i.e. patient under investigation).

- advise the Queensland Ambulance Service (QAS) of the suspected Ebola case and reinforce the appropriate infection control measures required during the transport and transfer process
- inform the border protection staff of the arrangements for transferring the suspected Ebola case
- seek information from the border protection staff on the details of any travel companions of the suspected case and plane contacts as defined in the *National Ebola virus SoNG for Public Health Units guidelines*.
- liaise with CDU, who will notify suspected, probable and confirmed Ebola cases to the National Incident Room (NIR). NIR will contact the airline to obtain a passenger manifest and provide details of passengers seated in nearby seats (as defined in the *National Ebola virus SoNG for Public Health Units guidelines*) for the purpose of contact tracing
- organise for public health staff to contact travel companions to discuss their contact and to provide public health advice in accordance with the *National Guidelines for Ebola Virus Disease*
- advise other public health units of any contacts that are or will be in their HHS
- advise FSS of the suspected case and provide details of the receiving hospital
- advise the chief human quarantine officer of the suspected Ebola case.

See Appendix 1: Human quarantine officer checklist

Communicable Diseases Unit

It is the responsibility of CDU to request passenger cards, if required, from the NIR.

It is the responsibility of the senior director of CDU, as Chief Human Quarantine Officer (CHQO), to inform the Chief Health Officer (CHO) of the suspected case.

CDU will stand up an incident management team to coordinate and monitor the response to suspected and confirmed cases of Ebola in Queensland, in accordance with the Health Service Directive *Management of a public health event of state significance* to HHSs.

CDU will ensure the Minister for Health and senior executives are kept informed of the incident status.

Receiving hospitals for suspected Ebola cases from international airports

Transfers from international airports:

- Brisbane (Mater Children's Hospital)—children aged 0–16 years
- Royal Brisbane and Women's Hospital—all adults
- Cairns Hospital—adults and children
- Gold Coast University Hospital—adults and children.

Role of receiving hospital

The receiving hospital will isolate the suspected Ebola case using the highest level of isolation room available. Where a negative pressure room is available this should be used. If a negative pressure room is not available, the suspected Ebola case should be

placed in a single room. A dedicated bathroom and an anteroom are to be available for the suspected case regardless of room type. Interim arrangements may be required, such as use of commodes in the patient's room and unoccupied adjacent rooms for anterooms.

As a minimum, staff entering the environment of the suspected case should follow standard and transmission based precautions in accordance with the *Australian Guidelines for the Prevention and Control of Infection in Health Care, 2010*.²

Pathology collection

The clinical and exposure risk assessment should be confirmed in liaison with the HCO and infectious disease physician (IDP) to determine if the ill person meets the case definition for a suspected case.

The hospital managing the suspected case is to advise Pathology Queensland, or Mater Pathology, depending on the hospital, of specimens that are being collected and reinforce recommended infection control procedures to be undertaken during the collection of the specimens.

Specimens are to be collected and labelled in accordance with the Pathology Queensland *Suspected Ebola Virus Infection Pathology Management Plan* or the Mater Pathology *Suspected VHF/ Ebola Virus Infection Pathology Management Plan* depending on the hospital. Specimens are only to be collected by personnel trained and assessed as competent in the correct infection control procedures for the management of suspected EVD.

For Pathology Queensland

Once collected the specimens are to be submitted to the Central Specimens Reception (CSR). Specimens should be packed in accordance with Category A packaging requirements. This includes double bagging, packing in a separate esky, taping up the esky and marking **DO NOT OPEN IN CSR**.

Specimens which are being transported between Pathology Queensland laboratories must be carefully packed in a separate securely taped container and double-bagged to protect against leakage in transit. IATA compliant Category A packaging must be used, and the receiving laboratory must be notified of specimens en route. Dangerous Goods guidelines are referenced in QIS 29655. The container should be marked **DO NOT OPEN IN CSR**.

For Mater Pathology

At Mater Health Services, samples are collected by appropriately trained relevant Mater staff as per local protocol and submitted to Mater CSR. Samples should be packed in accordance with IATA compliant packaging requirements (double bagged, packed in separate containers as per the instructions on the containers supplied by Mater Pathology on request). The containers are marked **DO NOT OPEN IN CSR**.

Appropriate personal protective equipment (PPE) should be worn by laboratory staff for unpacking samples which are identified for Ebola testing. CSR will arrange Category A transport of the specimens to FSS and advise FSS of the expected time of arrival. For

² Part B: Standard and Transmission-based Precautions, Australian Guidelines for the Prevention and Control of Infection in Health Care, 2010 <http://www.nhmrc.gov.au/guidelines/publications/cd33>

road transportation, the normative triple packaging system applies, however for air transportation of samples Category A transportation and IATA Packing Instruction 602 applies. Please refer to the *National High Security Laboratory Guidelines for the Management of Human Quarantine* at www.health.gov.au/internet/main/publishing.nsf/Content/ohp-nhsq-qvhf.htm

Testing for Ebola

On receipt of a specimen for Ebola testing, FSS will split the sample and do initial PCR on one half of the specimen, while sending the other half of the split specimen to VIDRL for testing. FSS will undertake any further tests under PC3 conditions.

FSS will advise both the HQO (this will be the appropriate PHP) and the referring clinician of the results.

Other urgent testing and treatment of the suspected case should not be delayed while waiting results, which should be available within six hours of reaching FSS. These tests should only be carried out in accordance with the procedures specified in the *Pathology Queensland Suspected Ebola Virus Infection Pathology Management Plan*

However, non-urgent tests should be delayed until Ebola test results are available.

Public health management of a positive Ebola virus disease result

The public health management of a person meeting the case definition for a suspected, probable and confirmed case of Ebola and their contacts will be managed in accordance with the *National Guidelines for Ebola Virus Disease*³ which includes in the appendices a checklist for public health units. Also refer to Appendix 2: Ebola virus disease patient assessment flow chart.

Process for transferring a suspected Ebola case from a general practice

GPs must notify the public health physician (PHP) at their local public health unit immediately if Ebola is suspected for advice and to discuss patient referral, testing and management of contacts. Suspected cases should be placed in a single room until transfer to an appropriate hospital is arranged. Staff should employ standard and transmission based precautions, including the use of gloves, disposable fluid-resistant gowns, eye wear/face shield and fluid repellent P2 face masks.

In consultation with the GP, the PHP will contact the nearest appropriate hospital to inform them that a suspected Ebola case will be transported to their emergency department. In regional settings, this will be the closest hospital capable of caring for the patient (based on a current risk and needs assessment of the patient). In Brisbane, children will be transferred to the Mater Children's Hospital based upon discussions between the GP, PHP and IDP.

Where QAS transport is required for a suspected case, the GP will advise QAS that the ill passenger is suspected of having Ebola to ensure that appropriate precautions are taken.

³ www.health.gov.au/internet/main/publishing.nsf/Content/ohp-ebola.htm#interim

Process for managing a suspected Ebola case that presents to a hospital emergency department

Immediate triage and management

Emergency department triage stations should be alert for people presenting with fever who have a history of travel to an Ebola affected country within the last 21 days.

Suspected cases should immediately be isolated in a single room with the highest level of protection available.

A private bathroom should be made available for the suspected case and not used by any other person until it is no longer required by the suspected case and has been thoroughly cleaned and disinfected (Section 10, Environmental evaluation of the *National Ebola Guidelines*).

All staff, including cleaning staff, should adopt as a minimum, standard and transmission based precautions when in contact with the suspected case or their environment in accordance with the *Australian Guidelines for the Prevention and Control of Infection in Health Care, 2010*.⁴

As environmental contamination can facilitate disease transmission, close attention should be applied to regular cleaning and disinfection of the patient's immediate environment, including equipment used on the patient and patient clothing, throughout their stay and as a terminal clean once the room is vacated.

Cleaning with detergent and disinfecting with an appropriate viricide, such as hypochlorite (1000ppm available chlorine) is required. A higher concentration of hypochlorite (5000 ppm) is required for management of body fluid spills. Wherever possible items should then be subjected to heating by incineration, boiling or autoclaving as appropriate. Further guidance on cleaning and disinfection is contained in Appendix 12 of the *Ebola Virus Disease CDNA National Guidelines for Public Health Units* located at <http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-ebola.htm#song>

Notification

Suspected Ebola patients should immediately be notified to the IDP (if available), the hospital executive and the PHP.

The PHP will notify the senior director of CDU and FSS of the suspected case.

If a receiving hospital has concerns about their capacity to manage the suspected Ebola case, an expert panel will be convened by CDU to discuss the options.

The expert panel may include senior personnel from medical, nursing, public health, infectious diseases, microbiology disciplines and retrieval services.

If a decision is made to transfer a suspected/confirmed Ebola case, it is the responsibility of the transferring hospital to organise the patient transfer to a designated Ebola hospital; inform the transport agency of the status of the suspected/confirmed

⁴ www.nhmrc.gov.au/files/nhmrc/publications/attachments/od33_infection_control_healthcare_typo_fix_4.2.4_140616.pdf

case and to provide advice on appropriate infection control measures required during transport.

The transferring hospital should advise the public health unit that the patient is to be transferred and the details of the receiving hospital.

Where the transfer is to another HHS, the public health unit is responsible for advising the public health unit in the receiving area and CDU of the transfer and the case and contact management status.

The receiving hospital is to ensure that appropriate infection control precautions are available for managing patients with suspected Ebola. See role of receiving hospital above.

Testing

Testing is required for patients that present directly to a hospital. The procedure is the same as for suspected cases identified at an international airport and transferred to a hospital.

A minimum of standard and transmission-based precautions must be used when collecting specimens.

The central receiving laboratory of the pathology practice is responsible for ensuring the proper identification, handling and transportation of specimens to FSS, including advising FSS of the expected time of arrival. Please refer to the *Security Sensitive Biological Agent (SSBA) Standards* at [www.health.gov.au/internet/main/publishing.nsf/Content/ssba.htm/\\$File/SSBA-April-2013.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/ssba.htm/$File/SSBA-April-2013.pdf)

Should a patient arrive unannounced at a private pathology collection facility with a request for Ebola testing, the patient should be isolated immediately and staff should follow the Private Pathology Local Arrangement which would include calling the appropriate public health unit.

Public health management of a positive Ebola result

Public health management of a suspected Ebola case presenting at a hospital emergency department and their contacts is the same as for suspected cases identified at an international airport.

The public health management of a person meeting the case definition for a probable or confirmed case of Ebola virus disease and their contacts will be managed in accordance with the ***National Guidelines for Ebola Virus Disease***.

Communicable Diseases Unit

CDU responsibilities relating to a suspected Ebola case presenting at a hospital emergency department is the same as for suspected cases identified at an international airport.

Review

This guideline will be reviewed when the next Draft National Guidelines for Public Health Management of Ebola Virus Disease is endorsed.

Business area contact

Communicable Diseases Unit, Department of Health

GPO Box 48, Brisbane QLD 4001

E: CDU@health.qld.gov.au

P:

Approval and implementation

Policy Custodian: Chief Health Officer

Responsible Executive Team Member: Senior Director, Communicable Diseases Unit

Approving Officer: Senior Director, Communicable Diseases Unit,

Approval date:

Effective from:

RTI Release

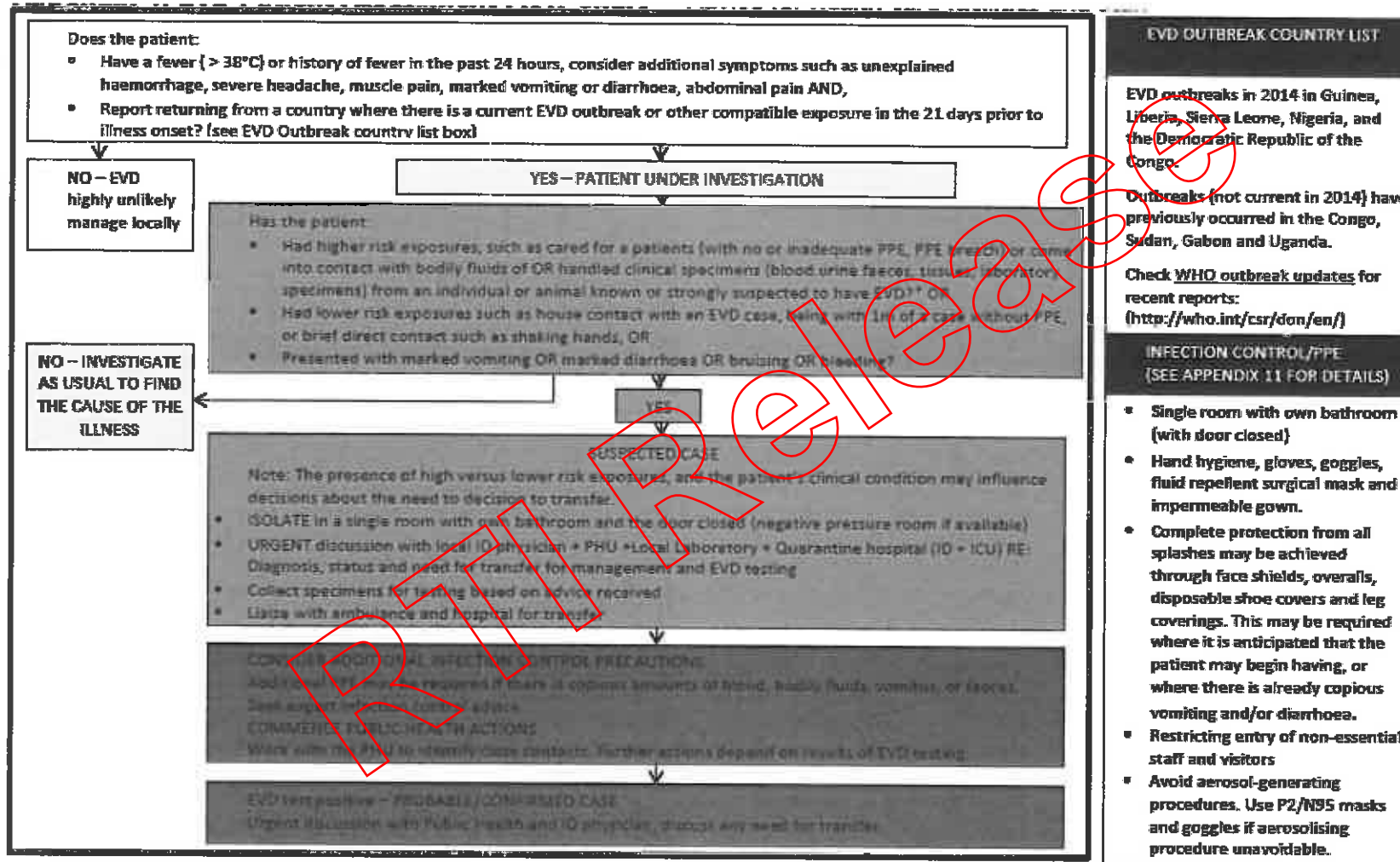
Appendix 1: Human quarantine officer checklist

<input type="checkbox"/>	<p>The HQO will contact the relevant EVD delegated hospital to inform them that a suspected EVD case will be transported to their emergency department.</p> <p>Notes:</p>
<input type="checkbox"/>	<p>The HQO will advise Queensland Ambulance of the ill passenger and reinforce the appropriate infection control measures required during the transport and transfer process</p> <p>Notes:</p>
<input type="checkbox"/>	<p>The HQO will inform the border protection staff of their assessment of the ill passenger and of the arrangements for transferring the ill passenger.</p> <p>Notes:</p>
<input type="checkbox"/>	<p>The HQO will seek information from the border protection staff on the details of any passengers who accompanied the suspected case.</p> <p>Notes:</p>
<input type="checkbox"/>	<p>The HQO will liaise with the Communicable Diseases Unit of Queensland Health, who will notify suspected, probable and confirmed cases of EVD to the National Incident Room (NIR). The NIR will provide passenger details for contact tracing purposes. Passengers who were in direct proximity to the index case (i.e. +/- 1 seat in all directions) will require contact tracing.</p> <p>Notes:</p>
<input type="checkbox"/>	<p>The HQO or delegated public health staff will contact travel companions and passengers seated in direct proximity to the index case to discuss their contact and provide public health advice in accordance with the National Guidelines for Ebola Virus Disease.</p> <p>Notes:</p>
<input type="checkbox"/>	<p>The HQO or delegated public health staff will advise other public health units of any contacts that are or will be in their HHS.</p> <p>Notes:</p>

<input type="checkbox"/>	<p>The HQO will advise the Forensic and Scientific Services (FSS) of the suspected case and advise them of the receiving hospital.</p> <p>Notes:</p>
<input type="checkbox"/>	<p>The HQO will advise the Chief Quarantine Officer of the suspected EVD case.</p> <p>Notes:</p>

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Appendix 2: Ebola virus disease patient assessment flow chart



With files 3-107

Department of Health

**URGENT
E-MAILED**
1/9/2014

1/9/14

RC60/008881



Queensland
Government

MEMORANDUM

To: Chief Executives, Hospital and Health Services

Copies to:

From: Dr Jeannette Young

Chief Health Officer

Contact No: (07) 3328 9754

Fax No: (07) 3328 9782

Subject: Ebola Virus Disease

File Ref: CH010236

RECEIVED HSCI RECORDS
04 SEP 2014
RECEIVED QLD HEALTH

Recently the Senior Director of the Communicable Diseases Unit distributed communiques to emergency departments, infectious disease physicians, public health physicians, laboratory personnel, general practitioners and private hospitals to advise on the status of the Ebola Virus Disease (EVD) outbreak in West Africa and to provide important information on the recommended management of suspected EVD presentations.

In addition discussions have been held with representatives from Hospital and Health Services including, infectious disease physicians, public health physicians and microbiologists, as well as private laboratories, retrieval services, 13Health and Queensland Ambulance Service.

An EVD guideline for managing presentations of suspected EVD cases in Queensland has been developed and is currently out for comment. This will be circulated in the next week to Hospital and Health Services. Additionally a laboratory working group has been formed to consider issues relating to the collection, transportation and testing of specimens in Queensland.

The Commonwealth Department of Health has posted advice for clinicians and the public in regards to EVD, along with the Interim National Guidelines for Public Health Management of EVD, found at <http://www.health.gov.au/Internet/main/publishing.nsf/Content/ohp-ebola.htm>

I hope these resources will assist your Hospital and Health Service to have in place arrangements for managing suspected and confirmed EVD cases that may present at your local facility.

If you have any concerns regarding the preparedness of your hospitals to manage a suspected or confirmed EVD case, please contact your local public health physician or infectious diseases physician. Dr Heidi Carroll, Senior Medical Officer, Communicable Disease Unit is available for any further advice.

Dr Jeannette Young
Chief Health Officer
1 / 9 / 2014

URGENT

Prepared by:

Janet Farmer
A Public Health Nurse
Communicable Diseases Unit

[Redacted]

27/08/2014

Submitted through:

Dr Heidi Carroll
Senior Medical Officer
Communicable Diseases Unit

[Redacted]

17/08/2014

Cleared by:

Dr Sonya Bennett
Senior Director
Communicable Diseases Unit

[Redacted]

29/08/2014

Cleared by:

Dr Jeannette Young
Chief Health Officer
Chief Health Officer Branch

[Redacted]

RTI Release

Enquiries to: Dr Sonya Bennett
Incident Controller
SHECC EVD IMT
Telephone:
File Ref: DG075415

Mr Ian Stewart
Commissioner of the Queensland Police Service
Queensland Police Service HQ
GPO Box 1440
BRISBANE QLD 4001

Dear Commissioner

The State Health Emergency Coordination Centre (SHECC) was activated on 15 October 2014 to prepare for the possibility that a person infected with Ebola Virus Disease (EVD) might arrive in Queensland.

The draft Queensland Ebola Virus Management Plan 2014 recommends that any person, including Health Care Workers, with an identified potential exposure to EVD go into Voluntary Home Restriction (VHR) for 21 days after their last potential contact with the disease. Four families have now completed VHR in Brisbane, but there still remains potential for further individuals to undergo VHR in the future. Given the intense local and media interest in any such person/s, their safety at home and during transfer to a health care facility is a high priority.

Queensland Health (QH) is seeking the support of the Queensland Police Service (QPS) to ensure the safety of people in home quarantine.

There are also likely to be other areas where Queensland Health may need to seek advice from the QPS throughout the management of any EVD threat. Queensland Health is therefore seeking a point of contact with the QPS to discuss these issues and any other issues that may arise as the Department of Health implements strategies to reduce the risk of Ebola transmission in Queensland.

Noting that a Police Liaison Officer (PLO), Detective Acting Inspector Fiona Hinshelwood, will commence with QH's Conduct Advisory Services on 1 December 2014, I seek your advice if Detective A/Inspector Hinshelwood would be the appropriate point of contact for officers of QH including SHECC. As the PLO does not commence until 1 December 2014, an interim QPS contact would also need to be identified.

Alternatively, your nomination of another suitable point of contact within the QPS would be appreciated.

Office
Queensland Health
147-163 Charlotte St
BRISBANE QLD 4001

Postal
GPO Box 48
BRISBANE QLD 4001

Phone

Fax

For further information and to progress this request, Queensland Health's contact person is [redacted] Planning Executive EVD SHECC. [redacted] can be contacted via SHECCEVDIMT@health.qld.gov.au or by telephone on [redacted]

Yours sincerely

Ian Maynard
Director General

/ /

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Office
Queensland Health
147-163 Charlotte St
BRISBANE QLD 4001

Postal
GPO Box 48
BRISBANE QLD 4001

Phone

[redacted]

Fax

Prepared by: Janet Farmer
Public Health Nurse
SHECC EVD IMT
[Redacted]
29 October 2014

Cleared by: Debra El Saadi
Manager NDPC
SHECC EVD IMT
[Redacted]
29 October 2014

Cleared by Dr Brad McCall
Public Health Physician
SHECC EVD IMT
[Redacted]
29 October 2014

Cleared by Dr Sonya Bennett
Incident Controller
SHECC EVD IMT
[Redacted]
31 October 2014

Cleared by Yvonne Li on behalf of
Dr Jeannette Young
Chief Health Officer
Chief Health Officer Branch
[Redacted]
3 November 2014

Document Name: DG075415

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