The Office of Correctional Health Care
&
The Coalition of Correctional Health Authorities (CCHA)
Clinical Practice Working Group

Presents

A Special Session Webinar
Ebola Preparedness for Correctional Facilities

November 13, 2014
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The Coalition of Correctional Health Authorities (CCHA) is comprised of the health authorities of the 50 states, the 7 large jail systems and the Federal Bureau of Prisons.

Clinical Practice Working Group
• Chaired by Dr. Newton Kendig, Federal Bureau of Prisons

• Provide updates of changes in clinical practices, including how they impact correctional healthcare;

• Updates the members of various treatment approaches for the corrections population
Overview of Program

• Introductions

• Presentation

• Questions

• Wrap up
Objectives

• Describe Ebola – what it is, how it is spread, how it can be contained.

• Discuss step-wise approach to Ebola inmate screening and management in the Federal Bureau of Prisons

• Identify resources for updated Ebola information
Sarah Bur, RN, MPH
Infection Prevention & Control Officer
Federal Bureau of Prisons
What is Ebola?

- Ebola is a virus that infects mammals and humans
- The reservoir is unknown -- most likely a mammal such as a bat
- Since the mid-1970s has caused periodic, unpredictable outbreaks of disease in humans in Africa
How is the Ebola virus transmitted?

- **Direct contact with the body:** through broken skin or mucous membranes (eyes, nose, or mouth)
- **Contact with infected blood or other body fluids (including urine, saliva, sweat, feces, vomit, breast milk, and semen) of a person who is sick with Ebola**
- **Ritual burying rites of the dead**
How is the Ebola virus not transmitted?

The Ebola virus is *not* transmitted by:

- The air
- Water
- Food
- Insects
Is the Ebola virus very contagious?

• It depends…..

• Patients not infectious until they become sick
  ➢ generally the sicker they are the more contagious they become

• Health care workers--with intense contact with body fluids--have been particularly susceptible (even with protective equipment)

• Many family members of Ebola patients who die never become infected
What illness does Ebola virus cause?

Symptoms of Ebola may appear anywhere from 2 to 21 days after exposure (average is 8 to 10 days).

- Fever
- Severe headache
- Muscle pain
- Weakness
- Vomiting
- Diarrhea
- Stomach pain
- Unexplained bleeding or bruising
What illness does Ebola virus cause?

- Total body disease, including damage to major body organs and extremely low blood pressure
- Treatment is supportive (no antibiotics are effective) and includes IV fluid replacement
- Mortality rate in Africa is ~70%
- Mortality rates in the developed world are lower but not yet measured due to the small number of patients treated
Why is the current Ebola epidemic different?

• Outbreak announced by WHO on March 24, 2014

• Involves urban areas of Western Africa with significant poverty and poor public health infrastructure

• Spread of infection has been unprecedented
Where is Ebola occurring?

Three countries with uncontained Ebola: Guinea, Liberia, and Sierra Leone.
## Ebola Outbreak Cases & Deaths
(as of Nov. 4, 2014)

<table>
<thead>
<tr>
<th>Country</th>
<th>Total Cases</th>
<th>Confirmed Cases</th>
<th>Total Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guinea</td>
<td>1,760</td>
<td>1,479</td>
<td>1,054</td>
</tr>
<tr>
<td>Liberia</td>
<td>6,919</td>
<td>2,514</td>
<td>2,766</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>4,862</td>
<td>4,149</td>
<td>1,130</td>
</tr>
<tr>
<td>Nigeria**</td>
<td>20</td>
<td>19</td>
<td>8</td>
</tr>
<tr>
<td>Spain</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Senegal**</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>United States</td>
<td>4</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Mali</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
Nigeria is now free of Ebola virus transmission

Situation assessment - 20 October 2014

Nigeria is now free of Ebola virus transmission

The lines on the tabular situation reports, sent to WHO each day by its country office in Nigeria, have now been full of zeros for 42 days.

WHO officially declares that Nigeria is now free of Ebola virus transmission.

This is a spectacular success story that shows that Ebola can be contained. The story of how Nigeria ended what many believed to be potentially the most explosive Ebola outbreak imaginable is worth telling in detail.
U.S. Ebola Cases
(4 cases diagnosed in U.S)

• Case 1: Liberian Visitor to Dallas, Texas
  – 9/26/14: 4 days after arrival went to ER
  – 9/28/14: hospitalized; died 10/4/14
• Case 2: TX Healthcare Worker – Cared for Case 1
  – 10/10/14: diagnosed with Ebola -- has recovered
• Case 3: TX Healthcare Worker – Cared for Case 1
  – 10/15/14: diagnosed with Ebola – has recovered
• Case 4: NY Medical Aid Worker
US: Ebola Risk in Perspective

• Ebola
  – 2014: 4 cases & 1 death

• Influenza
  ~200,000 hospitalizations & 36,000 deaths

• Healthcare-associated infections
  – 2011: ~722,000 infections & 75,000 deaths
Can Ebola virus be contained?

• Yes
  ➢ because transmission is only by direct contact
  ➢ Nigeria provides example of successful containment

• Widespread outbreaks in the U.S. will NOT occur despite the general hysteria

• Nevertheless, outbreaks in other parts of the world may worsen, unless the West African epidemic is addressed
Two nurses exposed to Case 1 when he was seriously ill became infected. No other contacts to Case 1 or to the two nurses became ill.

Take Home Message:

- Asymptomatic persons DO NOT spread Ebola
Personal Protective Equipment (PPE)

- Updated guidance for PPE for healthcare workers posted on CDC website 10/20/14:
  
  [http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html](http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html)

- This guidance includes EMS personnel

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Ebola (Ebola Virus Disease)

Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting On (Donning) and Removing (Doffing)

This guidance is current as of October 20, 2014
CDC-Recommended Personal Protective Equipment (PPE)

Recommended PPE for health care workers in contact with persons with suspected or confirmed Ebola

- **Face Shield**
- **Fluid-resistant or impermeable gown or coverall**
- **Surgical Mask** (N 95 respirator if potential for exposure to splash or spray)
- **Nitrile exam gloves with extended cuff (2 pairs)**
- **Fluid-resistant boot covers**
- **Fluid-resistant surgical hood**
CDC PPE Recommendations
For Health Care Workers

• Rigorous and repeated training is required regarding
  – Donning (putting on) PPE
  – Doffing (taking off) PPE
• No skin exposure when PPE is worn
• Trained monitor actively observes and supervises each worker donning and doffing PPE
• Disinfection of visibly contaminated PPE prior to taking it off
How could correctional facilities be exposed to the Ebola virus?

- Staff
- Visitors
- Inmates
Staff

• Discourage staff from traveling to: Sierra Leone, Guinea, and Liberia
CDC Guidelines

- Active monitoring by public health
  - persons with known Ebola exposure (with or without PPE)
  - travel history to Ebola outbreak countries
- Travel / Work / Public Place restrictions if high-risk exposures or if public health system deems necessary
States – Quarantine Authority

- Each state has right to establish own quarantine requirements
- New Jersey, New York, Illinois have all established quarantines for health workers returning from working with Ebola patients

It is anticipated that the situation will continue to evolve!
Visitors
Visitors

BOP Visitor Questionnaire

1) *In the last 21 days, have you been in any of the following countries: Liberia, Sierra Leone, or Guinea?*

2) *Have you been in contact with anyone who traveled from these countries in the last 21 days and who is sick?*

3) *In the last 21 days, have you been in close contact with anyone who was diagnosed with Ebola?*

- **Current BOP Protocol:** Visitors answering *yes to any question* will be denied visit.
BOP
Interim Ebola Protocol for
Inmate Screening & Management

• BOB Interim Ebola Protocol is based on CDC guidelines for:
  – Health care workers
  – EMS/Law Enforcement
  – Monitoring of exposed persons

• Currently no CDC Ebola guidelines specifically addressing correctional facilities.
BOP Interim Ebola Protocol: Inmate Screening and Management

Step 1. Screen intakes for Ebola exposure history

Yes

Step 2. Place inmate in separate room

Step 3. Assess for Ebola symptoms

No

Step 4a. Quarantine (x 21 days)

Assess twice daily for symptoms/temperature

Yes

Step 4b. Prepare to Transfer

Yes

Step 5. Transport for Medical Evaluation

Step 6. Decontamination of Rooms
Step 1. Screen intakes for Ebola exposure history

1) In the last 21 days, have you been in any of the following countries: Liberia, Sierra Leone, or Guinea?

2) Have you been in contact with anyone who traveled from these countries in the last 21 days and who is sick?

3) In the last 21 days, have you been in close contact with anyone who was diagnosed with Ebola?
Step 1. Screen intakes for Ebola exposure history

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Step 4a. Quarantine (x 21 days)

Assess twice daily for symptoms/temperature

Yes

Yes

Yes

Step 4b. Prepare to Transfer

Step 5. Transport for Medical Evaluation

Step 6. Decontamination of Rooms
Step 2. Place inmate in a separate room

- A separate room (ideally with a toilet) adjacent to the location for intake screening should be pre-identified for this purpose. The room should not contain any cloth or fabric-covered furniture.
- Don gloves.
- Move inmate to designated room for questioning about symptoms.
BOP Interim Ebola Protocol: Inmate Screening and Management

Step 1. Screen intakes for Ebola exposure history
- Yes

Step 2. Place inmate in separate room

Step 3. Assess for Ebola symptoms
- Yes
- No

Step 4a. Quarantine (x 21 days)
- Assess twice daily for symptoms/temperature
- Yes

Step 4b. Prepare to Transfer

Step 5. Transport for Medical Evaluation

Step 6. Decontamination of Rooms
Step 3. Assess for Ebola symptoms

• Try to maintain a distance of 3 feet from the inmate.
• Wearing gloves, hand inmate a disposable thermometer to take temperature and ask them to show the result.
• Assess for Ebola symptoms
• Staff will perform appropriate hand hygiene after removing gloves.
• Follow-up:
  ➢ If inmate reports “No” to all of the symptoms go to Step 4a. Quarantine
  ➢ If inmate reports “Yes” to any of the symptom questions go to Step 4b. Prepare to Transfer
Step 3. Assess for Ebola symptoms

- fever (self-reported or ≥100.4°F)
- headache
- weakness
- muscle pain
- vomiting
- diarrhea
- abdominal pain
- bleeding (e.g., bleeding gums, blood in urine, nose bleeds, blood in vomit or stool)
BOP Interim Ebola Protocol: Inmate Screening and Management

Step 1. Screen intakes for Ebola exposure history

Yes

Step 2. Place inmate in separate room

Step 3. Assess for Ebola symptoms

No

Step 4a. Quarantine (x 21 days)

Assess twice daily for symptoms/temperature

Yes

Yes

Step 4b. Prepare to Transfer

Step 5. Transport for Medical Evaluation

Step 6. Decontamination of Rooms
Step 4a. Quarantine asymptomatic inmate

- Designate a quarantine cell in the facility that has a toilet and (ideally) a shower.
  - Negative pressure NOT required
  - Mattress/Pillows plastic-covered with plastic intact.
- Inmates with Ebola exposure risk & no symptoms are quarantined to twice-daily observe for Ebola symptoms for 21 days after potential Ebola exposure ended
- Asymptomatic inmates can walk from intake to quarantine cell utilizing Standard Precautions. The inmate does not need to wear PPE
- If Ebola symptoms develop then proceed to Step 4b.

Prepare to Transfer
Step 4a. Quarantine asymptomatic inmate

• Report to local health department
  – Determine information they will require / frequency
  – Develop plan with local health and local EMS if inmate develops symptoms

• Key educational message for staff regarding quarantined inmate:

  Ebola is NOT contagious if a person does not have symptoms
### Quarantine Procedures

<table>
<thead>
<tr>
<th>Cell Type</th>
<th>Single cell with toilet and shower. Negative Pressure (airborne infection isolation) is not required because Ebola is not airborne.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inmate Education</td>
<td>Advise that he or she is being placed in a single cell for 21-days since the potential exposure to Ebola ended. Emphasize that confinement in a single cell is not for punishment.</td>
</tr>
<tr>
<td>Infection Control Precautions</td>
<td>Standard precautions: 1) hand hygiene (before and after wearing gloves) 2) use of PPE (e.g., gloves, gowns, masks) when contact with body fluids anticipated, 3) safe injection practices, 4) safe handling of potentially contaminated equipment or environmental surfaces.</td>
</tr>
<tr>
<td>Where gloves when contact with inmate is anticipated.</td>
<td></td>
</tr>
<tr>
<td>Signage</td>
<td>Place sign on the door sign indicating &quot;Quarantine Room&quot; (See Appendix C).</td>
</tr>
<tr>
<td>Room Entry Log</td>
<td>Any staff member who enters the quarantine cell should enter their name, date, time and type of contact with the inmate onto the log.</td>
</tr>
<tr>
<td>Twice daily symptom screen &amp; temperature</td>
<td>Health services will interview inmate twice daily regarding symptoms: fever (self-reported) or headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, or bleeding (e.g., bleeding gums, blood in urine, nose bleeds, blood in stool or vomit). Utilize disposable thermometer that is left in cell. Have inmate take temperature and show the result. Avoid coming within 3 feet of inmate until after symptom review completed. If symptoms or temperature &gt; 99.5°F immediately post sign on door indicating that it should not be entered. Contact Clinical Director.</td>
</tr>
<tr>
<td>If inmate becomes symptomatic</td>
<td>Follow procedures in Appendix A, Step 4b to prepare the inmate for transport to a medical evaluation. Ask inmate to perform hand hygiene and put on surgical mask and gloves.</td>
</tr>
<tr>
<td>Medical Documentation</td>
<td>Twice daily a clinical encounter shall be entered into BEMR with the results of the temperature and symptom screen and general condition of the inmate. BEMR notes shall be assigned by the Clinical Director.</td>
</tr>
<tr>
<td>If inmate becomes symptomatic</td>
<td>Then follow procedures in Step 4b. Inmate shall be asked to perform hand hygiene and put on a surgical mask and glove.</td>
</tr>
<tr>
<td>Medical Equipment</td>
<td>If additional medical equipment is needed it should be dedicated to that room and ideally left in that room at the warden's discretion.</td>
</tr>
<tr>
<td>Blood Draws</td>
<td>In general, blood draws should be avoided. If blood draws are considered essential then consult with Central Office Infection Prevention and Control regarding specific guidelines.</td>
</tr>
<tr>
<td>Food Service</td>
<td>Use disposable dishware. Dispose of in regular trash. Regular laundry is acceptable.</td>
</tr>
<tr>
<td>Staff Interaction</td>
<td>Visits with staff not requiring direct contact shall be conducted through the window. Visits will be denied until the end of the quarantine.</td>
</tr>
<tr>
<td>Visits</td>
<td>Telephone calls shall be made available. If common telephone utilized it should be disinfected after use with INSERT LINK.</td>
</tr>
<tr>
<td>Telephone Calls</td>
<td>Trash</td>
</tr>
<tr>
<td>Cleaning Cell</td>
<td>The inmate should be provided with supplies to clean cell.</td>
</tr>
<tr>
<td>Discontinuation of Quarantine</td>
<td>Once the inmate has reached the end of the 21-day quarantine without development of symptoms, the inmate is returned to general population with no special precautions.</td>
</tr>
<tr>
<td>Terminal Cleaning Asymptomatic Inmate</td>
<td>For inmates who complete the 21-day quarantine without developing symptoms, the cell can be cleaned utilizing usual cleaning procedures.</td>
</tr>
<tr>
<td>Terminal Cleaning</td>
<td>If inmates develop symptoms, then the room is cordoned off awaiting Ebola test results. If positive, consult with Health Department to arrange for appropriate decontamination.</td>
</tr>
</tbody>
</table>
BOP Interim Ebola Protocol: Inmate Screening and Management

Step 1. Screen intakes for Ebola exposure history
- Yes
  - Step 2. Place inmate in separate room
  - Step 3. Assess for Ebola symptoms
  - No
    - Step 4a. Quarantine (x 21 days)
      - Assess twice daily for symptoms/temperature
        - Yes
          - Step 5. Transport for Medical Evaluation
          - Step 6. Decontamination of Rooms
        - Yes
          - Step 4b. Prepare to Transfer
Step 4b. Prepare to transfer symptomatic inmate

• Consult local health department & EMS regarding contingency plan for inmate with Ebola exposure risk factors & symptoms identified in your facility.

• Inmate shall be secured in the screening room pending transport.

• Attempt to avoid physical contact with inmate.

• Full personal protective equipment required for contact with inmate.

• Assign health services staff to be advocate for correctional officer to assure appropriate PPE is obtained prior to transfer.
Step 4b. Prepare to transfer symptomatic inmate

- Determine how PPE will be obtained to protect officers for this transfer
- Make notifications
  - Local chain of command
  - Local health department emergency number
  - EMS for ambulance transport (inform of inmate’s Ebola exposure risk & symptoms)
  - Notify hospital of pending transfer of inmate under investigation for Ebola symptoms
- Document in medical record
BOP Interim Ebola Protocol: Inmate Screening and Management

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Yes

Step 2. Place inmate in separate room

Step 3. Assess for Ebola symptoms

No

Step 4a. Quarantine (x 21 days)

Assess twice daily for symptoms/temperature

Yes

Yes

Yes

Step 4b. Prepare to Transfer

Step 5. Transport for Medical Evaluation

Step 6. Decontamination of Rooms
Step 4b. Transport for Medical Evaluation

- Have inmate perform hand hygiene and put on personal protective equipment
- Escorting officers must be afforded personal protective equipment - either provided by the facility or local EMS
- Transport via ambulance to the emergency room
  - BOP vehicles will NOT be used
BOP Interim Ebola Protocol: Inmate Screening and Management

Step 1. Screen intakes for Ebola exposure history

- Yes

Step 2. Place inmate in separate room

Step 3. Assess for Ebola symptoms

- No
- Yes

Step 4a. Quarantine (x 21 days)

Assess twice daily for symptoms/temperature

- Yes

Step 4b. Prepare to Transfer

Step 5. Transport for Medical Evaluation

Step 6. Decontamination of Rooms
Step 5. Decontaminate Rooms

Rooms that have been occupied by inmate with Ebola exposure risk and symptoms….

- Do not decontaminate room
- Cordon off room and clearly label that it should not be used
- Await Ebola test results
  - If Ebola test is positive arrange for outside decontamination in consultation with health department
# Personal Protect Equipment (PPE)

<table>
<thead>
<tr>
<th>Gloves</th>
<th><strong>Step 1 Risk Screening</strong></th>
<th><strong>Step 2/3 Symptom Screening</strong></th>
<th><strong>Step 4b Quarantine</strong></th>
<th><strong>Step 4-5 Transfer</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Precautions:</td>
<td></td>
<td></td>
<td></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>(1) hand hygiene</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) use of PPE (e.g., gloves, gowns, masks) when contact with body fluids anticipated</td>
<td></td>
<td></td>
<td></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>(3) safe handling of potentially contaminated equipment or touching environmental surfaces</td>
<td></td>
<td></td>
<td></td>
<td><strong>X</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Surgical Mask (or Respirator)</th>
<th><strong>Step 1 Risk Screening</strong></th>
<th><strong>Step 2/3 Symptom Screening</strong></th>
<th><strong>Step 4b Quarantine</strong></th>
<th><strong>Step 4-5 Transfer</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>X</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Face Shield</th>
<th><strong>Step 1 Risk Screening</strong></th>
<th><strong>Step 2/3 Symptom Screening</strong></th>
<th><strong>Step 4b Quarantine</strong></th>
<th><strong>Step 4-5 Transfer</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>X</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fluid-resistant or Impermeable coveralls or gown</th>
<th><strong>Step 1 Risk Screening</strong></th>
<th><strong>Step 2/3 Symptom Screening</strong></th>
<th><strong>Step 4b Quarantine</strong></th>
<th><strong>Step 4-5 Transfer</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>X</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Surgical Hood</th>
<th><strong>Step 1 Risk Screening</strong></th>
<th><strong>Step 2/3 Symptom Screening</strong></th>
<th><strong>Step 4b Quarantine</strong></th>
<th><strong>Step 4-5 Transfer</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>X</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Boot Covers</th>
<th><strong>Step 1 Risk Screening</strong></th>
<th><strong>Step 2/3 Symptom Screening</strong></th>
<th><strong>Step 4b Quarantine</strong></th>
<th><strong>Step 4-5 Transfer</strong></th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td><strong>X</strong></td>
</tr>
</tbody>
</table>
Includes:

- **Contact Health Department**
- **Contact Local EMS/Local Hospital**
- **Complete list of Ebola emergency contacts**
- **Identify rooms for symptom screening and quarantine**
- **Acquire needed equipment (disposable thermometers)**
- **Arrange for PPE (face shield, mask, gloves, impermeable gown or coverall, surgical hood, boot covers)**

### Table: Institution Ebola Preparedness Checklist

<table>
<thead>
<tr>
<th>Protocol Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review entire protocol</td>
</tr>
</tbody>
</table>

**Communications**

State Health Department after hours Ebola emergency phone number:


State: [ ] Phone Number(s): [ ]
CDC Ebola Resources

http://www.cdc.gov/vhf/ebola/
Your Role as Leaders

• Be the “calm in the storm”
• Do not minimize the risk
• But do not exaggerate the risk either

In reality the risk of exposure to the Ebola virus is extremely low.......but what staff want to know is that you are prepared and strategically mitigating the risk in tangible ways to protect their well-being
Resources

- ACA’s Correctional Health Care – Resource Library Webpage [www.aca.org](http://www.aca.org)
- Doreen Efeti – [DoreenE@aca.org](mailto:DoreenE@aca.org)

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2. Centers for Disease Control and Prevention
Resources

National Institutes of Health
- Ebola Virus Disease: Information for U.S. Healthcare Workers

World Health Organization
- Information that can be found on this page includes updated personal protection equipment guidelines
- Infection prevention and control guidance for care of patients in health-care settings, with focus on Ebola
  http://apps.who.int/iris/bitstream/10665/130596/1/WHO_HIS_SDS_2014.4_eng.pdf?ua=1&ua=1
To replay the webinar, please visit the ACA’s Webcast Center Page at

www.aca.org

Or
Click here

Ebola Preparedness for Correctional Facilities

Thank you for attending this Special Session Webinar

&

Special Thank You to Dr. Newton Kendig and the Federal Bureau of Prisons for making this webinar possible.