

YOUTH SERVICES POLICY

Title: Ebola Virus Disease	Type: A. Administrative Sub Type: 1. General Number: A.1.19
	Page 1 of 5
References: La. R.S. 29:760, et seq.; Executive Order BJ 2014-13; Centers for Disease Control and Prevention (CDC); Fair Labor Standards Act (FLSA); Family and Medical Leave Act (FMLA); Health Insurance Portability and Accountability Act (HIPAA); Department of Health, Infectious Disease Epidemiology Section (IDEPI)	
STATUS: Approved	
Approved By: Otha "Curtis" Nelson, Jr., Deputy Secretary	Date of Approval: 02/01/2024

I. AUTHORITY:

Deputy Secretary of Youth Services (YS) as contained in La. R.S. 36:405 and Executive Order BJ 2014-13 "Travel to Areas Impacted by Ebola Virus Disease". Deviation from this policy must be approved by the Deputy Secretary.

II. PURPOSE:

To establish a formal policy relative to employees who travel to nations in which the Centers for Disease Control and Prevention (CDC) has issued a travel alert or warning due to the Ebola Virus Disease (EVD).

III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Undersecretary, Chief of Operations, Probation and Parole Director - Juvenile, Youth Facilities Director - Statewide, General Counsel, Health Services Director, Regional Administrators, Facility Directors, Regional Managers, the Contracted Health Care Provider (CHP), and all YS employees.

Each Unit Head is responsible for ensuring that all necessary procedures are in place to comply with the provisions of this policy and with the attached "Office of Juvenile Justice Protocols for Suspected Case of Ebola Virus Disease (EVD)".

IV. DEFINITIONS:

Commercial Transportation – A mode of transportation used for public conveyance including, but not limited to, airplane, ship, bus, train, or taxi, etc.

Ebola Virus Disease (EVD) – A rare but deadly virus that causes bleeding inside and outside the body, damaging the immune system and organs, and ultimately causing levels of blood-clotting cells to drop which leads to severe, uncontrollable bleeding.

Places of General Public Congregation – Public places where people gather including, but not limited to, restaurants, grocery stores, gymnasiums, theaters, or places of worship etc.

Unit Head – For the purpose of this policy, Unit Head consists of the Deputy Secretary, Facility Directors and Regional Managers.

YS Employees – For the purpose of this policy, any individual employed full time, part-time, classified, unclassified, job appointments or WAEs, contract personnel and interns.

V. POLICY:

Due to the World Health Organization declaring the EVD outbreak as an international public health emergency, it is the Deputy Secretary's policy that YS employees who may have a reason to travel to countries that the CDC has issued a travel alert or warning for the EVD shall be required to adhere to the procedural requirements in accordance with the provisions of this policy.

VI. PROCEDURES:

- A. All YS employees shall report to their supervisor their travel plans to any country in which the CDC has issued a travel alert or warning for the threat of contracting the EVD. *(The list is updated periodically by the CDC. Please check it before and 21 days after international travel at www.cdc.gov/travel/notices.)*

The attached "Travel Notification Form" [see Attachment A.1.19 (a)] shall be completed by the employee and submitted to their immediate supervisor within five (5) business days prior to travel to Ebola-affected countries. The supervisor shall immediately notify the Unit Head and the Health Services Director.

- B. The attached "Travel Notification Form" form shall include the following information:
1. Date and Time of Report;
 2. Reporting Agency Information (OJJ/YS);
 3. Reporting Official Information (Deputy Secretary);

4. Traveler (OJJ Employee) Information;
5. Dates of Travel and Countries Visited; and
6. Signature of Traveler or Reporting Official (if Traveler is not available).

The Health Services Director is responsible for contacting the Department of Health (DOH), Infectious Disease Epidemiology (EPI) Section immediately upon notification via email @ IDEpi@la.gov or via fax to (504) 568-8290, and for notifying the Deputy Secretary, Assistant Secretary and Chief of Operations and the appropriate Regional Administrator or Youth Facilities Director - Statewide.

- C. If travel to an affected destination has already occurred prior to the issuance of this policy (within the past 60 days), the YS employees shall report such travel along with all information noted in B above on the "Travel Notification Form" to his supervisor immediately.

The supervisor shall immediately notify the Unit Head and forward the "Travel Notification Form" to the Health Services Director, who is responsible for forwarding the information to the DOH/EPI Section within 24 hours via email @ IDEPI@la.gov. Contact by phone can be made 24 hours/7 days a week by calling (800) 256- 2748.

The Health Services Director shall also immediately notify the Deputy Secretary, Assistant Secretary, Chief of Operations and the appropriate Regional Administrator or Youth Facilities Director – Statewide upon receipt of the "Travel Notification Form".

- D. If a YS employee falls ill during international travel or within 21 days of return, the YS employee shall notify his supervisor immediately. The supervisor shall contact the Unit Head and the Health Services Director immediately.
- E. Within 24 hours of return from an Ebola-affected country, the employee shall notify their Supervisor, who shall then notify the Unit Head and the Health Services Director. The Health Services Director is responsible for notifying the DOH/EPI Section.
- F. The Health Services Director is responsible for verification of receipt by the DOH/EPI Section for any of the instances noted above.
- G. Upon return from any such travel, YS employees shall be placed in enforced sick leave for no less than 21 days. If the employee has no sick leave, annual leave shall be utilized for the days absent from work during the 21 days after departing the affected country.

If the employee has exhausted sick leave and annual leave, the employee shall be placed on leave without pay (LWOP).

Such leave shall not be used in any decision to approve or deny vacations, k-days or other future requested leave. FMLA may run concurrent with such enforced sick leave.

H. Further, upon return from any such travel, YS employees shall agree to the following restrictions, advisories and procedures for 21 days after departing an impacted area:

1. No use of any and all commercial or public transportation (including airplane, ship, bus, train, taxi, etc.);
2. No visit to any places where the public congregates, including but not limited to restaurants, grocery stores, gymnasiums, theaters, schools, and places of worship, etc.;
3. Have a personal readiness plan that includes a 21-day supply of food and water for you and your family along with any personal items or medications for use following your return trip; and
4. Daily communication and medical monitoring by public health officials which shall include, but is not limited to, the following:
 - a) Daily monitoring of body temperature and other vital signs, and
 - b) Daily monitoring of symptoms that could be related to contracting Ebola.

I. After the 21 day period, YS employees may be allowed to return to work only if documentation from a medical doctor has been provided to the Health Services Director showing that the affected staff member is approved to return to work in accordance with policies developed by DHH.

The medical documentation shall be forwarded to the Health Services Director, who shall give final approval via email to the employee's Supervisor and the Unit Head, for the YS employee to safely return to work. The Health Services Director and the Unit Head are responsible for maintaining return to work email approvals.

VII. DISCLAIMER:

Nothing in this policy shall be applied in a manner which violates, or is contrary to, the Fair Labor Standards Act (FLSA), the Family and Medical Leave Act (FMLA), the Health Insurance Portability and Accountability Act (HIPPA) or any other applicable federal or state law, rule or regulation.

Previous Regulation/Policy Number: A.1.19

Previous Effective Date: 12/21/2022

Attachments/References: A.1.19 (a) Travel Notification Form.February 2024.docx
OJJ Protocol for EVD.February 2024.docx

**Office of Juvenile Justice
Youth Services
Ebola Travel Notification Form**

Date: Click here to enter a date.

Time: Click here to enter text.

Reporting Agency

Agency Name: Click here to enter text.

Office: Click here to enter text.

Street: Click here to enter text.

City: Click here to enter text.

State: Click here to enter text.

Zip: Click here to enter text.

Reporting Official

Last Name: Click here to enter text.

First Name: Click here to enter text.

Occupation: Click here to enter text.

Email: Click here to enter text.

Phone: Click here to enter text.

Fax: Click here to enter text.

Traveler

Last Name: Click here to enter text.

First Name: Click here to enter text.

Occupation: Click here to enter text.

Email: Click here to enter text.

Phone: Click here to enter text.

Office: Click here to enter text.

Dates of Travel and Countries Visited

Departure: Click here to enter a date.

Return: Click here to enter a date.

Countries or Regions Visited

Dates Present

☐ Other(s) Click here to enter text.

Click here to enter text.

Click here to enter text.

Submit reports via email to:

IDEpi@la.gov

Submit reports via fax to:

504-568-8290

Signature of Traveler or Reporting Official (if Traveler is not available)



Office of Juvenile Justice Protocols for Suspected Case of Ebola Virus Disease (EVD)



Subject

Ebola Virus Disease (EVD) is a virus that has worldwide consequences. Confirmed or suspected cases of Ebola present special requirements for disease surveillance, public communications, allocation of medical resources, and expansion of human services.

Background

While Ebola is a dangerous virus that can be life-threatening, its spread can be contained.

- EVD is spread by contact with blood or any other body fluid from a person with symptoms of EVD infection. Infection is spread when infected body fluids come in contact with mucous membranes, breaks in the skin or by sharps injuries.
- EVD is not transmitted through the air unless there is exposure to body fluid droplets from an infected person (e.g., coughing, sneezing or spitting).
- EVD is not transmitted from persons who don't have symptoms of infection (see below for symptoms of EVD infection).
- There currently are no FDA-approved medications specific for treating Ebola virus infection. The main way we treat EVD is through supportive care. This means providing excellent medical and nursing care, including monitoring and replacing fluids and electrolytes, as well as transfusions as necessary.
- The goal is to provide this care to the affected individuals until their bodies can control the virus.

Risk Assessment

Because travel to high-risk areas is one of the risk factors for transmission, these guidelines address individuals who are considered at high risk for EVD who meet travel criteria. In addition, exposure to a known EVD patient has also been included in the assessment. The risk assessment should be used in conjunction with the EVD screening algorithms produced by the Center for Disease Control (CDC). Individuals are stratified as high or low risk for EVD based on the exposure risk assessment along with clinical findings. The categories are as follows:

High-risk exposure is defined by the CDC as:

- Percutaneous (e.g., needle stick) or mucous membrane exposure to body fluids of confirmed or suspected EVD patient
- Direct care of an EVD patient or exposure to body fluids from such a patient without appropriate personal protective equipment (PPE)
- Processing body fluids of confirmed EVD patients without appropriate PPE or standard biosafety precautions

- Direct contact with a dead body without appropriate PPE in a country where an EVD outbreak is occurring

Low-risk exposure is defined by the CDC as:

- Household contact with an EVD patient
- Other close contact with EVD patients in health care facilities or community settings.

Close contact is defined as

- Being within approximately 3 feet (1 meter) of an EVD patient or within the patient's room or care area for a prolonged period of time (e.g., health care personnel, household members) while not wearing recommended PPE (i.e., standard, droplet and contact precautions)
- Having direct brief contact (e.g., shaking hands) with an EVD patient while not wearing recommended PPE

Symptoms

- The initial signs and symptoms of Ebola are similar to many other illnesses such as, the flu, malaria and typhoid.
- Ebola should be considered in anyone with fever who has traveled to, or lived in, an area where Ebola is present.
- The incubation period for Ebola, from exposure to when signs or symptoms appear, ranges from 2 to 21 days (most commonly 8-10 days).

Initial signs and symptoms of Ebola include:

- sudden fever [subjective or > 38 degrees C, 100.4 degrees F]
- chills
- muscle aches
- diarrhea
- nausea
- vomiting
- abdominal pain, occurring after about 5 days.
- sore throat
- weakness and fatigue
- loss of appetite

Other symptoms include:

- chest pain
- shortness of breath
- severe headache
- confusion, may also develop

- red eyes
- skin rash
- hiccups

Symptoms may become increasingly severe and may include:

- jaundice (yellow skin)
- severe weight loss
- mental confusion
- bleeding inside and outside the body
- shock
- multi-organ failure

Diagnosis

There are two methods for diagnosing the Ebola disease:

1. Polymerase chain reaction (PCR) is a commonly used diagnostic method for Ebola disease because of its ability to detect low levels of an ebolavirus. PCR methods can detect the presence of a few virus particles in small amounts of blood.
2. An antibodies test is another method used to confirm a person's exposure to and infection by an ebolavirus.

Treatment

Optimal treatment of Ebola utilizes both therapeutics and supportive care.

Therapeutics:

There are currently two treatments, by the U.S. Food and Drug Administration (FDA) to treat EVD caused by the Ebola virus, species Zaire ebolavirus, in adults and children.

InmazeB, approved in October, 2020, is a combination of three monoclonal antibodies.

Ebanga, approved in December 2020, is a single monoclonal antibody.

Monoclonal antibodies (often abbreviated as mAbs) are proteins produced in a lab or other manufacturing facility that act like natural antibodies to stop a germ such as a virus from replicating after it has infected a person. These particular mAbs bind to a portion of the Ebola virus's surface called the glycoprotein, which prevents the virus from entering a person's cells.

Supportive Care:

Providing basic interventions can significantly improve chances of survival when provided early. These are referred to as supportive care, and include:

- Providing fluids and electrolytes (body salts) orally or through infusion into the vein (intravenously).
- Using medication to support blood pressure, reduce vomiting and diarrhea, and to manage fever and pain.
- Treating other infections, if they occur.

Prevention

The prevention of Ebola includes:

- Proper screening and triaging to appropriately identify an individual suspected of having Ebola.
- Actions to avoid exposure to blood or body fluids of infected patients through contact with skin, mucous membranes of the eyes, nose, or mouth, or injuries with contaminated needles or other sharp objects.
- Coordination with Emergency Medical Services (EMS) personnel, Healthcare facilities, and Public Health Systems when responding to patients with suspected Ebola.

Vaccine

The U.S. Food and Drug Administration (FDA) approved the Ebola vaccine rVSV-ZEBOV (called Ervebo) on December 19, 2019. This vaccine is given as a single dose vaccine and has been found to be safe and protective against Ebola virus (species Zaire ebolavirus) only, which has caused the largest and most deadly Ebola outbreaks to date. This is the first FDA-approved vaccine for an ebolavirus.

On February 26, 2020, the Advisory Committee on Immunization Practices (ACIP) recommended pre-exposure prophylaxis vaccination with rVSV-ZEBOV for adults ≥ 18 years of age in the U.S. population who are at potential occupational risk of exposure to Zaire ebolavirus. This recommendation includes adults who are

- Responding or planning to respond to an outbreak caused by Ebola virus;
- Laboratorians or other staff working at biosafety-level 4 facilities that work with live Ebola virus in the United States; or
- Healthcare personnel working at federally designated Ebola Treatment Centers [PDF – 1 MB] in the United States.

Purpose

The intent of the Office of Juvenile Justice Ebola Response Protocol is to provide general guidance to the facility staff and all stakeholders in the preparation of protocols specific to an Ebola response. The specific purposes of this document are as follows:

1. Protect life and property
2. Minimize exposure in the secure facilities
3. Conduct active medical and public health vigilance so as to identify and isolate symptomatic cases.
4. Support rapid & effective response

Assumptions

1. The facility has the primary responsibility to identify and isolate symptomatic cases.
2. The facility has the responsibility to contact facility medical director, Office of Juvenile Justice executive leadership, WellPath facility medical leadership team and emergency management services (EMS).

Concept of Operations

Early recognition is critical to controlling the spread of Ebola Virus Disease. The Office of Juvenile Justice – Secure Facilities are expected to follow this protocol for all youth entering and staff working in the facilities.

- **Increase vigilance in inquiring about a history of travel to West Africa in the 21 days before illness onset for any individual presenting with fever or other symptoms consistent with Ebola;**
 - WellPath (WP) has developed a questionnaire for screening of new intakes or transfers.
 - Office of Juvenile Justice (OJJ) and WP staff should follow the travel reporting procedures as detailed in the YS Policy No. A.1.19.
 - Supervisors/Unit Heads should keep a log of staff travels, for referencing in the event of a suspected case.
- **Isolate individuals who report a travel history to an Ebola-affected country and who are exhibiting Ebola symptoms in a private room with a private bathroom.**
 - Office of Juvenile Justice request that an individual (staff personnel or youth) who has a travel history to an Ebola-affected country and exhibiting Ebola symptoms be assessed by the medical director or mid-level provider.

- Medical Director or Mid-level Provider will determine if the individual should be evaluated for suspected Ebola:
 - Youth in secure facility - Medical Director or Mid-level Provider will write orders for the youth to be transported to the local Tier 1 hospital via EMS.
 - Staff Personnel in secure facility – EMS will be called for transport to a local Tier 1 hospital.
- If the suspected case is a youth in secure custody, the youth must be accompanied by a Juvenile Justice Specialist assigned to his security.
- All individuals who have had close contact with the suspected case individual should be monitored for signs and symptoms of Ebola.
- If suspected case is determined to be a confirmed case, all close contact will be quarantined and monitored for signs and symptoms of Ebola.
- **Implement standard, contact, and droplet precautions (gowns, facemask, eye protection, and gloves);**
 - All staff assisting with the care and transport of a suspected case of Ebola, will be required to wear facility issued personal protective equipment (PPE).
 - OJJ recommend all staff be trained on Selection and Use of PPE and Donning and Removal of PPE:
 - Use hyperlink for a CDC training on **Personal Protective Equipment (PPE): Coaching and Training Frontline Health Care Professionals:**
<http://www.cdc.gov/infectioncontrol/pdf/strive/PPE103-508.pdf>
 - Facilities have identified and staged, PPE for both staff and youth.
 - Sanitizing wipes are available for disinfecting hard surface areas, but bleach based disinfectants will be available in case of an actual Ebola event.
- **Immediately notify a possible exposure or report a suspected case.**
 - The Supervisor will notify the Unit Head and the Health Services Director of the suspected case of Ebola.
 - The Health Services Director shall notify the Department of Health/EPI Section within 24 hours via email @ IDEPI@la.gov, and the Deputy Secretary, Assistant Secretary, Chief of Operations and the appropriate Regional Director or Youth Facilities Director - Statewide.
 - The Health Services Director shall verify that the Department of Health/EPI Section has been notified.

NOTE: This document is subject to change based on developing epidemiology in the country. The Health Services Director will be responsible for providing information for amending and updating the policy and protocol based on guidance released by the CDC related to the Ebola Virus Disease.

Attachment 1: Ebola Virus Disease Algorithm for Evaluation of the Returned Traveler

Ebola Virus Disease (Ebola)

Algorithm for Evaluation of the Returned Traveler



FEVER (subjective or $\geq 100.4^{\circ}\text{F}$ or 38.0°C) or compatible Ebola symptoms* in a patient who has resided in or traveled to a country with wide-spread Ebola transmission** in the 21 days before illness onset

* headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, or hemorrhage

NO

Report asymptomatic patients with high- or low-risk exposures (see below) in the past 21 days to the health department

YES

1. Isolate patient in single room with a private bathroom and with the door to hallway closed
2. Implement standard, contact, and droplet precautions
3. Notify the hospital Infection Control Program and other appropriate staff
4. Evaluate for any risk exposures for Ebola
5. IMMEDIATELY report to the health department

HIGH-RISK EXPOSURE

Percutaneous (e.g., needle stick) or mucous membrane contact with blood or body fluids from an Ebola patient

OR

Direct skin contact with, or exposure to blood or body fluids of, an Ebola patient

OR

Processing blood or body fluids from an Ebola patient without appropriate personal protective equipment (PPE) or biosafety precautions

OR

Direct contact with a dead body (including during funeral rites) in a country with wide-spread Ebola transmission** without appropriate PPE

LOW-RISK EXPOSURE

Household members of an Ebola patient and others who had brief direct contact (e.g., shaking hands) with an Ebola patient without appropriate PPE

OR

Healthcare personnel in facilities with confirmed or probable Ebola patients who have been in the care area for a prolonged period of time while not wearing recommended PPE

NO KNOWN EXPOSURE

Residence in or travel to a country with wide-spread Ebola transmission** without HIGH- or LOW-risk exposure

Review Case with Health Department Including:

- Severity of illness
- Laboratory findings (e.g., platelet counts)
- Alternative diagnoses

Ebola suspected

Ebola not suspected

TESTING IS INDICATED

The health department will arrange specimen transport and testing at a Public Health Laboratory and CDC

The health department, in consultation with CDC, will provide guidance to the hospital on all aspects of patient care and management



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

** CDC Website to check current countries with wide-spread transmission:
<http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/case-counts.html>

This algorithm is a tool to assist healthcare providers identify and triage patients who may have Ebola. The clinical criteria used in this algorithm (a single symptom consistent with Ebola) differ from the CDC case definition of a Person Under Investigation (PUI) for Ebola, which is more specific. Public health consultation alone does not imply that Ebola testing is necessary. More information on the PUI case definition: <http://www.cdc.gov/vhf/ebola/hcp/case-definition.html>

TESTING IS NOT INDICATED

If patient requires in-hospital management:

- Decisions regarding infection control precautions should be based on the patient's clinical situation and in consultation with hospital infection control and the health department
- If patient's symptoms progress or change, reassess need for testing with the health department

If patient does not require in-hospital management:

- Advise the health department before discharge to arrange appropriate discharge instructions, and to determine if the patient should self-monitor for illness
- Self-monitoring includes taking their temperature twice a day for 21 days after their last exposure to an Ebola patient

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Attachment 2: Think EBOLA


Think EBOLA

Early recognition is critical for infection control

INITIATE

Think Ebola when you approach a patient. Start the steps for basic infection control before assessing the patient for risks.

- Always use standard precautions
- If there are concerns that the patient could meet the criteria for Ebola, immediately separate the patient from others



IDENTIFY

Assess your patient for:


- International travel

OR

- Contact with someone with Ebola within the last 21 days

AND


- Had a fever at home, or has a current temperature $\geq 100.4^{\circ}\text{F}$ ($\geq 38^{\circ}\text{C}$)
- Other symptoms:
 - Severe headache
 - Muscle pain
 - Weakness
 - Fatigue
 - Diarrhea
 - Vomiting
 - Abdominal (stomach) pain
 - Unexplained hemorrhage (bleeding or bruising)
- If the patient has both exposure and symptoms, immediately isolate the patient and inform others (see INFORM)



ISOLATE

If assessment indicates possible Ebola virus infection, take action.


- Isolate the patient in a private room with a private bathroom or covered, bedside commode and close the door
- Wear appropriate personal protective equipment (PPE): <http://go.usa.gov/szg8>
- Limit the healthcare personnel who enter the room
- Keep a log of everyone who enters and leaves the patient's room
- Consider alternative diagnoses, and evaluate appropriately
- Only perform necessary tests and procedures
- Avoid aerosol-generating procedures
- Follow CDC guidelines for cleaning, disinfecting, and managing waste: <http://go.usa.gov/sz2YA>



INFORM

Alert others, including public health authorities.

- Notify your facility's infection control program and other appropriate staff
- Contact your state or local public health authorities
- Consult with state or local public health authorities about testing for Ebola
- For a list of state and local health department numbers, visit: <http://go.usa.gov/f74V>



For more information, visit www.cdc.gov/vhf/ebola/hcp

