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## THE UTILITY OF A MOBILE EBOLA ASSESSMENT FOR PERSONS UNDER INVESTIGATION

### OVERVIEW

As hospitals in Los Angeles County (LAC) developed capabilities and were designated by the Centers for Disease Control and Prevention (CDC) as Ebola Assessment and Treatment Facilities, the Department of Public Health (DPH) referred people under investigation (PUI) as suspect Ebola cases to those facilities for evaluation. This process required standing-up special units with dedicated, trained staff and strict personal protective equipment and other requirements to prevent potential spread of infection. As a result, evaluating a PUI substantially disrupted hospital operations, critically ill patients needed to be moved, additional staff needed to be called in, and financial costs were substantial. Because of these challenges, hospitals exhibited some reluctance to evaluate patients. At the suggestion of medical staff at one of the Ebola treatment hospitals, LAC DPH initiated a process to explore the feasibility and plan for a mobile assessment of a PUI. Not only would this approach address the challenges associated with a hospital-based evaluation, it also would be less disruptive and faster for the patient while continuing to ensure an appropriate level of care.

### ACTIVITIES

LAC DPH began by vetting the concept with the California Department of Public Health (CDPH) and CDC. Because no other jurisdictions had developed plans for mobile assessment, a cross-program, multi-disciplinary team met to plan all aspects of the strategy with a primary goal of ensuring appropriate evaluation of the PUI and safety for the evaluation team. Participants in planning included staff from ACDC, Public Health Lab (PHL), Emergency Preparedness and Response Program, Environmental Health, Community Health Services, the Public Information Officer, Emergency Medical Services, fire and police departments, and the Ebola treatment hospital.

### OUTCOMES

Ultimately, through the course of our response to the Ebola outbreak that ended in January 2016, this novel approach was used twice to evaluate PUIs during August 2015. An on-scene incident command post and staging area was established at a fire station near the PUIs' residence. The patients were evaluated by infectious disease staff in their home and specimens were obtained, packaged, and taken to the PHL where (negative) results were available within three hours. Mobile assessment proved to be effective, safe, rapid, and prevented the disruption of hospital healthcare services and provided a model for other jurisdictions in future public health emergency responses.

### BARRIERS

Challenges to implementing mobile evaluation included discomfort of staff in full personal protective equipment (PPE) in Los Angeles summer heat, risks to privacy from neighbors, and adequacy of patients' homes as settings to conduct the evaluation safely and effectively. Because of the care with which planning was done, prior training of all staff who had participated in previous hospital-based assessments,



good collaboration between LAC DPH and hospital staff, and coordination with LAC emergency response agencies, all these challenges were overcome.