1. OBJECTIVE

To contribute to the nationwide, multisectoral response plan to prevent the spread of the Ebola Virus Disease (EVD) in the Philippines.

2. INTRODUCTION

The spread of EVD continues, with close to 16,000 cases reported and the death toll approaching 5,700. Eight countries (Guinea, Liberia, Sierra Leone, Mali, Nigeria, Senegal, Spain, and the USA) have reported suspected, probable or confirmed EVD cases. The presence of overseas Filipino workers (OFWs) and UN peacekeepers in Ebola-affected countries in the Africa, and their anticipated temporary or permanent return to the country, pose risks of entry and spread of the Ebola virus in the Philippines.

The Department of Health (DOH) is spearheading the national response to this threat and has issued guidelines for inter-agency coordination in preventing or minimizing the entry and spread of EVD in the country. The University of the Philippines (UP) will proactively participate in the national effort by preparing university constituents of the UP Manila--and eventually the entire UP system--for a university-wide coordinated response within the university system, while closely liaising with the national response through DOH.

In line with this, Chancellor Carmencita Padilla, issued an administrative order CCDP 2014-015 on November, 3, 2014 constituting the UP Manila Ebola Preparedness and Response Task Force (UPM-EPR Task Force) for a two-stage university-wide response. In the first stage, the UPM-EPR Task Force has assumed the responsibility for preparing the plan, including the appropriate organizational structure (see Annex A for Task Force members). The proposed roadmap for UP Manila is described in the succeeding sections.

At a later stage, to be initiated by the Office of UP President Alfredo Pascual, the entire UP system will be mobilized, drawing on the strategies and lessons learned from implementation of the preparedness and response actions in UP Manila.
3. ESCALATING ACTION THROUGH EBOLA ALERT LEVELS

The Task Force recommends a tiered approach to the preparedness and alert response of the University, based on regular assessments of the risk of EVD transmission. For each alert level identified, there will be corresponding response plans tailored to the level of risk to the UP community, including the patients and communities it serves. The alert levels described below will guide the response and actions proposed as part of the UP Manila Roadmap.

<table>
<thead>
<tr>
<th>Alert Level (applicable to UP Manila)</th>
<th>Description</th>
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<tbody>
<tr>
<td>Alert Level 1</td>
<td>No identified (confirmed) case of EVD within Philippine territory as reported by the Department of Health.</td>
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<tr>
<td>Alert Level 2</td>
<td>Identification of at least one confirmed case of EVD within the Philippine territory as reported by the Department of Health</td>
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<tr>
<td>Alert Level 3</td>
<td>Identification of at least one local transmission of EVD within Philippine territory</td>
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<tr>
<td>Alert Level 4</td>
<td>Overflow of EVD cases from DOH Ebola Treatment Centers</td>
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STRATEGIES AND PRIORITY ACTIVITIES ACCORDING TO EBOLA ALERT LEVELS

**ALERT LEVEL 1:** No identified EVD case within the Philippine territory.

The responsibility for preventing the entry of the Ebola virus into the country at this stage rests mainly on exit and quarantine procedures from Ebola-affected countries as well as entry, screening and quarantine procedures in the Philippines, led by DOH in collaboration with the Dept. of Foreign Affairs, the Philippine Overseas Employment Administration, the Dept. of National Defense and other related agencies.
At Alert Level 1, the primary strategies and priority activities are:

- **Increase public awareness and community engagement on EVD**
  - Provide information to all UP Manila staff at all levels (students, faculty, hospital personnel, researchers, administrative and support staff) on EVD and the UP Manila preparedness and response plan
  - Disseminate timely and accurate public health information on EVD, specifically:
    - *KNOW* about EVD: what it is; risks; signs and symptoms; how it is transmitted; how it is NOT transmitted
    - *UNDERSTAND* EVD: address fears, rumors and/or stigma hampering EVD emergency health care and effective surveillance
    - *ACT*: know how to minimize risks of exposure; who/where to call or report when needed
  - Information, education and communications (IEC), including the following:
    - Social media: UPM website with links to UP-PGH website and websites of other UPM Colleges; Facebook and Twitter accounts. To include: Frequently Asked Questions (FAQs, pls see www.upm.edu.ph) and an audio-visual presentation (AVP) on the UPM Ebola Roadmap
    - Print: placement in strategic areas of infographics, posters, tarpaulins
    - AVP loops at entrances (materials to be borrowed from DOH AVP and PCP/PSMID) and patient waiting areas with TV monitors
    - Looped announcements (PA system) at AVP infographics, posters, audio-visual presentation (AVP) loops at entrances
    - Town Hall meetings and public forums as needed.
    - Select among existing IEC materials produced by DOH/CDC/WHO and PCP/PSMID AVP that are appropriate for the Philippine setting. These will be reviewed in terms of content, context, images, language/dialect (for info directed to patients/clients)

- **Develop EVD clinical response plan and initiate preparatory activities**
  - Identify Hospital Response Group (chaired by Co-chair of the UPM-EPR Task Force) to establish Ebola response protocols for screening, triage, case holding, linkages and referral systems, and infection prevention and control
  - Develop, announce, and do test runs on screening and triage protocols appropriate to the UP-PGH setting and resources, with the objective of zero slippages of EVD persons under investigation (PUI) or EVD suspects
  - Identify appropriate sites for screening, triage and case holding
  - Capacity building for EVD healthcare and support staff:
    - Identify frontline staff at UP health facilities (initially UP-PGH, followed by UP infirmaries and clinics at the 2nd stage of the roadmap) who will carry out screening and triage at Alert Levels 2-4.
- Train first batches of UP-PGH health and support staff (security, maintenance, waste management, etc.) on screening, triage, personal protective equipment (PPE) donning and doffing, patient flows, and referrals. These trainees will form the Rapid Response Team pool.
- Develop a risk management plan for clinical response team and support staff
  - Initiate discussions with UP Manila and UP-PGH management re package for Rapid Response Team and support staff involved in EVD clinical response, to include: remuneration, hazard pay, health care, and medical insurance, and death benefits

**ALERT LEVEL 2: At least one confirmed EVD case within the Philippine territory.**

At Alert Level 2, the risk of local transmission increases, but the risks are stratified depending on the degree of contact, as outlined below:

- **High risk:** individuals who have had direct contact with body fluids of the EVD case/s while not wearing PPE
- **Some risk:** healthcare workers taking care of the EVD case/s while wearing PPE
- **Low risk:** individuals who have traveled on a plane with a person developing signs of EVD while on board
- **No risk:** individuals who have had contact with a person without symptoms of EVD, but who subsequently had symptoms and confirmed to have EVD

There is a potential for confusion and panic once DOH confirms the presence of an EVD case in the country, hence Alert Level 2 requires more intensive IEC and community engagement efforts, as well as actual mobilization of the UP-PGH Clinical Response Team and support staff. The primary strategies and priority activities are:

- **Intensify public education and community engagement efforts**
  - Town Hall meetings and seminars on EVD, risk of transmission, risk minimization, and health resources for PUI and EVD suspects/cases
  - Update info, FAQs, and weblinks on EVD on UPM and College websites, develop podcasts, update AVPs and posters as needed
  - Install updated infographics, posters and tarpaulins on all UPM entrances/exits and high-traffic areas
  - Mobilize UPM health sciences faculty and students to disseminate accurate and relevant information to other UP campuses and to communities that UPM serves
  - Engage the University community in self-reporting history of travel from countries with intense Ebola transmission
  - Establish a hotline for UPM for inquiries on EVD from the UPM community and the patients/communities it serves.
    - Identify persons-in-charge of 24/7 calls (e.g., Senior House Officer or IDS Fellow or trained volunteers from the UPM community)
    - Secure a dedicated mobile phone line for the 24/7 hotline
Develop a diagnostics and disposition algorithm and FAQs hand-out as a hotline tool

Training of persons-in-charge

Mobilize the EVD Clinical Response Team and support staff

- Public announcements, UPM-wide memos, posters, tarpaulins and PA systems on modified traffic flow of patients/clients at UP-PGH entry/exit points for Ebola screening and triage purposes
- Launch the most efficient method of EVD screening and triage determined during Alert Level 1 dry-runs*
- Mobilize EVD Clinical Response Team and support staff (trained during Alert Level 1) to operate the screening, triage and caseholding areas
- Develop and reproduce client information sheet for PUIs and home quarantine procedures
- Training, re-training and expansion of “reserved” of EVD Clinical Response Team members and support. To invite and include infirmary and clinic staff of other UP campuses
- Open the dedicated screening and triage areas as well as the caseholding area in UP-PGH (as identified and prepared during Alert Level 1)
- Secure a dedicated ambulance to conduct PUIs and EVD suspects to DOH referral hospitals
- Strictly implement EVD-specific IPC activities according to levels of risk in the various hospital areas
- Agreement with the UP-PGH and UPM administrators on the benefit package for healthcare workers directly involved in the Clinical Response Team and/or support team.
- In preparation for Alert Level 4, develop plans to repurpose an existing facility as an Ebola Treatment Center (including isolation units dedicated to EVD clinical management; PPE, critical care equipment and resources ;

**ALERT LEVEL 3:** At least one local transmission of EVD within the Philippine territory.

This situation requires heightened alertness and rapid response to the Ebola threat to contain the spread of the Ebola virus. It is expected that Alert Level 3 will warrant new advisories from DOH, hence the UPM community should closely coordinate with DOH for timely information, updates, and smooth operations. The aim of heightened actions in Alert Level 3 is to stop all

* Alternatives for screening/ triage procedures: (1) express lane for UPM employees; dedicated entrance and exit lanes for patients; infographics and PA announcements at UP-PGH entrances on EVD epidemiological risk factors and signs/symptoms; directional signs to screening area for rapid interview and P.E.; (2) express lane for UPM employees; dedicated entrance and exit lanes for patients; screening by use of non-contact infrared devices for temperature measurements; febrile patients to be escorted to screening area for rapid interview and P.E. For dry runs of these or any other screening alternatives during Alert Level 1.
transmission within 8 weeks from the identification of an index case. The strategies and priority activities in Level 3 are:

- **Escalate public education and community engagement efforts**
  - See priority IEC activities in Alert Levels 1 & 2, but at a heightened level:
    - Increase frequency of public announcements, AVP loop, Town Hall meetings to allay fears and misconceptions
    - Update websites and social media feeds as needed
    - Provide regular situational reports on the epidemiology of the EVD outbreak
    - Assess the need for another hotline, based in UP-PGH, for patient and public inquiries on EVD, based on volume of inquiries to the UPM hotline.
    - Emphasize action steps for PUIs and EVD suspects and their contacts, particularly risk minimization and containment
    - Widen the reach of IEC materials and public awareness efforts to all UP campuses through links to UP websites, Facebook and Twitter accounts; sharing of tarpaulins, hand-outs

- **Expand and mobilize the Rapid Response Teams and support staff**
  - See priority activities in Levels 1 & 2
  - Full-blast implementation of screening, triage, holding and referral procedures at UP-PGH and health facilities in other UP campuses
  - Re-evaluate and refine as needed procedures for screening, triage, caseholding, and referrals
  - Ensure safe and speedy transport/transfer of PUIs and EVD suspects to DOH referral hospitals
  - Establish recording and reporting system of patients/clients screened, PUIs and suspects identified and referred
  - Establish a database of Rapid Response Team members and support staff, and critical incidents if any
  - Training and re-training of Rapid Response Teams and support staff. Expand the pool of trained healthcare providers.
  - Secure benefit package for the expanded pool of staff for rapid response and support.
  - Prepare and revise cost estimates as needed for a potential Ebola Treatment Center in preparation for Action Level 4.

**ALERT LEVEL 4: Overflow of EVD cases from DOH Ebola Treatment Centers.**

The escalation to Alert Level 4 indicates the failure to contain the epidemic at Alert Levels 2 & 3, and warrants the close participation of UPM, particularly UP-PGH, in the clinical management of EVD cases as well as more vigorous efforts to contain the public health threat from EVD. The situation calls for the following strategies and priority activities:
- **Develop and disseminate a public crisis/risk communications plan**
  - See priority activities in Action Levels 2-3.
  - Revise IEC materials to emphasize transmission prevention and containment measures in the context of a serious EVD outbreak. This should include action messages that will facilitate case identification, contact tracing and risk education.
  - Allay public fears and panic reactions through frequent and factual information, Q&A sessions in public forums, and hotlines.
  - Conduct Town Hall meetings to allay fears and concerns of UPM staff and students for their own health and safety when the situation calls for UP-PGH to become an Ebola Treatment Center

- **Activate UP-PGH as an Ebola Treatment Center**
  - Open the dedicated Isolation Unit/rooms for the management of EVD suspects/patients.
  - Activate clinical response management protocols as recommended by the DOH, CDC and WHO, including the resourcing and implementation of FULL IPC and PPE as well as critical care equipment/supplies.
  - Re-evaluate patient and traffic flow in the hospital vis-à-vis the location of the Ebola Treatment Center
  - Institute crowd control measures
  - Maintain close links with RITM for EVD diagnostics. Activate biosafety control measures.
  - Fully implement contact tracing and monitoring through a system of volunteers from the UPM community
  - Re-evaluate the need for expansion of UP-PGH Ebola hotline.
  - Report all EVD PUIs, suspects and confirmed cases to the DOH National Epidemiology Bureau using the DOH case report form
  - Training and re-training of all clinical response team members and support staff on clinical management of EVD, including IPC.
  - Deploy and expand staff for the Ebola Treatment Center – i.e., experienced healthcare workers are to be deployed to the Ebola Treatment Center until the crisis is over, while new hires (through job orders) shall be deployed to vacated positions in the regular wards.
  - Establish protocols for disinfection and waste management, and strictly implement compliance
  - Ensure full benefit package for frontline EVD healthcare workers
  - Activate protocol for stress and burn-out management among EVD healthcare workers
  - Activate Ebola Treatment Center protocol for cadaver handling
  - Maintain case report forms and databases for surveillance and research
### Annex A
UPM – EPR Task Force

<table>
<thead>
<tr>
<th>TF Member’s Name/Designation</th>
<th>Permanent Alternate Member</th>
<th>College/Body Represented</th>
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<tbody>
<tr>
<td>Dr Mary Ann Lansang (Chair)</td>
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<tr>
<td>Dr Lourdes Capito (Co-Chair)</td>
<td>Dr Homer Co</td>
<td>PGH</td>
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<tr>
<td>Prof Mahroh Altura</td>
<td></td>
<td>College of Public Health</td>
</tr>
<tr>
<td>Dr Regina Berba</td>
<td>Ms Dominga Gomez</td>
<td>PGH HICU</td>
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<tr>
<td>Dr Anthony Cordero</td>
<td></td>
<td>College of Medicine</td>
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<tr>
<td>Dr Raul Destura</td>
<td></td>
<td>NIH</td>
</tr>
<tr>
<td>Prof Leonardo Estacio</td>
<td>Prof Ma. Teresa de Guzman</td>
<td>College of Arts &amp; Sciences</td>
</tr>
<tr>
<td>Major Elias Lagasca</td>
<td>Major Jack Menese</td>
<td>UPM Police Office</td>
</tr>
<tr>
<td>Prof Jennifer Paguio</td>
<td>Prof Leah Flores</td>
<td>College of Nursing</td>
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<tr>
<td>Prof Carol Pulmbarit</td>
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<td>Sentro ng Wikang Filipino</td>
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<tr>
<td>Dr Michael Tee</td>
<td>Ms Cynthia Villamor</td>
<td>IPPAO</td>
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<tr>
<td>TBD</td>
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<td>College of Pharmacy</td>
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<tr>
<td>Ms Cynthia Villamor</td>
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#### Members of Public Awareness and Community Engagement (PACE) Group:
- Dr Michael Tee (Chair)
- Dr Anthony Cordero
- Prof Ariel Betan (IMS Director)
- Prof Leonardo Estacio
- John Carlo Lorenzo (USC Chairperson)
- Prof Carol Pulmbarit (Co-Chair)
- Ms Cynthia Villamor

#### Members of the Hospital Response Group (which includes Rapid Response and IPC):
- Dr Lourdes Capito/Dr Homer Co
- Dr Regina Berba
- Ms Dominga Gomez
- Other HRG/RR/IPC members to be designated by the above members

#### Institutional Biosafety & Security Committee:
- Dr Raul Destura (Chair)
- Prof Mahroh Altura
- Major Elias Lagasca
- Major Jack Menese