SPECIAL PATHOGENS UNIT AT UMMC/REGIONAL EMERGING SPECIAL PATHOGENS TREATMENT CENTER (RESPTC)

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Disclosure information

- I have the following financial relationship to disclose:
  - I have received grant funding from the federal government ASPR and NIH to support my time working as RESPTC Medical Director and site PI for the Special Pathogens Research Network
  - I may discuss use of off label and investigational new drugs in my presentation, since many of the special pathogens we might care for do not have FDA approved therapeutic agents.

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Session Description

- This session will highlight the work of the Special Pathogens Unit, at the University of Minnesota Medical Center.
- This presentation will include an overview of the unit and
- program, current emerging infectious disease work, and key infection prevention considerations for high consequence infectious diseases.

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Learning Objectives

- Upon completion of this activity the participant should be:
- Familiar with frame work of the National Special Pathogens System of Care and how the Regional Emerging Special Pathogens Treatment Center fits into this preparedness program.
- More familiar with the need to and process for activating the UMMC SPU/RESPTC. Discuss recent activations of the SPU/RESPTC unit and team.
- Aware of important infection prevention considerations for high consequence infectious diseases and when to initiate a higher level of PPE.

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A glossary of acronyms

- ASPR (Administration for Strategic Preparedness and Response)
- RESPTC (Regional Emerging Special Pathogen Treatment Centers)
- NSPS (National Special Pathogen System)
- NETEC (National Emerging Special Pathogens Training and Education Center)
- SPRN (Special Pathogens Research Network)
- HHS (U.S. Department of Health and Human Services)
- PUI (Person Under Investigation)

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MDH Minnesota Department of Health

Protecting, maintaining and improving the health of all Minnesotans

Minnesota, U of M Medical Center named regional treatment center for Ebola

Federal grant will help UMMC expand capacity to care for up to four patients from six states

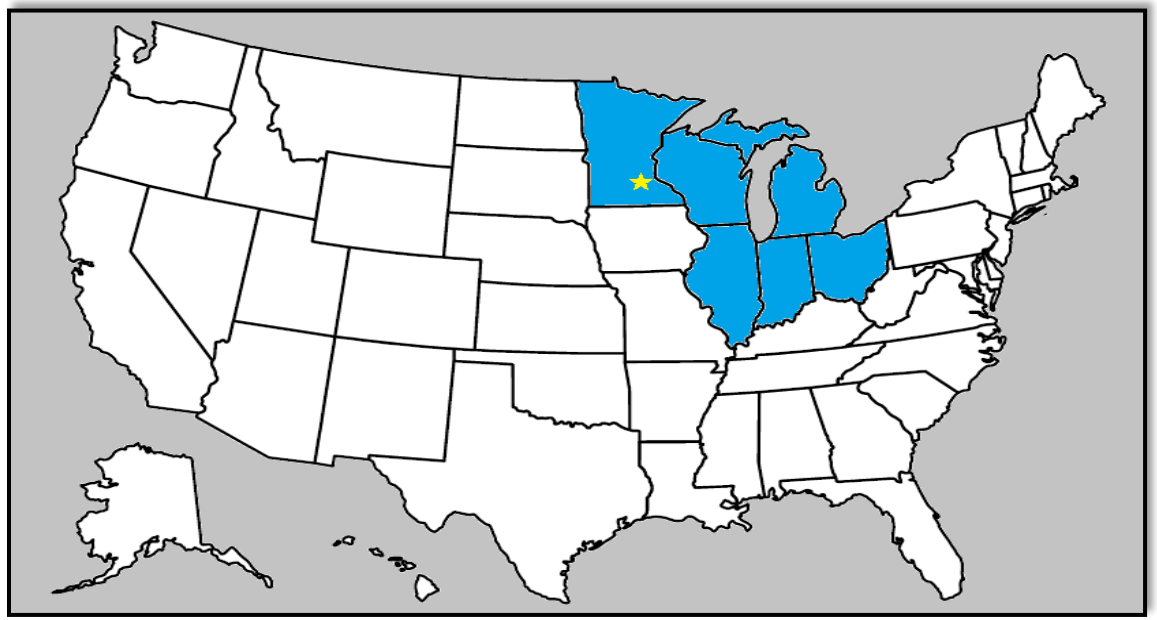
MDH News Release 6/12/15

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Region V Treatment Center

- Minnesota Department of Health in partnership with the University of Minnesota Medical Center selected as Region V Treatment Center for patients with Ebola or other infectious diseases



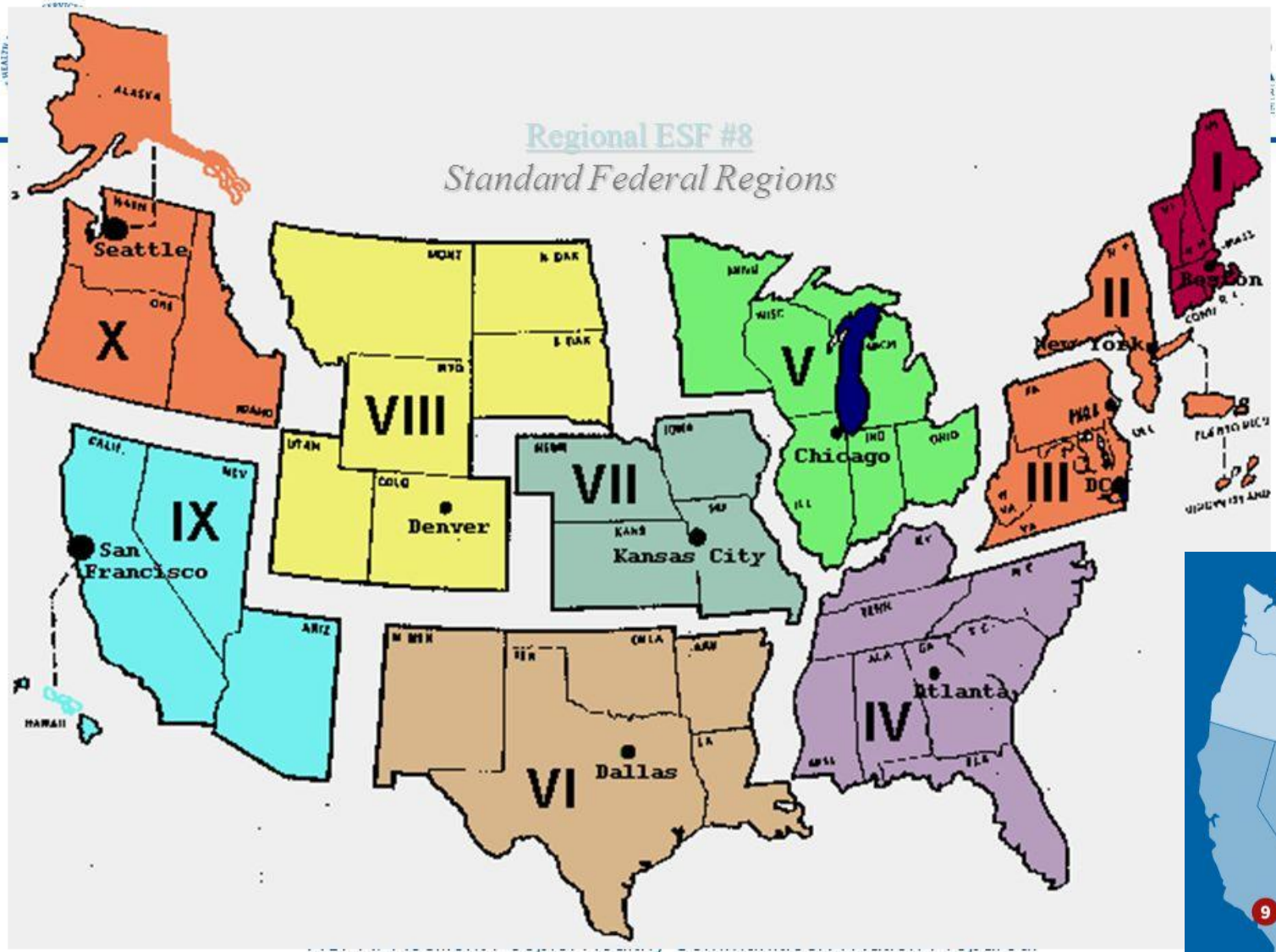
Minnesota Department of Health in partnership with the University of Minnesota Medical Center will serve patients from Minnesota, Wisconsin, Illinois, Ohio, Michigan and Indiana.

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ASPR
Regional plan

Region 5

The Great lakes Region





Each HHS region is supported by a Level 1 Regional Emerging Special Pathogen Treatment Center (RESPTC) that serves as a regional hub for special pathogen preparedness and response.

Minnesota Plan 2014-2016

- 4 hospitals
- Tiered approach:
- All other hospitals
- Unity and Children's (2 assessment)
- UMMC/UMMCH and Mayo (2 assessment
- and treatment)



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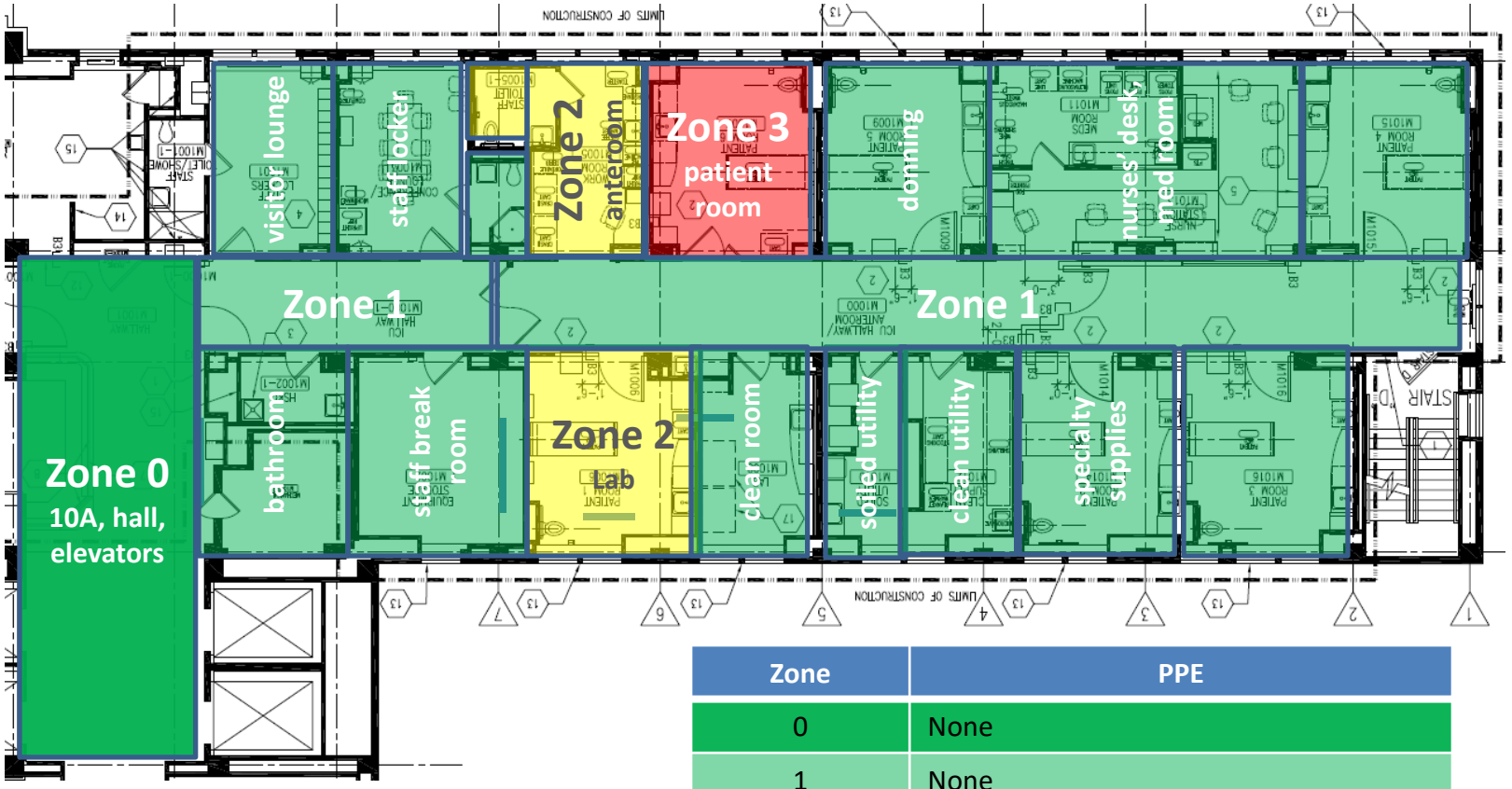
Creation of a special pathogens unit



UMMC WEST CAMPUS

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Containment Unit Zones & PPE



Zone	PPE
0	None
1	None
2	Tier 1 (anteroom) Tier 2 (lab)
3	Tier 2 PPE

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The Three Is

- Identify
- Isolate
- Inform



What potential infectious diseases should prompt isolation, notification and identification of a HCID?

-MDH and MN Ebola Treatment and Assessment Hospitals

UMMC/Mayo Clinic and Unity Medical Directors, developed this guideline HCID isolation grid in 2016

-Guidance has changed over the years in response to new outbreaks and new knowledge about older pathogens

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			HCID for which no routine vaccine currently available	
Syndrome	**Pathogen Examples**	**Category A waste management for all medical waste [a]**	**Generalized laboratory risk from direct clinical specimens**	**Risk of airborne spread in healthcare settings or unknown mode of transmission**
Unknown highly fatal disease with evidence of person-to-person spread		**Yes**	**Yes**	**Yes**
Hemorrhagic fever	**Ebola virus (and related variants Sudan and Bundibugyo), Marburg virus, Lassa virus, Crimean-Congo virus, Guanarito virus, Machupo virus, Junin virus, Sabia virus, Lujo virus, Chapare virus, Kayasnur Forest Disease virus, Omsk Hemorrhagic Fever virus,** **Hantaviruses causing HFRS (Hemorrhagic Fever with Renal Syndrome- Seoul Virus)**	**Yes**	**Yes**	**Yes/No (none are known to be transmitted via airborne spread, but all potential modes of transmission may be unknown for some rare pathogens)**
Poxvirus diseases	**Variola (smallpox) virus, Monkeypox virus**	**Yes**	**Yes**	**Yes**
Febrile neurological/ respiratory illness	**Nipah virus, Hendra virus**	**Yes**	**?**	**Yes (Nipah virus only)**
Febrile respiratory illness [a]	**MERS-CoV, SARS-CoV, Highly Pathogenic Avian Influenza (Hanta virus/Andes Virus)**	**No**	**No [b]**	**Yes**

Which PUIs has UMMC been asked to activate or consider activating the SPU for?

- 2014-2016- Ebola suspects
- 2016-2019- MERS and Lassa PUIs – Pre-covid
- COVID-19!!- 2020-2023
- Recent history – 2024-2026
  - Cerebral malaria (Sudan virus PUI)
  - Severe falciparum malaria (Lassa fever PUI)
  - Salmonella bacteremia (non-typhoidal enteric fever) (Marburg Virus PUI)
  - Mpox outbreak in US
  - MERS suspects
  - Andes Virus exposed individuals 2026 (on alert)
  - Lassa Fever PUIs, 2 recent “lab only” activations





How do we interact with public health and respond to public health threats?

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ASPR Administration for Strategic Preparedness & Response



https://aspr.hhs.gov/Pages/Home.aspx

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Partnership

"State and regional preparedness centers on constant **communication**, **coordination** and **collaboration** amongst local, state and federal public health and healthcare delivery system partners to ensure safe, effective care for all."

NETEC
National Ebola Training & Education Center

HEALTH
University of Minnesota Medical Center

MINNESOTA MDH DEPARTMENT OF HEALTH

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NETEC
National Ebola Training & Education Center





- **NETEC: National Ebola Training and Education Center**
  - NETEC's mission is to increase the capability of the U.S. public health and health care systems to safely and effectively manage individuals with suspected and confirmed special pathogens
- **NETEC Special Pathogens Research Network (SPRN)**
  - SPRN's mission is to develop a national research consortium that will enable multi-site collaboration between the 13 regional emerging special pathogens treatment centers located throughout the U.S. that are specially trained and equipped to handle patients with highly infectious diseases. The network will allow investigators to conduct rapid response research when a new outbreak occurs

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NETEC FACULTY

KNOW THE GRANT DELIVERABLES: EXPECTATIONS FOR THE RESPTC

-Creation of 2 full isolation beds for EVD patients

-Ability to overflow to 10 airborne/respiratory isolation beds

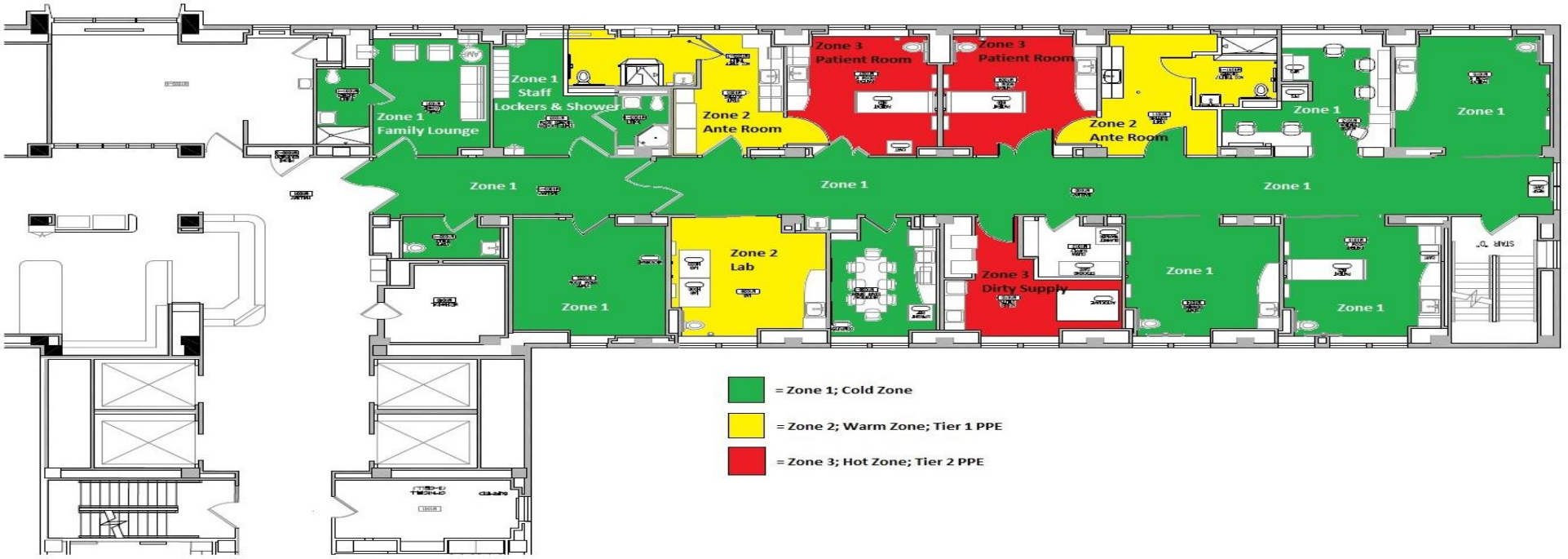
-Quarterly drills

-Regional outreach, training and resource center

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Containment Unit

- Dedicated containment unit with lab capabilities and high-volume autoclave
- Capacity for two patients



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Additional Second Room



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New anteroom



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New Shower Additions



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Autoclave for Category A waste

- AMSCO Steris Medium Steam Sterilizer
- Front Loading Only
- Located in dedicated room on the unit



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Additional Autoclave Protocols

- Cleaning the Autoclave Room
- Loading and Unloading the Autoclave
- Disposal of treated trash, now Category B
- Moving and cleaning the Poly Box Truck
- Alternative Waste Process
  - Barrel and Shipment Method for category A waste



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New Entrance to 10th Floor units



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Entrance to Special Pathogens Unit



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New 10 bed ICU
all have negative airflow



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Remodeled patient care room



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Objectives of RESPTCs

- Maintain a well-trained and engaged team of rostered staff
- Continue to enhance and maintain safety, surge capabilities and worker competencies
- Exercise interfacility and interstate plans
- Expand preparedness efforts beyond EVD
- Evaluate performance and sustain readiness

Ebola Isolation

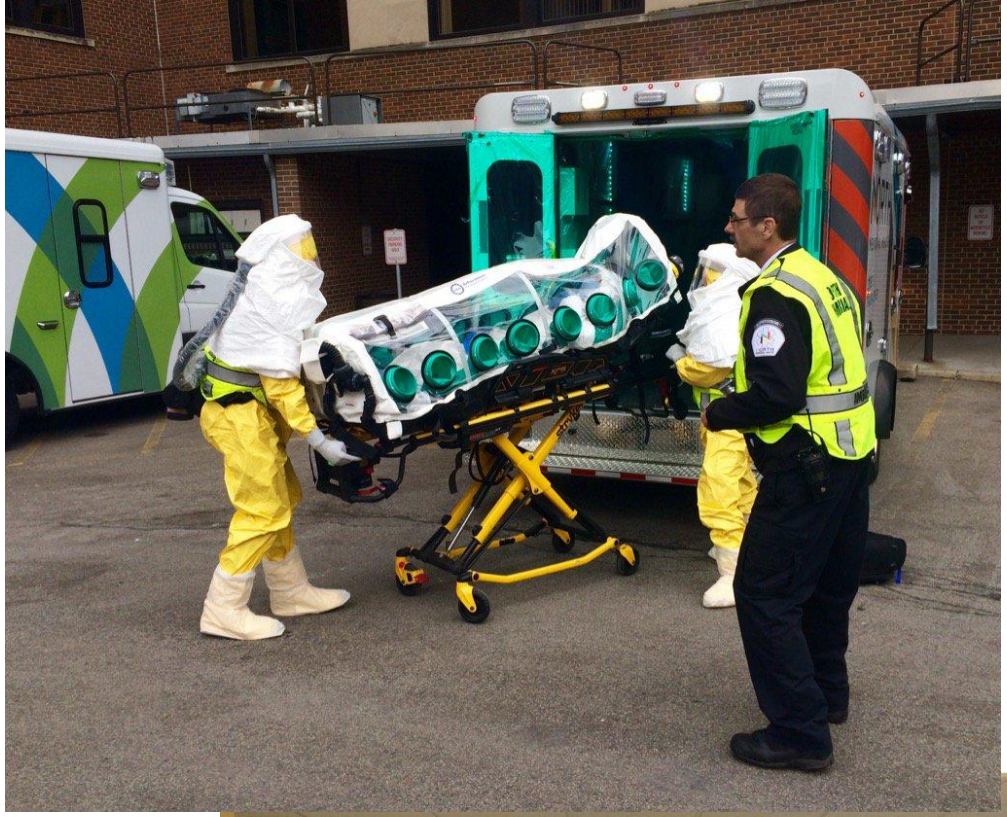
- Donning and doffing procedures drilled





Isolation for Ebola

- Maximal barrier precautions









Caring for Simulated Patient



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PICU Stabilization Sim



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Adult intubation sim



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OB Delivery Simulation



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Neonatal resuscitation sim



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NETEC AND NSPS OVERVIEW

Level 2 Expansion

March – August, 2026

NETEC Leadership

PRINCIPAL INVESTIGATORS



John M. Lowe, PhD
University of Nebraska Medical Center



Aneesh Mehta, MD,
Emory University School of Medicine



Vikramjit Mukherjee, MD
NYC Health + Hospitals, Bellevue

NSPS EXECUTIVE DIRECTOR



Laura Evans, MD, MSc
University of Washington Medical Center

PROGRAM DIRECTORS



Rachel Prudhomme, MBA
University of Nebraska Med Center



Michael Thompson, MBA
NYC Health + Hospitals, Bellevue



Megan Turk, MBA
Emory University School of Medicine

ACTIVITY DIRECTORS



Jocelyn Herstein, PhD, MPH
University of Nebraska Medical Center



Sharon Vanairsdale, DNP, APRN, ACNS-BC, NP-C, CEN, FAEN, FAAN
Emory University Hospital



Angela Vasa, MSN, RN
Nebraska Medicine

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NETEC Areas of Focus

CONSULTATION & ASSESSMENT

Empower hospitals to gauge their readiness using **self-assessment**

Provide direct feedback to hospitals via **on-site assessment**

Provide **on-site and remote guidance**

Provide **emergency on-call mobilization**

EDUCATION & TRAINING

Deliver didactic and hands-on simulation training via **in-person courses**

Provide self-paced education through **online trainings**

Compile an **online repository** of tools and resources

Develop customizable **exercise templates** based on the HSEEP model

RESEARCH NETWORK

Build a **central IRB process** for rapid implementation of clinical research protocols

Develop **policies, procedures, and data capture tools** to facilitate research

Create the infrastructure for a **specimen biorepository**

INTERNATIONAL PARTNERSHIPS

Organize, plan, and implement **strategic international collaborations**

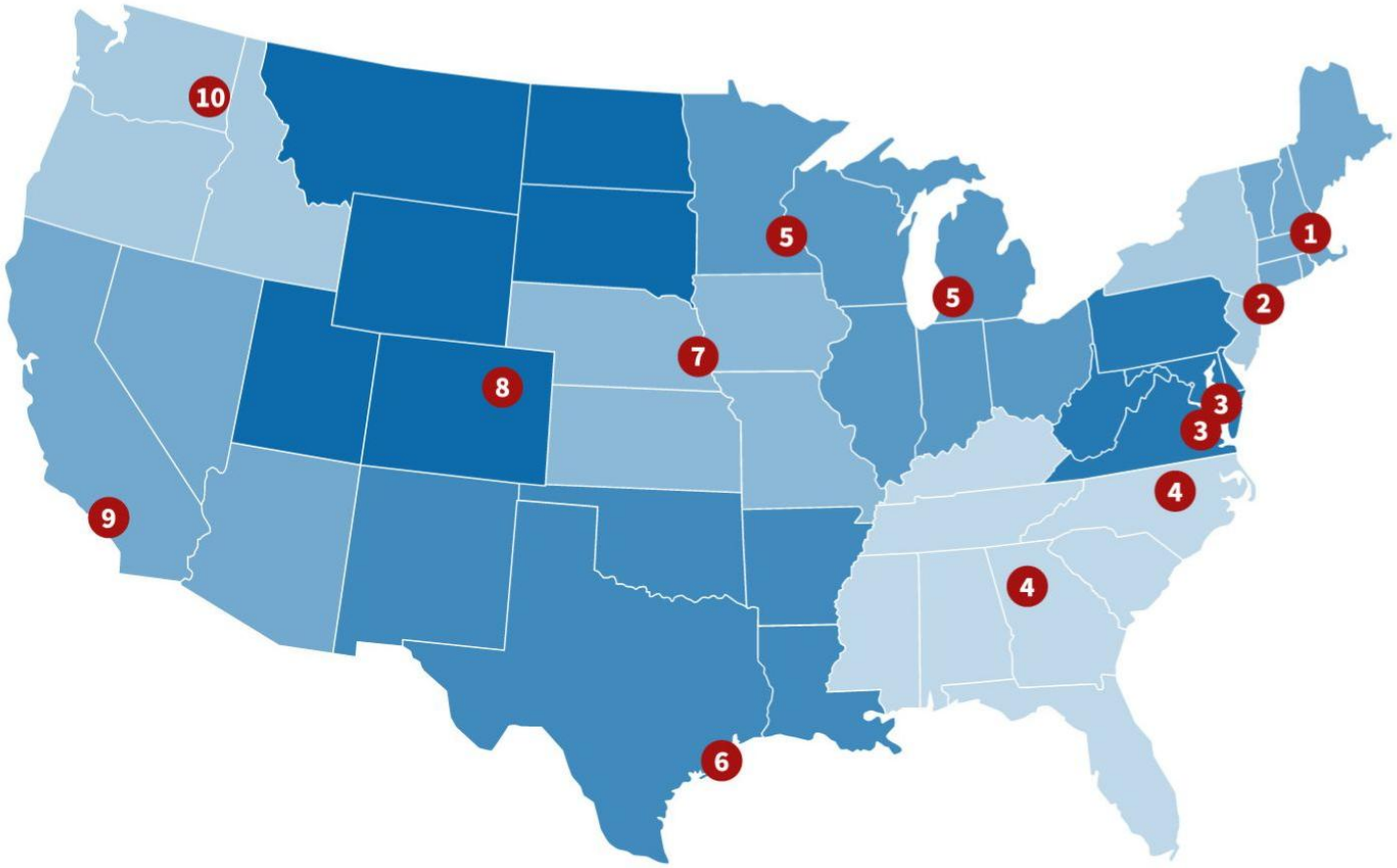
Strengthen **relationships** with global special pathogens programs

Establish mechanisms to **facilitate sharing of best practices** and knowledge among special pathogens programs

Cross cutting, supportive activities

NSPS Level 1: RESPTCs

Regional Emerging Special Pathogen Treatment Centers (RESPTCs)



1. **CT, ME, MA, NH, RI, VT**
   Massachusetts General Hospital
2. **NJ, NY, PR, VI**
   NYC Health + Hospitals / Bellevue
3. **DC, DE, MD, PA, VA, WV**
   Johns Hopkins Hospital
   Medstar Washington Hospital Center / Children's National
4. **AL, FL, GA, KY, MS, NC, SC, TN**
   Emory University / Children's Healthcare of Atlanta
   University of North Carolina at Chapel Hill
5. **IL, IN, MI, MN, OH, WI**
   University of Minnesota Medical Center
   Corewell Health System
6. **AR, LA, NM, OK, TX**
   University of Texas Medical Branch
7. **IA, KS, MO, NE**
   University of Nebraska Medical Center / Nebraska Medicine
8. **CO, MT, ND, SD, UT, WY**
   Denver Health & Hospital Authority
9. **AZ, CA, HI, NV, AS, MP, FM, GU, MH, PW**
   Cedars-Sinai Medical Center
10. **AK, ID, OR, WA**
    Providence Sacred Heart Medical Center & Children's Hospital

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NSPS Overview

PREPARE. PROTECT. RESPOND.

NSPS Overview

What is the NSPS?

The National Special Pathogen System (NSPS) is a tiered System of Care with four facility levels (e.g., Level 1, Level 2, Level 3, Level 4) that have increasing capabilities to care for suspected or confirmed patients with High Consequence Infectious Diseases (HCIDs).

Inspiration for a Tiered System of Care

NETEC | NSPS

The NSPS is inspired by other systems of care such as the trauma, stroke, and burn systems

The Trauma System has 3 different levels with increasing capabilities

The Stroke System has 4 different levels with increasing capabilities

The Burn System has a nationally coordinated network of specialized facilities

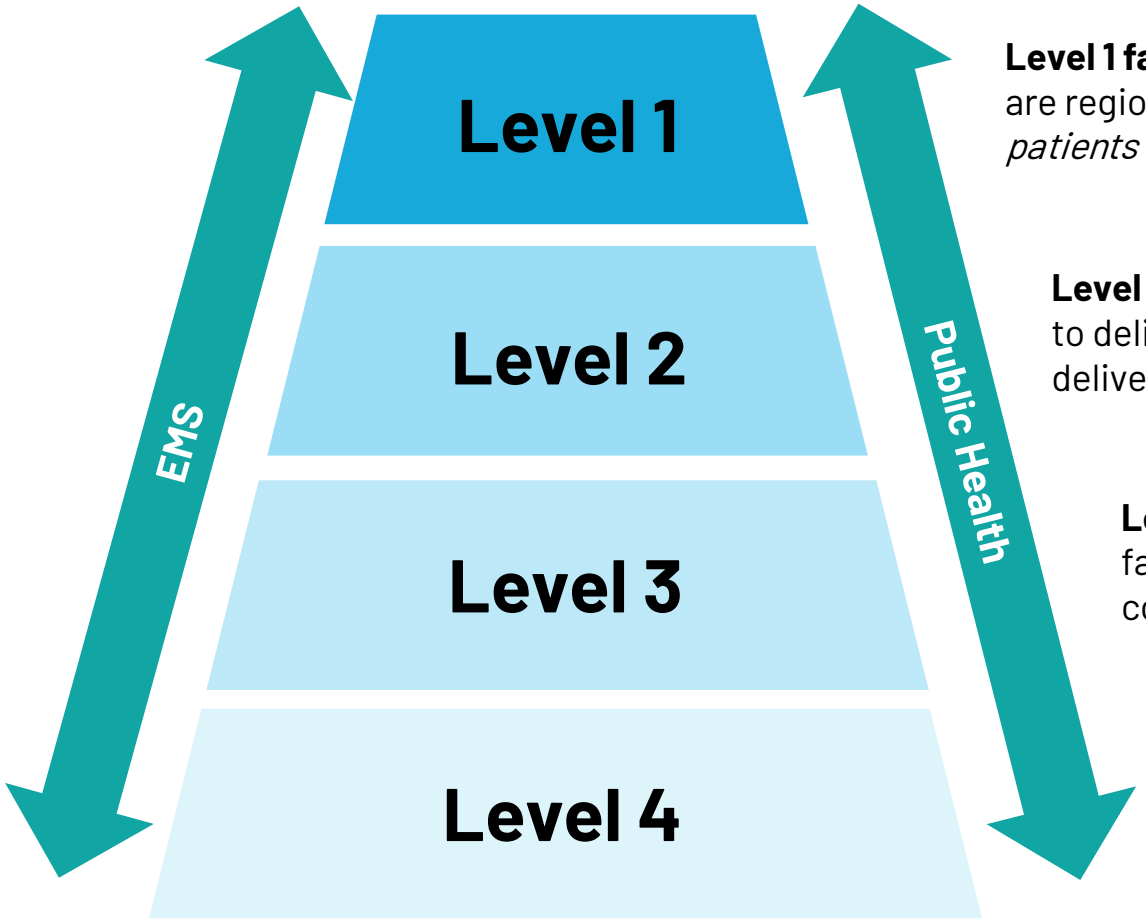
Tiered systems of care are common in healthcare

NSPS PREPARE. PROTECT. RESPOND.

A tiered, national, coordinated System of Care that has increasing capabilities to safely and quickly care for suspected or confirmed patients with a special pathogen

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The Tiered System of Care



Level 1 facilities, or Regional Emerging Special Pathogen Treatment Centers (RESPTCs), are regional resources hubs which provide highly specialized care. *Level 1s care for patients for their duration of illness.*

Level 2 facilities, or Special Pathogen Treatment Centers (SPTCs), have the capacity to deliver specialized care to clusters of patients and serve as primary patient care delivery centers. *Level 2s can care for patients for their duration of illness.*

Level 3 facilities, or Assessment Centers, are widely accessible care delivery facilities, able to conduct limited basic laboratory testing, stabilize patients, and coordinate rapid patient transfer. *Level 3s can care for patients for 12-36 hours.*

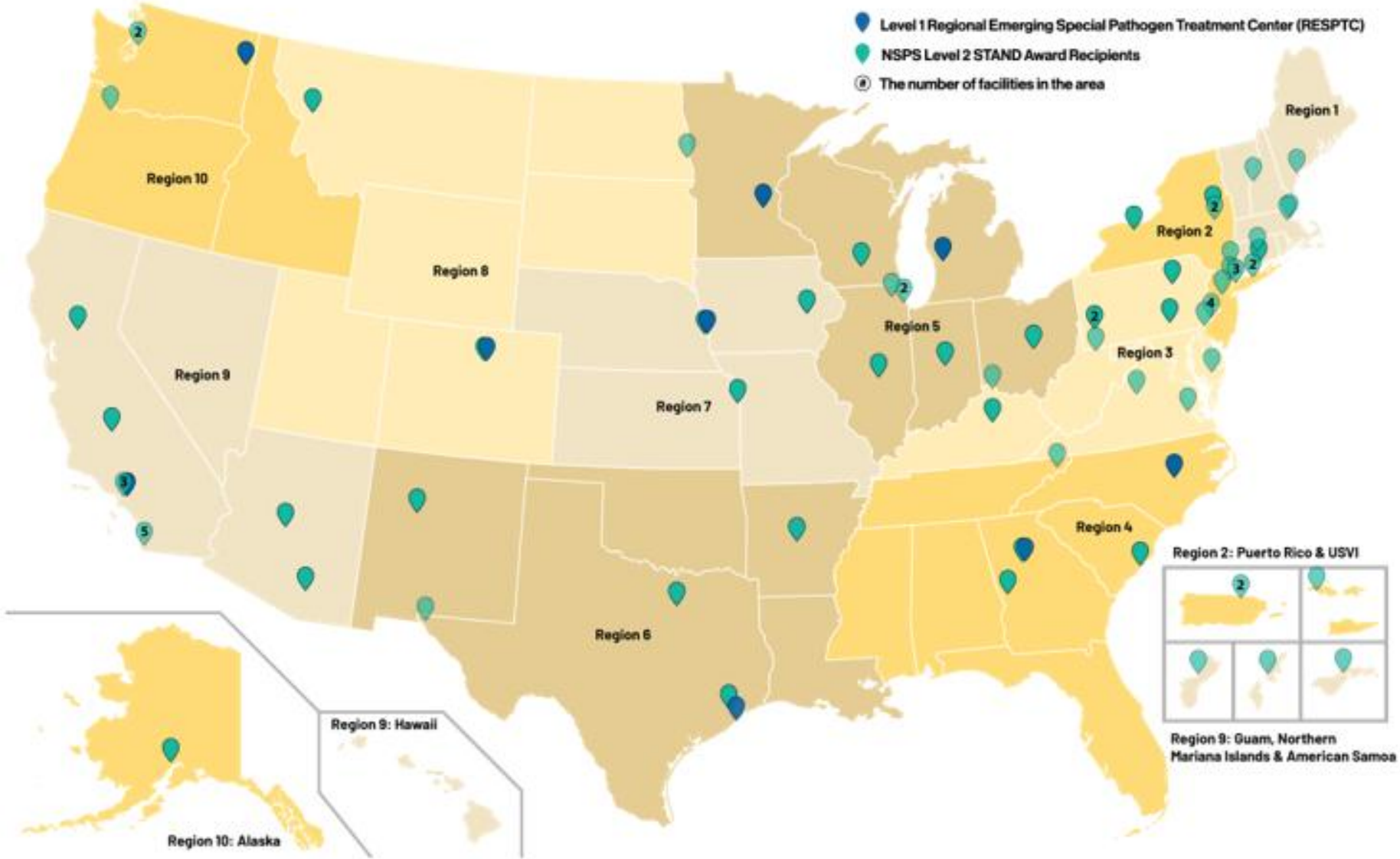
Level 4 facilities, or All Other Healthcare Facilities, can identify, isolate, inform, & initiate stabilizing medical care; protect staff; and arrange timely patient transport to minimize impact to normal facility operations.

Additional partners, such as EMS and public health, are essential for the coordination of the System

Strengthening the NSPS Level 2 Network

- Through the NSPS Level 2 Special Pathogen Treatment and Network Development (STAND) Award, 75 health care facilities across the United States and its territories are receiving support to build or strengthen the capabilities needed to serve as Level 2 Special Pathogen Treatment Centers.

NSPS Level 2 Special Pathogen Treatment Network (STAND) Award



Level 2 Awardees

Region 1 Awardees:
Boston Children's Hospital
Boston Medical Center
Dartmouth Hitchcock Medical Center
Hartford Hospital (Hartford, Connecticut)
MaineHealth Maine Medical Center Portland
Yale New Have Hospital

Region 2 Awardees:
Administración de Servicios Médicos de Puerto Rico
Cooper University Hospital
Good Samaritan University Hospital
Hospital Universitario Dr. Ramón Ruiz Arnau
NYC Health + Hospitals/Elmhurst, Harlem and Jacobi
Robert Wood Johnson University Hospital
Samaritan Hospital
Saratoga Hospital
Schneider Regional Medical Center (Virgin Islands)
St. Joseph's University Medical Center
University of Rochester (Rochester, New York)

Region 3 Awardees:
Allegheny General Hospital
Children's Hospital of Philadelphia
Geisinger Clinic Medical Center
Hospital of the University of Pennsylvania
Penn State Hershey Medical Center
Thomas Jefferson University Hospital
TidalHealth Peninsula Regional
UPMC Presbyterian Shadyside
UVA Health Medical Center
Virginia Commonwealth University Health Systems
West Virginia University Hospitals
Wilmington Hospital ChristianaCare Health System

Region 4 Awardees:
Medical University of South Carolina-Health
The University of Kentucky Healthcare - Chandler Hospital
Piedmont Columbus Midtown Hospital
Johnson City Medical Center
Grady Health System
St. Elizabeth Medical Center, Inc.

Region 5 Awardees:
Rush University Medical Center (Chicago, Illinois)
Ann & Robert H. Lurie Children's Hospital of Chicago (Chicago, Illinois)
University of Wisconsin Hospital and Clinics (Madison, Wisconsin)
Nationwide Children's Hospital (Columbus, Ohio)
Indiana University Health: IU Health Methodist Hospital (Indianapo, Indiana)
Advocate Sherman Hospital (Elgin, Illinois)

Region 6 Awardees:
Texas Children's Hospital (Houston, Texas)
University of Arkansas for Medical Sciences (Little Rock, Arkansas)
Dallas County Hospital District D/B/A Parkland Health (Dallas, Texas)
University of New Mexico Hospital (Albuquerque, New Mexico)
The Hospitals of Providence East Campus (El Paso, Texas)

Region 7 Awardees:
Children's Mercy Kansas City (Kansas City, Missouri)
University of Iowa Health Care (Iowa City, Iowa)
Children's Nebraska (Omaha, Nebraska)

Region 8 Awardee:
UCHealth: University of Colorado Hospital (Aurora, Colorado)
Providence St. Patrick Hospital (Missoula, Montana)
Sanford Fargo Medical Center (Fargo, North Dakota)

Region 9 Awardees:
Kaiser Permanente Los Angeles Medical Center
University of California Davis Health System
Children's Hospital Los Angeles, Tuscon Medical Center
Sharp Memorial Hospital, Sharp Coronado/Grossmont/Chula Vista
UCLA Health, Ronald Reagan UCLA Medical Center, LBJ Tropical Medical Center
Sharp Chula Vista Medical Center , Kern Medical
Sharp Grossmont Hospital, HonorHealth John C. Lincoln Medical Center
Guam Memorial Hospital, Commonwealth Healthcare Corporation

Region 10 Awardees:
Seattle Children's Hospital (Seattle, Washington)
Harborview Medical Center (Seattle, Washington)
Providence Health and Services Washington dba Providence Alaska Medical Center
Legacy Good Samaritan Medical Center (Portland, Oregon)

HHS Region 5
Level 2 STAND Recipient Awardees

- Advocate Sherman Hospital (Elgin, Illinois)
- Ann & Robert H. Lurie Children's Hospital of Chicago (Chicago, Illinois)
- Indiana University Health: IU Health Methodist Hospital (Indianapolis, Indiana)
- Nationwide Children's Hospital (Columbus, Ohio)
- Rush University Medical Center (Chicago, Illinois)
- University of Wisconsin Hospital and Clinics (Madison, Wisconsin)

High-Level Capabilities Comparison

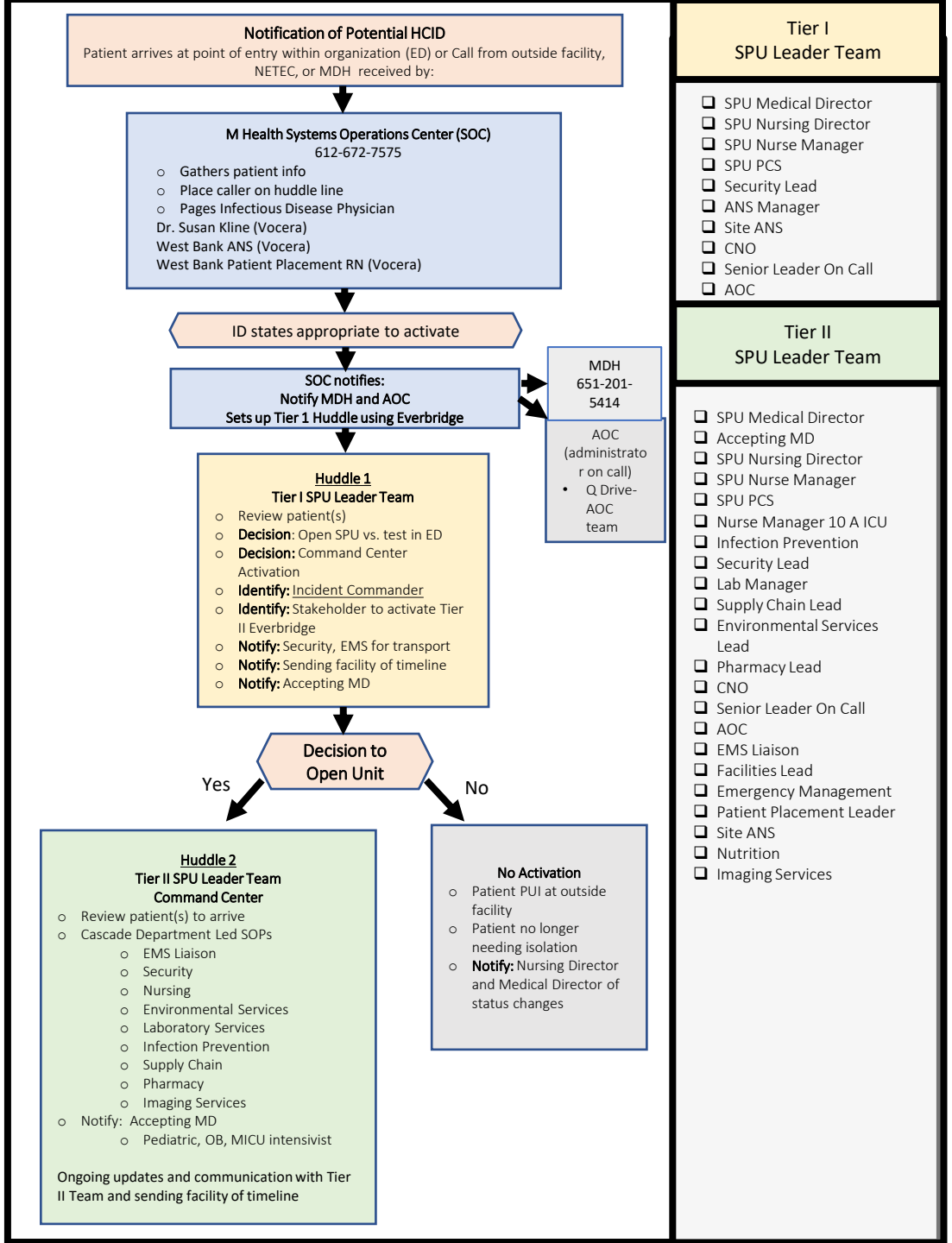
NETEC | NSPS

The table is intended to provide a high-level sample of quantifiable differences across levels and does not include all minimum capabilities.

Capabilities	Level 1	Level 2	Level 3
Care Duration	Duration of illness	Duration of illness	12-36 Hours
Capacity for VHF, airborne	2 VHFs 10 airborne	1-2 VHFs 4 airborne	1+ isolation space
PPE Supply	2 VHF cases for at least 7 days onsite (with plans to support 21 days of care)	1-2 VHF cases for at least 7 days onsite (with plans to support 21 days of care)	3 VHF cases for 12-36 hours (before resupply)
Exercises	Quarterly	At least twice annually	At least once annually for mystery patient exercise
PPE Training	Quarterly	At least 2x annually	At least 1x annually
Skills Training	Quarterly	At least annually	--
Lab Testing Ability	Clinical lab testing	Clinical lab testing	Point-of-care onsite clinical lab testing

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SPU/ RESPTC Activation Algorithm



Notification of Potential HCID

Patient arrives at point of entry within organization (ED) or Call from outside facility, NETEC, or MDH received by:

M Health Systems Operations Center (SOC)
612-672-7575

- Gathers patient info
- Place caller on huddle line
- Pages Infectious Disease Physician

Dr. Susan Kline (Vocera)
West Bank ANS (Vocera)
West Bank Patient Placement RN (Vocera)

ID states appropriate to activate

SOC notifies:
Notify MDH and AOC
Sets up Tier 1 Huddle using Everbridge

Huddle 1
Tier I SPU Leader Team

- Review patient(s)
- **Decision**: Open SPU vs. test in ED
- **Decision:** Command Center Activation
- **Identify:** Incident Commander
- **Identify:** Stakeholder to activate Tier II Everbridge
- **Notify:** Security, EMS for transport
- **Notify:** Sending facility of timeline
- **Notify:** Accepting MD

Decision to Open Unit

Huddle 2
Tier II SPU Leader Team Command Center

- Review patient(s) to arrive
- Cascade Department Led SOPs
  - EMS Liaison
  - Security
  - Nursing
  - Environmental Services
  - Laboratory Services
  - Infection Prevention
  - Supply Chain
  - Pharmacy
  - Imaging Services
- Notify: Accepting MD
  - Pediatric PICU, NICU, OB, MICU/ intensivist

Ongoing updates and communication with Tier II Team and sending facility of timeline

Recent HCID Outbreaks 2026

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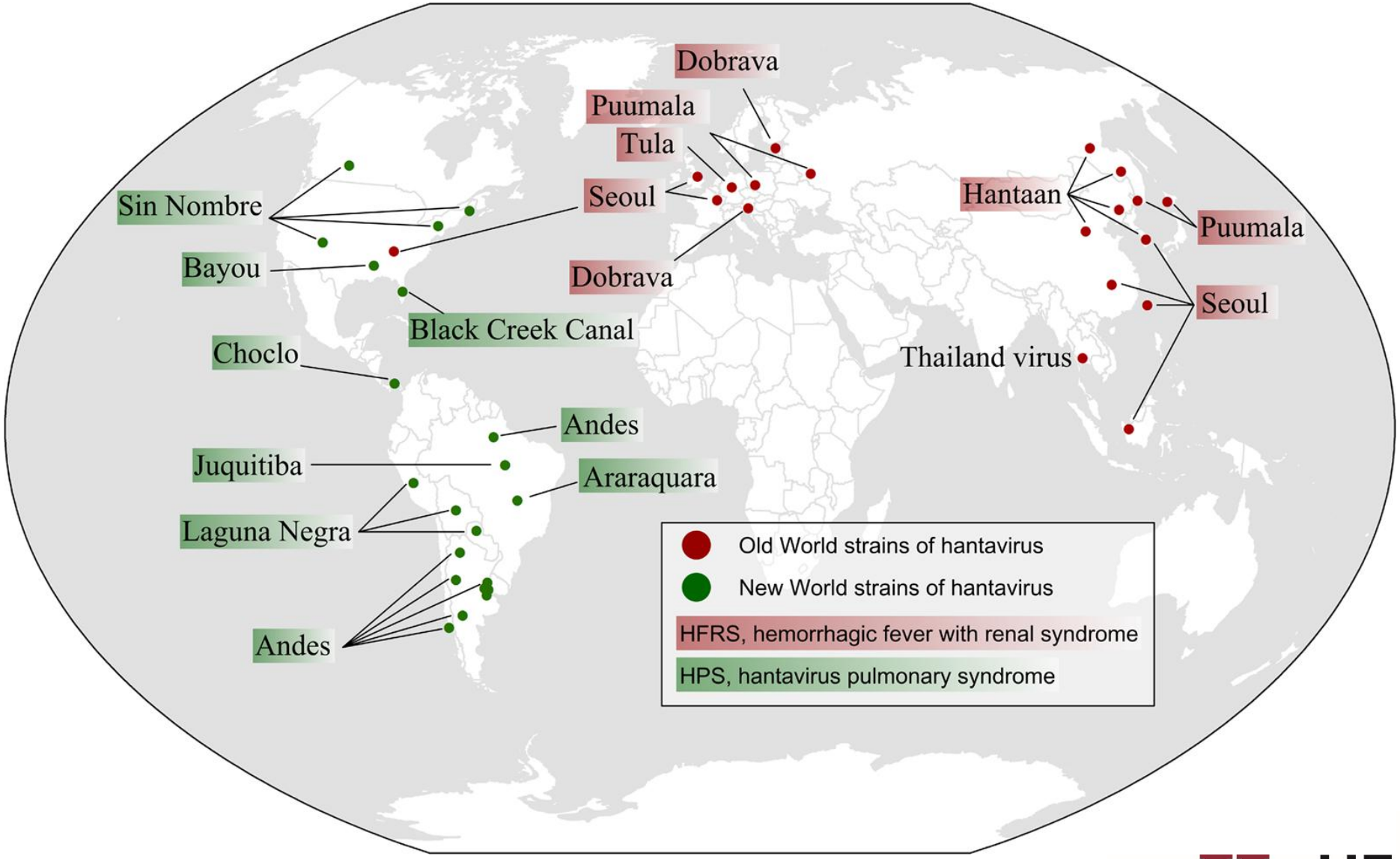
Americans from hantavirus-hit cruise ship, including one who tested positive, arrive in Nebraska



CNN May 11th, 2026 By Chris Boyette, Hanna Park

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Hanta Viruses Global Distribution

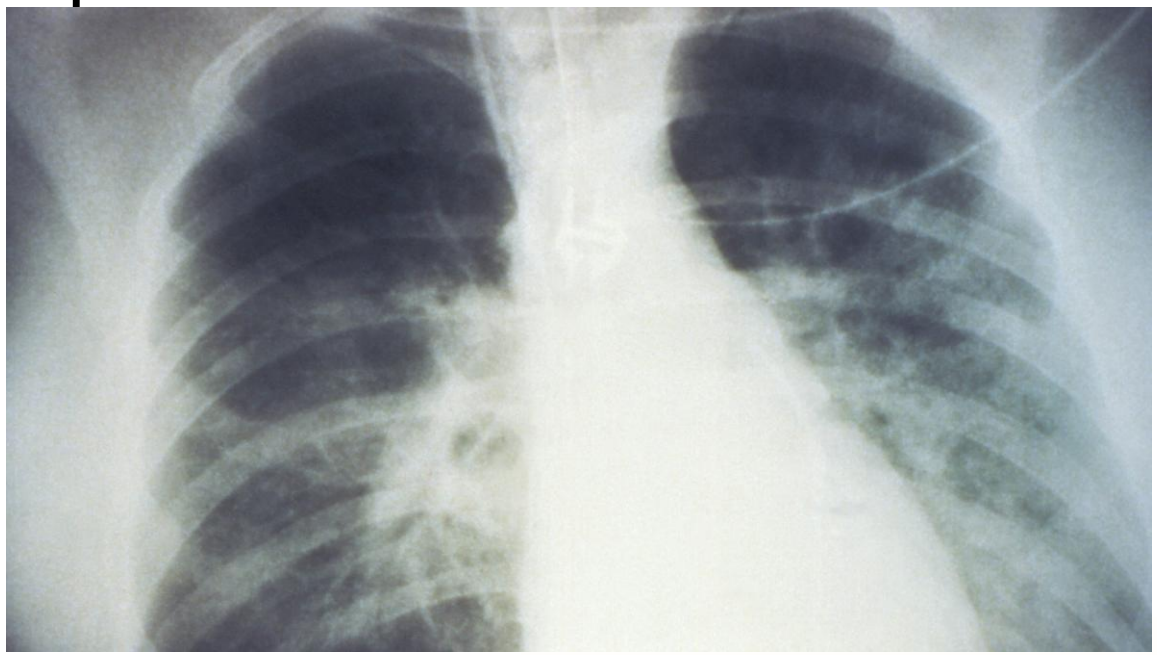


https://journals.plos.org/plosntds/article/figure?id=10.1371/journal.pntd.0006901.g001

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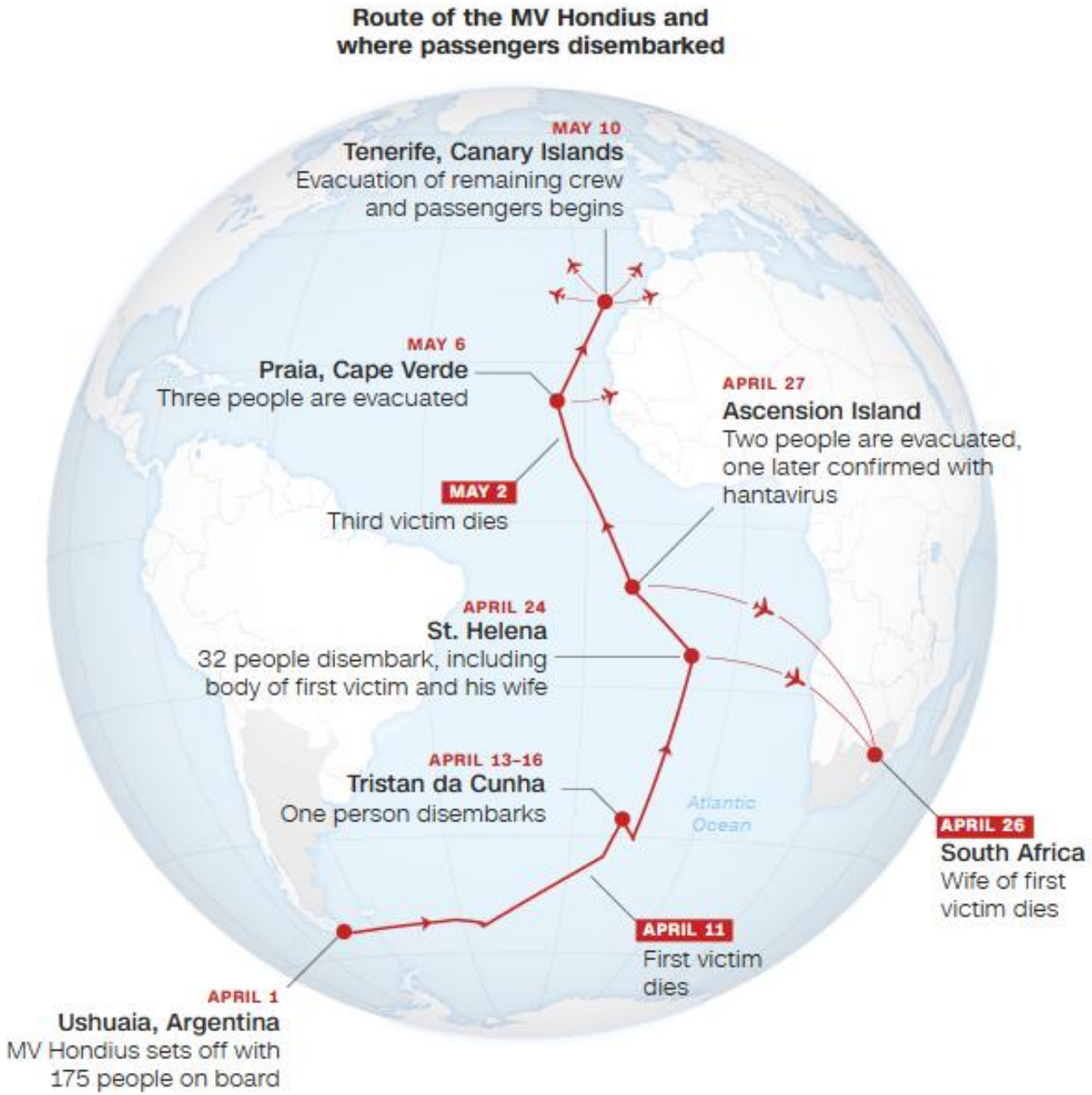
Hantavirus Pulmonary Syndrome

- Most hantaviruses found in North, Central, and South America can cause hantavirus pulmonary syndrome (HPS).
- Andes virus can cause HPS and is the only type of hantavirus that is known to spread person-to-person.



Resource CDC website: https://www.cdc.gov/hantavirus/hcp/clinical-overview/hps.html

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1. **April 1:** MV Hondius departs Ushuaia, Argentina.
2. **April 6**: 1st passenger, a 70-year-old man, falls ill.
3. **April 11**: Passenger dies onboard the ship.
4. **April 24:** Body is removed from ship at St. Helena; passenger's 69-year-old wife leaves and flies to South Africa, where she dies April 26; on May 4 her tests are positive for hantavirus.
5. **April 27**: 2nd ill passenger is evacuated to South Africa; tests results May 2 are positive for hantavirus.
6. **May 2:** A German woman who showed symptoms April 28 dies onboard the ship.
7. **May 3:** The ship arrives in Cape Verde. WHO says it is reacting to a suspected hantavirus outbreak on the ship, which now has three other people who are ill.

Credits Dr. Gaby Frank, Johns Hopkins University and Dr. Meghan Rothenburger, UMN/VAMC

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Ongoing News Reports

THE HILL

HEALTH CARE

CDC monitoring 41 people for hantavirus, no reported cases

BY NATHANIEL WEIXEL - 05/14/26 4:14 PM ET

….CDC Hantavirus Response Incident Manager David Fritter highlighted that there are no hantavirus cases in the US. Meanwhile, he explained **“the people being monitored fall into three main categories: passengers who were repatriated from the MV Hondius and are now in Nebraska and Atlanta; passengers who had already left the ship and returned home before the outbreak was identified; and people who may have been exposed on flights where a symptomatic case was present.”**

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The latest HCID Outbreak

The Telegraph

New Ebola outbreak kills 65 in eastern Democratic Republic of Congo

Lilia Sebouai
Fri, May 15, 2026 at 8:39 AM CDT
3 min read

15



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Latest updates on the DRC Ebola Bundibugyo Virus Outbreaks

Key Figures at a Glance (Democratic Republic of the Congo)

7 Provinces **62** Health Zones Affected	**6** Provinces **49** Health Zones Active Transmission*	**1 726** Cases Recovered	**66.3%** Bed Occupancy	**27 905** Contacts under follow up
905 Active Cases in Isolation	**167** Health Worker Cases	**47** Health Worker Deaths	**1 366** Bed Capacity	**26** Testing Laboratories

Note: Health zones with active transmission have reported at least one case in the last 21 days. Active cases in isolation include both suspected and confirmed cases.

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BUNDIBUGYO VIRUS DISEASE OUTBREAK

Democratic Republic of the Congo | Uganda | France

Weekly External Situation Report 18, Data as of 13 September 2026

- **Key Figures at a Glance (Democratic Republic of the Congo)**

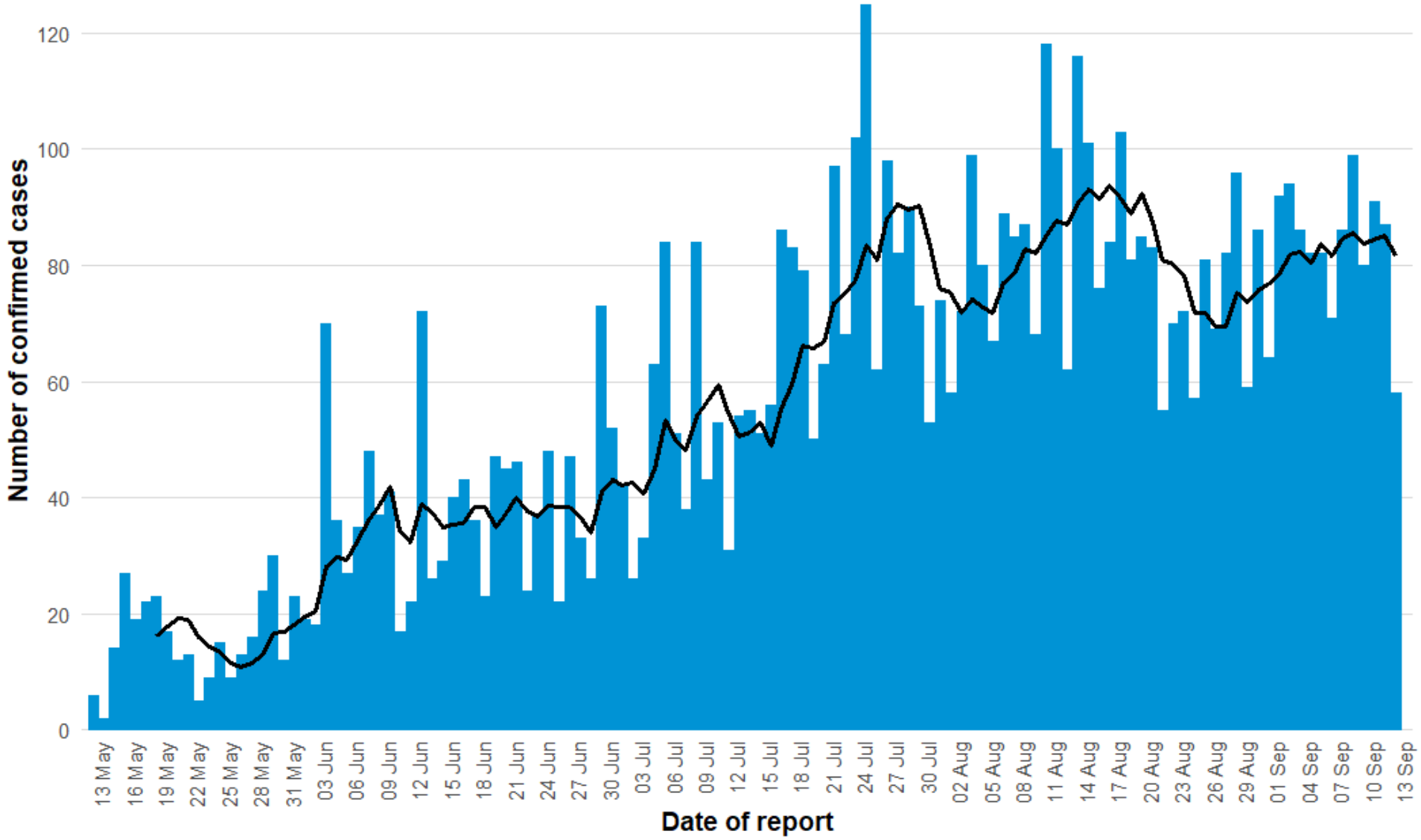
Summary

Country	New Confirmed Cases (Last 7 days)	New Confirmed Deaths (Last 7 days)	Confirmed Cases (Total)	Confirmed Deaths (Total)	Probable Cases	Probable Deaths	Total Cases (Confirmed & Probable)	Total Deaths (Confirmed & Probable)	CFR (%) Confirmed & Probable	Outbreak Status
Democratic Republic of the Congo	572	284	7 258	3 510	-	-	7 258	3 510	48.4%	Active
Uganda	0	0	20	2	1	1	21	3	14.3%	Ended
France	0	0	1	0	0	0	1	0	0.0%	Ended

Note: Only confirmed and probable cases are reported.

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Daily national trend in confirmed Bundibugyo virus disease cases, with seven-day moving average, by date of report, DRC, as of 13 Sept. 2026



Bars show daily confirmed cases; black line shows the 7-day moving average.

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Screening

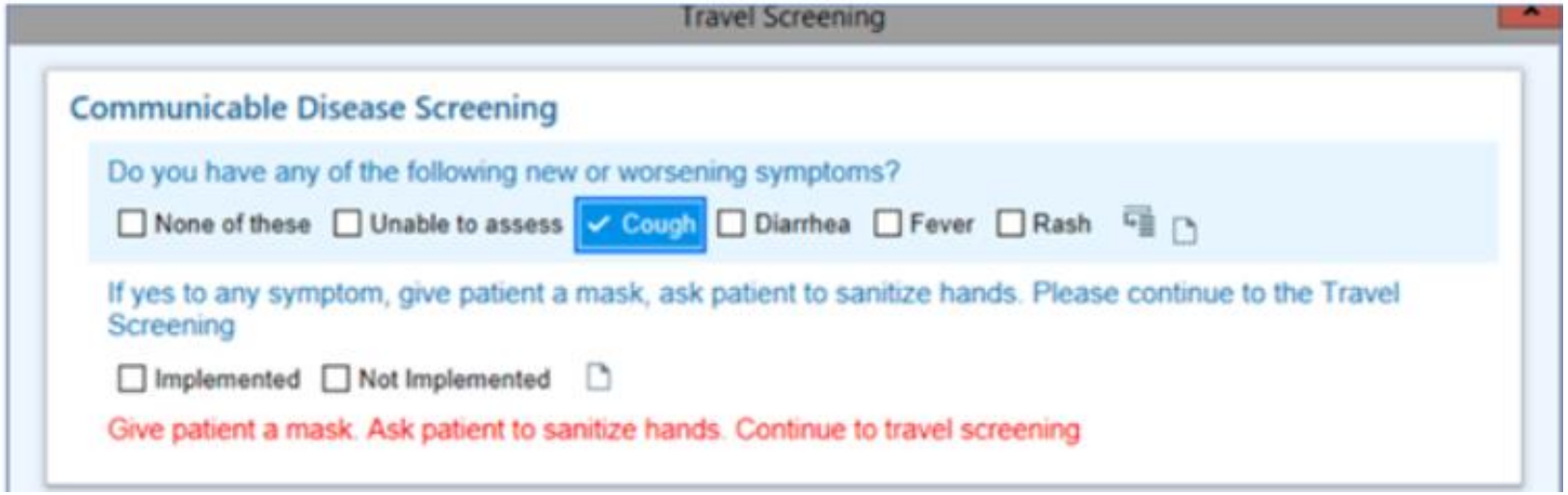
Fairview uses the identify, isolate, and inform algorithm for screening patients upon arrival

Fairview

Screening: IDENTIFY

Patients will be asked if they have one of the following symptoms:

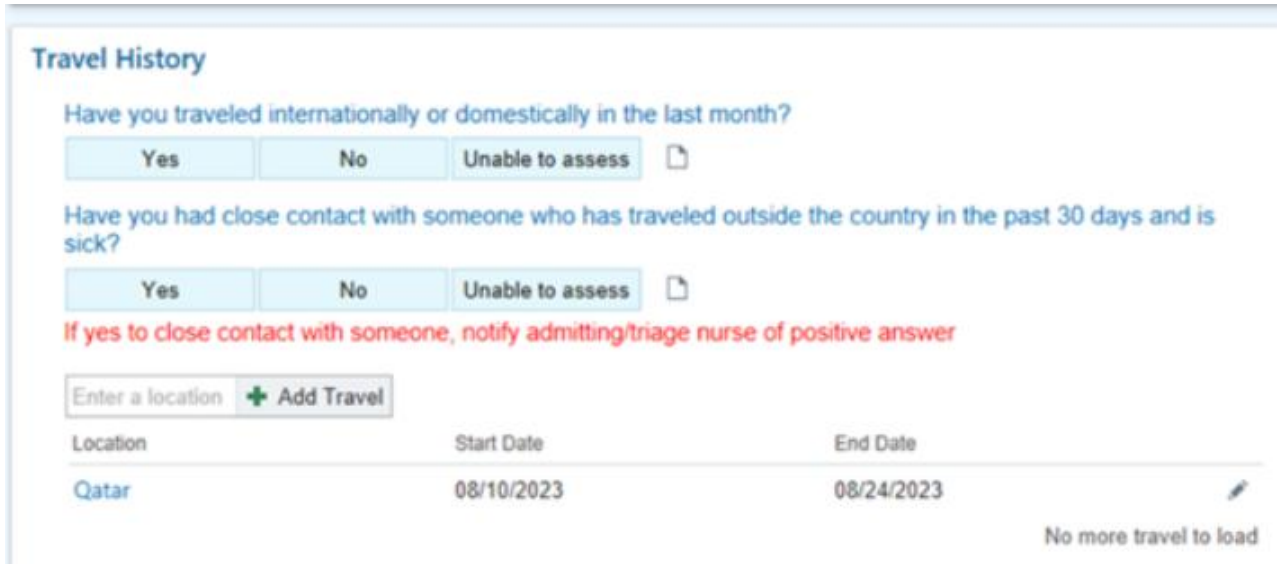
- Cough, Fever, Rash, or Diarrhea
- If patient has one of these symptoms, staff will be prompted to provide the patient a mask if they are not already wearing one



Screening: IDENTIFY

Next, patients will then be asked if they have traveled internationally or domestically in the last month:

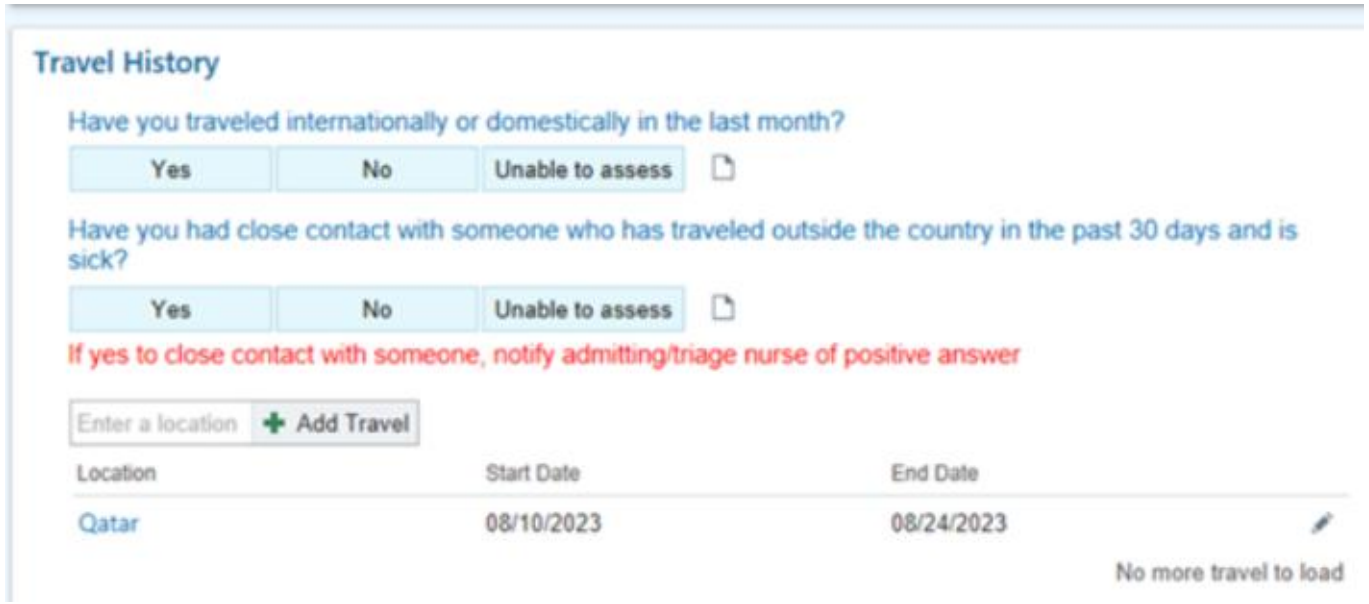
- If yes, document state or country of travel
- If the patient has one of the symptoms AND has traveled to a country* with HCIDs occurring, a BPA will pop up
- *This information is linked in the background and staff are not expected to know them



Screening: IDENTIFY

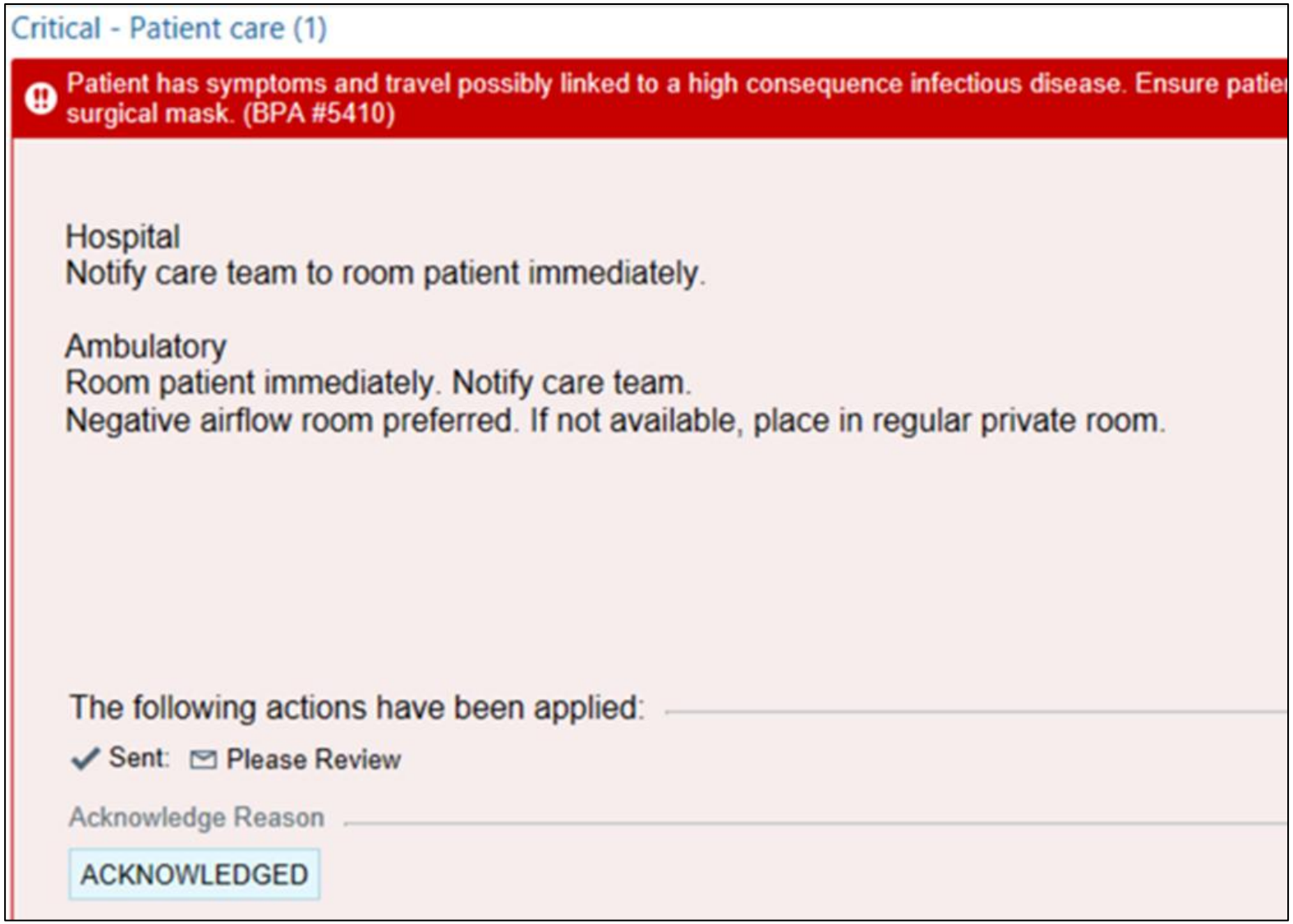
Finally, patients will then be asked if they have had close contact with someone who has travelled internationally within the past month AND is sick:

- If yes, there is a statement to notify the care team
- Staff do not need to room a patient immediately for a yes to this question



Screening: ISOLATE

- If a patient screens positive (has a symptom and recent travel to an area of concern) notify care team to room patient immediately and place in appropriate precautions for suspected disease type.
- A negative airflow room is preferred. If not available, place patient in a regular private room and have them keep their mask on and the door shut.



Screening: INFORM

- Contact the charge nurse and nursing supervisor
- Contact Infection Prevention
  - M-F During business hours: call your site's mainline Infection Prevention Department
- After hours and on holidays:
  - Page through the on-call system or hospital operator 612-273-3000
  - Fairview Range: Contact the patient care supervisor
  - Grand Itasca: Contact the house supervisor 218-360-4103
- Contact the Minnesota Department of Health (MDH) at 651-201-5414
  - They are available 24-7 and must approve testing prior to specimen collection
  - If MDH determines the patient needs specialized HCID care, they will use the National Special Pathogens System (NSPS) to arrange specialized transport and transfer. In Minnesota, this is usually to Fairview's Special Pathogens Unit or Mayo Clinic, though transfer out of state may be needed. The frontline facility should be prepared to provide stabilizing and supportive care for up to 24 hours.
- Contact the on-call Infectious Disease Physician
- If visitors/family members are present, screen for symptoms. Ensure they are masked and restrict visitation as well as movement within the facility.

Full Barrier Precautions

Full Barrier Precautions are split into two levels:

- **Full Barrier Level One**
  - Required when caring for patients under investigation or confirmed for:
    - Viral hemorrhagic fever (VHF) who are clinically stable and do NOT have bleeding, vomiting, or diarrhea (i.e. “dry” patient)
    - Smallpox

- **Full Barrier Level Two**
  - Required when caring for patients under investigation or confirmed for:
    - Viral hemorrhagic fever (VHF) who are clinically unstable or have bleeding, vomiting, or diarrhea (i.e. “wet” patient)

Full Barrier Level One

Full Barrier Level One requires either a N95 respirator or PAPR.

Choose which videos to watch based on whether you wear a N95 or PAPR.

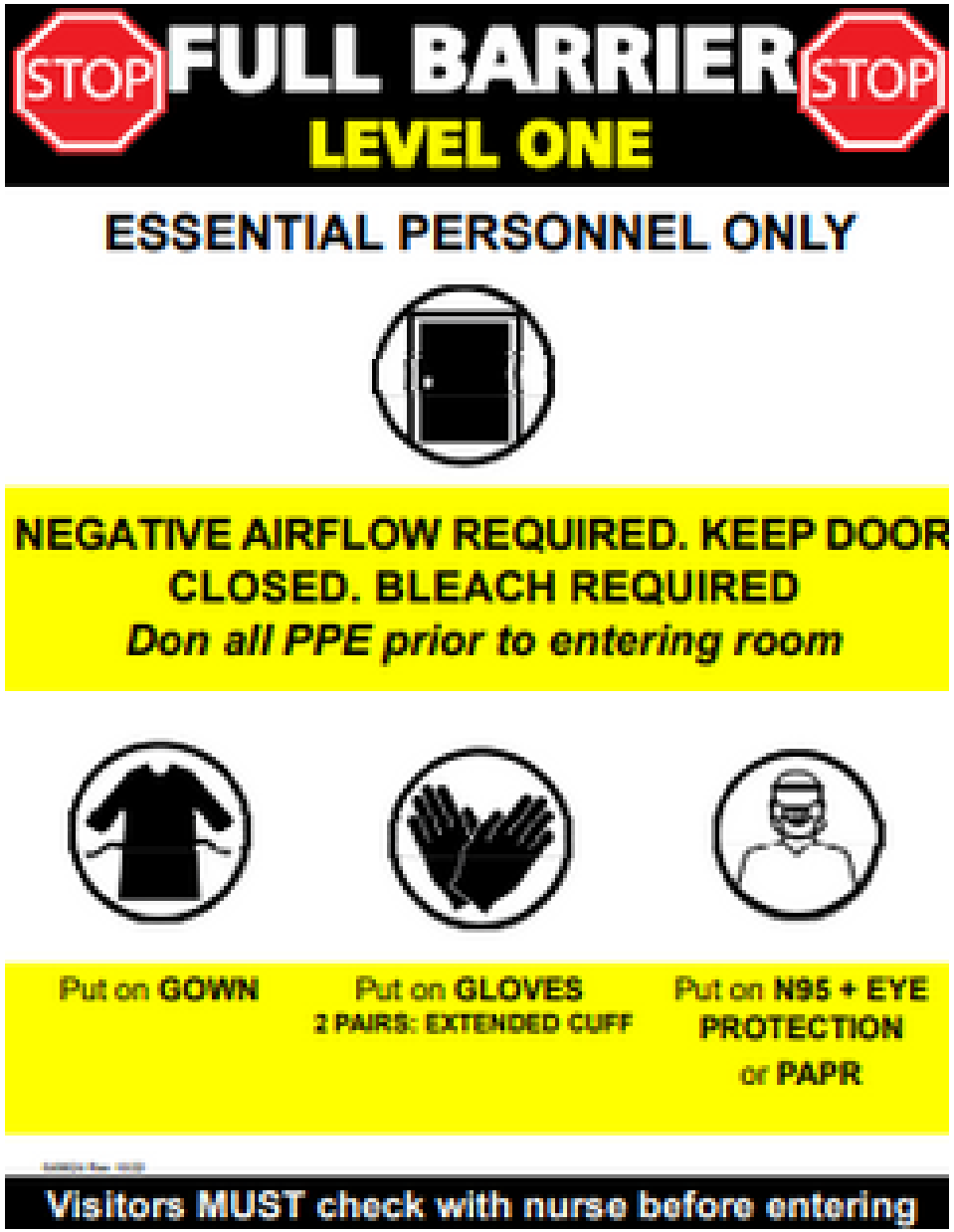
N95 *(for employees who are fit-tested to a N95 respirator)*

- Full Barrier 1 Donning N95 Video
- Full Barrier 1 Doffing N95 Video

PAPR

- Full Barrier 1 Donning PAPR Video
- Full Barrier 1 Doffing PAPR Video

Full Barrier Isolation Level 1



Full Barrier Level 1 "Dry" with N95

Donning Personal Protective Equipment (PPE)

Required when caring for patients under investigation for a high consequence infectious disease (HCID), including pox viruses (smallpox) and dry viral hemorrhagic fever (VHF) who are clinically stable and do NOT have bleeding, vomiting, or diarrhea.

✓	Checklist steps for outside of patient room
	Gather full barrier PPE: • Disposable surgical gown • N95 respirator mask • Nitrile gloves, extended cuff (2 pair) • Face shield
	Find buddy to assist with donning
	Remove all personal items such as watch, badge, or jewelry that could interfere with integrity of PPE
	Secure hair and prescription eyeglasses
	Inspect PPE prior to donning: • Ensure all pieces are in serviceable condition (e.g. not ripped or torn) • Ensure all supplies are available and that the sizes selected are correct for you
	Perform hand hygiene with alcohol-based hand rub (ABHR)
	Don first set of extended cuff inner gloves
	Don fluid resistant gown: • Ensure cuffs of inner gloves are tucked under the sleeve of the gown • Secure at the waist and neck (do not tie insides if applicable) • Ensure gown is large enough to allow for unrestricted movement
	Don N95 mask and check for seal
	Don outer extended cuff gloves: • Ensure they are covering cuff of gown and tuck excess material at sleeve into cuff
	Don face shield • Position shield above eyebrows and midforehead to cover eyes
	Have a buddy check to ensure all PPE components are in place: • Ensure there are no cutes or tears in any pieces of PPE • You should be able to extend arms, and bend at the waist • Ensure there is sufficient range of movement while all areas of the body remain covered • Observe to mark suit with wearers name and time donned

Full Barrier Level Two (No Skin Showing)

Full Barrier Level Two requires either a N95 respirator or PAPR.

Choose which videos to watch based on whether you wear a N95 or PAPR.

N95 *(for employees who are fit-tested to a N95 respirator)*

- Full Barrier 2 Donning N95 Video
- Full Barrier 2 Doffing N95 Video

PAPR

- Full Barrier 2 Donning PAPR Video
- Full Barrier 2 Doffing PAPR Video

Full Barrier Isolation Level 2 (for “wet” pt.)



Required when caring for patients with suspected or confirmed viral hemorrhagic fever (VHF) who are clinically unstable or have bleeding, vomiting, or diarrhea.

✓	Checklist steps for outside of patient room
	Gather full barrier level 2 PPE: • Fluid impervious gown, AAMI level 4 • Waterproof apron • PAPR hood with shroud • PAPR pack • PAPR tubing • Nitrile gloves, extended cuff (2 pair) • Knee length shoe covers • Booties
	Find buddy to assist with donning
	Remove all personal items such as watch, badge, or jewelry that could interfere with integrity of PPE
	Secure hair and prescription eyeglasses
	Inspect PPE prior to donning: • Ensure all pieces are in serviceable condition (e.g. not ripped or torn) • Ensure all supplies are available and that the sizes selected are correct for you
	Perform hand hygiene with alcohol-based hand rub (ABHR)
	Don knee high shoe covers
	Don outer ankle booties
	Don first set of extended cuff inner gloves
	Don fluid impervious gown: • Ensure cuffs of inner gloves are tucked under the sleeve of the gown • Secure at the waist and neck (do not tie insides if applicable) • Ensure gown is large enough to allow for unrestricted movement • Ensure gown is long enough and there are no gaps between gown and knee high shoe covers
	Don PAPR with shroud hood • Before donning, turn on the PAPR and check the airflow (refer to instructions) • PAPR with extended belt-mounted blower must have the blower and tubing on the outside of the gown to ensure proper airflow • Trained observer will help tuck the inner layer of the shroud into the gown
	Don waterproof apron over hood
	Don outer extended cuff gloves • Ensure the outer glove cuffs are covering cuff of gown and tuck excess material at sleeve into cuff

Take Home Points

- We live in a very interconnected world and unusual high consequence infections diseases are just a plane ride, or a ship ride, away.
- We need to be on the alert for returning passengers/travelers who have signs or symptoms of highly contagious, highly pathogenic infections.
- Identify, Isolate, Inform

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Questions

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