GUIDELINES REGARDING POSSIBLE EBOLA DEPLOYMENT BY MGH STAFF/VOLUNTEERS

Mass General Hospital continues to monitor the Ebola outbreak in West Africa. The situation remains dynamic; the number of cases and deaths continues to climb as the virus spreads, and health care workers have been unable to curtail and ultimately break the cycle of transmission. The situation is very difficult and afflicts some of the poorest countries in the world. International response is quickly ramping up, including funding, equipment, and human resources.

The decision about how to support the international response is taken under very careful guidance from appropriate leadership and clinical experts. The Massachusetts General Hospital is not an international operations/response organization, especially for such a rare, serious, and highly infectious disease outbreak requiring logisticians, administrators, funding, team training, and in-country infrastructure to mount a successful response. Response operations should always be left to the most experienced international aid organizations.

In times of great need, we all feel compelled to try and help in some way. It is important that we find the appropriate mechanism for our best intentions to have the greatest impact. On an individual basis, the best way to support the international response and the people affected by this crisis is to make a financial donation to trusted, professional organizations that are engaged in the response and caring for people in need. The U.S. Agency for International Development Center for International Disaster Information and the United Nations Office for the Coordination of Humanitarian Affairs maintain lists of reputable non-governmental organizations supporting the international response in West Africa.

Critical considerations for individuals wanting to volunteer

For any staff considering volunteering, or being asked to respond, the Massachusetts General Hospital does not endorse travel or volunteering unless clear evidence of the following preparations and risk mitigation can be demonstrated by the responding agency or organization. These include but are not limited to:

1. **Comprehensive orientation program as part of pre-deployment** intake that includes, among other things, acknowledgement of risk and a well documented process for delineating roles and responsibilities of the individual and the organization, a personnel policy that includes a non-punitive ‘opt-out’ clause in the event an individual declines to participate in a role or tasks once deployed, mental health surveillance of staff that includes in-country support, and a recording of appropriate individual information to support deployment and in case of emergency;

2. **Reliable supply chains in place** for the World Health Organization (WHO) /Médecins Sans Frontières (MSF)/Centers for Disease Control (CDC)-recommended personal protective equipment (PPE) as well as a sufficient, immediate-use stockpile available on-site. To the extent that there is a difference in material or definition for a minimum set for PPE, the more stringent protocol or guideline will apply;

3. **Proper and comprehensive training plans with emphasis on infection control and donning and doffing of PPE** that are universally in place and required prior to providing clinical or other support care, field activity, or deployment;
4. **Comprehensive in-country orientation and training** that addresses, among other things, expected health, safety and security preparations, risk mitigation, and trainings with clear instructions and plans to address any concerns or issues, including: housing, non-Ebola medical illness or injury, drinking water, insect-borne illnesses, ground/other transportation and individual/group movements, and pre-deployment screening and orientation;

5. **Appropriate insurance policies and emergency response services** that will respond on a primary basis;

6. **Staff security management and evacuation plans** are written, available, redundant, and account for contingencies such as civil unrest, other natural disasters or other large-scale disease outbreaks, active monitoring of the security situation with plans for sheltering in place, and delineation of overland and air evacuation routes;

7. **Staff medical case management and evacuation plans** are written, available, and account for contingencies such as Ebola or non-Ebola related medical evacuation/repatriation, ‘care in place’ if evacuation is not permissible or possible, active monitoring of the security situation with plans for sheltering in place, and overland and air evacuation routes;

8. **Other risk, health, safety, and security resources and plans** including professional security staff, logisticians, registration with U.S. Department of State through the Smart Traveler Enrollment Program (STEP) and with other national and international coordination bodies, repatriation and monitoring program including stress and mental health support, and other resources to be determined.

The criteria above represent the *minimum* set of operational standards that a professional organization will have in place to ensure the health and safety of their staff. **The decision to volunteer with an international aid, disaster response, or intergovernmental organization is a very serious and personal one.** Individuals must carefully assess their own personal health and well-being, individual family circumstances, as well as clinical skills, experience, and knowledge. Only clinicians with the highest level of readiness – personal, mental, and professional - should consider volunteering. Those who do not meet the above, including residents, fellows, and other similar trainee roles are strongly discouraged from volunteering. There is a considerable body of knowledge that highlights the negative impact of untrained response workers - even though they are trained clinicians - in providing assistance during outbreaks or in the aftermath of a natural disaster.

Other practical considerations involve the duration, logistics, and proper equipment for deployment. Volunteering will likely require a significant time commitment given the scale of the outbreak. A two-week deployment is wholly insufficient given the scope, scale, and cost of sending individuals. Volunteers should be prepared for extended commitments and be highly self-sufficient. As per the guidance above, the responding organization should have clear instructions as to all of this.

All potential volunteers should consult the Centers for Disease Control and Prevention (CDC) [Advice for Humanitarian Aid Workers Traveling to Guinea, Liberia, Nigeria, or Sierra Leone during the Ebola Outbreak](https://www.cdc.gov/vhf/ebola/travel-advice/humanitarian-aid-workers.html). As indicated by the CDC checklist, individual considerations must be given to health insurance, medical evacuation.
insurance, accidental death and disability, and even life insurance with respect to personal and family circumstances. From our own research into these issues, we know that medical assistance and medical evacuation for non-Ebola illness or injury can be extremely difficult. For Ebola-related exposures, it is unlikely if not impossible, despite the dramatic cases reported on by the media. In summary, all potential volunteers should understand that the ability of Mass General Hospital ability to help across a range of issues, including medical assistance and evacuation even for non-Ebola related issues would be practically nonexistent. Knowing the capabilities and limitations of the agency or organization with which you intend to deploy should be a key component of any volunteer decision.

Exposure and post-deployment repatriation
The CDC has further outlined in their case definition for Ebola exposure and the criteria for high, low, and no exposure. Individuals will need to familiarize themselves with the definition and how it applies to their deployment and personal circumstances. Potential volunteers should understand that a 21-day home ‘quarantine’ and active fever watch period will be necessary before clinicians who have cared for Ebola patients will be allowed to return to clinical duties at Mass General Hospital. This time allotment should be considered when planning a deployment. Individuals must have explicit discussions with their manager regarding questions of pay and logistical support during this 21-day home isolation period BEFORE they consider deployment overseas. Upon returning from deployment, individuals must contact their appropriate occupational health representative to assess their risk status and clearance to return to a normal work schedule. Staff many not return to work until they have obtained written clearance to do so.

For individuals interested in volunteering
For any staff of Mass General Hospital considering travel or volunteer roles with a responding organization or a non-governmental organization in the affected countries in West Africa, we ask that you notify one of the following individuals to discuss various aspects of health insurance, travel medical insurance, preparedness, and other details as outlined above.

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