

## Monrovia Medical Unit (Ebola Treatment Unit): U.S. Public Health Service Commissioned Corps

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### **MISSION**

The Monrovia Medical Unit (MMU), located in Margibi County, Liberia is a 25-bed field hospital modified to provide care to international and Liberian healthcare workers and responders that may be infected with Ebola Viral Disease (EVD). The MMU's primary mission is to assure healthcare workers that high quality EVD care and trained staff is available if needed. The MMU will help enhance the operating environment for healthcare workers and responders in Liberia to contain and combat the spread of Ebola.

### **BACKGROUND**

The MMU has been configured to meet the mission requirements of treating patients who have (or are suspected of having) EVD. To meet these expectations, the Department of Defense (DoD) and U.S. Public Health Service (USPHS) Commissioned Corps worked collaboratively to design the unit to function as an Ebola Treatment Unit (ETU). The MMU has the capability to provide high level care for patients with EVD. In addition, experts from Médecins Sans Frontières (MSF) and the World Health Organization were consulted on configuration of the facilities, illuminating the multi-sector approach in support of the U.S. Embassy and USAID's Disaster Assistance Response Team in Liberia. The MMU, functioning as an ETU, includes external support structures and buildings, beyond the platform for clinical care, such as family visitation buildings, behavioral health locations, incinerators and water towers. These structures, along with the main hospital, serve as the ETU campus of care.

### **STAFFING**

The MMU will be staffed by highly skilled officers from the USPHS Commissioned Corps, which includes trained clinicians, infection control officers, laboratorians, and administrative staff. These officers have completed Ebola-related training led by the Centers for Disease Control and Prevention. Officers have continued their high-risk, PPE-related clinical training with MSF and International Medical Corps, in Liberia. These trainings help project a stature of reassurance and access for quality EVD care to international and Liberian national healthcare providers and responders. These USPHS officers are being deployed from various federal government agencies within HHS, DoD and other departments of the United States Government in support of USAID, Chief of Mission and in collaboration with the Liberian Ministry of Health, DoD and other partners.

### **ELIGIBILITY (DEFINED POPULATION)**

The MMU will provide advanced Ebola treatment to international and Liberian healthcare workers. To determine eligibility, a "healthcare worker" is initially defined as a person who provides direct medical care,

such as: nurses, physicians assistants, physicians, phlebotomists and laboratory workers, as well as epidemiologists who conduct contact tracing, ambulance drivers, safe burial teams, and those working in ETUs who are in charge of cleaning, disinfecting, and decontaminating areas that may put them at high risk of infection with Ebola (e.g. contact with vomit, diarrhea, blood, soiled bedding, etc.). Non-governmental organizations, international (multi-lateral) organizations and United Nations personnel involved in the Ebola response will also be prioritized for access to care in a step-wise fashion provided bed-capacity. Additional groups for consideration for eligibility, such as community health workers, may be considered periodically, thereafter, as the MMU capacity is further assessed. The MMU facility administrator will make final determinations regarding admission to the MMU based on census data and staffing capacity. The MMU will not provide trauma care or care for non-Ebola related disease, unless a comorbidity with EVD.

### **LEVEL OF CARE**

As with any ETU, the clinical management is balanced against operational considerations, patient and provider risk, and outcomes data with regards to treatment modalities. The level of care provided at the MMU is considered a 'high' level of care, especially under field conditions. The MMU has the capacity to:

- provide the full complement of fluid management including oral rehydration, aggressive intravenous fluid support, and electrolyte monitoring and support;
- ensure nutritional support including enteral nutrition via nasogastric and/or orogastric tubes;
- hemodynamic support, on a case-by-case basis, through the use of vasopressors via peripheral lines will be considered;
- appropriately targeted pharmaceutical support, to include treatments for potential co-morbid conditions and confounding diagnoses (such as malaria);
- laboratory diagnostics will include appropriate lab capability to monitor electrolytes, coagulation parameters, and blood counts; and,
- ensure a temperature-controlled environment, which supports both staff and patient resilience.

### **MEDICAL EVACUATION PROCESS**

Aeromedical evacuation to home country will be coordinated by the patient's affiliated organization where available. The U.S. Government has a clear process and protocols established, including potential for bilateral agreements.

### **ADJUDICATION PROCESS FOR ELIGIBILITY**

To establish a clear and consistent process to confirm eligibility, verify individual status and notify clinical leadership, representatives from the USPHS Commissioned Corps, Chief of Mission, USAID, Ministry of Health and WHO assisted to develop an adjudication process. Arrangements for care are conducted only on a consultative basis. All in-country ETU Clinic Directors (or identified medical liaisons/executive points-of-contact) will contact a designated Liberian Ministry of Health Liaison (MoH LNO). Admission to the facility should involve a high risk exposure (symptomatic or asymptomatic) or EVD symptoms, potentially a positive EVD laboratory result when available, and confirmation of the individual's status as an eligible healthcare worker based on administrative definitions and considerations. The adjudication process includes validation of HCW eligibility and status by the MoH LNO in consultation with the U.S. Embassy and Ministry of Health. Final determination of acceptance will be made by MMU facility administrators, based on bed capacity, current status of patients and staffing. Physical transport to the MMU following the adjudication process should be coordinated between the designated MoH MMU LNO and the originating organization or ETU.

## OPENING DATE

The MMU expects to start accepting patients on or about November 7<sup>th</sup> or 8<sup>th</sup>, 2014.

## KEY CONTACTS

*Appendix 1* below provides an overview of the adjudication process

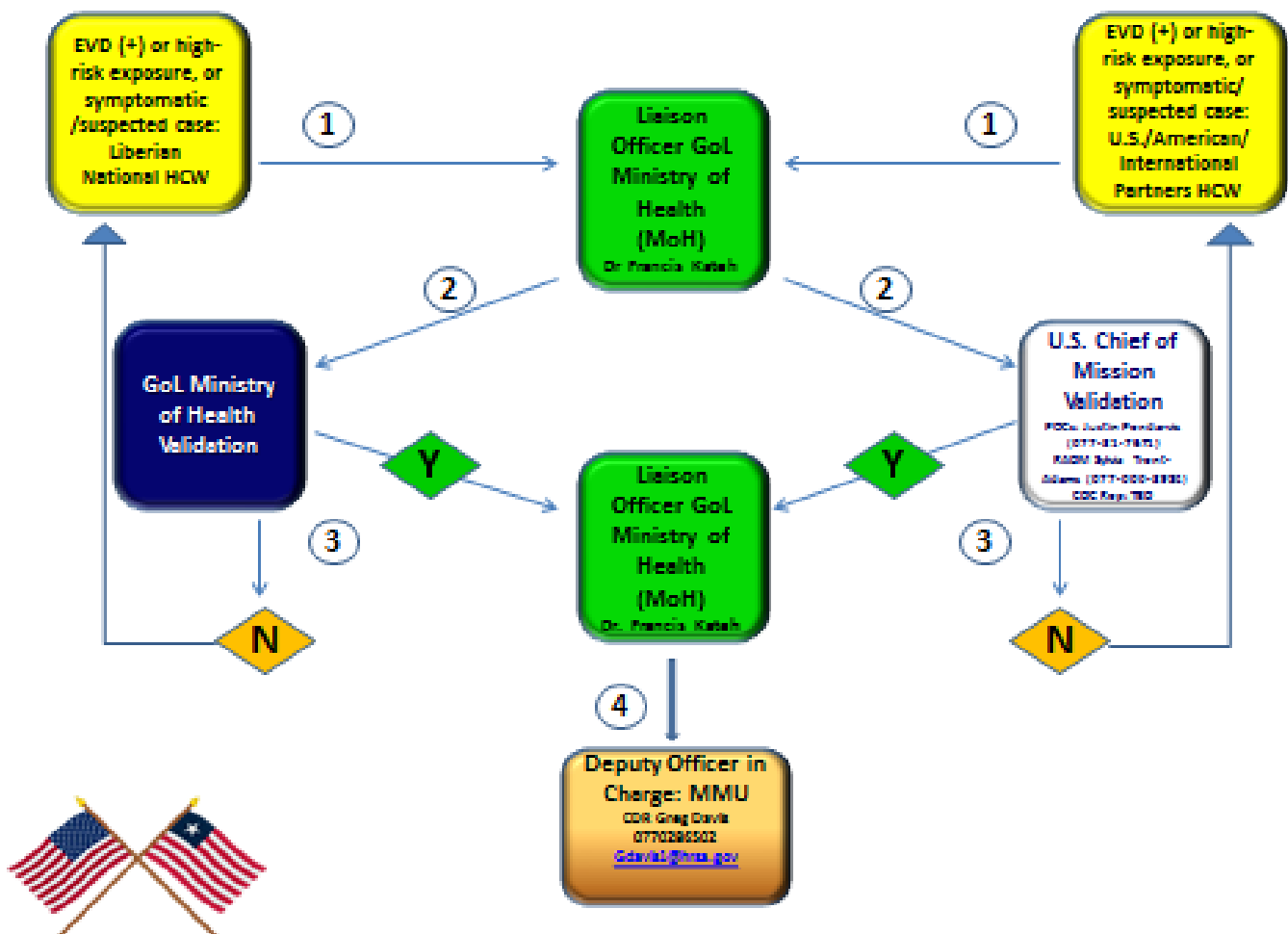
Contact details will be distributed directly to senior staff of eligible organizations.

Liaison Officer, Ministry of Health: Dr. Francis Konteh

US Chief of Mission: Rear Admiral Sylvia Trent-Adams (USPHS), Commander David Lau (USPHS) and Justin Pendarvis (USAID/DART).

## APPENDICES

### 1.) Adjudication Process:



## 4-Step Process

1. Initiate Communication with MoH LNO (Dr Kateh)
2. Adjudication:
  - a) Validation of eligibility: MoH confirms initial eligibility of HCW using definition provided by U.S. National Security Council
  - b) Validation of active HCW and response status:
    - For U.S./International personnel – Chief of Mission (CoM)
    - For Liberian Nationals – Ministry of Health (MoH)
3. MoH LNO (or CoM rep, with consult from MoH LNO) contacts POC at MMU to give adjudication information, clinical hx, and request availability of bed
4. MoH LNO and patient organization explore and commence patient transport to MMU.

### 2.)Eligible Population Priorities:

