

# **Interim guidelines for Ebola virus disease voluntary home restriction**

**November 2014**

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# 1. Introduction

## 1.1 Aim

The aim of these guidelines is to ensure people who are requested to go into home restriction for a defined period of time for public health purposes are accommodated appropriately and receive the optimum level of support.

These guidelines should be read in conjunction with the *Queensland Ebola virus disease management plan 2014*.

## 1.2 Purpose

The purpose of these guidelines is to provide direction for Hospital and Health Services (HHSs) on the processes and supports available for managing people asked to go into home restriction for a defined period of time and to outline the liaison role of the State Health Emergency Coordination Centre – Ebola Virus Disease Incident Management Team (SHECC EVD IMT).

## 1.3 Scope

This guideline includes the processes for:

- recommending persons to go into voluntary home restriction
- managing situations where a person refuses to enter into voluntary home restriction
- organising accommodation
- monitoring the health and welfare of persons while in home restriction
- providing food and other resources to persons in home restriction.

# 2. Background

The Ebola virus is one of a group of infectious agents that cause viral haemorrhagic fever. The majority of Ebola virus disease (EVD) cases show signs and symptoms of illness 8–10 days after exposure to the virus, but the incubation period ranges from 2–21 days. There is no evidence of infectivity to others during the incubation period and so cases are not considered infectious prior to the development of symptoms. Individuals who have been potentially exposed to the Ebola virus, but who are yet to develop symptoms, are not known to pose a risk to the community. High fever is a common early symptom.

If a person becomes unwell with EVD there is the potential for others to become exposed to the Ebola virus. For this reason, where an asymptomatic individual with a history of exposure to the Ebola virus can be identified, home restriction during the potential incubation period of 2–21 days is regarded as an important measure to reduce the risk of further transmission of the Ebola virus to close contacts and others in the community.

Providing early intervention and ongoing supportive care and treatment of specific symptoms improves survival for patients diagnosed with EVD. It is therefore very important for the person who has been potentially exposed to EVD and becomes unwell to seek immediate medical advice.

### 3. Definition of home restriction

The term 'home restriction' in the context of these guidelines refers to the voluntary confinement of a person or persons to their home, including their yard, for a defined period of time.

A person may be in home restriction by themselves or with other household members who may or may not also be in home restriction.

### 4. Authority to place a person in home restriction

The Chief Health Officer (CHO) or delegate, including health quarantine officers (HQO) and/or public health physicians (PHP), can request that a person go into home restriction for a defined period of time if it is deemed that they pose a potential disease transmission risk to the community.

Voluntary agreement to go into home restriction is the preferred method to be used.

There are provisions under the *Commonwealth Quarantine Act 1908* and the *Queensland Public Health Act 2005* for placing a person into quarantine where warranted. However, measures to formally invoke legislation to place a person into quarantine are outside of the scope of this document.

### 5. Governance and liaisons

The CHO is responsible for managing the implementation of the Queensland Government's response to EVD. Under the *Queensland Health Disaster Plan*, the CHO assumed the State Health Coordinator's role through the activation of the State Health Emergency Coordination Centre – Ebola Virus Disease Incident Management Team (SHECC EVD IMT) on 15 October 2014.

The *Hospital and Health Boards Act 2011* authorises the chief executive to develop Health Service Directives (HSD) to respond to public health emergencies. HSDs are binding for HHSs. A HSD for the management of public health incidents of statewide concern has been approved by the chief executive of the Queensland Government Department of Health and was invoked on 21 October 2014 to ensure consistency in the management of EVD within Queensland Health.

The CHO approves statewide strategies to be implemented by HHSs, including voluntary home restriction for persons potentially exposed to EVD.

The Senior Director, Communicable Diseases Unit (CDU), in the Queensland Government Department of Health is the State Health Incident Controller for the SHECC EVD IMT.

When the SHECC EVD IMT is stood down, the Senior Director, CDU, will maintain the State Health Incident Controller's role for the EVD response.

#### 5.1 Key stakeholders

The implementation of these guidelines is reliant upon the collaboration and cooperation of a number of stakeholders including but not limited to:

- Australian Government Department of Agriculture
- Australian Government Department of Health
- Australian Government Department of Immigration and Border Protection

- Queensland Government Department of Communities, Child Safety and Disability Services
- Queensland Government Department of Human Services
- Queensland Government Department of Transport and Main Roads
- Discipline of General Practice, The University of Queensland
- General Practice
- Mater Integrated Refugee Health Services
- Multicultural Development Association
- Police, Fire and Emergency Services Business Agency
- Queensland Health
- Red Cross.

## 5.2 Risk-based management

Asymptomatic people assessed as having a low- or high-risk exposure to the Ebola virus pose a potential risk to the community if they develop signs and symptoms of EVD while they are in close contact with other people in public places. People are only infectious once they develop symptoms.

There have been international reports of situations where early symptomatic cases have continued to mix in the community. The principal of prevention of transmission of EVD is to ensure people with early symptoms are not in close contact with others. The request for a person potentially exposed to the Ebola virus to go into voluntary home restriction applies the precautionary principle and further minimises the risk to the community

Definitions for exposure risk can be found in the [Queensland Ebola virus disease management plan](#).

## 6. Preparations

By requesting that a person goes into home restriction, it places an obligation on the Queensland Government Department of Health to ensure the health, safety and welfare of the person and any other persons affected during the home restriction period.

Systems should be in place to assist with early identification of persons likely to be asked to go into home restrictions to enable preparations to be made in advance.

Currently persons that may be requested to go into home restriction include:

- aid and healthcare workers who have returned from caring for an EVD case overseas. Please refer to the [Interim guidelines for healthcare workers deployed to Ebola virus disease affected countries](#).
- healthcare workers in Queensland who have directly cared for an EVD case in Queensland or other states or territories in Australia. Please refer to the [Interim guidelines for healthcare workers caring for Ebola virus disease patients in Queensland](#) (available for Queensland Health staff via QHEPS).
- persons who are identified through a public health assessment as having a low- or high-risk exposure to the Ebola virus
- persons arriving in Queensland from countries with widespread and intense Ebola virus transmission whose potential exposures cannot be adequately determined.

Current systems to identify persons that may be requested to go into home restriction include:

- Arrangements are in place between the Australian Government Department of Health and aid organisations that send healthcare workers to EVD affected countries, to provide weekly details of staff who are being deployed. They are to provide the contact details, dates of deployment and expected arrival date back into Australia. The Australian Government Department of Health will distribute this information to the jurisdictions to ensure the healthcare workers can be contacted pre-deployment and arrangements are being put in place for their management on return.
- Queensland Health's Hospital and Health Services will provide details to SHECC EVD IMT of any staff that commence care for an EVD infected person, proposed home restriction arrangements where necessary and any support requirements.
- The Australian Government Department of Immigration and Border Protection currently provides advice on a weekly basis to all states and territories, via the Australian Government Department of Health, on persons known to be entering the country on specific visas from EVD affected countries.
- Customs identify persons arriving from countries with intense and widespread Ebola virus transmission. Australian Government Department of Agriculture officers then complete the traveller information card and EVD questionnaire and undertake a temperature check as part of their role as quarantine officers.

People with symptoms (including a temperature of  $\geq 37.5^{\circ}\text{C}$ ) and people without symptoms but with a history of potential exposure to the Ebola virus will be notified to the HQO. Asymptomatic people assessed by the HQO as having a low- or high-risk exposure to the Ebola virus will be requested to enter a period of home restriction for 21 days following their last potential exposure.

- A daily update on all persons screened for EVD exposure and symptoms by the Australian Government Department of Agriculture is provided to all states and territories via their chief human quarantine officers. The public health units in Queensland follow up all persons not previously identified to the HQO at the border to review the exposure assessment. Asymptomatic people assessed as having a low- or high-risk exposure to the Ebola virus will be requested to enter a period of home restriction for 21 days following their last potential exposure.

HHSs will be assisted by the SHECC EVD IMT/Communicable Diseases Unit Incident Management Team (CDU IMT) to organise home restriction arrangements. Specifically SHECC EVD IMT/CDU IMT will provide cross-agency liaison to ensure support for people going into home restriction, including access to accommodation and welfare support providers. Costs for supporting a person in home restriction will be met by the Queensland Government Department of Health.

## 7. Communication and notification

Where contact details of persons meeting the requirements for home restriction are initially provided to SHECC EVD IMT/CDU IMT, this information will be forwarded to the public health unit of the relevant HHS to enable arrangements for home restriction to be made.

Upon the receipt of notification of planned and unplanned arrivals of persons meeting the requirements for home restriction the HHS is to immediately notify the SHECC EVD IMT/CDU IMT.

SHECC EVD IMT/CDU IMT will provide liaison support to the HHS to arrange assistance from other government agencies and statewide health services to support persons in home restriction.

The HHS is to provide daily status reports to the SHECC EVD IMT/CDU IMT on the health and welfare of persons placed in home restriction, including any issues and mitigation actions and recommendations.

Media regarding any persons in home restriction is to be kept to a minimum wherever possible and be cleared through the SHECC EVD IMT/CDU IMT prior to initiation.

## 8. Operations

Arrangements for the safe management of persons asked to go into home restriction include ensuring:

- appropriate accommodation
- access to food, water and other domestic items to ensure comfort during period of restriction
- regular health checks and processes for facilitating emergency health care
- regular welfare checks and access to counselling supports as required
- access to in-home recreational activities and resources as required
- access to education resources as appropriate
- ability to maintain communication with family and friends (visits, phone and internet)
- access to news and information (television and internet).

### 8.1 Accommodation

Accommodation requirements for persons entering home restriction will be determined on a case-by-case basis. This will be informed by the level of risk posed to other household members and the community as a whole, as well as taking into consideration the person's acceptance of the outcome.

Accommodation options may include but are not limited to:

- accommodation sourced by proposer(s) (relates to refugee arrivals on visa 202)
- accommodation sourced by settlement support agencies (relates to refugee arrivals on visa 202)
- accommodation sourced by Queensland Health. Note that accommodation provided by Queensland Health is available only for the restriction period.
- an individual's existing accommodation, if found to be suitable through a risk assessment conducted by the HHS.

In all cases accommodation must take into consideration that the persons in restriction will be requested not to leave the confines of the property's border.

Accommodation must also take into consideration:

- the number of individuals to be housed together
- the relationship of the individuals
- the number of rooms required, given that if a member of the household becomes ill they will need to be isolated within the accommodation until an assessment of the ill person can be undertaken
- the number of living rooms and outdoor areas that are available
- ventilation requirements (cooling and heating systems available for that accommodation) as well as insect and security screening.

Properties should have all utilities (water, gas, electricity, telephone, television reception and internet if available) connected and these must be tested a day prior to the person's instalment into the accommodation. It is important to note that it may take a few days to arrange connection for some services.

All properties must have provision for telecommunications, whether mobile or a fixed line, to enable communication with health service providers and support linkages to other agencies, friends and families.

### **8.1.1 Property maintenance**

Maintenance of the property including the yard (as appropriate) is the responsibility of the accommodation provider.

Currently specific housing for use by people who go into home restriction is provided through the Queensland Government Department of Transport and Main Roads, who work with Queensland Health's Health Infrastructure Branch to prepare the properties for habitation, including furnishing. Maintenance checks for these houses will be organised by the Queensland Government Department of Transport and Main Roads prior to occupancy and cease once the properties are occupied. Any emergency maintenance required during the period of occupancy will be organised through the Queensland Government Department of Housing and Public Works' Building and Assets Services. Once occupied, access for maintenance must be cleared by the HHS to enable a risk assessment to be undertaken to determine if it is safe for the work to proceed.

Where a person's own accommodation is being used for home restriction, maintenance must not be undertaken unless:

- it is urgent
- prior approval by the HHS to attend the premise on a specific day has been granted
- the person in voluntary home restriction has been assessed as being afebrile and asymptomatic on the same day and prior to the appointed time
- social distancing greater than one metre<sup>1</sup> can be maintained during the time that the work is being carried out.

### **8.1.2 Sourcing accommodation**

The Queensland Health Health Infrastructure Branch provides liaison between the Queensland Government Department of Health and other government departments to source housing that can be used to accommodate people in home restriction.

When suitable housing has been identified and approved for use for a defined period of time, the Queensland Government Department of Health is responsible for the housing during that period and ensures that it is in a fully functional state.

The SHECC EVD IMT/CDU IMT maintains a list of houses available for use for home restriction purposes and will support HHS to accommodate persons requiring home restriction in these homes for the prescribed period, where required.

### **8.1.3 Setting up the accommodation**

To maximise the effectiveness of the home restriction arrangements and reduce the need for visits and deliveries to the property, it is important that the property is fully set up to the extent possible prior to people being placed in the accommodation. See Appendix 1 for an example checklist from the Red Cross, which may serve as a basis for conducting this pre-arrival property check, particularly in circumstances where

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<sup>1</sup> WHO. Contact tracing during an outbreak of Ebola virus disease. Brazzaville, Republic of Congo: World Health Organization, 2014. <<http://www.who.int/csr/resources/publications/ebola/contact-tracing/en/>> . Accessed 26 November 2014.

people are not able to be accommodated in their usual place of residence. Pre-arrival property checks are undertaken by the accommodation provider.

#### 8.1.4 Home restriction and pets

When considering home restriction planning should include arrangements for domestic pets.

While maintaining a distance greater than one metre from other household members and pets may be possible under certain circumstances, it may not be possible in all cases.

In these circumstances planning for pets should consider two possible alternatives:

- rehousing pets temporarily for the 21 days of home restriction
- providing separate housing for the person entering home restriction, allowing other household members and pets to remain in their own accommodation.

If a person is confirmed with EVD and they have had contact with a pet either in the patient's home or elsewhere while they were symptomatic, a risk assessment should be conducted by human and animal health officials to establish the pet's risk of exposure to the virus (close contact or exposure to blood or body fluids of an Ebola patient). This will then determine how to manage the pet(s). A decision will be required on whether quarantine or other management of the pets is required.

#### 8.1.5 Cleaning the accommodation at the end of the restriction period

If none of the people in the accommodation developed EVD during the period of home restriction, usual domestic household cleaning is all that is required.

If a person becomes unwell with suspected, probable or confirmed EVD during the restriction period, any areas used by the person, especially the toilet, should be immediately isolated. The toilet used by the person should not be flushed prior to the *final disinfectant clean*. Household residents should not use or attempt to clean these areas unless infection of the suspected case with EVD has been excluded. The house will need to have had a *final disinfectant clean* by appropriately trained and supervised professional cleaners in accordance with the [Interim guidelines for Ebola virus disease environmental cleaning in a community setting](#).

## 8.2 Accessing food and other resources while in home restriction

The HHS is responsible for ensuring persons in home restriction have access to food and other basic amenities during the home restriction period.

Where a person in home restriction does not have a proposer (applies to refugees), family or other networks to assist during the home restriction period, then support services will need to be engaged.

The SHECC EVD IMT/ CDU IMT can assist the HHS to organise support services for persons in home restriction.

The Queensland Government Department of Communities, Child Safety and Disability Services provides a liaison officer to the SHECC EVD IMT/CDU IMT and is able to organise welfare support to persons in home restriction through existing arrangements between the department and non-government organisations. This includes purchasing and delivery of groceries and other domestic items.

## 8.3 Monitoring the health of persons in voluntary home restriction

The HHS is responsible for having systems in place to monitor and report on the health of persons in home restriction.

Persons in home restriction are requested to take their temperature twice daily (for children the parent or guardian will take the temperature) and report any fevers (temperature of  $\geq 37.5^{\circ}\text{C}$ ) immediately to 13 HEALTH (13 43 25 84). 13 HEALTH will immediately advise the relevant public health unit.

A daily phone call is to be made to all persons in home restriction to check their temperature readings and to determine if they have any other symptoms. The HHS can choose to make these calls or request assistance from 13 HEALTH.

For Queensland Health hospital-based healthcare workers who are placed in home restriction, this process will be different. The healthcare workers will be given a key contact officer who will monitor and log the health of the staff member and be the immediate contact if the staff member develops a fever or other symptoms.

The HHSs are responsible for keeping a daily log of temperature and symptom reports for each person in home restriction and reporting outcomes to SHECC EVD IMT/ CDU IMT daily.

SHECC EVD IMT/ CDU IMT will maintain a collated daily report on health status for all persons in home restriction across the state.

The Queensland Ambulance Service (QAS) is to be advised of all persons in home restriction, the dates of the home restriction and their addresses. The SHECC EVD IMT/ CDU IMT will provide this information to the QAS liaison officer for distribution to relevant regions.

The Queensland Police Service may need to be notified of relevant details should a risk assessment determine that increased security may be required. Prompt attention may be required should media attention or other sources lead to public identification of the location of persons in home restriction.

## 8.4 Managing a person with symptoms in voluntary home restriction

Where a person in home restriction reports a fever (temperature of  $\geq 37.5^{\circ}\text{C}$ ) or other symptoms, the public health physician (PHP) is to be immediately notified.

The PHP will contact the person and undertake a phone assessment. Where the PHP determines the person meets the criteria for a suspect case, the PHP will arrange for the person to be transported to a designated EVD hospital (or other hospital initially if required for urgent clinical reasons). The PHP is to immediately notify the State Health Incident Controller of any suspect cases.

If the PHP determines the symptoms are not compatible with EVD but require medical intervention, the PHP will liaise with the State Health Incident Controller and HHS Director of Emergency to determine the appropriate hospital to send the person to.

A notification must also be sent to other agencies providing support (e.g. Red Cross, MDA, ACCESS), so that planned visits to the property can be reassessed and new risk assessments undertaken to ensure the safety of workers.

If the symptomatic person was confirmed to have EVD and had been living with other people in the home, the other people in the home would be required to be in home restriction for 21 days from their last contact with the case. Whether or not the exposed individuals remain in the same household would be based on the

exposure risk assessment and be determined on a case-by-case basis and in consultation with SHECC EVD IMT/CDU IMT.

The other people in the home should be temporarily provided with alternative accommodation until the house has had a *final disinfectant clean*.

## 8.5 Managing the welfare of people in home restriction

The Queensland Government Department of Health is responsible for the welfare of all persons placed in home restriction.

Persons in home restriction may be anxious or concerned for a variety of reasons, including missing family members (particularly children), health concerns, loss of freedom or loss of income. The ability of other family members or friends to maintain communication and visit persons in home restriction is an important consideration in supporting the welfare of the individual and ensuring their compliance with home restriction.

The HHS should have in place arrangements for approving any visitors, including tradespeople, attending the premise during the term of the voluntary home restriction.

Visitors should be kept to a minimum; and should essentially only be immediate or close family members.

The person in home restriction must have been assessed as asymptomatic before visitors are approved to attend the premise on the specific day of the visit and they must maintain a social distance of greater than one metre from the visitor at all times.

Some visitors to a property may be expected to deliver items to the outside of the property, and certain other visitors may be unscheduled (e.g. door-to-door salespeople or neighbours). Both situations can challenge the maintenance of social distancing, so it is essential the person/s in home restriction have been provided guidance on how to safely manage these situations to ensure the effectiveness of the arrangements.

Where the people who are required to enter home restriction are also the primary caregivers of dependents who are not considered contacts, consultation with those affected will need to occur with regards to accommodation options, i.e. if they are accommodated together or accommodated with another carer such as another family member.

Where persons entering voluntary home restriction are accommodated with others within the same household, for example with their family, they should be advised to maintain a social distance greater than one metre from other household members at all times.

Where dependents (not considered contacts) are accommodated with the primary caregiver who is considered a contact, the decision on whether those children can attend day care or school needs to be assessed by the HHS on a case-by-case basis and in conjunction with the primary caregivers and the schools.

The Queensland Government Department of Health will liaise with the Queensland Government Department of Education, Training and Employment as well as with other educational coordinating bodies to provide advice on strategies to manage risks and concerns relating to Ebola virus transmission. The Queensland Government Department of Health will also work collaboratively with all educational bodies to ensure consistency of messaging to the school communities.

Welfare support should be provided through regular telephone contact to monitor and support household wellbeing and stability.

Through the SHECC EVD IMT/CDU IMT, the liaison officer for the Queensland Government Department of Communities' Child Safety and Disability Services can assist in accessing a non-government organisation to

make regular telephone calls to check on the welfare of the person(s) in home restriction and provide telephone counselling support as required.

The Queensland Government Department of Health has processes in place through the SHECC EVD IMT/CDU IMT to financially reimburse persons in home restriction where a need has been identified.

The SHECC EVD IMT/CDU IMT can organise for telecommunication equipment with internet access to be made available for persons in home restriction to help them remain in contact with family and friends throughout the restriction period.

## **8.6 Managing non-compliance with home restriction**

Where a person refuses to enter into voluntary home restriction or breaches its conditions, the PHP will contact the State Health Incident Controller to discuss the potential risk to the community and to determine possible actions. This may include other voluntary measures to ensure a person is not in close contact with others when symptomatic and or the use of legislation to invoke non-voluntary quarantine.

## **8.7 Employment aspects**

The SHECC EVD IMT/CDU IMT will work with the employer(s) of people who are requested to go into home restriction to mitigate employment impacts on the individual.

# **9. End of home restriction period**

HHSs are responsible for advising persons in home restriction when the restriction period ends and assisting them to transition to usual community life whilst minimising any negative impacts relating to their period of home restriction.

Any issues should be identified early by the HHSs so issues may be addressed prior to the end of the restriction.

Where persons have been accommodated away from their usual home, HHSs are responsible for ensuring transport arrangements are in place to enable them to return home safely.

If support is required by welfare agencies this can be coordinated through the SHECC EVD IMT/CDU IMT. This also applies to coordination of transport requirements outside of the HHSs.

A final check on the health status of those in home restriction by 13 HEALTH (13 43 25 84) or the HHS (based on daily monitoring arrangements) should be undertaken before the person leaves home restriction. The end of the home restriction period and health status should be communicated to the HHS and SHECC EVD IMT/CDU IMT.

## Review

This guideline will be reviewed as new information and evidence emerges and no later than 21 November 2015.

**Date of last review:** N/A

**Supersedes:** New document

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## Version control

| Version | Date       | Prepared by   | Comments     |
|---------|------------|---------------|--------------|
| 1.0     | 20/11/2014 | SHECC EVD IMT | New document |

# Appendix 1 Pre-arrival property checklist 'PACL'

## QLD/Emergency Services

Where possible the pre-arrival property check should be done at least three days before the client arrives. This allows time for last minute emergency issues which may need to be attended to (e.g. electricity connection, supply of additional bed(s) etc.).

| Key code   | Address   |  |
|--|---|--|
| Date of check  | Check done by (name)  |  |
| Action item  | Details/notes   |  |
| Smoke alarm testing  | How many alarms are there? Are they all working?  |  |
| Bed configuration  |   |  |
| Keys working?  |   |  |
| Keys 2 sets held?  | Get a 2 <sup>nd</sup> set of keys cut if only one set is held (1x client set + 1x service provider)   |  |
| Water supply working?  | Check kitchen, bathroom and toilets all have water supply   |  |
| Electricity on?  | Check meter box if necessary, and check for electricity notices in letter box<br><input type="checkbox"/> Check every light switch and bulb. Follow up required?  |  |
| Hot water working?   | Hot water system topped up  |  |
| Gas on?<br>(if applicable)                                   | Gas hot water system? Yes/No<br>Gas cook top & oven? Yes/No   |  |
| Fridge <b>AND</b> freezer                                    | <input type="checkbox"/> Check both are closed and turned on ready for clients food?<br>Is defrosting required for the freezer? Yes/No  |  |
| Basic household goods (full check)                           | Use household goods stocktake list<br>Items (sheets, towels, kitchenware, cutlery, saucepans etc.)  |  |
| Groceries  | Food, water, groceries (use groceries list)   |  |
| Phone  | Take a spare landline phone to the property to test the phone line.<br>Confirm there is a landline phone in the property.<br>Is the phone line connected with dial tone?<br>If so, dial your mobile and record the landline phone number (if possible).<br>Test dial a number             |  |
| Yard is tidy?<br>(if applicable)                             | Mowing required? Other yard maintenance required?   |  |
| Cleanliness  | <input type="checkbox"/> Clean done?<br><input type="checkbox"/> Oven <input type="checkbox"/> Grill tray <input type="checkbox"/> Microwave <input type="checkbox"/> Dishwasher<br><input type="checkbox"/> Check for insects/ cockroaches etc. and wipe down benches/sinks if necessary |  |
| Oven <b>AND</b> cooktop                                      | <input type="checkbox"/> Check these are both working.<br><input type="checkbox"/> Make notes if turning on is at all complicated (and take photo)  |  |
| Mailbox emptied  | <input type="checkbox"/> Dispose of all junk mail in recycling bin.<br><input type="checkbox"/> Return any previous client mail to the office. It will be given to their caseworkers or stamped 'Return To Sender'.   |  |
| Bins   | Empty? Place on street if necessary   |  |
| Photos taken (to assist remote phone base support to family) | Yes/No (HWS location, meter box location and close-up, kitchen, bathroom etc.)  |  |
| Maintenance required?  |   |  |

## Abbreviations

|               |   |
|---------------|---|
| CDU           | Communicable Diseases Unit  |
| CDU IMT       | Communicable Diseases Unit Incident Management Team                                     |
| CHO           | Chief Health Officer  |
| EVD           | Ebola virus disease   |
| HHS           | Hospital and Health Service   |
| HQO           | human quarantine officer  |
| HSD           | Health Service Directive  |
| IMT           | Incident management team  |
| PHU           | public health unit  |
| PHP           | public health physician   |
| SHECC EVD IMT | State Health Emergency Coordination Centre Ebola Virus Disease Incident Management Team |
| WHO           | World Health Organization   |

## Glossary

|                        |  |
|------------------------|--|
| Outbreak               | one or more locally acquired cases of EVD  |
| Queensland Health      | refers to both Hospital and Health Services and the Queensland Government Department of Health   |
| EVD affected countries | refers to countries with widespread and intense transmission of EVD. Up until 17 November 2014, these countries are Liberia, Sierra Leone and Guinea. For current information on countries experiencing widespread and intense transmission of EVD refer to the World Health Organization situation update found at <a href="http://www.who.int">www.who.int</a> |