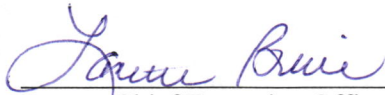
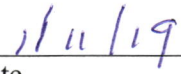


**LSU HEALTH CARE SERVICES DIVISION
BATON ROUGE, LOUISIANA**

POLICY NUMBER: 4563-19
CATEGORY: Human Resources
CONTENT: Ebola Virus Disease
EFFECTIVE DATE: October 30, 2014
REVISED: November 5, 2014
REVISED: December 5, 2014
REVIEWED: February 11, 2015
REVIEWED: March 21, 2017
REVIEWED: January 9, 2019
INQUIRIES TO: Human Resources Administration
LSU Health Care Services Division
Post Office Box 91308
Baton Rouge, LA 70821-1308
Telephone: 225-354-4843
Fax: 225-354-4851



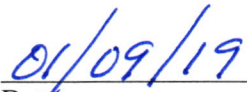
Deputy Chief Executive Officer
LSU Health Care Services Division



Date



Director of Human Resources
LSU Health Care Services Division



Date

**LSU Health Care Services Division
Ebola Virus Disease Policy and Procedures**

I. Statement/Purpose of Policy

Due to the World Health Organization (WHO) declaring the Ebola Virus disease outbreak as an international public health emergency, it shall be the policy of the Health Care Services Division (HCSD) to comply with the procedures contained herein when an employee travels outside the United States of America to a country designated by the Center for Disease Control (CDC) as having a threat of contracting the Ebola Virus Disease. This policy will establish required notification procedures by employees traveling to Ebola Virus affected countries or having contact with a person traveling to or from Ebola Virus affected countries.

References: Governor's Executive Order BJ 14-13, LSU Permanent Memorandum 13 (PM 13) Supplement dated October 20, 2014, LSU Presidential Directive amended November 19, 2014, and Civil Service General Circular Number 2014-030.

II. Applicability

This policy shall be applicable to all employees of the Health Care Services Division as well as any person domiciled and/or present on HCSD premises as a result of a contractual and/or working agreement.

III. Implementation

This policy and subsequent revisions to the policy shall become effective upon approval signature and date of the HCSD Deputy CEO.

IV. Definitions

For purposes of this policy, the following words or phrases shall have the following meaning:

- A. Employee: Any employee paid by HCSD serving in a full-time, part-time, classified, and/or unclassified job. Any person domiciled and/or present on HCSD premises as a result of a contractual and/or working agreement.
- B. Commercial Transportation: A mode of transportation for public conveyance, including, but not limited to, airplane, ship, bus, train, or taxi, etc.
- C. Places of General Public Congregation: Public places where people gather including, but not limited to, restaurants, grocery stores, gymnasiums, theaters, or places of worship, etc.

- D. HCS D Private Providers: Employees issued a pay check through HCS D, but provide clinical services as part of a transitional contractual agreement with a private provider, i.e., Our Lady of the Angels, Lake Charles Memorial.
- E. Known Contact: Direct personal contact with a person who either is known to have been in/reside in a nation on the Identified Nations Watch List within the past thirty (30) days or who is known to have a potential exposure to the Ebola virus.
- F. Identified Nations Watch List: All nations for which an Ebola-related travel warning is listed by the US State Department or the US Centers for Disease Control and Prevention (CDC).

V. Reporting Procedures

- A. Travel Outside USA: When an employee is aware he intends to travel outside of the USA, the employee shall review the CDC website...

<http://wwwnc.cdc.gov/travel/notices>

to determine if the country(s) being visited is on the list of countries identified as having a threat of contracting the Ebola Virus Disease.

- B. Reporting Future Travel to impacted nations listed on CDC website
 1. The employee shall notify their supervisor a minimum of seven (7) calendar days prior to travel.
 2. Employee shall complete Attachment #1 and submit to supervisor
 3. If travel is to occur within the seven (7) days, employee shall notify supervisor as soon as possible and submit a completed Attachment #1.
 4. Supervisor shall notify Human Resources and/or Appointing Authority immediately.
 5. Human Resources shall notify the Department of Health and Human Resources (DHH), Infectious Disease Epidemiology Section (EPI) within forty-eight (48) hours of receiving the information and shall submit completed Attachment #1, by email, to EPI at IDEPI@la.gov
- C. Reporting Subsequent Travel to impacted nations listed on CDC website within the preceding twenty-one (21) days of effective date of this policy
 1. Employee shall notify supervisor immediately.
 2. Employee shall complete Attachment #1 and submit to supervisor
 3. Supervisor shall notify Human Resources and/or Appointing Authority immediately.
 4. Human Resources shall notify the Department of Health and Human Resources, Infectious Disease Epidemiology Section (EPI) within twenty-

four (24) hours of receiving the information and shall submit completed Attachment #1 by email to EPI at IDEPI@la.gov

D. Reporting During Travel if Employee falls ill

1. Employee shall notify supervisor within twenty-one (21) days of return.
2. Employee shall remain off from work until a doctor of medicine has determined the employee can return to work. A “return to work” medical certification will be required.

E. Employee Agreement to Travel to impacted nations on CDC website

1. Employee shall agree not to use any commercial transportation for twenty-one (21) days after departing the affected country.
2. Employee shall agree not to visit any place where the general public congregates for twenty-one (21) days after departing the affected country.
3. Employee shall agree not to return to work for twenty-one (21) days after departing the affected country.
4. Leave Usage Requirements upon return if traveling on personal leave: The employee shall use sick leave or if employee has no sick leave, annual leave for the days the employee will be absent from work during the 21 days after departing the affected country. If the employee exhausts sick leave and annual leave, the employee shall be placed on leave without pay (lwoop).
5. Employee shall agree, if requested by the DHH, to medical monitoring by public health officials for twenty-one (21) days after departing the affected country.
6. Employee shall agree to provide a medical certification before returning to work if requested and/or required.

F. Reporting Known Contact

1. Employees who have come into contact with those who have travelled and/or resided in the listed countries or have been in contact with someone who may be a carrier within the USA or outside the USA, must report this occurrence to appointing authority/designee immediately
2. Employee may be asked to remain away from their work domicile for a period to be determined based on risk assessment.
3. Employee may be asked to sign the “Agreement to Travel” if required to stay away from work for a period of time.

VI. Employees Experiencing Ebola Symptoms

1. Employees suspecting they may have Ebola symptoms should contact their physician or other health care provider and ask for instructions.

2. Employees should try to avoid appearing in an emergency room or health facility without providing prior notice to the physician or other healthcare professional.

VII. Consequences

Failure to comply with policy may result in disciplinary action up to and including dismissal.

VIII. Exceptions

Any exception to this policy must be approved by the HCSD Deputy CEO or designee provided such exception shall not be in conflict with Executive Order, LSU PM 13 Supplement, LSU Presidential Directive, Civil Service Rules and Regulations, and/or any state or federal law.

In accordance with policy requirements, I am reporting future travel, subsequent travel and/or known contract to an impacted country as identified on the CDS website.

Employee Name (print): _____ Job Title: _____

Home Address: _____

Primary Contact #: _____ Email address: work _____ home: _____

Country(s) / / Traveling to / / Completed Travel to / / Known Contact

Dates: Departure from USA domicile: _____
Departure from impacted country: _____
Return to USA domicile: _____
Dates of Known Contact: _____

Employee Signature: _____ Date form completed: _____

Comments: _____

++++
(To be completed by Supervisor/Designee)

Name (print): _____ Job Title: _____

Email Address: _____ Contact #: _____

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(To be completed by Employee)

Employee Agreement to Travel to impacted nations identified on CDC website or by LSU

1. Employee shall agree not to use any commercial transportation for twenty-one (21) days after departing the affected country and/or if required due to Known Contact.
2. Employee shall agree not to visit any place where the general public congregates for twenty-one (21) days after departing the affected country and/or if required due to Known Contact.
3. Employee shall agree not to return to work for twenty-one (21) days after departing the affected country and/or if required due to Known Contact.
4. Leave Requirements: The employee shall use sick leave or if employee has no sick leave, annual leave for the days the employee will be absent from work during the 21 days after departing the affected country and/or due to Known Contact. If the employee exhausts sick leave and annual leave, the employee shall be placed on leave without pay.
5. Employee shall agree, if requested by the DHH, to medical monitoring by public health officials for twenty-one (21) days after departing the affected country and/or due to Known Contact.
6. Employee shall agree to provide medical certification before returning to work if required or requested.

I understand I must adhere to this agreement prior to approval of personal leave. Failure to sign and/or follow the agreement may result in denial of leave and/or disciplinary action up to and including dismissal.

Employee Signature Date

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HCS D Human Resources Contact: _____