



3rd Epidemiological and Biologic Risk Operational Coordination - Reference Hospitals National Network meeting June 29, 2017

Detailed proceedings, slideshows and videos (in French) available on the website <http://www.infectiologie.com>
Tab « COREB – Groupe de travail – SPILF »

Event Highlights

- ✓ In anticipation of an Epidemiological or Biological Risk (EBR) alert, the basic response elements should be integrated and operational in daily practice for patient care and organisation of the hospital, this including the systematic application and compliance to standard precautions hygiene measures.
- ✓ Full access to the literature including data derived from national and international veterinary epidemiology could help for unexpected human EBR infection diagnosis.
- ✓ A regulatory document providing definition, composition and objectives of EBR zonal operational cells (ZOC) would enhance commitment of Reference hospitals (RH) as well as other zonal hospitals.
- ✓ The mobile infectious diseases health team, support for the EBR advisory, as it is organised in Corsica, is an original model which could contribute to organization of EBR response in all RH and other zonal hospitals.
- ✓ Sharing conclusions from EBR ZOC meetings allowed identification of working axes for EBRC mission: involvement of all zonal hospitals, and setting of a working group dedicated to paediatric specificities in EBR response.
- ✓ Allocation of means dedicated to EBR in RH would ensure the maintenance of zonal network support and training (trainer competency and required materials) during inter crisis periods.

Presentation extracts

Presentation by Pr. B. Vallet, General Director of Health

The General Director of Health, Benoît Vallet, underlined the efforts made in recent years in the area of management of highly contagious infectious risks, with the implementation of preparatory measures for the health system through the ORSAN plan, with particular investment in equipping laboratories. The setting up of the Ebola Task force demonstrated the ability of ministerial authorities, in particular that of Health, to implement an operational coordinated response to an EBR.

The ORSAN plan, included in the law on health system modernisation, made possible to establish a framework to organise EBR response. This framework advocates care capacity reinforcement for highly-infectious-risk patients providing a consistent process for detection and identified appropriate and secured pathway of care for EBR suspect patients. The Reference Hospitals (RH) are leaders for this dedicated care network and should then have adequate means and capacities to ensure appropriate care for these patients. Their needs should be defined and detailed in a specific technical reference guideline.

To reinforce EBR response and network, the Health General Direction of Health and the General Direction of Care Organisation have entrusted a national mission to the APHP (Public Assistance - Paris Hospitals) which hosted an operational unit named COREB (EBRC, EBR coordination) as part of a partnership with the Health Services of the French Armed Forces, and the French Infectious Diseases Society (SPILF). Drafting of the technical reference guideline for RH is now coordinated by COREB. A decree will detailed the specifications for RH and the technical reference guideline, in the form of checklists, will allow for the EBR preparedness evaluation of each RH. This EBR preparedness of RH and other zonal hospitals represents a key element of health safety and general population protection.

Presentation by Dr. F. Roblot, President, SPILF

SPILF president, France Roblot, reminded participants of the tenuous boundary between the COREB/Emergences SPILF working group and the national COREB mission, which is a truly original aspect of its functioning. She also emphasized the primordial role of non-reference hospitals, as these often serve as the “portal of entry” of EBR patients into the health system. These health facilities demonstrate great will and competency although limited means are dedicated to them. The role of general practitioners, for these same reasons, deserves to be taken into account.

Workshops Highlights

Workshop n°1 : RH technical reference guideline - management, information and communication

- Identify, in the facility, EBR focal referent persons among care providers and administrators and their contact information,
- Include the EBR activity plan in the hospital business plan, including a specific training program,
- Involve the various facility directions, in particular director of care for healthcare workers training,
- Identify authorized professionals to ensure communication during crisis period to different targets: health professionals, health authorities, and the media.

Workshop n°2 : Clinical experience feedback: EBR suspect patient

- In order to consolidate the consistency of information, based upon a trusting doctor-patient relationship, patient interview must be repeated,
- An ethical-regulatory consideration raised by the involuntary isolation of a highly-infectious-disease suspect patient requires qualified services interventions and approval,
- Internal transfers inside the RH must be organized to hospitalise the patient in the appropriate unit as soon as possible.

Workshop n°3 : RH technical reference guideline - biological aspects

- The RH laboratories must have available diagnostic or screening kits supplied and validated by the appropriate national reference centre so as to shorten diagnostic time,
- Rapid diagnosis makes possible the implantation of additional precaution measures, allayed doubt to allow alternative diagnosis and treatment in the best possible conditions.

Workshop n°4 : Training - experience feedback from an EBR alert simulation

- Access to a designated infectious disease (ID) specialist is crucial to evaluate the probability of EBR infection and to activate initial care and community protection measures,
- The designated infectious disease specialist and his/her close collaborator should divide their presence, one in the crisis team and the other at the patient care site,
- Emergency care raises issues on referral orientation, as treatment cannot be delayed awaiting EBR classification,
- Treatment of emergency for patient contact with a suspect patient can be problematic for caregivers in other specific departments in a RH which have not been specially trained.