



Press Release

For Immediate Release: Dec. 3, 2014

Providence St. Patrick Hospital Responds to CDC Ebola Treatment Center List

On Tuesday, Dec. 2, the U.S. Department of Health & Human Services issued a list of 35 U.S. hospitals designated as Ebola treatment centers. Providence St. Patrick Hospital's Care and Isolation Unit (CIU) is not, currently, listed as an official national treatment center.

When the first Ebola patient arrived on U.S. soil, the media coverage was intense, and many things were reported inaccurately. Among them was a published "short" list of national facilities equipped to treat infected Ebola patients, and we were surprised to find ourselves on it based on our specialized unit.

St. Patrick Hospital has a contract in place with the National Institutes of Health (NIH) through Sept. 28, 2016, to provide inpatient care for any Rocky Mountain Laboratory employee for a variety of infectious diseases, including Ebola. Nothing in the contract indicates that by having a CIU, St. Pat's would serve as a component of a national emergency response network.

In 2002, the NIH constructed a biosafety level 4 lab at the Rocky Mountain Laboratories in Hamilton. A group of Bitterroot residents and others were concerned about how they would be protected from lab accidents and sued NIH. The settlement agreement, directed NIH to solicit bids and build an isolation and care unit within 75 miles of RML. St. Pat's was the sole bidder, and the three-room isolation and care unit was completed in 2007.

The CIU has equipment and infrastructure that provides an extraordinarily high level of clinical isolation compared to standard hospital rooms. Staff is trained in the specific and unique protocols and procedures necessary to treat and care for this type of patient and works closely with NIH and RML employees.

St. Patrick Hospital is contractually obligated and fully prepared to take an employee of the Rocky Mountain Lab in event of an occupational exposure to Ebola or other infectious diseases. Further, given our capabilities, we stand ready to take and fully treat a patient from the communities we serve in the event it is deemed appropriate to do so by all parties involved.

We take our responsibility to RML seriously and remain committed to our partnership and contract with them. In addition, in order to respond to the national situation, we have engaged in numerous interactions with state and federal agencies regarding the unique challenges of accepting and treating an active Ebola patient in a rural setting.

Since that time, the CDC has developed new guidelines for identifying designated facilities to treat patients. In summary, more than 80 percent of returning travelers from Ebola-stricken countries live within 200 miles of these 35 Ebola treatment centers. Because of the active monitoring program of returning travelers from countries where Ebola is present, federal health officials have a clear sense of where travelers from affected countries in West Africa are going and where Ebola treatment centers are most likely to be needed. The priority areas are jurisdictions served by the five international airports screening returning travelers for Ebola, cities with high proportion of returning travelers from West Africa, and cities with large populations of individuals from West Africa.

The CDC's Interim Guidance for Preparing Ebola Treatment Centers can be found here:
<http://www.cdc.gov/vhf/ebola/hcp/preparing-ebola-treatment-centers.html>

Media contacts:

Stacy Rogge, 406-329-2910, Stacy.rogge@providence.org

JoAnn Hoven, 406-329-5742, JoAnn.hoven@providence.org