



## Monroe Livingston Region Program Agency

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*Division of Prehospital Medicine, University of Rochester*

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To: All Providers and Agencies

From: Jeremy T. Cushman, MD, MS, EMT-P   
Regional Medical Director

Date: November 10, 2014

Re: Advisory 14-17: UPDATED Ebola Virus Disease Response Plan

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An UPDATED Ebola Virus Disease Response Plan is attached, supersedes Advisory 14-16, and is effective immediately. This update is in response to changing CDC guidelines for case definition and PPE requirements, as well as an opportunity to regionalize the care provided to patients with suspected EVD to meet the intent of the NYS Commissioner of Health's Order while being fiscally responsible and sensitive to the reality that current PPE supplies and training demands cannot be met by every covered entity within our Region. This updated Response Plan is also endorsed by the Monroe County and Livingston County EMS Medical Directors, along with their respective Departments of Health and EMS Coordinators. This Response Plan and its algorithms are also available on the [MLREMS EVD Page](#) and compliance is expected immediately.

A few important notes:

- Call screening for exposure along with EMS-only dispatch for positive screening will continue.
- Every patient encounter, regardless of whether the call has been pre-screened or not by 911, will require the first responder or EMS Provider to follow the appropriate EVD Screening Algorithm questions PRIOR to physical patient contact.
- Due to the complexity of decisions associated with determining the clinical interventions required, the PPE needed, and the type of transport unit desired, any crew that encounters a patient with an EVD exposure history and symptoms will contact the respective county dispatch center for immediate consultation with the County EMS Medical Director or designee. The County EMS Medical Director or designee will provide real time, direct consultation to the on scene crew to perform risk stratification and determine the interventions, PPE, and transport modality of the EVD suspected patient with symptoms.
- The Regional EMS Medical Director will designate "Ebola Transport Units" from any agency capable of meeting and maintaining the requirements. All Fire and EMS agencies in the Monroe Livingston Region will be served by these units when it is deemed necessary to transport a high risk EVD suspected patient. The requirement to obtain designation as an Ebola Transport Unit is optional, however there are sufficient units meeting this expectation in Monroe and Livingston Counties to serve all agencies and therefore meet the intent of the Commissioner's Order. Agency's interested in being designated as an Ebola Transport Unit should contact the Regional Medical Director.
- The region continues to defer to the latest guidance from the CDC with regards to appropriate PPE. Go to <http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html> for more information.

This Response Plan cannot address every possible situation, but is designed to alert the proper resources as early as possible, and take the necessary steps to protect Public Safety while providing appropriate clinical care. This and other resources remain available at [mlrems.org](http://mlrems.org), and as the prevalence and information about EVD changes, you can anticipate changes to this Plan as a result. With any questions, please do not hesitate to contact us.

**MLREMS Ebola Virus Disease EMS Response Plan**

- I. Implement Ebola Virus Disease Screening for 911 calls
  - a. Recognize that fever in a person who has been in an area where EVD is present is more likely to be caused by a more common infectious disease (e.g., influenza). However, it is mandatory that EMS consider that the patient have the POTENTIAL for EVD infection and treat as such to MAXIMALLY protect staff.
  - b. Following case entry, complete the screening for the following EMD cards:
    - i. 1: Abdominal Pain; 6: Breathing Problems; 10: Chest Pain; 18: Headache; 21: Hemorrhage; 26: Sick Person.
  - c. If screening tool NEGATIVE then dispatch according to standard fashion.
  - d. If screening tool POSITIVE then:
    - i. Enter in job card "EVD SUSPECTED"
    - ii. Code at least as a Priority 3 call (mandatory ALS, green response)
    - iii. Dispatch EMS as follows:
      1. No information regarding EVD SUSPECTED is given over the air – all must be done by telephone.
      2. 911 will contact the ambulance responding to the call to provide them with the EVD SUSPECTED status if the phone number is known. If 911 is unable to reach the crew via phone, they will request the unit contact the dispatcher prior to arrival.
    - iv. Other services
      1. Fire/BLSFR: Do NOT dispatch the Fire Department or other BLFSFR, regardless of determinant, unless specifically requested by EMS AFTER making patient contact.
      2. Law enforcement: If applicable, police should not make entry into the location of the patient until specifically requested by EMS, unless there is specific concern for life threat or criminal act. If at any time EMS is concerned for their safety prior to or during entry, they should stage or remove themselves, and contact 911 to request law enforcement.
    - v. Pre Arrival Instructions: Instruct the patient and any family or close contacts to stay where they are until EMS arrives.
    - vi. Notify the following at the time of dispatch via phone calls:
      1. Monroe County
        - a. Department of Public Health
        - b. EMS Medical Director 906
        - c. EMS Administrator Car 900
      2. Livingston County
        - a. EMS-1 (Department Director)
        - b. EMS-2 (Medical Director)
        - c. Department of Health

- II. EMS Scene Care for ALL patients, regardless of prenotification
  - a. The EVD SUSPECTED prenotification should alert the crew to the possibility of a patient with EVD to assure that they have standard PPE in place (standard gloves, mask, and eye protection) when approaching the patient as well as to minimize the number of personnel responding to the scene.
    - i. The unit does not need to have CDC recommended “PPE for hospitalized patients” as further screening is required to determine the risk profile of the patient.
  - b. Perform EMS Screening (see below) >3 feet from all patients wearing standard PPE
    - i. If EMS screening is negative for travel history / exposure to patient with EVD
      - 1. Follow usual regional protocols
      - 2. If the responding unit was prenotified by the dispatcher for an EVD SUSPECTED patient, contact dispatch via phone to report a FALSE SUSPECTED EVD and dispatch will make the following notifications:
        - a. Monroe County
          - i. Department of Public Health
          - ii. EMS Medical Director Car 906
          - iii. EMS Administrator Car 900
        - b. Livingston County
          - i. EMS-1 (Department Director)
          - ii. EMS-2 (Medical Director)
          - iii. Department of Health
    - ii. If EMS screening is positive for travel history / exposure to patient with EVD but negative for symptoms
      - 1. Follow usual regional protocols and appropriate PPE for the patient’s complaint – the patient is not infectious.
      - 2. Contact 911 via phone to report a NO SYMPTOMS, TRAVEL EXPOSURE EVD who will in turn notify the following:
        - a. Monroe County
          - i. Department of Public Health
          - ii. EMS Medical Director Car 906
          - iii. EMS Administrator Car 900
        - b. Livingston County
          - i. EMS-1 (Department Director)
          - ii. EMS-2 (Medical Director)
          - iii. Department of Health
      - 3. If transporting the patient, contact URMCM SMH Adult Medical Control with the case and ETA.
    - iii. If EMS screening is positive for travel history AND symptoms:
      - 1. Remain at >3 feet to obtain additional history.
      - 2. Contact 911 via phone to report EVD SUSPECTED patient and 911 will make the following notifications

- a. Monroe County
    - i. EMS Medical Director Car 906
    - ii. Department of Public Health
    - iii. EMS Administrator Car 900
    - iv. Fire Coordinator Car 800
  - b. Livingston County
    - i. EMS-2 (Medical Director)
    - ii. EMS-1 (Department Director)
    - iii. Department of Health
    - iv. Emergency Management Director Car 1
3. The respective County EMS Medical Director (or Physician Covering) will contact the crew to perform the following:
- a. A determination of interventions required for the patients clinical presentation.
  - b. A determination of the PPE required given the patient's risk profile (risk is a combination of interventions required and potential exposure to bodily fluids).  
This could include:
    - i. Standard PPE for patient complaint
    - ii. Moderate risk PPE for fever, weakness, or pain in a clinically stable patient
      1. Face shield and surgical mask
      2. Impermeable gown or equivalent
      3. 2 pairs of gloves
    - iii. High risk PPE for exposure to potential bodily fluids (bleeding, respiratory droplets, diaphoresis, urine, vomiting, diarrhea)
      1. EVD PPE as recommended by the CDC for hospitalized patients
  - c. A determination of the appropriate transport unit based on the patient's clinical presentation, infectious risk, and available PPE. This could include:
    - i. No transport.
    - ii. Transport by the responding unit.
    - iii. Transport by a regionally designated Ebola Transport Unit.
      1. This modality may only be requested by the County EMS Medical Director, their Deputy, or designee who will make appropriate notifies via phone to dispatch that asset.

### III. Scene Considerations

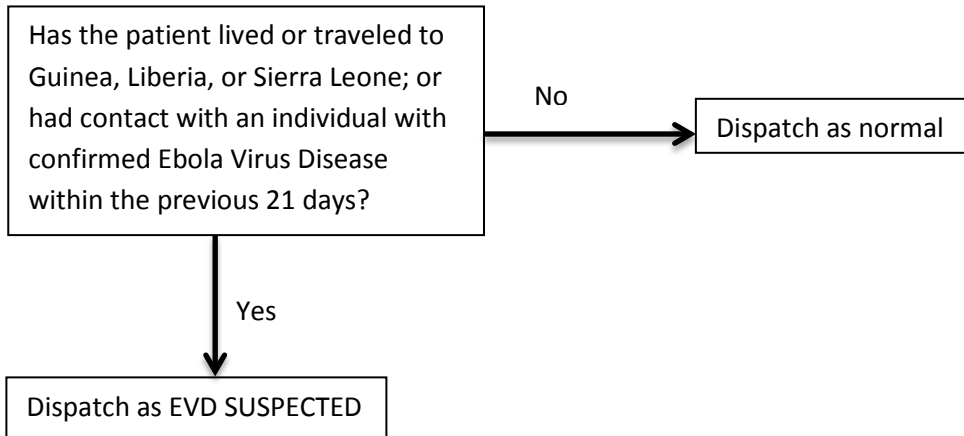
- a. Utilize the FEWEST number of personnel to render direct patient care – ideally only ONE person should make patient contact unless patient acuity requires two personnel. If two personnel are required for patient care, then the EMS unit should request additional manpower to drive the ambulance ONLY, and not make any other patient contact.
- b. Any person that has made physical patient contact should not enter the cab of the ambulance or other apparatus under any circumstance until cleared by County Health.

- c. Ask the patient to apply the following IF THEIR CLINICAL CONDITION ALLOWS
  - i. A surgical mask; gloves; a coverall
- d. If the patient cannot ambulate, apply a blanket or sheet, place the patient in the blanket/sheet and wrap them “burrito style” with access to the head. Place a surgical mask on their face unless contraindicated by oxygen administration.
- e. Unless otherwise directed by the respective County EMS Medical Director providing direct, on-line medical control:
  - i. Only bring disposable equipment to the patient
  - ii. Do not perform ANY invasive procedures unless absolutely necessary
  - iii. No IV access unless for life-saving interventions with probable benefit
  - iv. Do not intubate. If airway management required use BLS techniques or place King Airway.
  - v. No IN or aerosolized medications
  - vi. IM midazolam for delirium or agitation only if necessary
  - vii. NO procedures in a moving ambulance
- f. Ambulance preparation
  - i. Transport of a low risk (Travel Exposure, No Symptoms) or moderate risk (Travel Exposure with symptoms but no body fluid exposure) EVD patient at the direction of the respective County EMS Medical Director may be done in a conventional ambulance using standard precautions.
  - ii. Transport of a high risk EVD patient as determined by the respective County EMS Medical Director will be done by a regionally designated Ebola Transport Unit. Such designation will be made by the Regional EMS Medical Director. The Ebola Transport Unit and their staff will:
    - 1. Have CDC recommended PPE for hospitalized EVD patients.
    - 2. Have regular training and supervision available for donning and doffing procedures that follow CDC guidelines and meet NYS Commissioner of Health Order for Summary Action dated October 16, 2014 .
    - 3. Have sufficient supplies and training to prepare the ambulance patient compartment with plastic sheeting and duct tape to isolate the ambulance cab from the patient compartment and minimize contamination of surfaces PRIOR to the loading and transport of the SUSPECTED EVD patient.
    - 4. Have familiarity with the MLREMS EVD Interfacility Transport Guidelines.
    - 5. Have the ability to mobilize an Ebola Transport Unit upon request by the respective County EMS Medical Director in a timely fashion.
    - 6. Have the ability to safely decontaminate the transporting unit in quarters using PPE and disinfection as recommended by the CDC.
- g. Transport
  - i. All patients will be transported to URMCM-SMH.
  - ii. Prior to leaving the scene, contact URMCM-SMH Adult Medical Control. Speak to an attending physician and advise of patient and ETA.
    - 1. In the case of a SUSPECTED EVD patient, the respective County EMS Medical Director may perform this notification after conferring with the transporting crew.
  - iii. Upon arrival at URMCM-SMH, wait in the ambulance until approached by a member of the facility who is in proper PPE and begin routine patient transfer procedures.

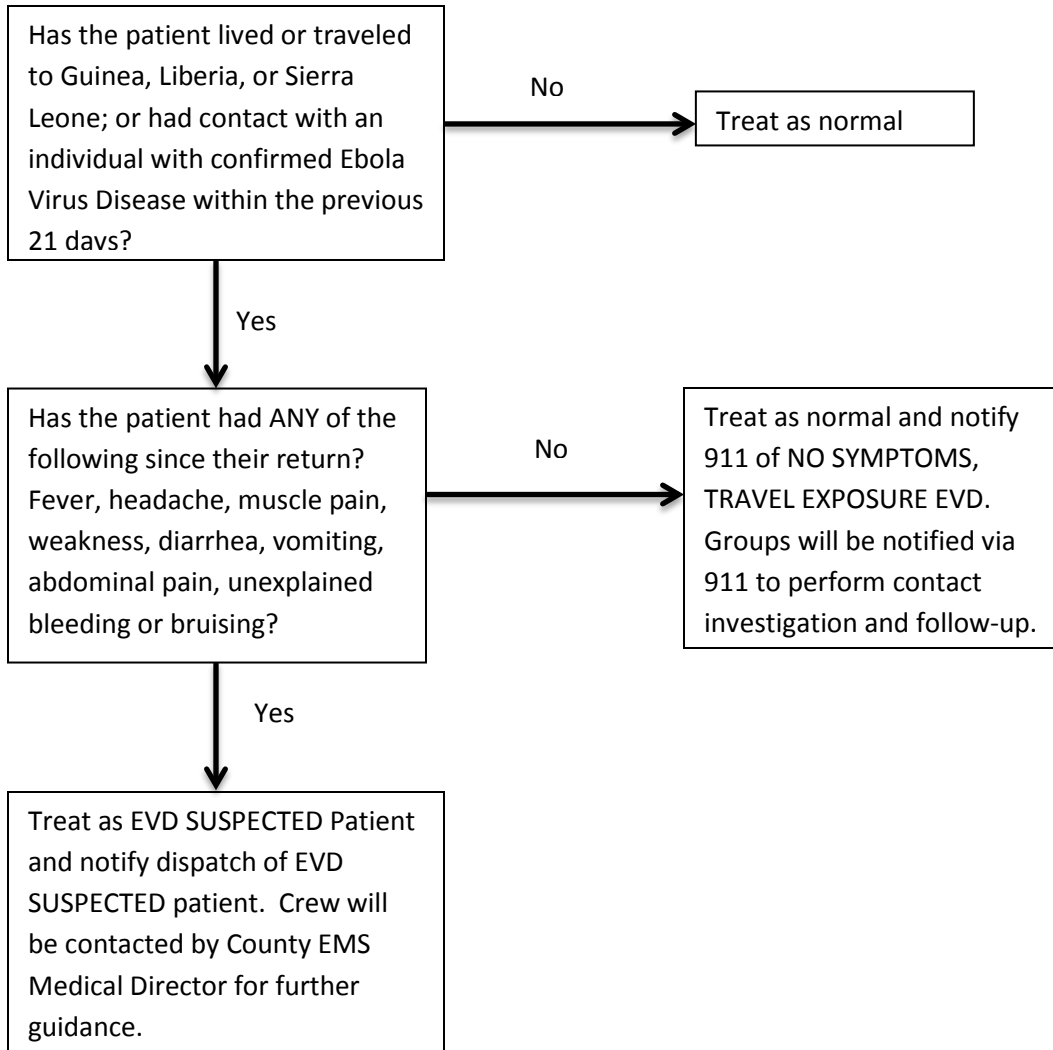
- h. Bystanders / Family
  - i. They are not to be transported in the ambulance unless the patient is a minor, in which case one parent or guardian may accompany the patient in the patient compartment. No bystander is to be transported in the cab of the ambulance.
  - ii. Family or persons in direct contact with suspected EVD patient are to remain at the location found until cleared by County Health. Law enforcement should be requested through the dispatcher via phone if at any time the crew feels their safety is at risk.
  
- IV. After transport actions
  - a. Decontamination
    - i. For crews and equipment transported to URMCM-SMH, they will have space available for doffing and disposing of the crew's PPE.
    - ii. For possibly contaminated personnel and items left on scene, decisions will have to be made by the relevant authorities based on the circumstances of the individual case.
    - iii. Alcohol cleaners alone are not sufficient. Aggressive hand washing with soap and water is essential.
  - b. Staff
    - i. Doffing will occur following practices established by the CDC.
    - ii. All staff will remain isolated from any additional contact until cleared by County Health.
    - iii. All personnel that may have had direct or indirect contact with the suspected patient must be documented and such documentation given to County Health.
      - 1. Primary Crew
      - 2. Any riders/observers (who are discouraged from responding to these types of calls).
      - 3. Any other public safety personnel witnessed on scene (law enforcement, Fire, etc).
    - iv. Any possible exposure should cause the responder to immediately STOP what they are doing, wash copiously with soap and water, and immediately report it to Medical Control.
  - c. Equipment
    - i. The ambulance will remain out of service until decontamination is completed.
    - ii. Decontamination of all non-disposable patient care devices will be performed following CDC recommendations.
    - iii. Ambulance decontamination will be performed by the ambulance service at the transporting agency's quarters utilizing current CDC recommendations.
  - d. Waste
    - i. All solid waste must be bagged and labelled for proper disposal.
    - ii. All liquid waste must be controlled for proper disposal.
  
- V. Special circumstances
  - a. If the patient is EMS screen positive and refusing transport, contact law enforcement and the respective County EMS Medical Director or their designee / deputy. Do not leave the scene until decontaminated and cleared by County Health.

- b. If the patient is deceased, do not return to the ambulance (and contaminate it) if you have made physical patient contact. Stay on scene until decontaminated and cleared by County Health.
- c. For any EVD Suspected case at the Greater Rochester International Airport
  - i. Airport Fire Department will notify ECD via phone of either an aircraft or terminal incident. This will trigger ECD and EMS to start at item II.b.
  - ii. EMS will be directed to Gate 5 for escort.
  - iii. Following notifications as above, the CDC Quarantine Station must be contacted by the 911 Center at XXX-XXX-XXXX to report the presence of a suspected EVD patient.

**911 EVD Screening Tool**

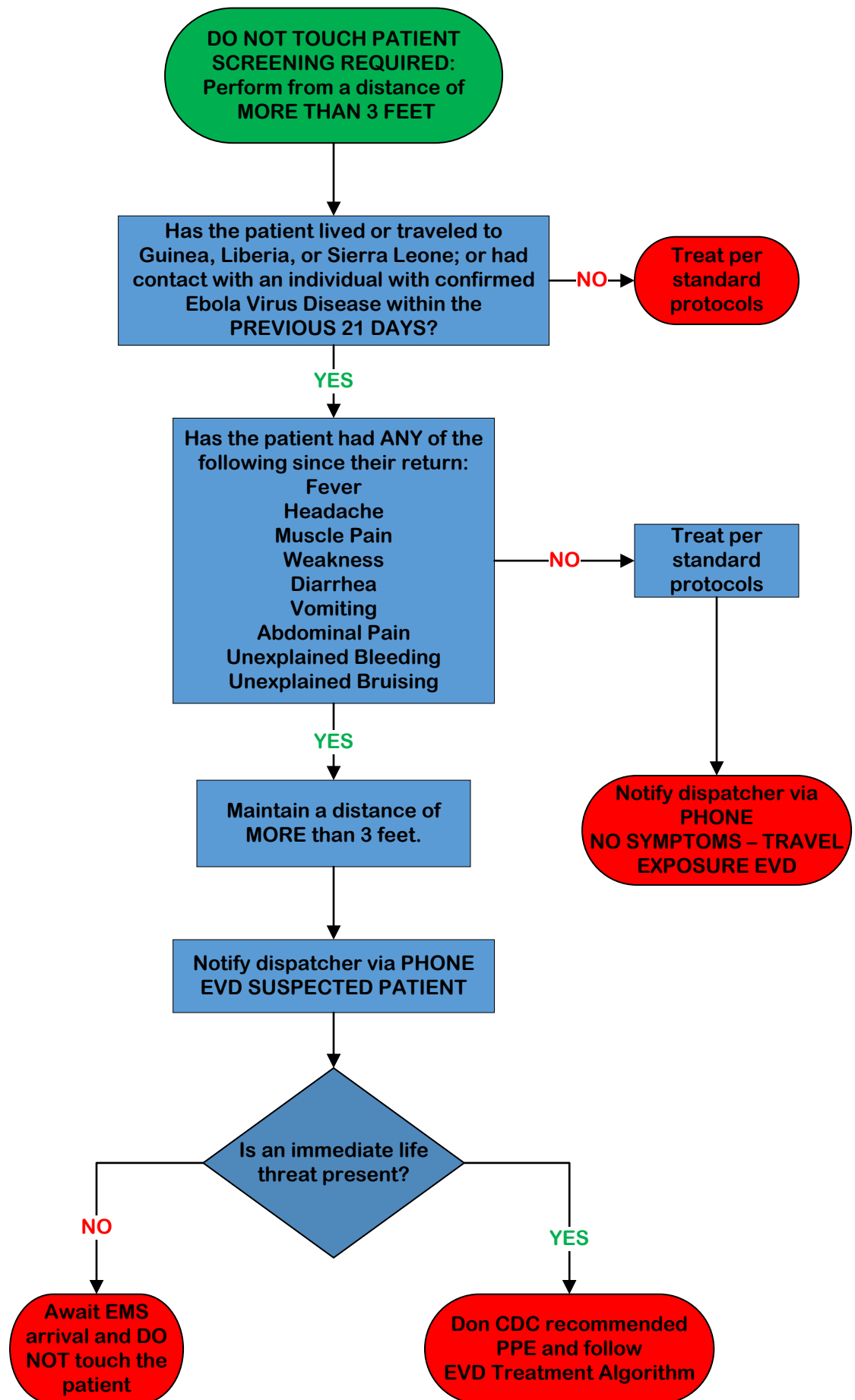


**EMS EVD Screening Tool**

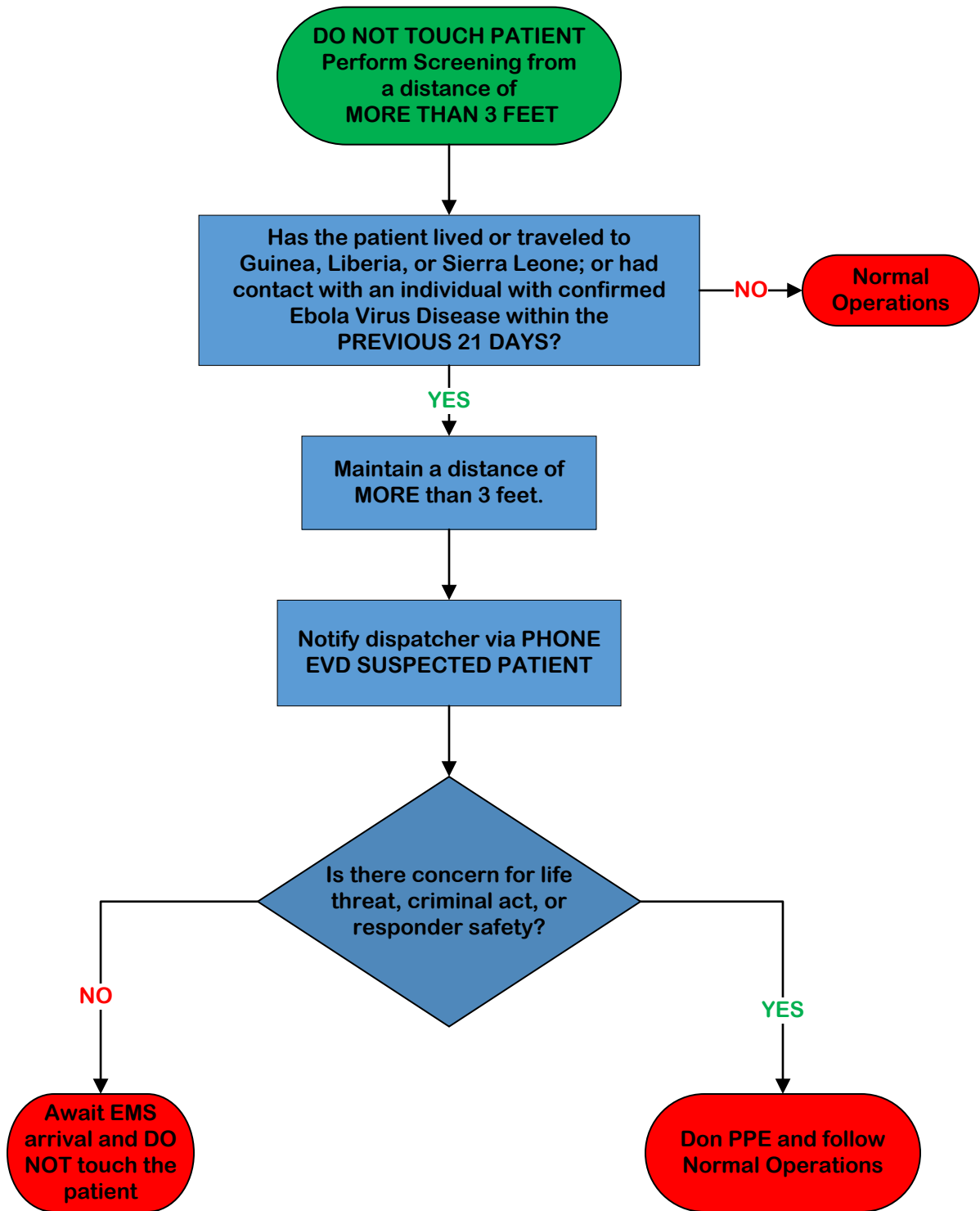




# First Responder EVD Screening Algorithm (v3.0)



# Law Enforcement EVD Screening Algorithm (v3.0)



# EMS EVD Screening Algorithm (v3.0)

Has the response been updated via phone to:  
**EVD SUSPECTED Criteria?**

YES

Apply gloves, eye protection, and surgical or N95 mask before entering scene.

NO

**DO NOT TOUCH PATIENT SCREENING REQUIRED:**  
Perform from a distance of **MORE THAN 3 FEET**

Contact dispatcher for County EMS Medical Director consultation with **ANY EVD suspected patient refusing transport OR found deceased.**

Has the patient lived or traveled to Guinea, Liberia, or Sierra Leone; or had contact with an individual with confirmed Ebola Virus Disease within the **PREVIOUS 21 DAYS?**

NO

Wear PPE to the level appropriate for the patient's complaint.  
**EVD PPE not required**  
  
Treat per standard protocols

YES

Has the patient had **ANY** of the following since their return?  
Fever  
Headache  
Muscle Pain  
Weakness  
Diarrhea  
Vomiting  
Abdominal Pain  
Unexplained Bleeding  
Unexplained Bruising

NO

Wear PPE to the level appropriate for the patient's complaint.  
**EVD PPE not required**  
  
Treat per standard protocols

Was this dispatched as **EVD SUSPECTED?**

YES

Notify dispatcher via **PHONE**  
**EVD SUSPECTED PATIENT**

Notify dispatcher via **PHONE**  
**NO SYMPTOM – TRAVEL EXPOSURE EVD**

YES

NO

County EMS Medical Director will contact crew to determine interventions, PPE required, and appropriate mode of transport

Transport to SMH ED and notify Adult Medical Control prior to arrival

Notify dispatcher via **PHONE** of **FALSE SUSPECTED EVD**

Transport Normally

# EVD Treatment Algorithm (v3.0)

Patient has screened **POSITIVE** for both EVD EXPOSURE and SYMPTOMS

Allow only the **FEWEST NUMBER** of personnel possible to administer treatment. **IDEALLY ONLY ONE PROVIDER**

Don PPE per consultation with County EMS Medical Director

Wrap the patient in blanket/sheet "burrito style" with access to the head  
Apply surgical mask to the patient if condition permits

Can the patient assist with their care?

NO

YES

Ask the patient to:  
Apply surgical mask  
Apply gloves  
Apply coverall

Unless directed by County EMS Medical Director  
**PATIENT CARE:**  
Use only disposable equipment  
IVs for life-saving measures with probable benefit only  
Do Not Intubate  
Use BLS airway techniques or place King Airway  
NO IN or aerosolized medications  
IM midazolam for delirium or agitation only if necessary  
NO procedures in a moving ambulance

## FAMILY and BYSTANDERS

Persons in direct contact with suspected EVD patients are to remain in the location they are found until cleared by County Health Department

Minors may be transported with one parent in the patient compartment only

**LOW RISK**  
Transport may be done by conventional ambulance using standard precautions

Transport Selection:  
as determined by County EMS Medical Director

**HIGH RISK**  
Transport will be done by a regionally designated Ebola Transport Unit

PRIOR to transport notify URM-C-SMH Adult Medical Control  
Request Attending Physician  
(585) 271-2769

**TRANSPORT:**  
ALL patients will be transported to URM-C-SMH

**TRANSFER OF CARE:**  
Wait in the ambulance until approached by staff in proper PPE

**DECONTAMINATION:**  
Follow ALL current CDC recommendations at the direction of the receiving facility

## MLREMS Ebola Transport Unit Designation

\_\_\_\_\_ (Agency) is able to meet all expectations of the MLREMS Ebola Virus Disease (EVD) EMS Response Plan, including, but not limited to the following:

- I. Sufficient CDC recommended PPE for hospitalized EVD patients.
- II. Regular training and supervision for donning and doffing procedures that follow CDC guidelines and meet NYS Commissioner of Health Order for Summary Action dated October 16, 2014.
- III. Sufficient supplies and training to prepare the ambulance patient compartment with plastic sheeting and duct tape to isolate the ambulance cab from the patient compartment and minimize contamination of surfaces PRIOR to the loading and transport of the SUSPECTED EVD patient.
- IV. Familiarity with the MLREMS EVD Interfacility Transport Guidelines.
- V. Ability to mobilize an Ebola Transport Unit upon request by the respective County EMS Medical Director in a timely fashion.
- VI. Ability to safely decontaminate the transporting unit in quarters using PPE and disinfection as recommended by the CDC.

Attested to by: \_\_\_\_\_ (Agency Chief) on \_\_\_\_\_ (Date)

\_\_\_\_\_ (Agency) is a MLREMS Ebola Transport Unit as designated by the MLREMS Medical Director and is subject to review or inspection of PPE and procedures at any time. The Ebola Transport Unit may be requested of this Agency at any time by the respective County EMS Medical Director or their physician designee when clinically indicated based on the risk of EVD transmission to public safety personnel.

\_\_\_\_\_  
Jeremy T. Cushman, MD MS EMT-P FACEP  
MLREMS Regional Medical Director

\_\_\_\_\_  
Date

Copies to:

Monroe County EMS  
T Czapranski, EMS Administrator  
J Cushman, Medical Director

Livingston County EMS  
K Dewar, EMS Administrator  
M Shah, Medical Director