



Monroe Livingston Region Program Agency


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: December 8, 2014

Re: Advisory 14-18: UPDATED Ebola Virus Disease Response Plan

An UPDATED Ebola Virus Disease Response Plan is attached, and is effective immediately. This update is in response to changing CDC guidelines for case definition which now includes the country of Mali in addition to Guinea, Liberia, and Sierra Leone. As a result, the screening algorithms have also been updated and are attached to this Advisory. Compliance with the updating screening questions is expected immediately and all updated documents remain available on the [MLREMS EVD Page](#).

The remainder of the Response Plan is essentially unchanged, although the latest CDC Recommendations for PPE indicate that any first responder, even during initial assessment, should wear a minimum of double gloves, mask, face shield, and an impermeable gown. Some, but not all agencies in this region have fluid impermeable gowns on their response apparatus, and so this PPE addition is strongly encouraged for all agencies as all agencies have the potential to come into a suspected EVD patient. Our community response plan for utilizing regionally designated Ebola Transport Units remains in place for high risk EVD patients.

The latest guidance from the CDC for EMS systems is available here:

<http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-emergency-medical-services-systems-911-public-safety-answering-points-management-patients-known-suspected-united-states.html>

As you know, this Response Plan does not 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. 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 Car 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.

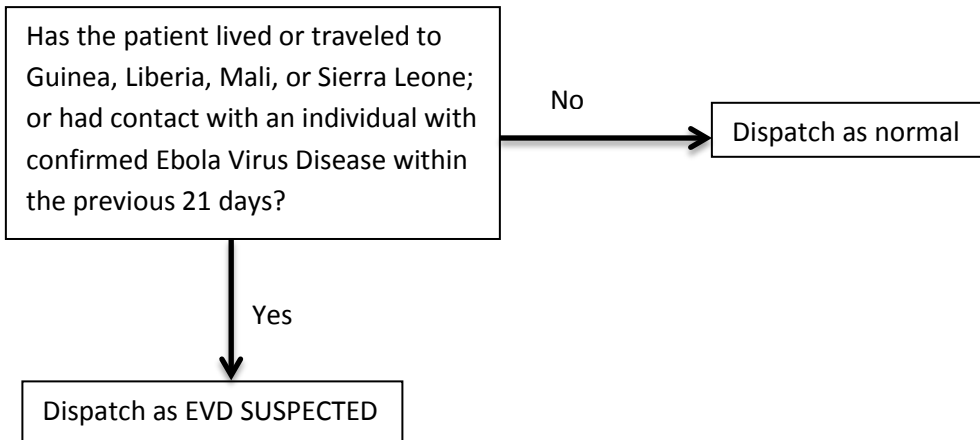
- h. Bystanders / Family
 - i. They are not to be transported in the ambulance unless the patient is a minor, in which case one parent or guardian may accompany the patient in the patient compartment. No bystander is to be transported in the cab of the ambulance.
 - ii. Family or persons in direct contact 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.

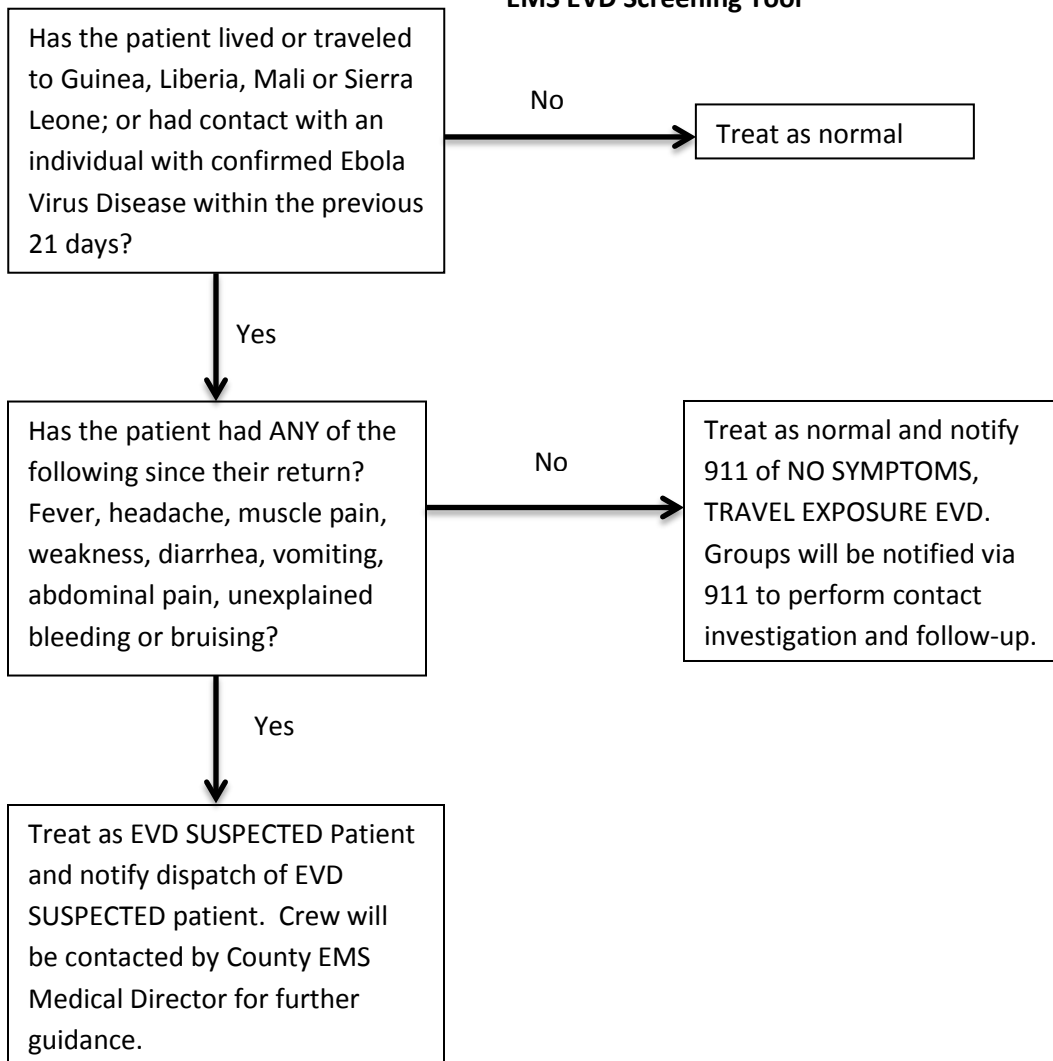
- V. Special circumstances
 - a. If the patient is EMS screen positive and refusing transport, contact law enforcement and the respective County EMS Medical Director or their designee / deputy. Do not leave the scene until decontaminated and cleared by County Health.

- 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



EMS EVD Screening Algorithm (v3.1)

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, Mali, 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

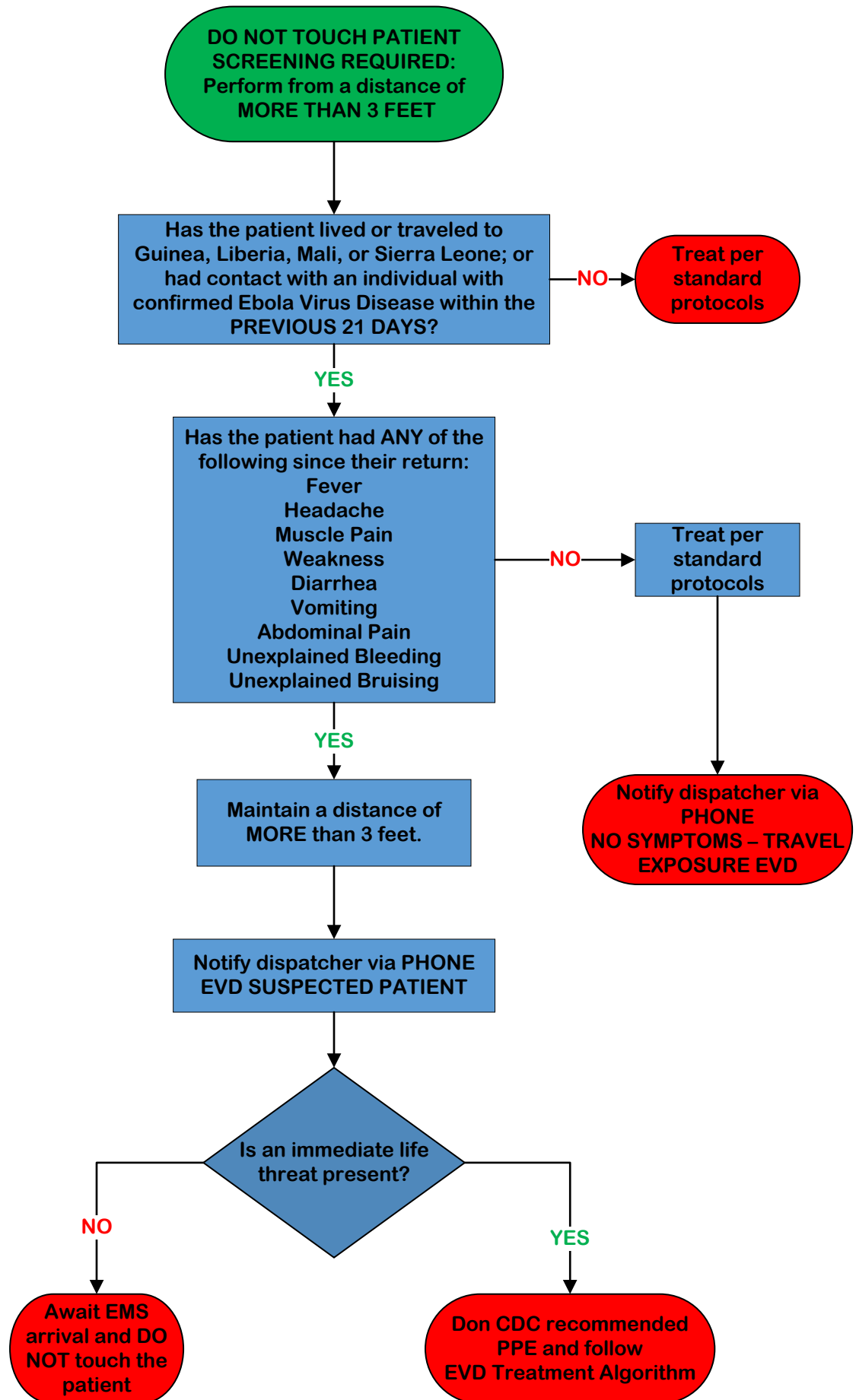
County EMS Medical Director will contact crew to determine interventions, PPE required, and appropriate mode of transport

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

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

Transport Normally

First Responder EVD Screening Algorithm (v3.1)



Law Enforcement EVD Screening Algorithm (v3.1)

