



State of Maryland

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To: All Maryland Commercial and Public Safety EMS, EMS Medical Directors,
and PSAP Providers

From: Richard L. Alcorta, M.D., F.A.C.E.P.

Date: October 30, 2014

RE: Emerging Infectious Diseases. *UPDATE 2*

This update summarizes the most recent preparedness activities for Maryland EMS and Dispatch providers regarding the triage, treatment, and transport of patients with, or suspected of having, Ebola Virus Disease (EVD).

The MIEMSS website (www.miemss.org) has been updated to include current guidance from CDC, as well as additional information from other sources. We encourage you to click the "Infectious Diseases" tab and check the links and documents on a regular basis. Below are some of the key informational items that have been released over the past several weeks.

Person Under Investigation (PUI) for EVD

An EMS patient is considered a PUI if they meet **both** of the criteria listed below.

1. Travel to Guinea, Liberia, and Sierra Leone, or other countries where EVD transmission has been reported by the World Health Organization (WHO),

OR

Exposure to an Ebola patient within 21 days (3 weeks) of symptom onset.

The list of countries with widespread transmission is subject to change; as of October 30, 2014, the list is ONLY the three countries listed above. Please periodically check the list of the affected countries through the MIEMSS website under "CDC Information and Guidelines."

AND

2. Fever of greater than 38.0 degrees Celsius or 100.4 degrees Fahrenheit, or additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage.

PPE and Protection and Decontamination of Transport Units

EMS providers should have access to adequate PPE and be familiar with donning and doffing according to CDC recommendations. MIEMSS has created a link on the MIEMSS website that links to the most current CDC and other recommendations related to PPE and unit decontamination. For the latest recommendations, see www.miemss.org/home/InfectiousDiseases/tabid/214/Default.aspx. This guidance is periodically updated; recent guidance has been updated in the past week, so we encourage you to check this site on a regular basis.

MIEMSS is surveying all EMS programs to determine the current availability of PPE and is working with DHMH to investigate additional sources to ensure access to adequate supplies. MIEMSS is also working to develop additional training materials and pocket tools to assist with protecting providers. Please check the MIEMSS website for regular updates.

EMD and Dispatch Procedures

All Public Safety Answering Points in Maryland are using modified surveillance questions in an effort to identify PUIs prior to dispatch. All dispatch centers must make responding units aware of any patient that meets the criteria of a PUI.

All dispatch centers should monitor the Priority Dispatch website for the latest changes to the Emerging Infectious Disease Surveillance Tool. This site can be accessed by clicking www.prioritydispatch.net/ebola-software-and-card-updates.

EMS PUI Encounters and Transports

1. EMS personnel who identify a PUI for transport **must notify the receiving hospital AND the EMRC**. The hospital is then responsible to report the case to the Local Health Department.
2. If EMS encounters a PUI that either refuses, or is declared deceased on scene, **the Local Health Department must be notified**.

These notifications are critical to ensure the hospital is prepared to safely receive the patient, to close the loop between the local and State health departments, and to provide feedback to EMS on the outcome of patient assessment and testing. The local health department and/or the Maryland Department of Health and Mental Hygiene will determine the disposition and diagnosis of each PUI. Any patient with a DHMH confirmation of active Ebola Virus Disease will be promptly reported to the affected EMS services.

Patient Care Documentation

MIEMSS has added PUI specific questions to eMEDS[®]. These questions ask about recent travel to the current list of high-risk countries, contact with an Ebola patient, and about PUI symptom-related questions. Please review these questions and answer them carefully. If you answer “Yes” to these questions, please ensure that your narrative supports and explains the “Yes” responses. MIEMSS reviews all “Yes” responses daily to determine necessary next steps, e.g., notification to DHMH.

Hospital Destinations for PUIs

Patients who meet the criteria of a PUI must be treated in accordance with Maryland Medical Protocols and transported to the closest appropriate facility. All hospital emergency departments in the State are to be prepared to evaluate patients suspected of having Ebola.

Maryland has designated three hospitals that will treat confirmed Ebola patients. These facilities are The Johns Hopkins Hospital in Baltimore, University of Maryland Medical Center in Baltimore, and MedStar Washington Hospital Center in Washington, DC. Should a case of Ebola be confirmed at an initial receiving hospital, the patient would be transferred to and treated at one of these three designated hospitals, if no federal hospital facility is available. **DHMH will determine which of these three hospitals will receive the confirmed patient.**

Interfacility Transfers of Confirmed Ebola Patients

MIEMSS has developed a waiver process to approve commercial ambulance services to transport a confirmed Ebola patient from the initial receiving hospital to a designated Ebola treatment hospital. The waiver will ensure the safe transport of the patient and reduce the amount of equipment that could be potentially contaminated during transport. This process will require extra unit preparedness, quality assurance, and PPE for services that wish to participate in these transports. All transports of confirmed patients will be coordinated with the DHMH, MIEMSS, and, if necessary, law enforcement.

Airline Passengers from Affected Countries

Airlines carrying passengers to the United States from the three affected countries are being directed to one of five airports, one of which is Dulles International Airport, in Northern Virginia. At those terminals, US Customs officers and CDC Quarantine stations are evaluating all passengers from affected countries for signs and symptoms of Ebola. Passengers with signs and symptoms of Ebola are immediately transported to a pre-designated hospital in Virginia. Passengers with no symptoms are released to their final destination with specific instructions for self-assessment and monitoring by health departments.

During the 21-day period, DHMH is responsible for daily contact with all passengers whose final destination is Maryland to collect the results of the self-assessments. If a passenger begins to experience any symptoms, EMS may be called to transport the individual to the nearest emergency department for evaluation. MIEMSS is working with DHMH and local and commercial EMS programs to establish the best means to effect these transports and preserve the safety of the providers involved.

MIEMSS continues to monitor the progression of this situation. A lot of attention has been focused on the response to Ebola. Please also be mindful that there are several other viruses, such as the seasonal flu and Enterovirus D68, which are much more prevalent and likely to be encountered. All EMS providers should receive seasonal flu shots, if they have not already done so.

Thank you for your efforts as Maryland addresses these challenges. If you have any questions not addressed in this memo, please go to the MIEMSS website (www.miemss.org/home/InfectiousDiseases/tabid/214/Default.aspx), or contact your local EMS program, your MIEMSS Regional Administrator, or the SOCALR office.