



# **Welcome to the Weekly EMS Ebola Preparedness Briefing**

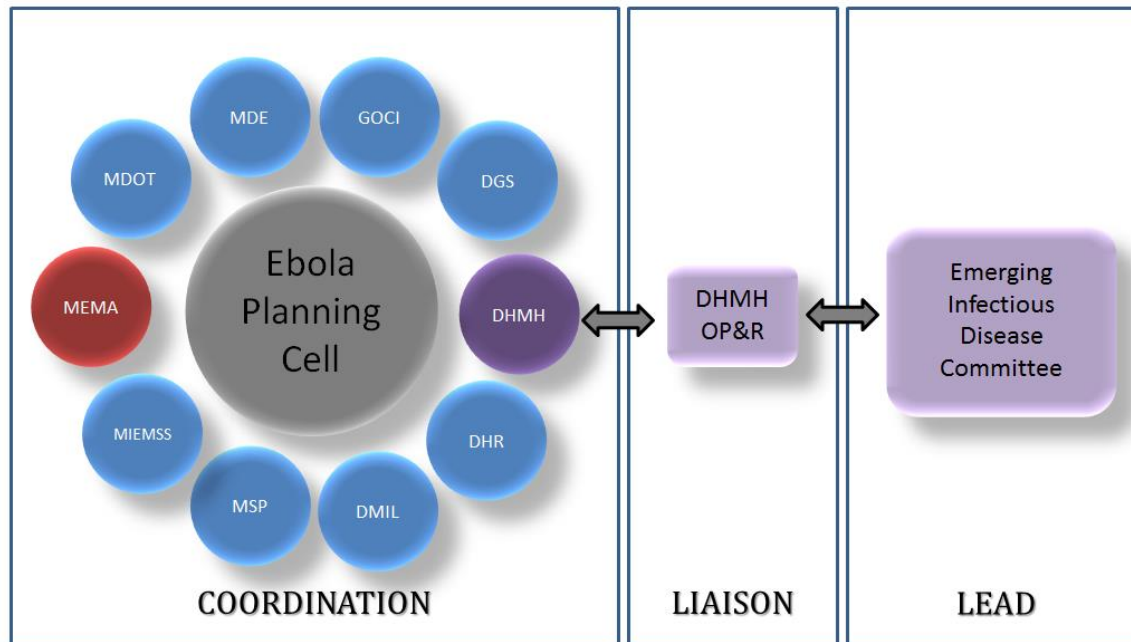


# Please Be Courteous

- “ Mute your phone using your mute button or #6
- “ Do Not Place Your Phone on Hold
- “ Provide Us Feedback via [jdonoehue@miemss.org](mailto:jdonoehue@miemss.org)



# State Agency Cooperation



## Work Groups

- " Transport and Escort
- " Quarantine and Isolation Issues
- " Transportation Planning
- " PPE
- " Cleanup and Decontamination
- " Legal



# Website

- “ We have updated the MIEMSS website ([www.miemss.org](http://www.miemss.org)) with additional Ebola-related content.
- “ This site includes all the current guidance from CDC and other reliable sources. We encourage you to click the “Infectious Disease” tab and check the links and documents on a regular basis to keep up-to-date.
- “ This is where Job Aids will be posted.



# Airline Screening

- “ All passengers coming in from one of the three affected countries are flying into one of five airports. One of these is Dulles.
- “ Each of these passengers are screened and evaluated at the airport.
- “ If they have signs or symptoms they are transported to a pre-designated hospital in Virginia.
- “ If they have no symptoms, they are allowed to continue but must do a daily self-assessment for 21 days.
- “ For passengers whose end destination is Maryland, DHMH is responsible for collecting the results of the daily self-assessments.
- “ If any of these passengers become ill, EMS may be called to transport them to nearest ED.
- “ DHMH and MIEMSS are working on a process on how EMS is requested and provided in these cases.



# Question on Screening

Is it possible to share the addresses of the passengers being monitored to the 9-1-1 centers so they can be entered into the CADs to allow us to alert crews that there is a PUI at those scenes?

Dr Alcorta's Response -

As you can imagine this is a sensitive issue and possibly an issue with protected information, but we will discuss with the DHMH Infectious Disease Committee



# PUI Reporting and Notification Transported Patients

- ” EMS personnel who identify a PUI that is transported **must notify the receiving hospital and EMRC**. The hospital is then responsible to report the case to the Local Health Department.
- . Secretary Sharfstein has ordered that all healthcare providers report PUIs to the Local Health Department.
  - . EMS Providers comply with this Directive by following this notification procedure.



# PUI Reporting and Notification

## Patients NOT Transported

- “ If EMS encounters a PUI that either refuses, or is declared deceased on scene, **the Local Health Department must be notified.**
- “ A more formal procedure for involving the LHD and law enforcement is being developed by the Legal Issues Workgroup.





# Post PUI Contact Follow-Up

- “ MIEMSS Region/SOCALR will make initial contact with EMS program involved shortly after the call to EMRC.
- “ MIEMSS will liaison with DHMH to gather patient outcome information and share with EMS program.
- “ If provider follow up is required, this will be coordinated with DHMH and Local Health Department.



# eMEDS® PUI Questions

Cardiac Arrest	STEMI	Transport	Narrative
Dispatch Info	Call Conditions	Patient Info	History

\*Cardiac/Trauma/P.U.I.\*

Possible Injury?  ⊕

Cardiac Arrest?  ⊕

STEMI Triage Criteria  ⊕

Has this patient TRAVELED to West Africa (Guinea, Liberia, Sierra Leone) within 21 days (3weeks) OR has a history of EXPOSURE to a person with Ebola in the last 21 days?  
 ⊕

Does this patient experience symptoms to be considered a P.U.I. (Person Under Investigation) with symptoms for Ebola?  
 ⊕

Symptoms: Fever, OR additional symptoms such as Severe Headache, Muscle Pain, Vomiting, Diarrhea, Abdominal Pain OR Unexplained Hemorrhage.



Symptoms Change “and” to “or”

# PSAPs

- “ 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 at <http://www.prioritydispatch.net/ebola-software-and-card-updates>





MIEMSS Direction for MPDS EIDS tool usage  
Approved by Dr. Richard L. Alcorta, MD, State EMS Medical Director

The EIDS tool shall be launched as follows:

1. If any of the following cards are the primary response cards utilized, the EIDS tool **must** be activated to begin the travel questions.
  - a. Protocol 1 Abdominal Pain
  - b. Protocol 18 Headache
  - c. Protocol 21 Hemorrhage (MEDICAL)
  - d. Protocol 26 Sick Person
  - e. Protocol 6 Breathing Problems
  - f. Protocol 10 Chest Pain
  - g. Protocol 32 Unknown Problem (Man Down)

**OR**

2. If at any time during interrogation, the dispatcher recognizes ANY of the signs and symptoms of Ebola (a current subset of EIDS tool list), the EIDS tool **must** be activated.

**EIDS (SRI/MERS/Ebola)**

These symptoms are considered Ebola essential symptoms to ask:

- measured body temperature  $\geq 100.4^{\circ}$  F ( $38.0^{\circ}$  C)
- fever (hot to the touch in room temperature)
- chills
- unusual sweats
- unusual total body aches
- headache
- recent onset of any diarrhea, vomiting, or bloody discharge from the mouth or nose
- abdominal or stomach pain
- unusual (spontaneous/non-traumatic) bleeding from any area of the body

- The above shall trigger the use of the EIDS tool. The travel questions pertain to Ebola. Dispatchers should encourage EMS providers to use protection for flu if they have contact with someone with the flu or flu-like symptoms.
- MIEMSS is directing that this Medical Director–Approved additional question be included:  
“*Has s/he had personal contact with a confirmed Ebola patient in the last 21 days?*”  
If “YES” this is equal to a positive response to the first travel question, and symptoms should then be assessed.
- The symptoms section is intentionally highlighted in red to indicate those symptoms associated with Ebola.
- Dispatch Operators only need to confirm the presence of the symptom indicators in red and do not have to ask about all of them when interviewing the caller.
- A positive travel history from a country with high rates of Ebola Virus Disease (Guinea, Sierra Leone, and Liberia) and a positive symptom from the list in red shall trigger notification to EMS providers of a **Person Under Investigation (PUI)** so they can appropriately don PPE and use prescribed precautions.

Please check MPDS daily for updates: <http://www.prioritydispatch.net/ebola-software-and-card-updates>.



# Designated vs Local Hospitals

- “ Three hospitals designated
  - . University of Maryland Medical Center
  - . The Johns Hopkins Hospital
  - . MedStar Washington Hospital Center
- ” All 9-1-1 Patients go to Closest Emergency Department



# Interfacility Transfers

- “ MIEMSS has developed a waiver process to enable approved commercial ambulance services to take extra steps to ensure the safe transport of a confirmed Ebola patient.
- “ Companies with waivers will be required to:
  - . Prepare special unit(s) for these transports
  - . Provide additional quality assurance
  - . Ensure that personnel have proper training and PPE
- “ All interfacility transports of confirmed or High Risk Ebola patients will be Coordinated with the DHMH, MIEMSS, and law enforcement if necessary.



# PPE

- “ Guidance for Healthcare Workers in US Hospitals is Now Referenced in EMS Interim Guidance
- “ New Guidance Published by the Interagency Board (IAB) for Equipment Standardization and Interoperability
  - . IAB Organization Cited as resource in EMS Checklist
  - . USFA has published IAB Document
- “ Two Documents Not Completely Consistent (not posted on MIEMSS website)
- “ Job Aid Under Development for EMS
- “ **PPE Survey is Past Due if not complete - Please submit as soon as possible**





# Decontamination

” Job Aid under development

A concern was raised by a caller that some brands of PPE degrade and become permeable when disinfecting solutions are used prior to doffing. **Please test your PPE to ensure they remain impermeable when disinfected.**



# Federal Complexes

- “ DoD, VA, etc. are now being directed to cooperate with State Health Departments to manage their patients.
- “ Some facilities have been directed to take PUIs directly to Walter Reed. We are working with Walter Reed to get this conflict cleared up.



# Outstanding Issues?



# Question

“ Will there be standards for specialized Ebola transport units and is there a means to share resources to areas that do not have those capabilities?

Other than the waiver process there was no designation planned. We will research the Ebola plans received from the survey and share best practices.



# Question

“ Is there anything being done to assist with obtaining additional PPE?”

The purpose of the survey was to see what we already have and try to determine need before they are critical and have a list of potential sources should someone have a critical need. We are also working through DHMH and other sources to identify addition caches, encourage manufacturers to produce and control costs, and attempt to identify additional funding sources for PPE.



# Question

“ Can we agree on a standard term to identify the Ebola patient to facilitate mutual aid, etc.?”

The term we have identified is “PUI” (Person Under Investigation) That is standard with Federal and State agencies and hospitals.



# Question

” Is there an acceptable response time dictated for the interfacility transfer of PUIs?

These are NOT emergency transfers and should be done with great preparation and care. We will discuss with DHMH to see if they are interested in identifying a maximum response time.



# Question

” What level of care is required to transport a PUI?

In most cases BLS should be adequate.





# Question

” If ALS will be required, can MIEMSS issue a temporary license for a commercial unit that is not normally ALS?

If ALS is needed and the unit configured for PUI transport is not ALS, a temporary license can be issued.



# Question

“ Is the State providing any training resources for PPE? I attended a training at our hospital and it was quite enlightening as to the hazards experienced while doffing.

We are planning field guides to include the steps, but we encourage agencies to partner with hospitals, Local Health Departments, or even HazMat teams to practice proper technique.



# Next Update

- ” Friday November 7, 2014 @ 1300
  - . Conference information will be published Monday
  - . Agenda later in week to keep it current



# Thank You!

