



State of Maryland

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To: Maryland EMS Providers

FROM: Richard L. Alcorta, M.D., F.A.C.E.P.  
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RE: Emerging Infectious Diseases

We have forwarded the recent publications on Ebola from CDC including the **Detailed Emergency Medical Services (EMS) Checklist for Ebola Preparedness**. With the recent events in Texas, it is becoming more evident that EMS is likely to be the first contact for these patients. The Enterovirus D68 is even more prevalent than Ebola and has already been confirmed to be present in Maryland. Although EMS providers are well aware of the proper use of PPE, this is an excellent time to stress a few points.

- Ebola is transmitted through direct contact with bodily fluids. Standard droplet protection is sufficient to protect the EMS provider. This includes...
  - Gloves
  - Gown (fluid resistant or impermeable)
  - Eye protection (goggles or face shield)
  - Facemask
- Enterovirus D68 is transmitted through aerosols and droplet when an infected person coughs, sneezes, or touches a surface that is then touched by others. EMS providers should facemask the patient unless they require oxygen administration and the EMS provider should use an N95 mask.
- Additional PPE might be required in certain situations (e.g., copious amounts of blood, other body fluids, vomit, or feces present in the environment), including but not limited to:
  - Double gloving
  - Disposable shoe covers
  - Leg coverings

- EMS Providers should remind themselves of the proper donning and doffing procedures when utilizing PPE. Extreme care should be used in the orderly systematic removal of PPE as this is one of the most vulnerable times for EMS provider exposure. EMS providers must use care to avoid contacting of exposed surfaces when in or removing PPE garments. Garments and biological waste should be immediately placed in a red biohazard bag and the bag should be discarded as early as possible. More information on these procedures can be found at <http://www.cdc.gov/HAI/pdfs/ppe/ppeposter148.pdf> . Remember to always wash your hands thoroughly after each patient contact and/or procedure and not handle clipboards or other non-disposable multi-patient use devices while in PPE unless absolutely necessary and then decontaminate those surfaces.
- PSAP call takers should consider screening callers for risk factors of Ebola. There are two parts to the interrogation: signs and symptoms of Ebola and recent travel from an effected area. Dispatch call takers should question callers who present with reported fever (with or without additional symptoms of severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained bleeding) and focus on the 21 days prior to onset of fever to identify if the patient has traveled to a region where an Ebola outbreak is occurring (Currently Guinea, Liberia, Sierra Leone, Nigeria and Senegal). Dispatchers should relay the potential risk to the responding units so they may take the appropriate precautions and relay this information to the Emergency Department staff.
- Post-call decontamination of vehicles transporting patients is imperative. Units should be placed out of service immediately. PPE is required during the decontamination process. Specific procedures for decontamination can be found 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>. Local procedures should be followed and local health officials and/or hospital infection control practitioners can be very helpful if there are additional concerns.
- Communicate! Just as dispatchers need to warn responders of the potential hazards, EMS providers must notify hospital personnel prior to arrival so they may prepare to receive your patient safely. In the case of a suspected Ebola patient, (febrile with recent travel to areas with Ebola outbreaks) you should also contact EMRC and notify them as per the MCI/Unusual Event protocol. Follow your local procedures to ensure your local Health Department is notified.

I do not wish to raise an alarm in dealing with these emerging diseases, but due caution is warranted. By following simple standard universal precautions and communicating well you can be assured that you, your patient, other health care workers and your family are protected. Take a few moments to review the materials referenced here and be prepared. Hopefully you will not need this, but you need to be prepared.