

Nassau Regional Emergency Medical Services Council



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Reviewed:		Approved: 10/28/14
		Effective: 10/29/14

Purpose:

To establish procedures for response to, and mitigation of, suspected Ebola Virus Disease (EVD) assignments, while minimizing provider exposure.

Scope:

All Nassau EMS Providers (Career EMS Services, Volunteer Fire Departments, Volunteer Ambulance Corps and other First Response Agencies) who provide prehospital emergency medical treatment in this region.

Procedure:

- Dispatch: Based on current guidelines, a telephone triage algorithm shall be utilized to assist in the identification of potential or suspected EVD patients.

- Response: When a Fever/Travel (F/T) call type has been identified, the dispatcher shall immediately notify the Nassau County Police Department (NCPD). Nassau County Police will dispatch the closest/appropriate NCPD Emergency Ambulance Bureau (EAB) unit to respond to Fever/Travel assignments, in lieu of a volunteer service provider(s).

- On-Scene:
 - If a volunteer Fire/EMS Service responds to a location and encounters a patient that meets the F/T call type criteria, and the assignment was not initially designated as such, the crew shall:
 - Maintain a safe distance.
 - Don appropriate PPE.
 - Request the immediate response of the NCPD Emergency Ambulance Bureau (EAB).
 - The volunteer Fire/EMS Service personnel shall take the following actions:
 - Stable Patient: Crews should await the arrival of NCPD EAB at a safe distance.
 - Unstable Patient: After PPE has been donned, the crew should initiate patient care.
 - All patients: **Crews should limit the amount of personnel who make patient contact, or remain in or around the immediate patient environment.**
 - Upon arrival, NCPD EAB resources shall assume patient care. The initial responding unit will assume a supportive role for NCPD EAB units.
 - Once the NCPD EAB unit has assumed patient care responsibilities:
 - If no patient contact was established, the volunteer Fire/EMS Service personnel unit shall doff their PPE only after it has been determined that the NCPD EAB will not require their assistance, and patient transport to hospital has been initiated.

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- If patient contact has been established, the potentially exposed Fire/EMS Service personnel shall ride in the NCPD EAB ambulance to the hospital, and await decontamination/doffing direction from hospital personnel.
- *Note: In this instance, it is important to not potentially infect a second ambulance or other emergency vehicle.*

- Operations:
 - Personnel shall maintain body substance isolation (BSI) and don their appropriate personal protective equipment (PPE) prior to making any patient contact.
 - Patient Assessment and treatment shall be initiated in accordance with all local and State policies, protocols and procedures.
 - All Providers should remain vigilant of the potential for exposure to bodily fluids, and protect themselves accordingly.

- Transportation:
 - Patients should be transported to the closest, appropriate ambulance receiving hospital.
 - Immediate notification to Medical Control MUST be made in ALL suspected EVD cases.
 - Once at the hospital, the patient should NOT be delivered into the hospital until directed to do so by hospital personnel.
 - EMS Crews shall remain outside the hospital while awaiting instruction from hospital staff.
 - Hospital personnel will be responsible for patient transfer, as well as the supervision of decontamination and PPE doffing.
 - *Note: Do not enter hospital with donned PPE or other potentially infected equipment.*

EMS Providers must understand that this Advisory is subject to change as additional information becomes available.

Volunteer Fire or EMS Personnel are not exempt from training or preparing for care or transportation of EVD patients, in accordance with the NYS Commissioners Public Health Order, and must remain vigilant at all times to the possibility of encountering infected patients.

This Advisory does not replace or supersede any policies or protocols administered by The New York State Department of Health.