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Date: October 31, 2014

Ebola Preparedness SITREP #4

THE METRO REGION EMS SYSTEM –EMS MULTI-AGENCY COORDINATION CENTER IS WORKING CLOSELY WITH MDH, OTHER EMS and HEALTHCARE GROUPS, EMS MEDICAL DIRECTORS, LOCAL PUBLIC HEALTH, EMERGENCY MANAGEMNT, THE 9-1-1 PSAP MANAGERS AND OTHERS TO SHARE VIRAL HEMORRHAGIC FEVER (VHF) - EBOLA VIRUS DISEASE (EVD) PREPAREDNESS AND RESPONSE INFORMATION AND COMMUNICATES IT IN THIS FORMAT, A DISCIPLINE SPECIFIC SITREP, AND WILL DISTRIBUTE OTHER SITREPS FROM PARTNERING AGENCIES AS ALLOWED. THESE SITREPs SHOULD BE SHARED TO OTHERS ON A NEED-TO-KNOW BASIS.

Updated EMS Activities:

Prepare to Detect-

1. Not all primary PSAPs have instituted the CDC suggested call screening protocol (ref.. <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>)

Unfortunately there is NO uniform verbiage or lingo (common language) used by PSAPs to communicate the positive response to the screening questions to first responders and transporting EMS agencies. This is a ubiquitous issue. Many groups are attempting to resolve this problem. More to come in the days ahead.

Those who have not adopted the call screening protocol report that they hand off the call to an EMS dispatch center for further screening.

2. All reporting agencies convey that they are keeping the EMS transport responders informed on the Ebola virus situation by either updated video trainings, daily email or electronic posting or physically sharing daily updates from various vetted sources such as the CDC, MDH, or if hospital based, from their own infectious disease specialists as well. **(No change or update)**
3. Reporting EMS organizations/systems describe activities to keep staff informed on the current situation, current and changing protocols and efforts to incorporate hemorrhagic fever screening and response guidelines into policy/protocol formats.

Prepare to Protect-

1. The current (**UPDATED 10-28/2014**) CDC EMS Guidelines can be found at: <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>.

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ALSO REFER TO THE CURRENT (10/20/2014) CDC Guidance on Personal Protective Equipment To Be Used by Healthcare Workers.

<http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>

2. All reporting agencies acknowledged the new PPE guidelines for health care workers and are striving to update existing protocols to reflect these upgraded recommendations.
3. Most EMS organizations/systems report backorders on PPE with delivery dates out to December-February 2015. Individual agencies have created methods to minimize PPE stocking volumes.
4. EMS services are focusing on the PPE donning/doffing processes to implement the 'buddy system' to help minimize accidental exposures. Some are planning spot checks with personnel as well as more frequent skill refreshers and testing while many are currently engaged in yearly EMS skill updates.

THERE CONTINUES TO BE A LACK OF CLARITY FROM THE FIRST RESPONDER COMMUNITY ON THE LEVEL OR GAPS IN EBOLA PREPAREDNESS, RESPONSE PLANNING AND PPE NEEDS. MDH AND DPS (AS WELL AS OTHERS) HAVE SET UP MULTI-DISCIPLINARY WORKGROUPS TO UNCOVER AND ADDRESS GAPS. PLEASE CONTINUE TO REACH OUT TO THESE GROUPS AND ENSURE THEY ARE INCLUDED IN EMS PREPARATION AND RESPONSE PLANNING.

Prepare to Respond-

As of 10/31/2014, even with the designation of the four MN "Ebola" hospitals, there are several regional EMS response issues remaining to be resolved. Many of these issues surround interface issues with other healthcare disciplines particularly the lack of PPE and the delivery of suspected Ebola patients to receiving healthcare facilities.

1. There remains issues regarding PPE availability and product backorders.
2. Metro EMS continues to work through the hospital compact to have each receiving facility designate/identify specific entrances to be used for receiving suspect VHF-EVD patients, availability to a specified area in order to doff PPE, as well as availability and procedures to dispose of contaminated items. Confusion remains amongst hospitals and EMS on transport decisions. Medical Directors hold this authority and are working to get in front of this. Some of the serious questions remain are:
Examining need for limited care/ futile care plans?
Will all hospitals receive and then transfer suspect VHF-EVD patients?
Should hospitals be bypassed to get to one of the four?
Where to take suspected VHF-EVDs patient with other complication, like STEMI? Ebola hospital or nearest cath lab?

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Who will be providing inter-facility transfers? How would/do outstate response plans affect the metro healthcare system?

3. Public health and MDH have been asked to provide an algorithm that depicts the feedback processes to keep first responders and EMS providers updated on Ebola screening/testing results from suspect patients.
4. Many organizations in collaboration with their first responders are engaged in exercising (tabletop-functional-and full-scale) their response plans, and taking corrective actions as necessary. Some serious concerns seem to be common with the first responders:
 - Enter the residence? Stay back? "Threshold"/doorway interview?
 - What PPE?
 - Alternative "on-scene" role?
5. On 10-29-2014, the Hennepin County EMS Council, Ebola Pre-Hospital Preparedness Work Group met to discuss VHF-EVD planning, preparation and response issues. A summary of the meeting is attached.
6. MDH has been tasked to facilitate a statewide meeting(s) to discuss regional pre-hospital (EMS-first responder-hospital interfaces) planning and response. The first meeting will be Monday, November 3rd.
7. Brian LaCroix shared links to the Canadian Paramedic Chiefs weekly international webinar presentation and discussions on Ebola and response planning (also great sharing of best practices such as products for lining the inside of ambulances, trainings, messaging, PSAP issues...) which are open to anyone. [*They are most excellent!*] Thank you Brian!

From the Canadian Paramedic Chiefs:

We encourage you to attend and share your experiences, exchange best practices and receive recent updates on activity around the world.

Download the poster (PDF) for details:

<http://tinyurl.com/mngt24q>

PCC Emergency Infectious Diseases Resources page:

<http://www.paramedicchiefs.ca/eid/>

PCC Webinars Page: <http://www.paramedicchiefs.ca/webinars>

Be sure to inform non-member colleagues they can sign up to receive email notification of our Emerging Infectious Diseases teleconferences, plus monthly webinars and events:

<http://www.paramedicchiefs.ca/sign-up/>

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Available online resources:

<http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>

The Centers for Disease Control and Prevention “Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients with Known or Suspected Ebola Virus Disease in the United States”

<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>

https://www.osha.gov/Publications/OSHA_FS-3756.pdf This fact sheet includes a link to the listing of EPA-Registered Disinfectants <http://www.epa.gov/oppad001/chemregindex.htm> ; select List G (*Norovirus*) for products that are effective against Ebola.

The Centers for Disease Control and Prevention/Assistant Secretary for Preparedness and Response “Detailed Emergency Medical Services (EMS) Checklist for Ebola Preparedness” <http://www.cdc.gov/vhf/ebola/pdf/ems-checklist-ebola-preparedness.pdf>

You are encouraged to check the CDC and MDH Ebola websites frequently for updated information:

<http://www.cdc.gov/vhf/ebola/>

<http://www.health.state.mn.us/divs/idepc/diseases/vhf/index.html>