

National Association of
State EMS Officials



State Ebola Preparedness and Response

A Compendium of State EMS Office Preparedness
November 2014

Acknowledgements and Disclaimer

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Introduction

The purpose of this survey was to determine how, generally, Ebola patients will be transported in communities throughout your state. Respondents were the state EMS officials in selected states to provide insights about local EMS agency capability to transport a suspected Ebola patient, a confirmed Ebola patient, and identify instances where specialized local and/or regional ambulances and crews will be transport the patient.

Responses have been compiled to provide a brief synopsis of 9-1-1 and EMS Ebola preparation and response in their states including 9-1-1 instructions and EMS dispatch, preparation (training and PPE) of the prehospital EMS providers, prehospital EMS treatment, and destination protocols.

Summary

The following NASEMSO Member States responded to the survey:

California

Maryland

North Carolina

Georgia

New Jersey

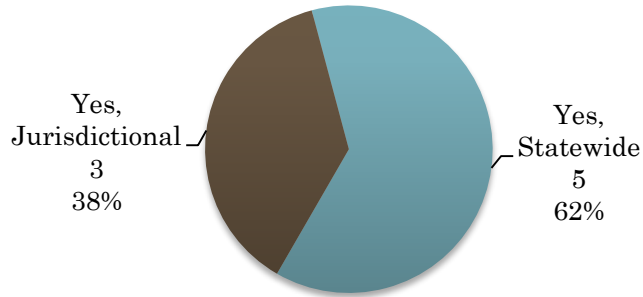
Virginia

Illinois

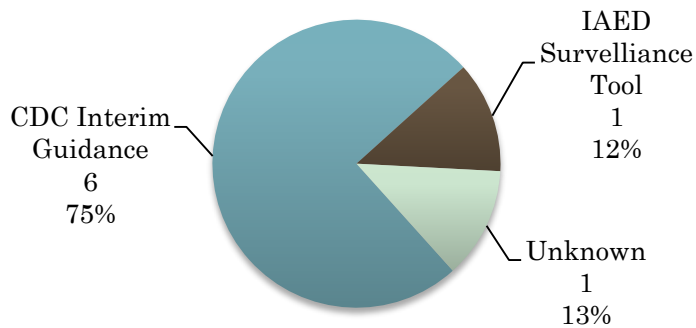
New York

9-1-1 and EMS Coordination

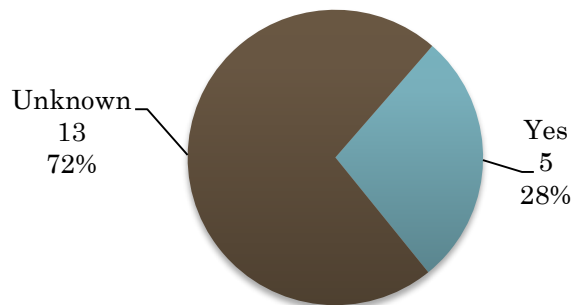
Does the state have 9-1-1 Ebola protocols for Public Safety Answering Points (PSAPs)? (n=8)



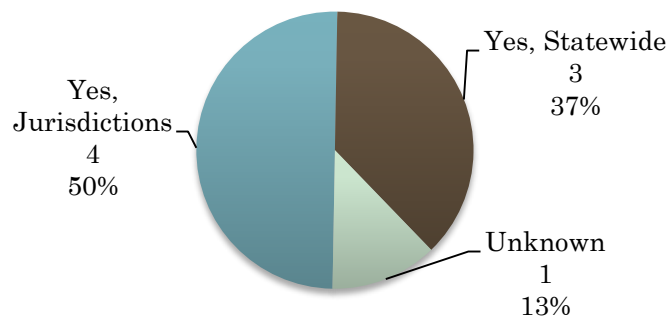
Are the PSAP protocols most similar to: (n=8)



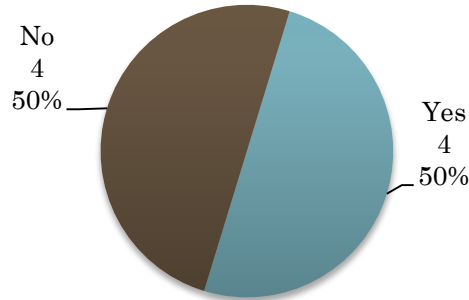
Do the Emergency Medical Dispatch protocols provide for the activation of special EMS Ebola response configurations (if available)? (n=8)



Have the PSAP protocols been activated? (n=8)

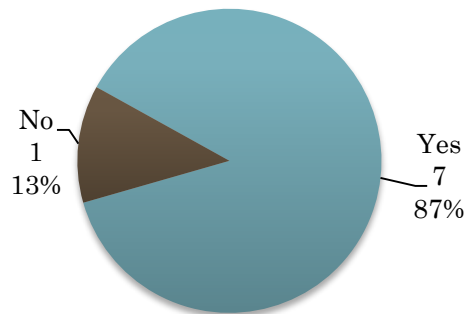


Are there mechanisms in place for local EMS agencies to be made aware of persons who are on active Ebola monitoring in their communities, and/or for “flagging” persons in computer-aided dispatch systems (consistent with HIPAA requirements) so specialized EMS resources can be dispatched if available and/or EMS personnel can be alerted to the need for donning PPE? (n=8)



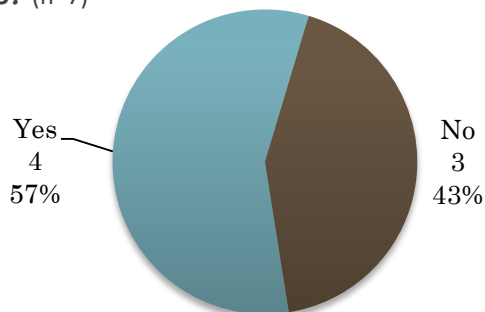
EMS Protocols and Medical Direction

Are there special response configurations, either statewide or in jurisdictions, that may include specially dedicated vehicles and/or specially trained/equipped crews for the response to suspected Ebola patients? (n=8)

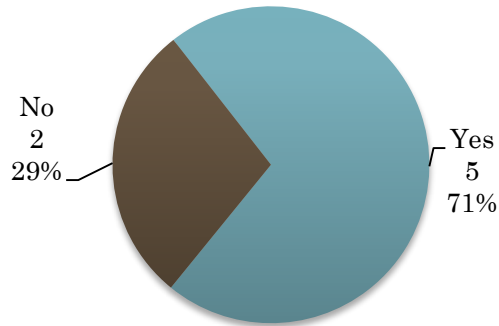


The following questions were only asked to the states that answered ‘yes’ to the question above.

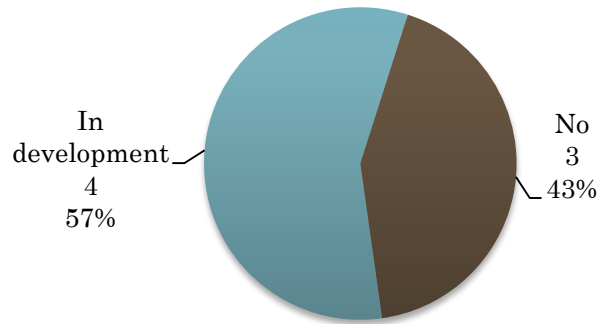
Has the designation of these units and/or crews caused any challenges with your state’s licensing laws/rules? (n=7)



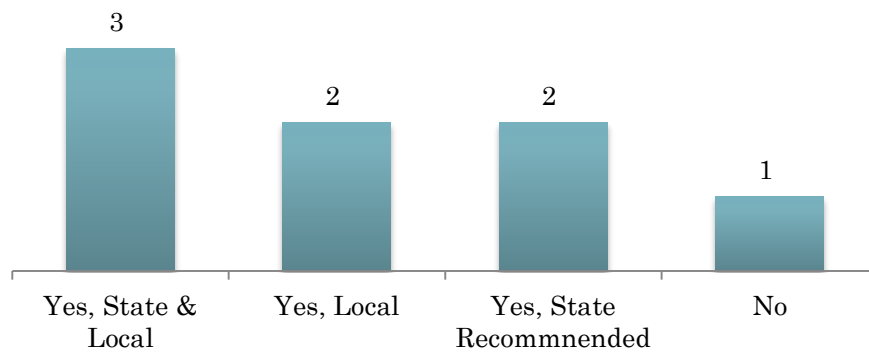
Was it necessary for your state to issue a waiver or variance to state rules related to minimum equipment requirements in order for those ambulances or crews to be utilized? (n=7)



Did you adopt a minimum equipment list specific to Ebola response? (n=7)



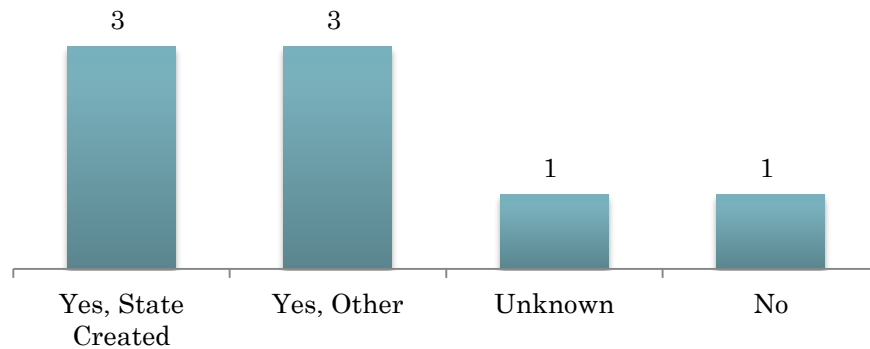
Does your state have Ebola patient assessment and treatment protocols available for EMS agency/provider use? (n=8)



All states indicated that the protocols are consistent with the CDC Interim Guidelines

Preparation of Local EMS Service Providers

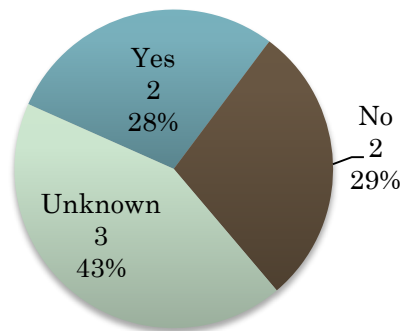
Have local EMS agencies received education/training specific to Ebola? (n=8)



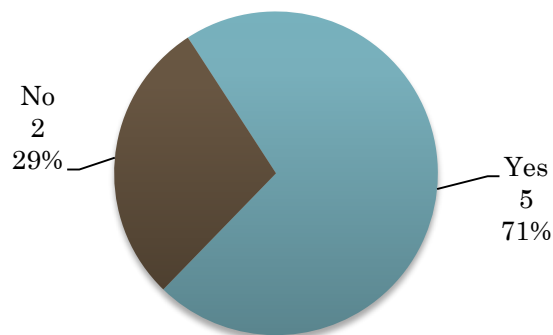
Personal Protective Equipment (PPE)

One state dropped out of the survey at this question.

Do local EMS responders have the appropriate level of PPE to assure their safety in effective emergency care? (n=7)

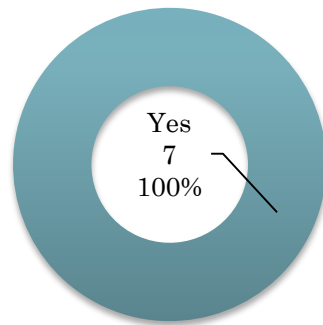


Has your agency been involved with getting PPE to local EMS agencies? (n=7)

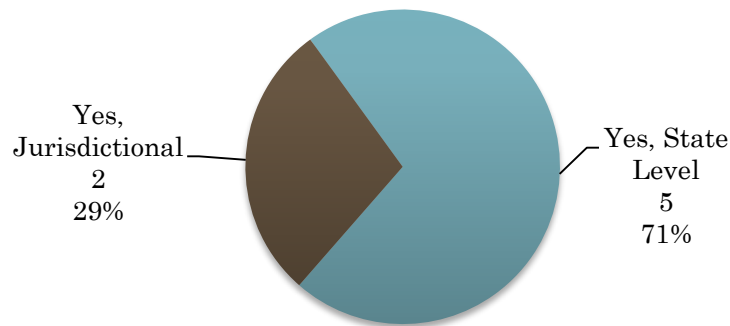


Disposal of Waste Products

Is your state's EMS office aware of the PHMSA guidance for transporting Ebola contaminated items? (n=7)

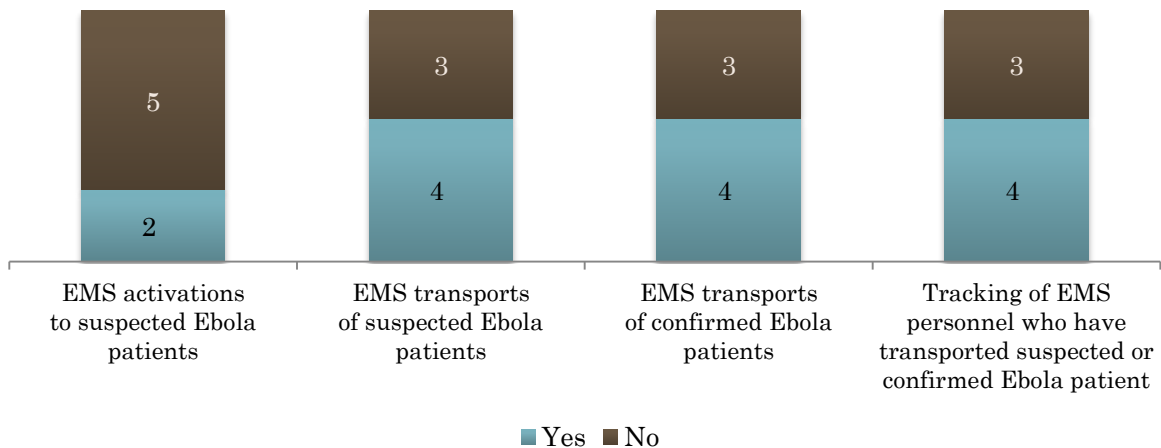


Are you aware of any statewide or jurisdictional procedures for decontamination of both the ambulance and EMS personnel at the hospital and for leaving contaminated patient treatment material/PPE at the hospital? (n=7)



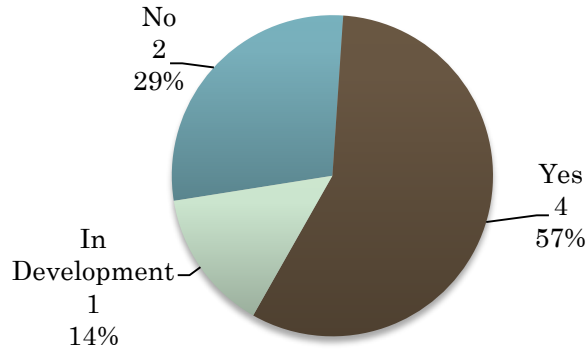
Reporting

Which of the following are required to be reported to the state level by all local EMS agencies?? (n=7)

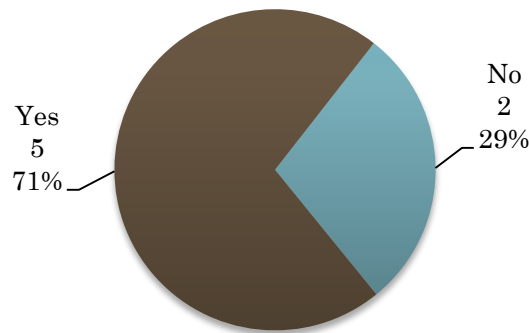


State Facilities

In coordination with the state public health authority, state EMS offices need a written plan (consistent with regulations and resources) for coordinating dispatch, transport, and delivery at the appropriately designated facilities for Ebola triage and care. Does your state have such a plan? (n=7)

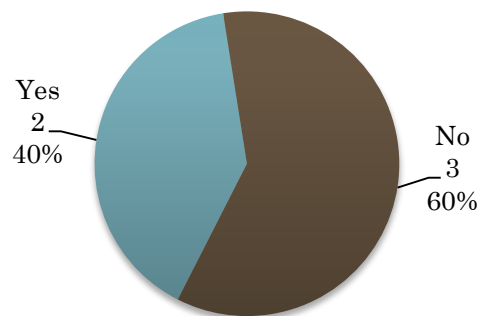


Have any hospitals in your state been designated as an Ebola facility? (n=7)



The following questions were only asked to the states that answered 'yes' to the question above.

Are your EMS services required to transport suspected Ebola patients to one of these hospitals? (n=5)



State-by-State Compendium

California

Information Provided By / EMS Office Ebola Point of Contact:

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9-1-1 and EMS Coordination

Does California have 9-1-1 Ebola protocols for Public Safety Answering Points (PSAPs)?

Yes, jurisdictional.

Local EMS agencies, under the authority of the EMS Medical Director, may choose to implement PSAP protocols at the County, city, or special district. A specific survey of jurisdictions has not been completed.

Unknown if they are most similar to the CDC's Interim Guidance for EMS and 9-1-1 PSAPs for Management of Patients with Known or Suspected Ebola or Suspected Ebola or IAED's Emerging Infections Disease Surveillance Tool (SRI/MERS/Ebola).

Do the Emergency Medical Dispatch protocols provide for the activation of special EMS Ebola response configurations (if available)?

Yes.

Have the PSAP protocols been activated?

Unknown.

Are there mechanisms in place for local EMS agencies to be made aware of persons who are on active Ebola monitoring in their communities, and/or for “flagging” persons in computer-aided dispatch systems (consistent with HIPAA requirements) so specialized EMS resources can be dispatched if available and/or EMS personnel can be alerted to the need for donning PPE?

Yes.

Local health departments may share limited information with local EMS agencies. However, due to privacy concerns this is extremely limited at this time.

EMS Protocols and Medical Direction

Are there special response configurations, either statewide or in jurisdictions, that may include specially dedicated vehicles and/or specially trained/equipped crews for the response to suspected Ebola patients?

Yes.

California has identified that the use to Infectious Disease Ambulance Response Teams (IDART) should be implemented at the local level.

Has the designation of these units and/or crews caused any challenges with California's licensing laws/rules?

No.

Was it necessary for your state to issue a waiver or variance to state rules related to minimum equipment requirements in order for those ambulances or crews to be utilized?

No.

Did you adopt a minimum equipment list specific to Ebola response?

No.

Does California have Ebola patient assessment and treatment protocols available for EMS agency/provider use?

Yes, both state recommended & locally developed jurisdictional protocols.

California does not have “control” over the locally developed protocols/guidelines and does not assess their content.

Are these protocols/guidelines generally consistent with the CDC's Interim Guidance for EMS and 9-1-1 PSAPs for Management of Patients with Known or Suspected Ebola?

Yes.

Do these protocols/guidelines include specific PPE procedures?

Yes.

There are specific PPE procedures for Donning/Doffing and other procedures in the California Recommendations for Procedures and Protocols. However, at the time of this survey, EMS is still awaiting the required workplace PPE from CalOSHA.

Preparation of Local EMS Service Providers

Does California use a Learning Management System (LMS), or equivalent, to provide training to EMS agencies/providers?

No.

Have local EMS agencies received education/training specific to Ebola?

Yes. Training created and distributed by other entity.

It is locally driven by the local EMS agency or provider.

Both the CDC's Interim Guidance for EMS and 9-1-1 PSAPs for Management of Patients with Known or Suspected Ebola and state specific guidance/protocols were distributed. There was other training conducted regarding California's protocols, PPE utilization, or other topics.

Personal Protective Equipment (PPE)

Do local EMS responders have the appropriate level of PPE to assure their safety in effective emergency care? Do you have any data regarding the availability of PPE for emergency responders that you are willing to share?

Unknown.

While EMS does not have any data, anecdotal information from providers notes that there is a profound lack of PPE, such as PAPRs and impermeable outerwear, that would be required to meet the CalOSHA standards for protection against airborne diseases.

Has your agency been involved with getting PPE to local EMS agencies?

No.

Disposal of Waste Products

Is California's EMS office aware of the PHMSA guidance for transporting Ebola contaminated items?

Yes.

Are you aware of any statewide or jurisdictional procedures for decontamination of both the ambulance and EMS personnel at the hospital and for leaving contaminated patient treatment material/PPE at the hospital?

Yes, local/jurisdictional guidance.

Hospitals are reluctant to commit to receipt of contaminated material in the case of a suspected or confirmed patient.

Reporting

Are any of the following required to be reported to the state level by all local EMS agencies?

EMS activations to suspected Ebola patients: NO

EMS transports of suspected Ebola patients: NO

EMS transports of confirmed Ebola patients: NO

EMS personnel who have transported suspected / confirmed Ebola patient tracking: NO

State Facilities

In coordination with the state public health authority, state EMS offices need a written plan (consistent with regulations and resources) for coordinating dispatch, transport, and delivery at the appropriately designated facilities for Ebola triage and care. Does California have such a plan?

Yes.

This plan is enumerated in the California Recommended Procedures and Protocols. However, due to California's decentralized system, local Health Departments are asked to coordinate with their local EMS agency to finalize the dispatch flow, use of specialized transport units (IDART), and destination at the available hospital.

Have any hospitals in California been designated as an Ebola facility?

No.

Final Comments

What other actions have you taken to ensure your EMS and 9-1-1 system is prepared to respond to both suspected and confirmed Ebola patients?

While no hospitals have been "designated", 5 University of California hospitals and several healthcare system hospitals have voluntarily agreed to receive patients that are highly suspected or confirmed for having Ebola.

Frequent conference calls with affected EMS agencies and providers to discuss and refine the California Recommendations for Procedures and Protocols for EBV patients have been helpful.

Ultimately in California, each of the 33 local EMS agencies working jointly with their local Health Department must establish local policies regarding the Dispatch, PPE, Transport, and Destination of suspected or confirmed Ebola patients.

What suggestions do you have for actions, guidance, or tools that would better assist your and your EMS system to respond to an Ebola patient?

Recommendations include clear guidance on the use of PPE in varying situations, include during the screening phase, transport of EMS screened possible patient, and then transport of High-Risk suspected or Confirmed patient.

Also, a lack of PPE suitable for response and transport is consistently expressed by first responders and transport agencies.

Specific guidance on minimum equipment and preparation for infectious disease ambulance transport units when responding and transporting a patient would be helpful

An important early part of this information gathering is to describe the preparedness of the EMS system adjacent to the screening airports and the Ebola treatment hospitals. Considering only the EMS systems in the jurisdictions in which those properties are located, how does the EMS system handle calls from the screening airport or treatment hospital?

Since California does not have a screening airport, we have no Statewide procedures for this.

The local Health Department is identified in California with the responsibility for monitoring Ebola patients. Local Health Departments have been asked to coordinate/contact with the county-based, local EMS agency when transport is necessary. The public health monitored patients are not being asked to call 9-1-1 as most cases of a conversion to symptomatic (ie fever, malaise) will not be deemed an emergency. The local EMS agency will contact the identified IDART (Infectious Disease Ambulance Response Team) to transport the patient, if that is deemed necessary. The local Health Department will identify the destination of the patient based upon preplanned hospital capabilities in their area. These hospitals may be either an Evaluation Hospital or a Regional Ebola Treatment Hospital (University of California Hospital or healthcare system hospital). The local Health Department will play the primary role in the destination decision, in consultation with the local EMS agency Medical Director.

Georgia

Information Provided By / EMS Office Ebola Point of Contact:

Name: Peki F. Prince

Title: Emergency Preparedness Coordinator

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9-1-1 and EMS Coordination

Does Georgia have 9-1-1 Ebola protocols for Public Safety Answering Points (PSAPs)?

Yes, statewide.

They are most similar to the CDC's Interim Guidance for EMS and 9-1-1 PSAPs for Management of Patients with Known or Suspected Ebola.

Do the Emergency Medical Dispatch protocols provide for the activation of special EMS Ebola response configurations (if available)?

Yes.

Have the PSAP protocols been activated?

Yes, statewide activation.

Are there mechanisms in place for local EMS agencies to be made aware of persons who are on active Ebola monitoring in their communities, and/or for “flagging” persons in computer-aided dispatch systems (consistent with HIPAA requirements) so specialized EMS resources can be dispatched if available and/or EMS personnel can be alerted to the need for donning PPE?

No.

EMS Protocols and Medical Direction

Are there special response configurations, either statewide or in jurisdictions, that may include specially dedicated vehicles and/or specially trained/equipped crews for the response to suspected Ebola patients?

Yes.

The State of Georgia has developed and implemented a statewide Infectious Disease Transport Network. This network of providers will function as one team under the direction of one Medical Director to respond to suspected Ebola patients. The providers are geographically located across the state with emphasis to our metropolitan Atlanta

area and our coastal or port entry area. The team, consisting of multiple providers across the state, function under one set of protocols and medical direction for the treatment and transport of suspected EBV patients. Each provider has a core team of personnel assigned to the Infectious Disease Transport Network. The training for this personnel is provided by the State Office of EMS and Emergency Preparedness to the response team. The training is a specialized Biosafety Transport Course that is taught by Dr. Isakov and select staff from Emory University School of Medicine and Emory University Hospital. Some services are electing to designate specific units for this network that will be kept in reserve. While other services are electing to designate a specific unit that will be kept in-service. Responders in the network will be notified of a patient transport through a pre-determined process with Public Health and the State Office of EMS.

Has the designation of these units and/or crews caused any challenges with Georgia's licensing laws/rules?

No.

Was it necessary for your state to issue a waiver or variance to state rules related to minimum equipment requirements in order for those ambulances or crews to be utilized?

Yes.

Did you adopt a minimum equipment list specific to Ebola response?

In development.

Does Georgia have Ebola patient assessment and treatment protocols available for EMS agency/provider use?

Yes, both state recommended & locally developed jurisdictional protocols.

Georgia does not have "control" over the locally developed protocols/guidelines, nor do they assess their content.

Are these protocols/guidelines generally consistent with the CDC's Interim Guidance for EMS and 9-1-1 PSAPs for Management of Patients with Known or Suspected Ebola?

Yes.

Do these protocols/guidelines include specific PPE procedures?

Yes.

The State Office of EMS recommends and endorses the guidelines issued by the CDC. The State Office of EMS (SOEMS) has recommended that services use the CDC guidelines as a baseline for training. The SOEMS has highly recommended that all providers not only receive training on PPE and how to don and doff his or her PPE but that they practice the donning of, the working in, and doffing of PPE until the point where the provider and the Training Officer/Supervisor is comfortable with the providers behaviors.

Preparation of Local EMS Service Providers

Does Georgia use a Learning Management System (LMS), or equivalent, to provide training to EMS agencies/providers?

Yes.

Have local EMS agencies received education/training specific to Ebola?

Yes, training created and distributed by other entity.

The training for the Infectious Disease Transport Network providers is centrally controlled by the SOEMS, Emergency Preparedness and Public Health. The training is offered at the Regional level for the providers in that network to attend.

Regional and local training is developed local agencies with their healthcare partners. The SOEMS Regional Program Directors are involved in the process of approving these course for continuing education credits/hours.

Both the CDC's Interim Guidance for EMS and 9-1-1 PSAPs for Management of Patients with Known or Suspected Ebola and state specific guidance/protocols were distributed. There was other training conducted regarding Georgia's protocols, PPE utilization, or other topics.

Personal Protective Equipment (PPE)

Do local EMS responders have the appropriate level of PPE to assure their safety in effective emergency care? Do you have any data regarding the availability of PPE for emergency responders that you are willing to share?

Yes.

The States Office of EMS has survey data from the providers in Georgia as to the levels and availability of PPE they currently have available.

Has your agency been involved with getting PPE to local EMS agencies?

Yes.

The SOEMS in conjunction with Emergency Preparedness worked with the local Health Districts, Regional EMS Program Directors, and local EMS providers to coordinate their needs at a local level. This coordination included the establishment of a needs assessment, procurement, and distribution procedure for PPE.

Disposal of Waste Products

Is Georgia's EMS office aware of the PHMSA guidance for transporting Ebola contaminated items?

Yes.

Are you aware of any statewide or jurisdictional procedures for decontamination of both the ambulance and EMS personnel at the hospital and for leaving contaminated patient treatment material/PPE at the hospital?

Yes, state-level guidance.

Reporting

Are any of the following required to be reported to the state level by all local EMS agencies?

EMS activations to suspected Ebola patients: YES

EMS transports of suspected Ebola patients: YES

EMS transports of confirmed Ebola patients: YES

EMS personnel who have transported suspected / confirmed Ebola patient tracking: YES

State Facilities

In coordination with the state public health authority, state EMS offices need a written plan (consistent with regulations and resources) for coordinating dispatch, transport, and delivery at the appropriately designated facilities for Ebola triage and care. Does Georgia have such a plan?

Yes.

The Georgia Department of Public Health is following the NIMS model of ICS to ensure effective communications with all parties/agencies responsible for the identification of, tracking of travelers and possible persons exposed to EBV. This includes the subsequent transporting of a traveler who has been deemed a patient by the State Medical Epidemiologist. ~ Georgia Department of Public Health State Epidemiologists are tracking all travelers from the identified high risk countries and have contact with each of those travelers on a daily basis. ~ Once a contact has been determined to need assessment or transport to a medical facility for EBV the State Medical Epidemiologist

secures a receiving facility from a list of designated hospitals. The list of receiving facilities for EBV patients is on file with the Georgia Department of Public Health. ~ Once a contact has been determined to need transport for evaluation and or treatment, the State Medical Epidemiologist contacts the SOEMS for identification of a service within the Infectious Disease Transport Network who will respond to the identified patient and transport them to the designated facility.

Have any hospitals in Georgia been designated as an Ebola facility?

Yes.

Are your EMS services required to transport suspected Ebola patients to one of these hospitals?

Yes.

Final Comments

What other actions have you taken to ensure your EMS and 9-1-1 system is prepared to respond to both suspected and confirmed Ebola patients?

The State Office of EMS and Emergency Preparedness has aggressively worked with our partners across the State to ensure that all of our partners: EMS, Public Health, Emergency Management, Law Enforcement, Board of Education, Institutes of higher learning, among many others have the correct information to make the best decisions for their local area and or discipline.

The SOEMS is hosting an Infectious Disease Summit on the 12th of November that includes all of the disciplines involved in healthcare. At this time there are over 500 registered attendees and waiting list. The SOEMS is:

- Conducting training, for the Infectious Disease Transport Network,
- Facilitating communications between CDC, Georgia Department of Public Health to the Regional EMS Directors for local dissemination.
- Actively involved in the State Emergency Preparedness Conference for all Public Health Districts. ~Working aggressively with HPP staff and the Georgia Hospital Association to ensure consistent messaging, training and practices from the field into the hospital setting.
- Coordinating with the PHEP program to help facilitate procurement of PPE at the local level.
- Working with our partners at Georgia Emergency Management to secure facilities for quarantine (if needed).
- Worked with our partners at the GBI and Georgia Department of Public Health Legal Council to coordinate and disseminate the legal authority, roles and responsibilities of quarantine and or isolation procedures (if needed).

- Most of all the SOEMS is sending a consistent message that education and partnerships are the key to making sure that all healthcare providers are aware of the risks, have identified their role, and have mitigated or at least are the process of mitigating risks and potential shortfalls to the issue of infectious disease response to Ebola.

What suggestions do you have for actions, guidance, or tools that would better assist your and your EMS system to respond to an Ebola patient?

Guidance on EMS Specific issues. One example being on how to package patients. Understanding that this guidance would be dependent upon the state of the disease and condition at the time of transport. But guidelines on how to secure a patient when they are in first or second phase of the disease and when they are in the final stages of the disease would be helpful.

A second area of concern references medical guidance. For example when should treatment be performed and which treatments should be performed?

An important early part of this information gathering is to describe the preparedness of the EMS system adjacent to the screening airports and the Ebola treatment hospitals. Considering only the EMS systems in the jurisdictions in which those properties are located, how does the EMS system handle calls from the screening airport or treatment hospital?

The State Office of EMS and Emergency Preparedness has worked with Customs, the CDC Quarantine Station at Atlanta Hartsfield Jackson airport, Georgia Emergency Management, Public Health, Atlanta Hartsfield Jackson Airport authorities, Atlanta Fire Rescue and all other responders who are involved in actions of screening, isolation, quarantining and transport of patients from the airport properties.

All travelers from the identified countries are pre-identified and are screened as they disembark from the aircraft. All travelers are then categorized to risk levels. Travelers identified with no risk are given a healthcare kit and are advised of the 21 day monitoring process. Travelers who are in need of testing and or treatment will be transported by Atlanta Fire Rescue to the pre-determined receiving hospital.

The communications processes have been established and are in place between Customs, the Quarantine Station at the airport conducting the screening and Public Health. Once the Quarantine Station identifies a patient, Public Health (the on-call State Medical Epidemiologist) is contacted. The on-call Medical Epidemiologist will follow the established guidelines for determining a receiving facility and transport notification. This process is the same as if an alert occurred outside of the airport property.

Illinois

Information Provided By / EMS Office Ebola Point of Contact:

Name: Jack Fleeharty

Title: Division Chief, Division of EMS Highway & Safety

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9-1-1 and EMS Coordination

Does Illinois have 9-1-1 Ebola protocols for Public Safety Answering Points (PSAPs)?

Yes, statewide.

They are most similar to the CDC's Interim Guidance for EMS and 9-1-1 PSAPs for Management of Patients with Known or Suspected Ebola.

Do the Emergency Medical Dispatch protocols provide for the activation of special EMS Ebola response configurations (if available)?

Unknown.

Some regions have identified EMS agencies who will provide the transport. It is anticipated that other regions in the state will identify providers who can meet the capabilities as planning progresses.

Have the PSAP protocols been activated?

Yes, one of more jurisdictional activations.

Unknown if all PSAPs have included the changes. All PSAP's were encouraged to include the Ebola assessment questions in their algorithms for identifying at risk individuals and notifying Police, fire & ems of the need for added precautions.

Are there mechanisms in place for local EMS agencies to be made aware of persons who are on active Ebola monitoring in their communities, and/or for "flagging" persons in computer-aided dispatch systems (consistent with HIPAA requirements) so specialized EMS resources can be dispatched if available and/or EMS personnel can be alerted to the need for donning PPE?

Yes.

Contact tracing of known or individuals under monitoring is managed with the local Health Department. It is unknown if the Health Department is alerting EMS of the individuals names or locations.

EMS Protocols and Medical Direction

Are there special response configurations, either statewide or in jurisdictions, that may include specially dedicated vehicles and/or specially trained/equipped crews for the response to suspected Ebola patients?

Yes.

At this point three of the States northern EMS Regions have identified transport providers who will provide transport. The State Office has pushed out the CDC guidance to all Resource Hospitals (sixty four state designated ems systems) and specifically requested the EMS Systems work with their providers to make sure they are prepared to manage PPE, decon, and waste management. The state office is also working on guidance for setting up an isolation transport vehicle designed to limit contamination and facilitate decontamination efforts. These guidance documents should be distributed by November seventh if approved for distribution. The State office is recommending EMS providers practice donning and doffing PPE and exercising patient handoff procedures with receiving hospitals.

Has the designation of these units and/or crews caused any challenges with Illinois' licensing laws/rules?

Yes.

Each provider that establishes a vehicle will have to have a waiver approved by the EMS Medical Director and IDPH as the vehicle will be stripped of much of the normal equipment required under the licensing statute.

Was it necessary for your state to issue a waiver or variance to state rules related to minimum equipment requirements in order for those ambulances or crews to be utilized?

Yes.

Did you adopt a minimum equipment list specific to Ebola response?

In development.

Does Illinois have Ebola patient assessment and treatment protocols available for EMS agency/provider use?

Yes, both state recommended & locally developed jurisdictional protocols.

Illinois does have "control" over the locally developed protocols/guidelines and assesses their content.

Are these protocols/guidelines generally consistent with the CDC's Interim Guidance for EMS and 9-1-1 PSAPs for Management of Patients with Known or Suspected Ebola?

Yes.

Do these protocols/guidelines include specific PPE procedures?

Yes.

The State issued interim guidance to all EMS systems that included the CDC recommendations. It was updated on 10-28-14 when the CDC updated their guidance documents.

Preparation of Local EMS Service Providers

Does Illinois use a Learning Management System (LMS), or equivalent, to provide training to EMS agencies/providers?

No.

Have local EMS agencies received education/training specific to Ebola?

Yes, training created and distributed by other entity.

Each EMS System is responsible for providing education to the EMS providers that operate under the oversight of their system. Some EMS Systems use local colleges to provide their education.

Both the CDC's Interim Guidance for EMS and 9-1-1 PSAPs for Management of Patients with Known or Suspected Ebola and state specific guidance/protocols were distributed. There was other training conducted regarding Illinois protocols, PPE utilization, or other topics.

Survey responses stop here.

Maryland

Information Provided By / EMS Office Ebola Point of Contact

Name: Richard Alcorta, MD

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Contact: (410) 706-0880 | ralcorta@miemss.org

9-1-1 and EMS Coordination

Does Maryland have 9-1-1 Ebola protocols for Public Safety Answering Points (PSAPs)?

Yes, statewide.

They are most similar to the IAED's Emerging Infections Disease Surveillance Tool (SRI/MERS/Ebola).

Do the Emergency Medical Dispatch protocols provide for the activation of special EMS Ebola response configurations (if available)?

Yes.

All of Maryland's PSAP currently use MPD protocols and MIEMSS along with the Maryland Number's Board have implemented the use of the EIDS tool in all PSAPs and use the signs and symptoms and the list of card sets to manually trigger the EIDS tool.

Have the PSAP protocols been activated?

Yes, statewide activation.

Are there mechanisms in place for local EMS agencies to be made aware of persons who are on active Ebola monitoring in their communities, and/or for “flagging” persons in computer-aided dispatch systems (consistent with HIPAA requirements) so specialized EMS resources can be dispatched if available and/or EMS personnel can be alerted to the need for donning PPE?

No.

EMS Protocols and Medical Direction

Are there special response configurations, either statewide or in jurisdictions, that may include specially dedicated vehicles and/or specially trained/equipped crews for the response to suspected Ebola patients?

Yes.

Every EMS Operational Program (EMSOP) across the state has recommended PPE following CDC recommendations (though CDC is more hospital centric). Several EMSOPs have a stripped down unit with augmented PPE training dedicated to identified persons under investigation (PUI- statewide terminology mirroring CDC language). There are currently two large commercial ambulance services that are doing the same and receiving a waiver from MIEMSS to lower the onboard equipment standards. TO add in clarity to previous Health department Monitored potential Ebola patients, these monitored patients are instructed to call the health department if they have change in health status and the State Health Department will contact MIEMSS and we will arrange for either commercial or public safety pick up with trained and protected (PPE) personnel in ambulance thus reducing risks of using private or public transportation.

Has the designation of these units and/or crews caused any challenges with Maryland's licensing laws/rules?

Yes.

MIEMSS has developed a commercial ambulance waiver from the equipment standards. Also with the waiver process, MIEMSS can require and approve donning, doffing, decontamination, quality assurance and required monitoring of EMS personnel. Public Safety is allowed to do this historically.

Was it necessary for your state to issue a waiver or variance to state rules related to minimum equipment requirements in order for those ambulances or crews to be utilized?

Yes.

Did you adopt a minimum equipment list specific to Ebola response?

In development.

Does Maryland have Ebola patient assessment and treatment protocols available for EMS agency/provider use?

No.

Preparation of Local EMS Service Providers

Does Maryland use a Learning Management System (LMS), or equivalent, to provide training to EMS agencies/providers?

Yes.

Have local EMS agencies received education/training specific to Ebola?

No.

Personal Protective Equipment (PPE)

Do local EMS responders have the appropriate level of PPE to assure their safety in effective emergency care? Do you have any data regarding the availability of PPE for emergency responders that you are willing to share?

Unknown.

MIEMSS is just completing the statewide PPE survey to identify current capabilities and sustainability. I know they do not carry hood/neck, appropriate foot/ leg coverage/ protection and limited N95/ PAPR coverage/ protection.

Has your agency been involved with getting PPE to local EMS agencies?

Yes.

MIEMSS has historically been able to support (grants) the purchase of caches of PPE and is currently pursuing grants/funding to support public safety EMS purchases. Second challenge is the back log of orders and tripling of costs for items

Disposal of Waste Products

Is Maryland's EMS office aware of the PHMSA guidance for transporting Ebola contaminated items?

Yes.

Are you aware of any statewide or jurisdictional procedures for decontamination of both the ambulance and EMS personnel at the hospital and for leaving contaminated patient treatment material/PPE at the hospital?

Yes, state-level guidance.

Department of Health and Mental Hygiene and MIEMSS both have established the requirement for EMS units to decontaminate their units at the ED and doff their PPE, Double bag and leave at the hospital. DHMH has established a collection, transport, incineration and landfill dumping of waste clearance meeting these regulatory requirements.

Reporting

Are any of the following required to be reported to the state level by all local EMS agencies?

EMS activations to suspected Ebola patients: NO

EMS transports of suspected Ebola patients: YES

EMS transports of confirmed Ebola patients: YES

EMS personnel who have transported suspected / confirmed Ebola patient tracking: YES

State Facilities

In coordination with the state public health authority, state EMS offices need a written plan (consistent with regulations and resources) for coordinating dispatch, transport, and delivery at the appropriately designated facilities for Ebola triage and care. Does Maryland have such a plan?

Yes.

PUI patients are to be transported to the nearest ED where they will be screened and when indicated tested. If confirmed by DHMH (later by CDC) these confirmed Ebola patients will be transported to one of three designated inpatient Ebola hospitals for isolation, and treatment. The transport service will be determined by DHMH and MIEMSS (commercially MIEMSS waived service).

Have any hospitals in Maryland been designated as an Ebola facility?

Yes.

Are your EMS services required to transport suspected Ebola patients to one of these hospitals?

No.

They are to transport to nearest ED for screening first. This includes the health department monitored travelers from Ebola outbreak counties who manifest symptoms while in the 21-day period.

Final Comments

What other actions have you taken to ensure your EMS and 9-1-1 system is prepared to respond to both suspected and confirmed Ebola patients?

Daily update calls between Maryland Emergency Management Agency, MIEMSS and DHMH

Weekly (as things change more often) distribution of updates to all EMS services and their EMS Medical Directors

New MIEMSS web page tab with MIEMSS documents, Ambulance posters memos, links and educational/ policy documents

Required CDC Ebola screening poster in every ambulance (Which has been updated twice now as Ebola counties change and CDC guidance changes)

Weekly conference calls with the following groups:

- 1) EMS (Commercial and Public Safety) and PSAP including EMS Medical Directors
- 2) Hospitals
- 3) Emerging Infectious Disease Committee (DHMH internal agency with MIEMSS at table)
- 4) MIEMSS internal Agency meeting.

What suggestions do you have for actions, guidance, or tools that would better assist your and your EMS system to respond to an Ebola patient?

Recent CDC donning and doffing video is hug advance as all of the reviewed "YouTube" videos are flawed.

CDC needs to have increased focus and expertise on EMS/ Public Safety as it is clear that their focus has been hospital centric. What works in the hospital (doffing anteroom with chairs) will not work for EMS.

Also cost of the level of PPE expected exceeds EMS capabilities, as they are not recoverable costs. Can an additional fee or compensation be associated with this type of transport?

An important early part of this information gathering is to describe the preparedness of the EMS system adjacent to the screening airports and the Ebola treatment hospitals. Considering only the EMS systems in the jurisdictions in which those properties are located, how does the EMS system handle calls from the screening airport or treatment hospital?

Previous to the re-routing of aircraft from effected counties to the 5 designated reception quarantine station airports, BWI EMS would be called to the customs and immigration station where they would don PPE and transport the patient to BWMC hospital which was the nearest ED to the airport where patient would be screened and treated. Dullas is the nearest quarantine station and Maryland does not have a response to that airport. All the passengers met at these quarantine stations from these outbreak counties receive their monitoring package and their information is passed on to the destination states health department for ongoing monitoring.

Maryland yesterday (November 4) was monitoring

- 140 travelers actively monitored (low risk but no zero risk)
- 13 new travelers added to active monitoring today
- 4 travelers completed 21 day monitoring today

Local Health Departments (LHD) about 10 of 14 travelers who had not been previously reached by call center because of bad contact information:

- 8 reached and still in MD (all afebrile without symptoms);
- 1 determined to have left the US;
- obtained email address for 1 and attempting contact via email
- Home visits were made by local health departments to the remaining 4; however none appear to be correct.

If one of these monitored patients were to manifest symptoms, the recent travel individual was to call the LDH or report during daily LHD call. These identified at risk travelers will have an ambulance sent to their location (Determined by DHMH and MIEMSS). This ambulance will either be a waived commercial ambulance or prepared public safety ambulance. Time to scene is not critical as these are early symptom presenters. If the patient is acutely ill then it is highly unlikely to be Ebola related, EMS will still use PPE to manage the patient and transport to nearest appropriate (trauma, or specialty center - not necessarily designated Ebola inpatient facility).

Baltimore City EMS surrounds two of the three designated Ebola inpatient hospitals (University of Maryland Medical System main campus and Johns Hopkins main campus). Baltimore City does have two dedicated ambulances with trained Hazmat personnel and Hazmat unit that are able to respond to any DHMH and MIEMSS identified travelers that are being monitored and become positive for symptoms. The 911/PSAP calls are screened using the MPD EIDS tool and if they have a positive PUI they will send the dedicated unit if available or the nearest EMS unit who will suit up in PPE and manage the patient.

Only a few of the larger EMSOP / counties have a dedicated unit as Maryland is detecting less than 20 suspected PUI cases a week. Realize many PSAP operators and EMS provider are geographically challenged (Jamaica is not part of Africa, let alone one of the three outbreak counties) thus significant over activation has occurred but getting better.

The PUI (monitored LHD with symptoms or PSAP/EMS provider identified) is transported using CDC Ebola recommended PPE (where available or best droplet protection on unit), EMS notify the receiving ED they are going to get a PUI.

Secretary of Health has issues a directive and order that every Emergency Department must be able

The ED prepares staff in PPE and their Isolation room. Patient handed off. EMS decontaminates their unit at the hospital, doffs PPE, double bags contaminated waste, labels waste and leaves at the hospital. If the patient is ruled out, waste disposed as normal medical waste. If confirmed Ebola positive, waste managed under DHMH guidance meeting federal requirements.

If patient is confirmed (even before CDC result) to have Ebola by DHMH [one of 13 national labs that can run Ebola specimens and test for Ebola], DHMH will determine the designated destination hospital and the service to perform the transfer which will be one of the commercially MIEMSS waived services.

The Governor in collaboration with Secretary of health has designated three Ebola inpatient facilities. These are the main campuses of UMMS, Johns Hopkins and MedStar Washington Hospital Center. The Governor and the Secretary of health have also required that every ED be prepared to receive and screen PUI patients that may come to them (walk in or EMS). This has been published in press and distributed to every hospital and EMSOP.

Additional comments/suggestions?

MIEMSS is discussing with DHMH that ability to screen PSAP identified PUI patients at the residence by on call epidemiologist to reduce the “over triage” of PUI patients thus reducing the significant use of PPE and resources by both the EMS services and the hospitals. This is still in discussion phase. Please call me direct if have additional questions or suggestions: cell phone 443-904-0309.

New Jersey

Information Provided By

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9-1-1 and EMS Coordination

Does New Jersey have 9-1-1 Ebola protocols for Public Safety Answering Points (PSAPs)?

Yes, statewide.

They are most similar to the CDC's Interim Guidance for EMS and 9-1-1 PSAPs for Management of Patients with Known or Suspected Ebola.

Do the Emergency Medical Dispatch protocols provide for the activation of special EMS Ebola response configurations (if available)?

Unknown.

Have the PSAP protocols been activated?

Yes, statewide activation.

Are there mechanisms in place for local EMS agencies to be made aware of persons who are on active Ebola monitoring in their communities, and/or for “flagging” persons in computer-aided dispatch systems (consistent with HIPAA requirements) so specialized EMS resources can be dispatched if available and/or EMS personnel can be alerted to the need for donning PPE?

No.

EMS Protocols and Medical Direction

Are there special response configurations, either statewide or in jurisdictions, that may include specially dedicated vehicles and/or specially trained/equipped crews for the response to suspected Ebola patients?

Yes.

County developed plans identify agencies that are staffed and equipped for EVD response.

Has the designation of these units and/or crews caused any challenges with New Jersey's licensing laws/rules?

No.

Was it necessary for your state to issue a waiver or variance to state rules related to minimum equipment requirements in order for those ambulances or crews to be utilized?

Yes.

Did you adopt a minimum equipment list specific to Ebola response?

No.

Does New Jersey have Ebola patient assessment and treatment protocols available for EMS agency/provider use?

Yes, statewide guidelines (recommended for EMS agency use).

Are these protocols/guidelines generally consistent with the CDC's Interim Guidance for EMS and 9-1-1 PSAPs for Management of Patients with Known or Suspected Ebola?

Yes.

Do these protocols/guidelines include specific PPE procedures?

Yes.

Refers back to CDC Guidance for PPE. Additionally, NJ DOH is assisting with education for EMS responders statewide on Ebola awareness and specific best practices for donning/doffing of PPE via distance learning and classroom education.

Preparation of Local EMS Service Providers

Does New Jersey use a Learning Management System (LMS), or equivalent, to provide training to EMS agencies/providers?

Yes.

Have local EMS agencies received education/training specific to Ebola?

Yes, training created and distributed by the state EMS office.

Distance learning is available for law enforcement, fire and EMS personnel. Additionally Rutgers University developed a classroom train-the-trainer program for healthcare providers, which includes EMS. Additional education is forthcoming through a partnership with the Center for Domestic Preparedness and local health departments and acute care hospitals are offering education.

The CDC's Interim Guidance for EMS and 9-1-1 PSAPs for Management of Patients with Known or Suspected Ebola were distributed, but not state specific guidance/protocols. There was other training conducted regarding New Jersey's protocols, PPE utilization, or other topics.

Personal Protective Equipment (PPE)

Do local EMS responders have the appropriate level of PPE to assure their safety in effective emergency care? Do you have any data regarding the availability of PPE for emergency responders that you are willing to share?

Unknown.

NJ DOH does not have authority over volunteer EMS agencies. Licensed agencies are required by regulations to carry PPE.

Has your agency been involved with getting PPE to local EMS agencies?

Yes.

NJ DOH will be stockpiling PPE for statewide distribution and in response to any confirmed EVD cases.

Disposal of Waste Products

Is New Jersey's EMS office aware of the PHMSA guidance for transporting Ebola contaminated items?

Yes.

Are you aware of any statewide or jurisdictional procedures for decontamination of both the ambulance and EMS personnel at the hospital and for leaving contaminated patient treatment material/PPE at the hospital?

Yes, state-level guidance.

Reporting

Are any of the following required to be reported to the state level by all local EMS agencies?

EMS activations to suspected Ebola patients: NO

EMS transports of suspected Ebola patients: NO

EMS transports of confirmed Ebola patients: NO

EMS personnel who have transported suspected / confirmed Ebola patient tracking: NO

State Facilities

In coordination with the state public health authority, state EMS offices need a written plan (consistent with regulations and resources) for coordinating dispatch, transport, and delivery at the appropriately designated facilities for Ebola triage and care. Does New Jersey have such a plan?

In development.

NJ has developed a draft EVD annex for our Emergency Management Plan.

Have any hospitals in New Jersey been designated as an Ebola facility?

Yes.

Are your EMS services required to transport suspected Ebola patients to one of these hospitals?

No.

Final Comments

What other actions have you taken to ensure your EMS and 9-1-1 system is prepared to respond to both suspected and confirmed Ebola patients?

PPE posters reinforcing donning/doffing guidelines, hands-on education at our statewide EMS conference scheduled for 11/12-11/15/2014, conference calls with County Office of Emergency Management - EMS Coordinators, as well as local health, hospital, and healthcare associations.

What suggestions do you have for actions, guidance, or tools that would better assist your and your EMS system to respond to an Ebola patient?

Specific clinical protocols for both basic and advanced life support providers for both suspected and confirmed EVD patients.

An important early part of this information gathering is to describe the preparedness of the EMS system adjacent to the screening airports and the Ebola treatment hospitals. Considering only the EMS systems in the jurisdictions in which those properties are located, how does the EMS system handle calls from the screening airport or treatment hospital?

NJ has updated the EMS dispatch guidecards for all PSAPs based upon CDC guidance.

All NJ hospitals are exercising plans and procedures to isolate, evaluate and treat suspected EVD patients.

CDC FAST technical assistance for three (3) Tier II hospitals for suspected/confirmed EVD patients.

NJ DOH working with each county to leverage available resources for 9-1-1 responses for suspected EVD patients as well as the transport of confirmed EVD patients to designated facilities (transfer of patients to be done cooperatively with local and state health.

Additional comments/suggestions?

As additional CDC PPE guidance is released, consider how to best utilize equipment already purchased to be "upgraded" to meet most current recommendation.

New York

Information Provided By / EMS Office Ebola Point of Contact

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9-1-1 and EMS Coordination

Does New York have 9-1-1 Ebola protocols for Public Safety Answering Points (PSAPs)?

Yes, jurisdictional.

Unable to give specifics.

They are most similar to the CDC's Interim Guidance for EMS and 9-1-1 PSAPs for Management of Patients with Known or Suspected Ebola.

Do the Emergency Medical Dispatch protocols provide for the activation of special EMS Ebola response configurations (if available)?

Yes (if they are in existence).

Have the PSAP protocols been activated?

Yes, one of more jurisdictional activations.

Several, primarily New York City and one prank in central NY.

Are there mechanisms in place for local EMS agencies to be made aware of persons who are on active Ebola monitoring in their communities, and/or for “flagging” persons in computer-aided dispatch systems (consistent with HIPAA requirements) so specialized EMS resources can be dispatched if available and/or EMS personnel can be alerted to the need for donning PPE?

Yes.

Through PSAP and local health departments.

EMS Protocols and Medical Direction

Are there special response configurations, either statewide or in jurisdictions, that may include specially dedicated vehicles and/or specially trained/equipped crews for the response to suspected Ebola patients?

Yes.

Regional responses are being set up throughout the state. We are issuing a planning considerations document to assist.

Has the designation of these units and/or crews caused any challenges with New York's licensing laws/rules?

Yes (though not really).

Was it necessary for your state to issue a waiver or variance to state rules related to minimum equipment requirements in order for those ambulances or crews to be utilized?

Yes.

Did you adopt a minimum equipment list specific to Ebola response?

In development.

Does New York have Ebola patient assessment and treatment protocols available for EMS agency/provider use?

Yes, locally developed jurisdictional protocols.

New York has "control" over these locally developed protocols/guidelines, and they do assess their content.

Are these protocols/guidelines generally consistent with the CDC's Interim Guidance for EMS and 9-1-1 PSAPs for Management of Patients with Known or Suspected Ebola?

Yes.

Do these protocols/guidelines include specific PPE procedures?

Yes.

Based on the CDC recommendations.

Preparation of Local EMS Service Providers

Does New York use a Learning Management System (LMS), or equivalent, to provide training to EMS agencies/providers?

Yes.

Have local EMS agencies received education/training specific to Ebola?

Yes, training created and distributed by the state EMS office.

It was developed by the DOH and the EMS Bureau and distributed through email list serves.

The CDC's Interim Guidance for EMS and 9-1-1 PSAPs for Management of Patients with Known or Suspected Ebola were distributed, but not state specific guidance/protocols. There was other training conducted regarding New York protocols, PPE utilization, or other topics.

Personal Protective Equipment (PPE)

Do local EMS responders have the appropriate level of PPE to assure their safety in effective emergency care? Do you have any data regarding the availability of PPE for emergency responders that you are willing to share?

No.

No real data to share.

Has your agency been involved with getting PPE to local EMS agencies?

Yes.

We are preparing and budgeting for the distribution of PPE.

Disposal of Waste Products

Is New York's EMS office aware of the PHMSA guidance for transporting Ebola contaminated items?

Yes.

Are you aware of any statewide or jurisdictional procedures for decontamination of both the ambulance and EMS personnel at the hospital and for leaving contaminated patient treatment material/PPE at the hospital?

Yes, state-level guidance.

Reporting

Are any of the following required to be reported to the state level by all local EMS agencies?

EMS activations to suspected Ebola patients: NO

EMS transports of suspected Ebola patients: YES

EMS transports of confirmed Ebola patients: YES

EMS personnel who have transported suspected / confirmed Ebola patient tracking: YES

State Facilities

In coordination with the state public health authority, state EMS offices need a written plan (consistent with regulations and resources) for coordinating dispatch, transport, and delivery at the appropriately designated facilities for Ebola triage and care. Does New York have such a plan?

No.

Have any hospitals in New York been designated as an Ebola facility?

Yes.

Are your EMS services required to transport suspected Ebola patients to one of these hospitals?

Yes.

Depending on the origin of the call, the condition of the patient and distance to the designated hospital.

Final Comments

What other actions have you taken to ensure your EMS and 9-1-1 system is prepared to respond to both suspected and confirmed Ebola patients?

Continuously ongoing.

What suggestions do you have for actions, guidance, or tools that would better assist your and your EMS system to respond to an Ebola patient?

Less bureaucracy internally would be nice.

An important early part of this information gathering is to describe the preparedness of the EMS system adjacent to the screening airports and the Ebola treatment hospitals. Considering only the EMS systems in the jurisdictions in which those properties are located, how does the EMS system handle calls from the screening airport or treatment hospital?

When a patient is identified for monitored the county health departments are notified and they are expected to notify the local EMS system and the PCAP.

NYC has tested dedicated transport vehicles/crews and has worked well, and they do interfacility transports.

Generally, the arrangements are done between the outlying hospital and the Ebola designated center.

EMS agencies, PSAPs, and emergency medical dispatchers know which hospital is the Ebola treatment facility.

North Carolina

Information Provided By

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EMS Office Ebola Point of Contact

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9-1-1 and EMS Coordination

Does North Carolina have 9-1-1 Ebola protocols for Public Safety Answering Points (PSAPs)?

Yes, statewide.

They are most similar to the CDC's Interim Guidance for EMS and 9-1-1 PSAPs for Management of Patients with Known or Suspected Ebola.

Do the Emergency Medical Dispatch protocols provide for the activation of special EMS Ebola response configurations (if available)?

Yes.

Have the PSAP protocols been activated?

Yes, one of more jurisdictional activations.

59 of the 101 in counties in NC have activated the protocols to date.

Are there mechanisms in place for local EMS agencies to be made aware of persons who are on active Ebola monitoring in their communities, and/or for “flagging” persons in computer-aided dispatch systems (consistent with HIPAA requirements) so specialized EMS resources can be dispatched if available and/or EMS personnel can be alerted to the need for donning PPE?

Yes.

Daily traveling monitor lists allows regional EMS staff to notify EMS Systems to ensure that adequate resources are available respond.

EMS Protocols and Medical Direction

Are there special response configurations, either statewide or in jurisdictions, that may include specially dedicated vehicles and/or specially trained/equipped crews for the response to suspected Ebola patients?

No.

Does North Carolina have Ebola patient assessment and treatment protocols available for EMS agency/provider use?

Yes, statewide guidelines (recommended for EMS agency use).

Are these protocols/guidelines generally consistent with the CDC's Interim Guidance for EMS and 9-1-1 PSAPs for Management of Patients with Known or Suspected Ebola?

Yes.

Do these protocols/guidelines include specific PPE procedures?

Yes.

NC is adhering to the most current CDC guidelines.

Preparation of Local EMS Service Providers

Does North Carolina use a Learning Management System (LMS), or equivalent, to provide training to EMS agencies/providers?

Yes.

Have local EMS agencies received education/training specific to Ebola?

Yes, training created and distributed by the state EMS office.

This information was distributed via an EMS listserv in our Credentialing Information System (CIS Messaging).

Both the CDC's Interim Guidance for EMS and 9-1-1 PSAPs for Management of Patients with Known or Suspected Ebola and state specific guidance/protocols were distributed. There was other training conducted regarding North Carolina's protocols, PPE utilization, or other topics.

Personal Protective Equipment (PPE)

Do local EMS responders have the appropriate level of PPE to assure their safety in effective emergency care?

Yes.

Has your agency been involved with getting PPE to local EMS agencies?

Yes.

NC has provided PPE to our EMS agencies in collaboration and partnership with the ASPR Hospital Preparedness Grant.

Disposal of Waste Products

Is North Carolina's EMS office aware of the PHMSA guidance for transporting Ebola contaminated items?

Yes.

Are you aware of any statewide or jurisdictional procedures for decontamination of both the ambulance and EMS personnel at the hospital and for leaving contaminated patient treatment material/PPE at the hospital?

Yes, state-level guidance.

Reporting

Are any of the following required to be reported to the state level by all local EMS agencies?

EMS activations to suspected Ebola patients: YES

EMS transports of suspected Ebola patients: YES

EMS transports of confirmed Ebola patients: YES

EMS personnel who have transported suspected / confirmed Ebola patient tracking: YES

State Facilities

In coordination with the state public health authority, state EMS offices need a written plan (consistent with regulations and resources) for coordinating dispatch, transport, and delivery at the appropriately designated facilities for Ebola triage and care. Does North Carolina have such a plan?

No.

Have any hospitals in North Carolina been designated as an Ebola facility?

No.

Final Comments

What other actions have you taken to ensure your EMS and 9-1-1 system is prepared to respond to both suspected and confirmed Ebola patients?

NC has a strong partnership with NC Division of Public Health & NC Emergency Management. Weekly conference calls are conducted with all state partners. Daily Ebola Updates are provided via a dashboard. NC SPARTA (North Carolina Emergency Management's WebEOC platform) is available to NC Hospitals, 911 and EMS agencies. NC established Incident Management Teams (IMT) engaging all state partners for Ebola epidemic. Representatives from all agencies are available to staff the command center, as needed.

What suggestions do you have for actions, guidance, or tools that would better assist your and your EMS system to respond to an Ebola patient?

Strong partnerships and collaboration with all State Emergency Response Team (SERT) partners and agencies. Maintain an open line of communication. Prior to NC getting the initial call of a suspected Ebola patient, EMS was at the table for initial conversations and preparation. We were meeting via conference call and face to face for the past several months in preparation of an actual patient in NC. The creation of a dashboard representative of all partners has been most beneficial.

An important early part of this information gathering is to describe the preparedness of the EMS system adjacent to the screening airports and the Ebola treatment hospitals. Considering only the EMS systems in the jurisdictions in which those properties are located, how does the EMS system handle calls from the screening airport or treatment hospital?

NC created protocols/guidelines for 911 dispatchers and EMS personnel. Although, NC does not have a designated Ebola treatment hospital. We are in discussions with hospitals to formalize the process of identifying Ebola treatment hospitals. We would also utilize interfacility transports to handle transporting these patients. The transfer would be arranged by the treatment facility.

Virginia

Information Provided By / EMS Office Ebola Point of Contact

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9-1-1 and EMS Coordination

Does Virginia have 9-1-1 Ebola protocols for Public Safety Answering Points (PSAPs)?

Yes, jurisdictional.

All jurisdictions that utilize EMD follow the vendor's Ebola screening protocol.

They are most similar to the CDC's Interim Guidance for EMS and 9-1-1 PSAPs for Management of Patients with Known or Suspected Ebola.

Do the Emergency Medical Dispatch protocols provide for the activation of special EMS Ebola response configurations (if available)?

Unknown.

Have the PSAP protocols been activated?

Yes, one of more jurisdictional activations.

Various jurisdictions. Anecdotal evidence of dispatch procedures, not specific listing.

Are there mechanisms in place for local EMS agencies to be made aware of persons who are on active Ebola monitoring in their communities, and/or for “flagging” persons in computer-aided dispatch systems (consistent with HIPAA requirements) so specialized EMS resources can be dispatched if available and/or EMS personnel can be alerted to the need for donning PPE?

No.

EMS Protocols and Medical Direction

Are there special response configurations, either statewide or in jurisdictions, that may include specially dedicated vehicles and/or specially trained/equipped crews for the response to suspected Ebola patients?

Yes.

Some jurisdictions have equipped ambulances to be prepared for suspected Ebola patients. This includes sheeting an ambulance and/or configuring the ambulance in a different manner.

Has the designation of these units and/or crews caused any challenges with Virginia's licensing laws/rules?

Yes.

Many agencies have discussed the need to have a "minimally" equipped ambulance, outside of regulation. The work around has been the reinforcement that there have been no changes to our rules and regulations for response to potential Ebola incidents.

Was it necessary for your state to issue a waiver or variance to state rules related to minimum equipment requirements in order for those ambulances or crews to be utilized?

No

Did you adopt a minimum equipment list specific to Ebola response?

No.

Does Virginia have Ebola patient assessment and treatment protocols available for EMS agency/provider use?

Yes, locally developed jurisdictional protocols.

Virginia does not have "control" over these locally developed protocols/guidelines, but they do assess their content.

Are these protocols/guidelines generally consistent with the CDC's Interim Guidance for EMS and 9-1-1 PSAPs for Management of Patients with Known or Suspected Ebola?

Yes.

Do these protocols/guidelines include specific PPE procedures?

Yes.

Most contain a tiered approach to response. Patients with low potential to high potential and body fluid exposure or none.

Preparation of Local EMS Service Providers

Does Virginia use a Learning Management System (LMS), or equivalent, to provide training to EMS agencies/providers?

Yes.

Have local EMS agencies received education/training specific to Ebola?

Unknown.

Personal Protective Equipment (PPE)

Do local EMS responders have the appropriate level of PPE to assure their safety in effective emergency care? Do you have any data regarding the availability of PPE for emergency responders that you are willing to share?

No.

No data. Still researching.

Has your agency been involved with getting PPE to local EMS agencies?

No.

Disposal of Waste Products

Is Virginia's EMS office aware of the PHMSA guidance for transporting Ebola contaminated items?

Yes.

Are you aware of any statewide or jurisdictional procedures for decontamination of both the ambulance and EMS personnel at the hospital and for leaving contaminated patient treatment material/PPE at the hospital?

Yes, local/jurisdictional guidance.

Reporting

Are any of the following required to be reported to the state level by all local EMS agencies?

EMS activations to suspected Ebola patients: NO

EMS transports of suspected Ebola patients: NO

EMS transports of confirmed Ebola patients: NO

EMS personnel who have transported suspected / confirmed Ebola patient tracking: NO

State Facilities

In coordination with the state public health authority, state EMS offices need a written plan (consistent with regulations and resources) for coordinating dispatch, transport, and delivery at the appropriately designated facilities for Ebola triage and care. Does Virginia have such a plan?

Yes.

Have any hospitals in Virginia been designated as an Ebola facility?

Yes.

Are your EMS services required to transport suspected Ebola patients to one of these hospitals?

No.

Final Comments

What other actions have you taken to ensure your EMS and 9-1-1 system is prepared to respond to both suspected and confirmed Ebola patients?

Continued information sharing with agencies. Review of procedures and processes that need to be updated, inventory of PPE.

An important early part of this information gathering is to describe the preparedness of the EMS system adjacent to the screening airports and the Ebola treatment hospitals. Considering only the EMS systems in the jurisdictions in which those properties are located, how does the EMS system handle calls from the screening airport or treatment hospital?

They respond to the quarantine center who has worked with area hospitals to determine who should receive the patient. They have drilled and prepared. There is no sharing of information from those who are in the community and being screened. The interfacility is handled by the companies that already have contracts in place.