



Planning Considerations:



Emergency Medical Services Regional Response Approach

It is incumbent upon all ambulance services and advanced life support first response services in New York State to comply with the Acting Commissioner of Health's Order of October 16, 2014: *"In the Matter of the Prevention and Control of Ebola Virus Disease"*. **These planning considerations are intended to apply to emergency medical services for an individual that is suspected of having or confirmed to have Ebola Viral Disease (EVD).**

Many regions may find it appropriate to develop a regional approach for emergency medical response and inter-facility transportation to meet local needs, maximize the efficacy of locally available resources and insure the safety of EMS providers in response to a Persons Under Investigation (PUI) or a confirmed case of EVD. *For the purposes of this document, the term "region" may include NYS EMS regions, counties or multiple counties or multiple municipalities.*

If a region chooses to develop a regional approach, depending upon the resources and needs of the region, one or more lead agencies must be identified and asked to staff and otherwise operationally support a regional team. Agency participation is voluntary. Neither regions, nor the Department, are empowered to compel any agency to participate. ***This process should include cooperation and support from all of the EMS agencies and medical directors in the region.*** Please note, if a region chooses to develop a regional approach, all ambulance services and advanced life support first response services in New York State are still required to comply with the Commissioner's Order.

The core mission of any regional approach developed should be:

- 1) To protect the health and safety of our EMS providers.
- 2) To provide persons under investigation (PUIs), or patients with diagnosed Ebola Virus Disease (EVD), with appropriate care, while limiting the possibility of further contagion.

The development of a regional approach should be a collaborative process involving all local stakeholders and, at a minimum, should include:

- Regional Emergency Medical Advisory Committees (REMACs)
- Regional EMS Councils (REMSCO)
- Regional Program Agencies
- County EMS Coordinators
- County Fire Coordinators
- Local EMS Agencies
- Agency Medical Directors
- Local Public Safety Answering Points (PSAPs)
- Regional and local hospitals
- Local/County Health Departments
- Where applicable state/county/local law enforcement

In assessing an agency, or agencies, for participation in a *Regional Response Team* program, the following should be considered:

Agency Management:

- Is the ambulance agency in compliance with all of the requirements set forth in the Commissioner Order of October 16, 2014; *“In the Matter of the Prevention and Control of Ebola Virus Disease”*?
- Does the agency have the infrastructure, personnel, equipment, vehicles and supplies in place necessary to support a regional response?
- Is the agency’s leadership available 24/7, and if so, is contact information readily available to state/regional and/or local stakeholders?
- What level of care is provided by the agency, and is the level of care provided appropriate to meet the local need?
- Has the agency developed internal policies and procedures that address regional response? Have these policies and procedures been reviewed by the agency medical director and shared with the REMAC?
- Has the agency developed communication protocols with the designated hospital(s), local health department(s) and medical control?

Personal Protective Equipment (PPE) and Training:

- Have all EMS personnel been trained in accordance with Attachment A of the Commissioner’s Order?
- Is personal protective equipment (PPE), as required by the Commissioner’s Order, provided to and available for immediate donning by EMS personnel?
- Have EMS personnel been properly trained in the use, donning, and doffing of PPE?
- Is there a plan in place to re-train monthly and to train new personnel?
- Have EMS personnel been trained in the proper procedures for decontaminating vehicles and equipment, including the proper removal of any hazardous Ebola waste?

Personnel:

- Has the agency identified a subgroup of EMS personnel to staff the *Regional Response Team*?
- If so, have these personnel received any specific additional training
- Do the Agency's policies and procedures address, at a minimum, the following:
 - When personnel may need to stay home?
 - How would any necessary medical treatment/evaluation be provided?
 - Will compensation be provided?

Vehicles:

- Has the agency designated, and operationally prepared in advance, one or more ambulances for response to suspected or confirmed cases of EVD?
- To the extent practicable, have all interior vehicle surfaces been covered with a protective and disposable barrier to limit contamination? Have equipment and supplies been protected as defined by agency policy?

Emergency (911) Response, Treatment, and Transport:

- Have EMS personnel been trained to communicate with the receiving hospital(s), local health department, and if required by the region, direct medical control, prior to arrival at the receiving hospital?
- Have EMS personnel been trained and drilled in the response to a patient and transportation of the patient as well as the transfer of the patient from the ambulance to the designated receiving area at the destination hospital?
- Are there regionally established protocols for direct medical control, treatment, and transport?
- Are there agreements and/or plans in place for decontamination of personnel and disposal of contaminated PPE and supplies at the receiving hospital?
- Other regional criteria?

Inter-Facility Transfers:

- Each hospital is required to identify a primary ambulance service capable of providing inter-facility transportation of a PUI or a patient diagnosed with EVD. It is expected that this ambulance service will, in coordination with the hospital(s), have plans in place that include, but may not be limited, to the following:
 - An Identified workgroup that includes ambulance service management staff, the medical director as well as hospital management, infection control expertise and environmental/facility service staff;

- Identified ambulance vehicle or vehicles to be utilized for inter-facility transports;
 - Appropriate PPE that is consistent with the requirements of the Commissioner’s Order and compatible with the designated hospital;
 - Donning and doffing training/re-training, policies and disposal plans developed in coordination with the hospital;
 - Plans for decontamination of personnel, equipment and vehicles at the designated hospital; and
 - Plans for disposal of contaminated waste at the designated hospital.
- Are there regionally established protocols for direct medical control, treatment, and transport?

Hospital Destinations:

- Has the agency worked with the local hospital(s) to develop procedures for notification and patient transfer upon arrival at the facility with a PUI or a patient suspected of having EVD?
- Does the procedure contain specific and clear directions for communication and integration with, the Local Health Department, NYS DOH, and the CDC?
- Are there appropriate inter-facility treatment protocols?

Coordination with PSAPs

- The development of a *Regional Response Team* must include integration and coordination with the local PSAP(s).
- Have the local PSAP(s) adopted the CDC’s - *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*?
- Are the PSAPs screening for fever and travel?
- In accordance with the aforementioned CDC recommendations, is the PSAP relaying pertinent call information to all responders, prior to their arrival?
- Are first responding EMS agencies being dispatched? Are they essential in this instance?
- Are regional/local HAZ MAT teams responding?

Other Considerations:

- New York State is comprised of eighteen (18) EMS regions. These regions range in composition from extremely urban, including the largest city in the United States, to ultra-rural. Regional needs and access to resources will differ. Regions with fewer resources may wish to work collaboratively with neighboring regions that may have more resources available.
- Guidelines and best practices for response to known and suspected cases of EVD may change to reflect the most current information about EVD. Providers and organizations should continue to stay abreast of the most current information. The websites below provide useful information and are frequently updated.

Resources:

Acting Commissioner's Order – Requirements for EVD Preparedness

http://www.health.ny.gov/diseases/communicable/ebola/docs/commissioner_order.pdf

NYS DOH - General Information for Providers (several links are available from this website):

https://www.health.ny.gov/diseases/communicable/ebola/#ems_providers

CDC – Homepage (several links are available from this website):

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

CDC – Ebola Information

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

CDC - Checklist for EMS Preparedness:

https://www.health.ny.gov/diseases/communicable/ebola/docs/ems/ems_checklist_ebola_preparedness.pdf

CDC - Guidelines for PSAPs:

<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>