

**Utah EMS and 9-1-1 Dispatch**  
**Ebola Preparedness and Response Recommendations**  
**December 1, 2014**

**General Recommendations**

1. All 9-1-1 dispatch agencies should begin routine screening questions for patients who complain of fever, nausea, vomiting:
  - a. Have you traveled to an Ebola-affected country in West Africa in the last 21 days? (Ebola outbreaks: [https://www.cdc.gov/vhf/ebola/outbreaks/index-2018.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvhf%2Febola%2Foutbreaks%2Findex.html](https://www.cdc.gov/vhf/ebola/outbreaks/index-2018.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvhf%2Febola%2Foutbreaks%2Findex.html))
  - b. Have you had contact with anyone who has traveled to an Ebola-affected country in West Africa in the last 21 days?
  - c. Notify EMS of any positive answer on dispatch.
2. All EMS agencies should begin routine screening questions for patients who complain of fever, nausea and/or vomiting:
  - a. Have you traveled to an Ebola-affected country in West Africa in the last 21 days?
  - b. Have you had contact with anyone who has traveled to an Ebola-affected country in West Africa in the last 21 days?
3. **In general, all stable “possible Ebola Virus Disease (EVD)” patients should be isolated in place and UDOH Epidemiology contacted to screen patient(s) prior to any patient movement.**
4. A “Person Under Investigation (PUI)” is a patient who, after screening, the UDOH has determined is at risk for EVD and requires formal testing. (Guidance for management of PUIs in Utah can be found at: [https://epi.health.utah.gov/wp-content/uploads/2020/11/Utah\\_Ebola\\_PUI\\_manage.pdf](https://epi.health.utah.gov/wp-content/uploads/2020/11/Utah_Ebola_PUI_manage.pdf).)
5. Gold Cross Ambulance (GC) and Life Flight have agreed to provide trained, equipped Rapid Response Transport Teams for PUIs or confirmed EVD patients.
6. PUIs or confirmed EVD patients should be preferentially transported to a hospital verified as having the capacity for initial evaluation and diagnosis of EVD, as determined by UDOH.

**Recommended 9-1-1 Dispatch response to patients with positive answer to travel questions**

1. Notify responding EMS agency of possible EVD during dispatch, so that EMS crew can respond safely with appropriate PPE, as outlined below.
2. Request that patient remain at the current location and be isolated from other people until EMS responds.

**Recommended EMS response to patients with positive answer to travel questions**

1. Don CDC-recommended PPE prior to patient contact
  - a. N95 mask
  - b. Face shield and eye protection
  - c. Double gloves
  - d. Impermeable gown (with hood, if available)
  - e. Impermeable leg/shoe covers
  - f. No exposed skin
2. Maintain distance from patient

3. Minimize contact with patient
4. Minimize procedures
5. **EMS to call local health department or Utah Department of Health at 1-888-EPI-UTAH and request phone evaluation for possible EVD.**
6. If patient cleared by public health, routine transport using usual universal precautions and treatment per routine protocol.
7. If patient is determined to be a PUI by public health:
  - a. Stable patient
    - i. "Isolate in place"
    - ii. UDOH will notify Gold Cross (GC) Rapid Response Transport team.
      1. Patient will remain in isolation at the original location (if logistically possible).
      2. GC to transport stable patient from original location directly to hospital verified as having the capacity for initial evaluation and diagnosis of EVD for further testing and evaluation.
      3. GC may coordinate transportation with LifeFlight for air transport, as appropriate to situation.
  - b. Unstable patient
    - i. Utilizing full PPE, as above, local EMS team will begin procedures necessary to stabilize patient.
      1. IV fluids per protocol
      2. Medications per protocol
      3. Oxygen per protocol
      4. Airway management: recommend supraglottic tube (King/LMA/etc.) rather than ET intubation
      5. **Minimize patient contact and procedures: limit to those required to stabilize and transport patient.**
    - ii. Local EMS to transport unstable patient to ED for further stabilization, treatment, and testing.
      1. If within reasonable distance to a hospital verified as having the capacity for initial evaluation and diagnosis of EVD, transport by local EMS directly to this hospital.
        - a. Call on-line medical control for destination recommendation.
      2. If not within reasonable distance to a hospital verified as having the capacity for initial evaluation and diagnosis of EVD, transport by local EMS to local hospital for further stabilization and isolation.
        - a. When stabilized, patient should be transported from the local hospital by GC Rapid Response transport team to a hospital verified as having the capacity for initial evaluation and diagnosis of EVD.
        - b. Call on-line medical control for destination recommendation.
8. EMS crew PPE donning and doffing and crew/vehicle decontamination procedures should be based on current CDC recommendations (see reference 3).
9. **Dr. Peter Taillac (Utah State EMS Medical Director) will be available to act as on-line medical control (via cell 801-803-3217) for any PUI being evaluated/transported**

**by either local EMS or GC Rapid Transport Team, in direct consultation with UDOH Epidemiology Team.**

**CDC References**

1. EMS and 9-1-1 Dispatch Guidance: <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>
2. Detailed EMS EVD Checklist: <http://www.cdc.gov/vhf/ebola/pdf/ems-checklist-ebola-preparedness.pdf>
3. CDC PPE Guidance, including detailed donning and doffing instructions: <http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>