



Mary Washington Healthcare

**Mary Washington Healthcare
Emergency Department Response Plan for Ebola Viral Disease
EMS Patients
October 21, 2014**

I. PURPOSE

To provide organizational guidance for the receiving and treatment of a patient with known or suspected Ebola infection from Emergency Medical Services (EMS) in the Emergency Department.

II. SCOPE

These procedures apply to **Mary Washington Hospital Emergency Department (MWH), Stafford Hospital Emergency Department (SH) and Lee's Hill Emergency Department (LHED).**

III. PROCEDURES

EMS Transport to Emergency Department

1. Area Emergency Communication Centers and EMS providers will be actively screening 911 callers for the presence of EVD symptoms and risk factors within the past 3 weeks, to include contact with EVD and residence in or travel to a country where an Ebola outbreak is occurring
2. EMS providers will follow their field protocols as directed by the Operational Medical Director, to include the use of proper BSI techniques and equipment
3. Patients who screened positive for suspected EVD will be placed on a surgical mask by EMS
4. As directed by the REMS Regional Medical Director, no procedures should be carried out that could cause the formation of aerosols. Some procedures that could cause the formation of aerosols include CPAP or BIPAP, nebulizer treatments, intubation, or suctioning. Unless necessary, EMS is directed not to start IV's on these patients pre-hospital in order to minimize exposure. Minimal to no contact with any bodily fluids is recommended for EMS.
5. Communication with the receiving hospital should occur prior to patient transport and must include information that EMS providers are transporting a patient screened positive for suspected EVD

6. The receiving hospital will advise EMS during HEAR report to park outside the Emergency Department Decon entrance and hold the patient in the ambulance upon arrival, until met by Emergency Department personnel

MWHC Emergency Department Care of EMS Patient

1. HEAR report called into ED. Patient answers **yes** to Travel abroad in the last 21 days **and yes** I have a fever
2. EMS crew reminded to **mask patient immediately**
3. Pilot RN and PCM (MWH), Charge Nurse (SH), Team Lead (LHED) made aware of positive questionnaire results
4. EMS directed during HEAR report to back up unit at the Decon room door upon arrival at receiving Emergency Department and wait for hospital personnel to meet them at the ambulance
5. Communication Coordinator (MWH) instructed to watch for unit backing up into EMS bay and to alert Pilot RN when unit is in place. Charge Nurse (SH) and Team Lead (LHED) to be alert for incoming EMS unit.
6. EMS waits in unit until MWHC Associate in PPE greets them at unit
7. Patient and EMS team then taken into Decon room according to specific procedure for each facility
8. Patient interviewed further to discern specifics of travel and presenting signs and symptoms
9. Finding from above interview given to ED MD who determines if patient is a Patient Under Investigation (PUI).
 - a. If no, EMS crew doffs their PPE using the buddy system and washes hands with soap and water in the designated area of the Decon room, and is directed to follow their normal procedures for returning unit and personnel to service
 - b. **If yes**, Positive Ebola Patient Flow Process is followed as outlined for each Emergency Department
10. Patient is taken into Room 8 (MWH), Room 14 (SH), Room 9 (LHED) by hospital associate in full PPE and care is started following the Positive Ebola Patient Response / Flow Plan for each facility
11. EMS crew instructed to doff their PPE using the buddy system and washes hands with soap and water in the designated area of the Decon room
12. All linen and waste will remain in Decon room
13. EMS to remain in Decon room for further instruction to be given in collaboration with MWHC /VDH/CDC on best protocol for putting EMS and equipment back in operation
14. EMS crew's information placed on MWHC Ebola tracking log by Security

EMS Exposure

1. Regional EMS Exposure Forms are made available in the EMS Room at each Emergency Department
2. High risk exposure to a patient with known or suspected Ebola infection that is deemed infectious include:
 - a. Percutaneous (e.g. needle stick) or mucous membrane exposure to body fluids of index patient
 - b. EMS provided direct patient care without appropriate personal protective equipment (PPE)
 - c. EMS exposed to body fluids of index patient without appropriate PPE
3. If an EMS provider has an exposure they should immediately contact their Agency Infection Control Officer and complete the forms provided by the hospital as follows:
 - a. Regional Occupational Exposure / Source Testing Report
 - i. After delivery of a possible source patient to the Emergency Department, complete this form and submit to the Patient Care Manager, Charge Nurse or Team Lead
 - b. Mary Washington Healthcare EMS Exposure Report
 - i. This form should accompany the completed Regional Occupational Exposure / Source Testing Report
 - ii. EMS provider completes the top section of the form and submits to the Emergency Department Patient Care Manager, Charge Nurse or Team Lead
 - iii. An Emergency Department Physician or Nurse will evaluate the exposure as requested and complete additional information on both forms as indicated
 - iv. ED to immediately fax both completed forms to Tami Jeffries, Health & Wellness Department
 - v. Provider will register as a MWHC Emergency Department patient

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