

Ebola

The recommendations on this page are no longer in effect and will not be updated.



Detailed Emergency Medical Services (EMS) Checklist for Ebola Preparedness

The U.S. Department of Health and Human Services (HHS) Centers for Disease Control and Prevention (CDC) and Office of the Assistant Secretary for Preparedness and Response (ASPR), in addition to other federal, state, and local partners, aim to increase understanding of Ebola virus disease (Ebola) and encourage U.S.-based EMS agencies and systems to prepare for managing patients with Ebola and other infectious diseases. Every EMS agency and system, including those that provide non-emergency and/or inter-facility transport, should ensure that their personnel can detect a person under investigation (PUI) for Ebola, protect themselves so they can safely care for the patient, and respond in a coordinated fashion.

[Transmission of Ebola](#) can be prevented by using [appropriate infection control measures](#). EMS agencies, in conjunction with their medical directors, should review infection control policies and procedures and incorporate plans for administrative, environmental, and communication measures.

This checklist is intended to enhance collective preparedness and response by highlighting key areas for EMS personnel to review in preparation for encountering and providing medical care to a PUI. The checklist provides practical and specific suggestions to ensure the agency is able to help its personnel **detect** possible Ebola cases, **protect** personnel, and **respond** appropriately.

The checklist format is not intended to set forth mandatory requirements or establish national standards. It is a list of activities that can help each agency prepare. Each agency is different and should adapt this document to meet its specific needs. In this checklist, EMS personnel refers to all persons, paid and volunteer, who provide pre-hospital emergency medical services and have the potential for direct contact exposure (through broken skin or mucous membranes) with an Ebola patient's blood or body fluids, contaminated medical supplies and equipment, or contaminated environmental surfaces.

This detailed checklist for EMS is part of a suite of HHS checklists. This guidance is only for EMS agencies and systems; 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](#) includes information for individual providers and for 9-1-1 Public Safety Answering Points.

CDC is available 24/7 for consultation by calling the CDC Emergency Operations Center (EOC) at 770-488-7100 or via email at eoc.report@cdc.gov.

C=Completed; IP=In Progress; NS=Not Started

PREPARE TO DETECT	C	IP	NS
Review guidance about Active Monitoring and Direct Active Monitoring of travelers from countries with widespread transmission or uncertain control measures . Stay informed about state and local public health implementation of this guidance.			
Ensure that all personnel are familiar with the protocols and procedures for notifying the designated points of contact regarding a PUI for Ebola. Designate points of contact within the EMS organization/system that are responsible for communicating with state and local public health officials. Ebola must be reported to local, state, and federal public health.			
Ensure EMS personnel are aware of current guidance: Interim Guidance for Emergency Medical Services Systems and 9-1-1 Public Safety Answering Points Emergency Medical Services Systems .			
Train all EMS personnel on how to identify signs and symptoms of Ebola and how to avoid risk of exposure .			
Review CDC Ebola case definition for guidance on who meets the criteria as a PUI for Ebola.			
Post screening criteria in visible locations in EMS units, at EMS stations, and in other locations frequented by EMS personnel. See the last page of this document for an example.			
Conduct spot checks and reviews for staff to ensure they are incorporating Ebola screening into their patient assessment and management procedures and are able to initiate notification, isolation, and Personal Protective Equipment (PPE) procedures.			

PREPARE TO PROTECT	C	IP	NS
Question callers about patient's signs and symptoms of Ebola, including travel history or potential exposure to a patient with Ebola, and notify EMS arriving at the scene so they can put on the correct PPE following proper procedures .			
Review, and update as necessary, infection control procedures to ensure adequate implementation for preventing the spread of Ebola. Train staff as necessary.			
Review EMS guidance for PPE options based on the clinical presentation of patient(s) and conduct a detailed inventory of available PPE supplies to ensure adequate supply of suitable PPE for standard, contact, and droplet precautions.			
Design procedures to accommodate local operational challenges and ensure that PPE meets nationally recognized standards as defined by the Occupational Safety & Health Administration (OSHA), National Institute for Occupational Safety and Health (NIOSH), Food and Drug Administration (FDA), or Interagency Board for Equipment Standardization and Interoperability .			
Review plans, protocols, and PPE purchasing with community/coalition partners that promote interoperability and inter-agency/facility coordination.			
Ensure Ebola PPE supplies are maintained in all patient care areas (transport unit and in bags/kits).			

Verify all EMS personnel: • Meet all training requirements in PPE and infection control, • Are able to correctly put on (don) and remove (doff) PPE, • Have proper medical clearance, • Have been properly fit-tested on their respirator, and • Are trained on management and exposure precautions for PUI for Ebola.			
Review CDC guidelines for isolation precautions and share with EMS personnel. Review and update, as necessary, all EMS agency protocols and procedures for isolation of PUIs for Ebola.			
Frequently spot-check (for example through quality assurance/quality improvement) to be sure standard, contact and droplet infection control and isolation guidelines are being followed, including safely putting on (don) and removing (doff) PPE .			
Ensure procedures are in place that require all EMS personnel accompanying a patient in a transport unit are wearing proper PPE and limiting exposure to PUIs during treatment and transport according to CDC Interim Guidance for Emergency Medical Services Systems and 9-1-1 Public Safety			
Review your policies and procedures for screening, isolation, medical consultation, and monitoring and management of EMS personnel who may have Ebola exposure and/or illness.			
Develop contingency plans for staffing, ancillary services, vendors, and other business continuity plans.			
Review environmental cleaning procedures and provide education or refresher training to appropriate personnel.			
Review policies and procedures for screening and work restrictions for exposed or ill EMS personnel, and develop sick leave policies for EMS personnel that are non-punitive, flexible, and consistent with public health guidance. Provide education and refresher training to EMS personnel as necessary.			
Ensure that EMS personnel have ready access, including via telephone, to medical consultation.			
PREPARE TO RESPOND	C	IP	NS
Ensure that EMS agency leaders are familiar with their responsibilities during a public health emergency. Coordinate procedures and protocols for communicating/notifying the appropriate agencies about PUIs and plan for safe transfer of patients.			
Keep informed about the hospital tiered approach and guidance for preparing Ebola Frontline Healthcare Facilities , Ebola Assessment Hospitals and Ebola Treatment Centers and coordinate jurisdictional plans as appropriate.			

Implement and frequently exercise the following elements with EMS personnel: • Coordination and communication among appropriate agencies and facilities including key stakeholders, coalition partners, public health, emergency management, etc.; • Appropriate triage techniques and additional Ebola screening questions; • Appropriate infectious disease procedures and protocols, including putting on and taking off PPE; • Disease identification, testing, specimen collection and transport procedures; • Isolation, quarantine and security procedures; • Communications and reporting procedures; • Cleaning and disinfection procedures, and; • Disposal of medical waste			
Consider identifying a Communications/Public Information Officer who: • Develops appropriate literature and signage for posting (topics may include definitions of risk and materials for patients, family members and contacts), • Coordinates with public health on targeted risk communication messages for use in the event of a PUI for Ebola, • Requests appropriate Ebola literature for dissemination to EMS personnel, patients, and contacts, • Prepares written and verbal messages that have been approved, vetted, rehearsed and exercised, and • Works with internal department heads and clinicians to prepare and vet internal communications to keep EMS personnel informed.			
Plan for regular situational briefs for decision-makers, including: • PUIs for Ebola who have been identified and reported to public health authorities, • Isolation, quarantine and exposure reports, • Supplies and logistical challenges, • Personnel status, and • Policy decisions on contingency plans and staffing.			
Maintain situational awareness of countries with widespread transmission or uncertain control measures reported Ebola case locations, travel notices, and public health advisories. Update patient assessment and management guidelines accordingly.			
Incorporate Ebola information into educational activities (e.g. initial/ refresher training, drills, and exercises).			
Implement, as needed, a multijurisdictional, multidisciplinary exchange of public health and medical-related information and situational awareness between EMS; the health care system; local, state, federal, tribal, and territorial levels of government; and the private sector.			

Quick Resources List

CDC has several resources and references to help agencies prepare for a patient with suspected or confirmed Ebola, and more resources are in development. Information and guidance may change as experts learn more about Ebola. You should frequently monitor [CDC's Ebola Homepage](#) and review CDC's [Information for Healthcare Workers and Settings](#).

Stay informed! Visit the following sources to receive updates about Ebola (some may need subscription):

- CDC [Health Alert Network \(HAN\)](#)
- CDC [Clinician Outreach and Communication Activity \(COCA\)](#)
- CDC [National Institute for Occupational Safety and Health](#)
- U.S. Department of Labor's [Occupational Safety & Health Administration Newsletter](#)

Regularly check CDC's [CDC's website for healthcare workers and settings](#) for the most current information. State and local health departments with questions should contact the CDC Emergency Operations Center (770-488-7100 or eoc_rep_ort@cdc.gov).



Ebola Virus Disease (EVD) Screening for EMS

EMS patient assessment criteria for isolation/hospital notification are likely to be:

1. Presence of signs or symptoms of Ebola such as fever, severe headache, muscle pain, weakness, fatigue, vomiting, abdominal pain, diarrhea, and unexplained hemorrhage.

AND

2. Residence in, or travel to, a country or area with widespread Ebola Virus transmission or uncertain control measures (<http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html>).

OR

Contact with blood or body fluids (including but not limited to urine, saliva, vomit, sweat, semen, and diarrhea) of a patient known to have or suspected to have Ebola.

If both criteria are met:

- A. The patient should be isolated and appropriate PPE should be worn during further assessment, treatment, and transport*.
- B. IMMEDIATELY report suspected Ebola case to receiving facility and contact your state public health authorities.

If patient is not transported (refusal, pronouncement, etc.):

- A. Inform Local and State Public Health Authorities: PHA Name: _____ PHA Phone: _____ PHA email: _____
- B. Inform the CDC Emergency Operations Center, available 24/7, by phone at 770-488-7100 or via email at eocreport@cdc.gov

Sources: *<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>,
<http://www.cdc.gov/vhf/ebola/hcp/case-definition.html>, <http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>

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