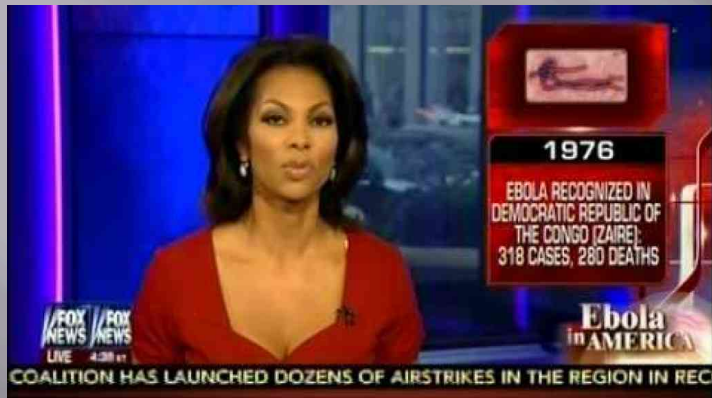


# Eagles Bullet Rounds #3

- ▣ Behaviors Gone Viral
- ▣ EVD and NYC
- ▣ Ebola and the Airports
- ▣ Overseas Response

# PAUL E. PEPE, MD. MPH



Professor of Medicine, Surgery, Pediatrics, Emergency Medicine  
and Public Health, The University of Texas Southwestern Medical  
Center

and

City of Dallas Director of Medical Emergency Services  
for Public Safety, Public Health and Homeland Security

# The Media

- ▣ We're Here to Present "Facts Not Fear"



- ▣ *And when we come back – another 450 people may be exposed to the deadly Ebola !*



# HIPAA

## ▣ What's That ??



## ▣ *Eric, Louise, Nina and Amber – & Dr. Spencer*



# DISCRIMINATION

- ▣ Kids, Univ. President, Police  
Teacher....



- ▣ ... and the Venetian “Quarantina”

# The Politics

- ▣ The Judge, County Attorney and ...



- ▣ “Ebola should not be politicized”
- ▣ *“We Have Decided to Drop the Charges !”*
- ▣ *“ He didn’t even change his shirt” !!*



# The Politics

## ▣ Oops



- ▣ *Calls to the CNO at Presbyterian Hospital and “Hug an Ebola Nurse” with Nina*

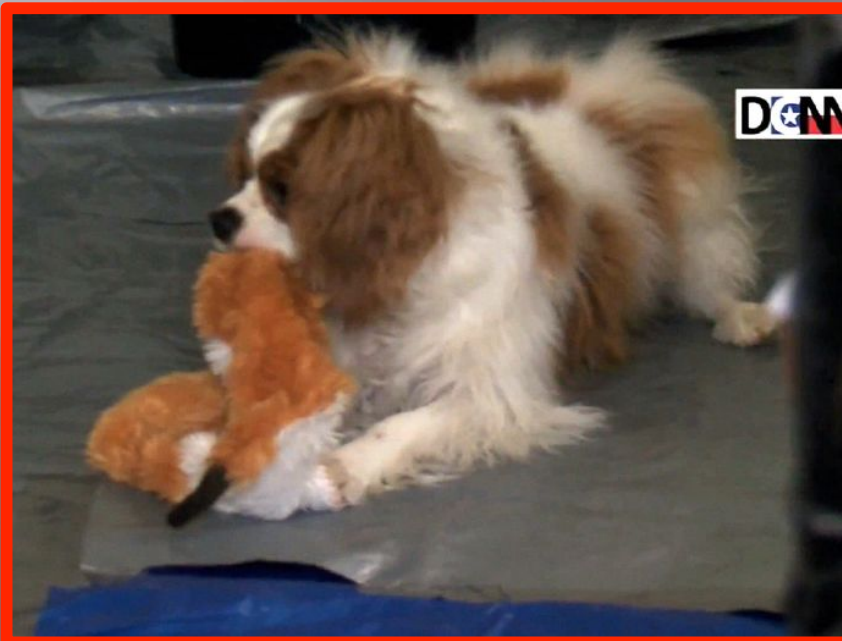


# New BFF !



# Special Shout Out to “Sex in the City”

Whose Writers Understood the Central Role of  
*Cavalier King Charles Spaniels* in America Culture Long  
Before the Rest of the American Public Would...





# Need to Prepare for the *SARS du Jour*...





# ... or Other New, Unfamiliar Threats to International Security



# *IN SUMMARY*

THE TRUTH IS  
RARELY PURE...

*...and Never Simple*

*Oscar Wilde*



# *Thank You !*

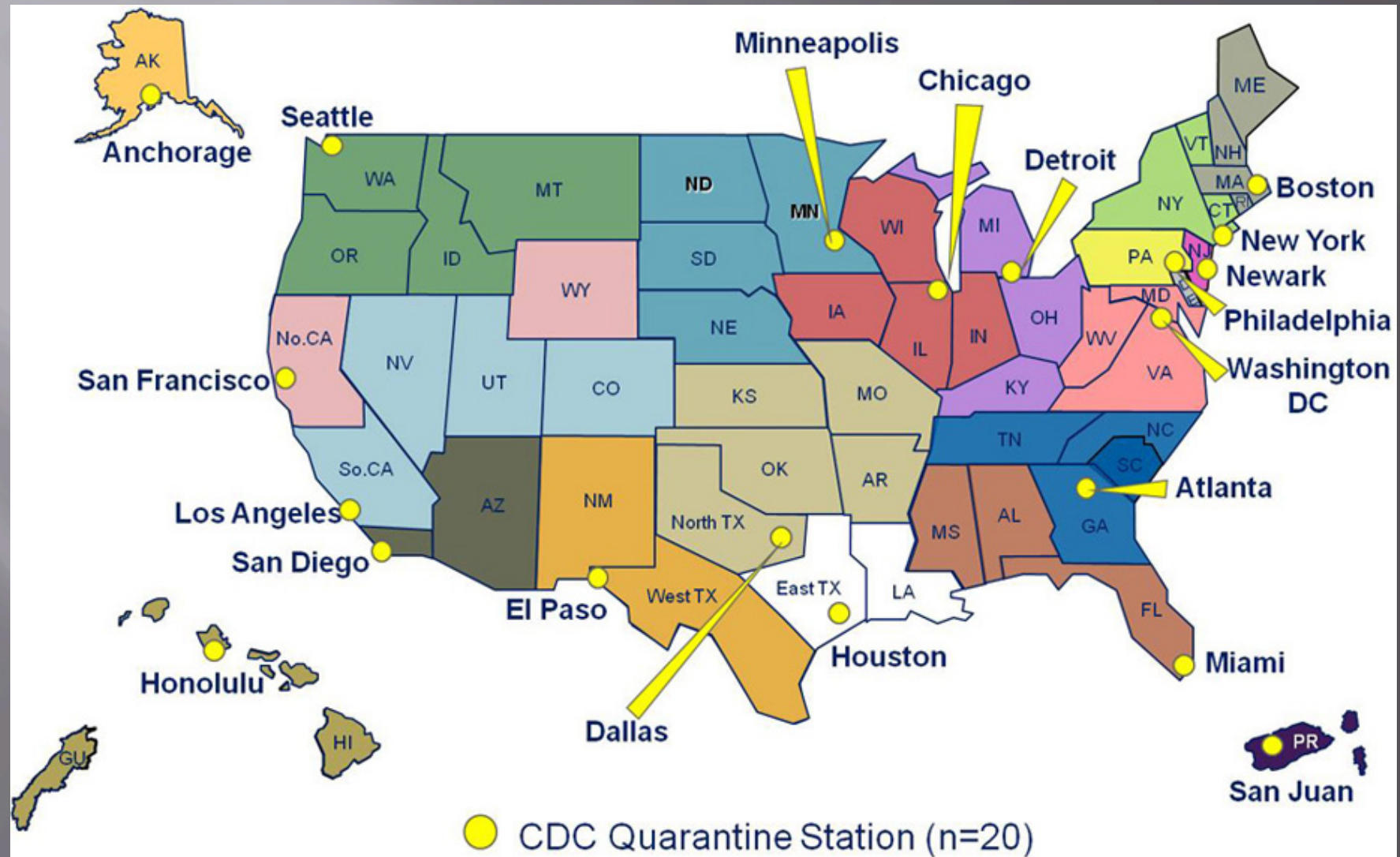


# Ebola and the Airports

- ▣ Early Preparedness
- ▣ First Advisories to Flight Crews AND LUGGAGE HANDLERS and AIRCRAFT CLEANERS
- ▣ EMS
- ▣ Hospital Receivers
- ▣ All on Same Protocols



# CDC Interfaces “Quarantine Stations”





# Vital Sign Zero

- ▣ A Universal Approach to Dangerous Elements
- ▣ A Uniform Approach

# American College of Emergency Physicians Ebola Expert Panel

## ▣ 3 I's: Identify, Isolate, Inform

- ▣ Identify, Isolate, Inform: Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients Who Present with Possible Ebola in the United States
- ▣ Identify, Isolate, Inform: Emergency Department Evaluation and Management of Patients with Possible Ebola Virus Disease

## Identify, Isolate, Inform: Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients Who Present with Possible Ebola Virus Disease (Ebola) in the United States



**SCOPE:** Applies to emergency medical services providers (including emergency medical technicians (EMTs), paramedics, and medical first responders who could be providing patient care in the field—such as law enforcement and fire service personnel). For more detailed information, reference "Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients Who Present with Possible Ebola Virus Disease in the United States" (<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>).

### DISPATCH/9-1-1 PSAPS

#### 1 Inquire about travel and direct exposure history within the previous 21 days.

- Has patient traveled to, or lived in, a country with **widespread Ebola virus transmission** or uncertain control measures (a list of countries can be accessed at the following link: <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html>)?
- Has patient had contact with blood or body fluids (such as urine, saliva, vomit, sweat, or diarrhea) of a person who is confirmed or suspected to have Ebola?

NO

If ALL responses for Box #1 are "No," continue with usual triage, assessment, and instructions

YES TO ANY

#### 2 Ask about signs and symptoms.

Does the patient have signs or symptoms of Ebola: Fever, severe headache, muscle pain, weakness, fatigue, diarrhea, vomiting, abdominal (stomach) pain, or unexplained hemorrhage (bleeding or bruising)?

NO

- If ALL responses for Box #2 are "No," continue with usual triage, assessment, and instructions
- Contact public health authority, if appropriate

**YES – Patient may meet criteria for suspected Ebola Infection**

#### 3 Provide Instructions to Patients and EMS Providers.

- Instruct other people at the scene to restrict contact with patient unless wearing appropriate personal protective equipment (PPE).
- Alert any first responders and EMS providers being dispatched of potential for a patient with possible exposure/signs and symptoms of Ebola **before they arrive on scene**.
- Advise EMS providers that at a minimum, they should use the following PPE before direct contact with a patient has any of these symptoms: fever, fatigue, headache, muscle pain, or weakness (<http://www.cdc.gov/vhf/ebola/hcp/ed-management-patients-possible-ebola.html>):
  - Face shield and surgical face mask,
  - Impermeable gown, and
  - Two pairs of gloves.
- If a patient is exhibiting obvious bleeding, vomiting, copious diarrhea or there is a concern for bleeding, vomiting, or diarrhea, advise EMS providers before entering the scene to wear PPE recommended for use by healthcare workers managing Ebola patients in U.S. hospitals (<http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>).
- If responding at an airport or other port of entry to the United States, the PSAP or EMS unit should notify the CDC Quarantine Station for the port of entry. Contact information for CDC Quarantine Stations can be accessed at <http://www.cdc.gov/quarantine/quarantinestationcontactlistfull.html>.

4 Medical director may consider additional questions/actions specific to the local area/region.

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#### Additional Resources

CDC's Case Definition for Ebola Virus Disease (EVD): <http://www.cdc.gov/vhf/ebola/hcp/case-definition.html>.

International Academy of Emergency Dispatch protocols: [http://www.emergencydispatch.org/sites/default/files/pdf/ebola\\_updates/MPDS-EIDS\\_Tool\\_\(Ebola\)\\_v5.0.1\\_NAE.pdf](http://www.emergencydispatch.org/sites/default/files/pdf/ebola_updates/MPDS-EIDS_Tool_(Ebola)_v5.0.1_NAE.pdf).



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

EMS dispatched

# Ebola in New York City

▣ Glenn Asaeda, MD





**BREAKING NEWS**

**EBOLA-INFECTED DOCTOR ARRIVES IN ATLANTA**

**CNN**







# FT – Fever Travel - What Countries?

Post 9/11 – FC and FR

FT was easy to add

Constant tweaking – Liberia, Sierra Leone, Guinea  
(Nigeria, Senegal, Mali)

Mistakes –Ghana, Guyana, Portugal, Miami, Haiti

Airports in the US that screened –

New York's JFK

Newark, NJ

Dulles, Washington DC

Atlanta

Chicago O'Hare

# Lessons Learned

YOU ARE ON YOUR OWN!

Too many cooks in the kitchen – Everyone wants to be in charge

# Ebola in London

- ▣ Fionna Moore, MD
- ▣ London, England
- ▣ Chief Executive Officer
- ▣ London Ambulance Service
  - ▣ Ron J Anderson Public Service Award Winner



# How the NHS prepared

- Developed risk assessment algorithm
- Consistent telephone screening by all agencies (999, NHS 111,)
- Same process in ED
- Health screening at all points of entry (Ports / Airports)

# How LAS prepared

- VHF Working Group, answerable to Director of Ops
- VHF Communication Group to ensure relevant people are aware of the Transfers
- HART Team to transfer all high possibility and confirmed VHF cases
- HART Decontamination SOP
- Low possibility cases transferred using standard IPC principles and PPE by frontline crews
- Fit test all frontline staff with personal issue FFP3 masks (beards became a much discussed topic!)

15 October 2014

## Viral Haemorrhagic Fever Guidance – Version 4

This is a working document and as such it is subject to change and will develop as new information or processes are identified. Update versions will be produced.

This document provides guidance on the risk assessment and management of patients in the United Kingdom in whom infection with a viral haemorrhagic fever (VHF) should be considered or is confirmed. This guidance aims to:

- Eliminate or minimise the risk of transmission to healthcare workers and others coming into contact with an infected patient. (Contact is defined as exposure to an infected person or their blood and body fluids, excretions or tissues following the onset of their fever)
- Allow the delivery of effective patient care

This information supersedes previous bulletins relating to VHF. This provides process guidance for:

- Control Services & Clinical Hub – Flowchart 1
- Operations on scene assessment – Flowchart 2
- Process when a VHF is low possibility, high possibility or confirmed – Flowcharts 3, 4, 5

VHF is a group of illnesses that are caused by several distinct families of viruses. Examples are Ebola, Marburg, Lassa and Crimean-Congo haemorrhagic viruses. Evidence from outbreaks strongly indicates that the main routes of transmission of VHF infection are direct contact (through broken skin or mucous membranes) with blood or body fluids, and indirect contact with environments contaminated with excreta.

EPRR

### Flowchart 4: VHF High Possibility

#### VHF High Possibility

##### CHUB Identified

**CHUB:** Advise patient to self-isolate, minimise contact with others. Provide reassurance that help will be provided ASAP.  
If at an airport inform Port Health.

**Dispatch:** Do not send any clinical resource or dispatch HART (this will be done by the Tactical Advisor). Be aware of potential duplicate calls

**CHUB:** Ensure you have gained and documented the following information:

- Patient name and date of birth
- Exact areas that patient has visited
- Dates of Travel
- Have they worked in a hospital or voluntary camp
- Have they been in contact with any confirmed cases of VHF
- Did they take anti-malarial tablets whilst away

##### Clinical resource on scene identified

**Clinical resource:** Minimise contact with the patient which will minimise onward transition

**Clinical resource:** wear appropriate PPE

- Double gloves
- Apron
- Eye protection
- Fit tested FFP3 mask (or FFP2 paper face mask & minimise exposure)
- Paper infection control suit
- Boot covers

The patient is to have a non-valved paper face mask fitted. If body fluids are leaking the patient should don a paper infection control suit

**Clinical resource:** Isolate the patient from others & minimise contact with the patient















# Lessons Learned – Communications are Vital

- All parties involved (LAS, Public Health England, National Ambulance Resilience Unit etc) have common terminology to avoid confusion.
- Changes in processes need to be communicated to all involved in a timely manner.
- Other providers (GPs, 111) need to share all relevant information with LAS to ensure appropriate mode of transfer is chosen.

# Clear and consistent messages

## EPRR CRG Opinion on Appropriate Ambulance Care for Suspected or Confirmed Ebola Patients

22<sup>nd</sup> October 2014 (extract)

In summary:

- CPR futile and not supported
- Ventilatory and airway intervention are unlikely to be appropriate
- Fluids for dehydration are appropriate
- Anti-emetics such as Ondansetron may be beneficial if IV/IO access are available but would not justify obtaining access just for medication administration

Other care as required to maintain comfort and dignity