



## Emergency Medical Services Council

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Health Services Building – MC L963  
525 Portland Avenue South  
Minneapolis, MN 55415-1569

612-348-6001, Phone  
612-348-3830, Fax  
chd.ems@co.hennepin.mn.us



**Ebola Pre-Hospital Preparedness Work Group**  
**Wednesday, December 17, 2014, 9:30 a.m. - 11:30 a.m.**  
**Hopkins Fire Department**  
**101 - 17th Avenue South, Hopkins 55343**

### Draft Summary

#### Representation:

Allina Health EMS: Charles Lick, M.D., Ambulance Medical Director  
Edina Fire: Darrell Todd, Asst. Chief  
HCMC and Hennepin County EMS Council: Brian Mahoney, M.D., **Chair**  
Hennepin County Police Chiefs Representative, Michael Nibbe, Lt. (Edina Police Dept.)  
Hennepin County Sheriff Communications, Patty Strongitharm-Walcome, Lt.  
Hennepin EMS: Kurtis Bramer, Duty Supervisor  
Hennepin EMS: Martin VanBuren, Director  
North Memorial Ambulance Dispatch: Clif Giese, Communications Manager  
North Memorial Ambulance: Mark Conterato, M.D.  
North Memorial Ambulance: Mike Oliverius, Metro Operations Manager  
Ridgeview EMS: Kevin Sipprell, M.D., Ambulance Medical Director  
St. Louis Park Fire: Rodger Coppa, Asst. Chief  
West Metro MRCC and Hennepin EMS Dispatch: Wendy Lynch, Communications Manager

#### Guests:

Rob Carlson, Business Continuity Coordinator, Minnesota Department of Health, Office of Emergency Preparedness

#### Staff:

Suzanne Gaines  
Matt Maxwell  
Kristin Mellstrom

- I. Council Chair Mahoney called the meeting to order at 9:40 a.m. and attendees introduced themselves.

- II.** The planning context, as agreed to at the October 29 meeting, was reviewed by Suzanne Gaines:
- A. Work Group has been convened by the EMS Council’s Executive Committee to coordinate pre-hospital Ebola-related questions within the Hennepin County EMS System.
  - B. Operational Period = Some PUIs (Patients Under Investigation) in Minnesota; no confirmed Ebola case(s) in FEMA Region V (IL, IN, MI, MN, OH, WI)
  - C. **Objectives for the current Operational Period:**
    - 1. **Prevent the spread of Ebola (avoid activation of “Level Red”)**
      - Protect human resources (first responders, EMS and hospital staff)
      - Maintain capacity of physical resources (PPE, ambulances, supplies, etc.)
      - Get Patients Under Investigation (PUIs) to emergency departments for care and diagnosis
    - 2. **Optimize care for all patients**

**III. Revised Recommendations for Unresolved Issue b: How to minimize risk to PUI first responders**

Kurtis Bramer presented a guidance document<sup>1</sup> that describes three levels of PPE for first responders and EMS personnel when responding to a PUI (EVD only), confirmed EVD case or other infectious diseases.

Suzanne Gaines presented a plan that will be followed by PSAPs, WMRCC, EMS and first responders in the west metro when providing medical care to monitored cases and PUIs.<sup>2</sup>

(agreement) When a primary PSAP identifies a caller with “Possible travel-related illness” using the existing screening protocol<sup>3</sup> the primary PSAP will forward the call to the secondary PSAP. If the caller is identified as a “PUI” as a result of the secondary PSAP screening, the secondary PSAP will document the caller’s symptoms, relay that information back to first responders via a return call to the primary PSAP and to EMS directly. The secondary PSAP will also direct the responders who will have contact with the PUI to don full barrier precautions.

(agreement) Wendy Lynch agreed to include a reminder that full barrier precautions are necessary for all responders who have close contact with a PUI in the MRCC Weekly CDC Ebola Update email.<sup>4</sup>

(agreement) All responders should conduct a threshold interview before approaching the patient, unless a medical emergency requires immediate close contact to provide appropriate medical care.

(agreement) Each agency will be responsible to train their own personnel regarding threshold interviews, PPE, donning, doffing and related training for care of PUIs.

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<sup>1</sup> See Terms and Recommendations for Response to Infectious Disease, version 12/17/14

<sup>2</sup> See West Metro Pre-Hospital Plan for Ebola handout

<sup>3</sup> See MECC algorithm handout

<sup>4</sup> See West MRCC Weekly CDC Ebola Update example email handout

#### **IV. New MDH protocol to call 911 for monitored cases needing EMS service or transportation**

Rob Carlson described a change to Minnesota Department of Health (MDH) policy for persons (“cases”) who are being monitored for Ebola. If a monitored case needs medical care which will require EMS transport and/or services to a medical facility, MDH will: 1) advise the case to call 911 to report the medical need so as not to delay needed services; 2) call 911, which will be routed to Ramsey County dispatch; 3) report the monitored case’s location; 4) request a transfer to the appropriate primary PSAP and secondary PSAP; and 5) provide the case’s medical information to the appropriate secondary PSAPs. This will likely result in two calls to 911 about a single monitored case, one from the case directly and one from MDH.

(agreement) Primary and secondary PSAPs agreed that they will receive MDH calls about monitored cases and relay the calls and information to appropriate primary and secondary PSAPs. Patient disposition decision will be determined by patient preference subject to medical necessity override, according to current system guideline<sup>5</sup> or as MDH recommends.

(agreement) Responding agencies will notify MDH of patient disposition, e.g. when a PUI is transported, refuses transport or is not found.

#### **V. Regarding Unresolved Issue (e) How to track PUI exposure (and EVD results) for first responders and EMS**

(agreement) Pre-hospital personnel and first responders should follow their agency’s Employee Health and Safety infectious disease reporting/registration procedures for exposures to PUIs.

If there is an exposure of first responders or EMS personnel to a PUI, the receiving hospital’s Infection Prevention and Control is expected to send PUI test results (positive or negative) to the exposed personnel; however, this expectation may not be met in a timely manner for EVD exposure. Responders’ employee health and safety department may need to follow up with the destination hospital to obtain the PUI’s EVD test results.

**VI. Unresolved Issue (h) Will the five Ambulance Medical Directors provide adjusted PPE protocols for treatment of “highly suspicious PUIs” exhibiting other urgent indicators?** This issue in which PUIs have a need to receive immediate medical care in close proximity of the patient will be presented at the Hennepin County EMS Council Ambulance Medical Directors committee meeting in January, 2015.

**VII. New Unresolved Issue: Who has the authority to place a monitored case or a PUI on a hold if they refuse to be transported by EMS to a hospital?** This topic will be presented at the next Hennepin County EMS Council Operations committee meeting in April, 2015.

**VIII.** The meeting adjourned at 11:30 a.m.

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<sup>5</sup> Guideline #2040, at <http://www.hennepin.us/ems>