



**BUREAU OF EMS**  
**EMS OPERATIONS ORDER 2014-186**  
**October 16, 2014**

**RESPONSE AND OPERATIONS FOR  
SUSPECTED EBOLA VIRUS DISEASE (EVD)**

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**1. PURPOSE**

- 1.1 To establish procedures for response to and mitigation of suspected Ebola Virus Disease (EVD) assignments, while minimizing provider exposure.

**2. SCOPE**

- 2.1 This order applies to all FDNY EMS providers (EMTs, Paramedics and Officers) and Voluntary Hospital ambulance personnel who provide prehospital emergency medical treatment in the New York City 911 system.

**3. PROCEDURE**

- 3.1 Dispatch – based on current Department policies and procedures, a Telephone Triage Algorithm to help identify suspected EVD patients has been put into effect.
- 3.2 Response – when a Fever / Travel (FT) call type has been identified, Emergency Medical Dispatch shall assign the following resources:
- (1) Haz-Tac BLS (dedicated) or Haz-Tac / Rescue ALS (non-dedicated), based on call type.
  - (1) EMS Haz-Tac Officer.

**NOTE:**      *The Citywide Radio Dispatcher shall notify the closest Deputy Chief of active Fever/Travel call types.*

- 3.3 On scene - members shall maintain body substance isolation and don their appropriate PPE **prior to** making patient contact.
- 3.3.1 Patient assessment and treatment shall be initiated according to Department policies, procedures and protocols. All resources shall remain vigilant of the potential for exposure to bodily fluids, and protect themselves accordingly.
- 3.3.2 If it has been determined by Haz-Tac there is a patient present, the following units shall be requested through the Citywide Radio Dispatcher:
- (1) Additional Non Haz-Tac BLS.
  - (1) Conditions Officer.

- 3.4 If a non Haz-Tac unit responds to a location with a patient that meets the criteria for a Fever / Travel Call Type but was not assigned as a Fever / Travel Call Type the crew shall maintain a safe distance and don their appropriate PPE. The crew shall request the appropriate resources to respond.

- Stable Patient – Crews shall await Haz-Tac at a safe distance.
- Unstable Patient – After PPE has been donned crews shall begin patient care.

3.4.1 Upon arrival, Haz-Tac resources shall assume the role of patient care provider. The initial responding unit shall act in support of Haz-Tac units.

3.4.2 Once the Haz-Tac unit has assumed patient care responsibilities, the original responding unit shall doff their PPE if no patient contact was established. The crew will then be responsible for vehicle movement upon a transport determination.

**NOTE** *If patient contact has been established the on scene Haz-Tac Officer will provide Doffing direction.*

3.4.3 The transporting unit shall contact the Notifications Desk for hospital notifications. All notifications shall be requested as follows:

99A2 with a notification.

99A2 transporting to hospital xx a 30 year old male complaining of Fever with Nausea or Vomiting. B/P 120/80, P110, R24 with recent travel eta 10 minutes.

3.5 Transportation - Patients shall be transported to the closest, appropriate 911 Ambulance destination in accordance with Department policies and procedures.

3.5.1 If contacted by the Department of Health and Mental Hygiene (DOHMH), OLMC will honor a request for transport to a specific hospital designation identified by DOHMH.

3.5.2 To the extent possible, ONLY the patient is to be transported in the ambulance.

3.6 At the hospital - the patient shall be delivered to the hospital's designated receiving area. EMS crews shall await further direction from the hospital staff prior to transfer of care.

3.7 Decontamination – EMS Haz-Tac units will be met by members of the Special Operations Command (SOC) for assistance. The members of SOC shall assist EMS members in doffing their PPE and with vehicle and equipment decontamination.

3.7.1 The Haz-Tac Officer shall contact the citywide radio dispatcher to request a Haz-Mat Technician unit to respond to a designated location (e.g. call location, Hospital).

3.7.2 All disposable materials should be red bagged and left at the destination hospital, whenever possible.

- 3.7.3 Members of SOC will be responsible for the decontamination of the vehicle and equipment used in accordance with FDNY Infection Control Program procedures.

**NOTE:** *Following the use of PPE, members shall exercise caution when removing protective garments to prevent contamination with body fluids. PPE/Bunker pants do not need to be decontaminated unless there is known contact with or visible evidence of bodily fluids.*

- A. During cleaning of non-disposable equipment, members should wear gloves, surgical mask or N95 respirator, eye protection, shoe covers and gown.
- B. Aggressive hand washing with soap and water immediately following patient contact is essential in limiting disease transmission.

#### **4. OFFICERS**

4.1 EMS Officers shall:

- 4.1.1 As dispatched respond to cases involving *Fever/Travel call types*.
- 4.1.2 Ensure all members are aware of this procedure and monitor assignments to ensure compliance.

#### **5. RELATED PROCEDURES**

- 5.1 Office of Medical Affairs Directive 2014-05A, Ebola Virus Disease (EVD) Advisory (addendum)
- 5.2 EMS Operations Order 2014-181 – Donning and Doffing procedures for the FDNY Isolation kit
- 5.3 EMS OGP 108-15 – Aeroeclipse II Breath Actuated Nebulizer
- 5.4 EMS OGP 109-13 – Hospital Notifications Frequency
- 5.5 EMS OGP 115-08 – Delivery of Patients to an Appropriate Hospital
- 5.6 EMS OGP 125-04 – Infection Control Procedures
- 5.7 EMS OGP 125-09 – Respiratory Protection Program
- 5.8 MAD 2010-02 – Aeroeclipse II Breath Actuated Nebulizer
- 5.9 CFRD Manual Chapter 3 – Infection Control Procedures
- 5.10 NYS DOH Policy Statement 03-11, Respiratory Disease Precautions

**BY ORDER OF THE CHIEF OF EMS**