

Real-World Experience

December 4, 2014

This message is intended to communicate some recent real-world experience from Allina Health EMS in the treatment and transportation of patients with suspected infectious disease.

Within the past two weeks, we have been involved in the care of two patients who had positive screening for both recent travel to West Africa, and were symptomatic enough to require hospitalization at one of the four MN Ebola destination hospitals.

Thankfully, it turned out that both of these patients were negative for Ebola – but at the time of treatment and transport, that was unknown. So these interactions occurred during a time when a diagnosis was unknown and our care-givers didn't know if the patients were positive or not. Consequently, this resulted in some powerful real-world learning experiences.

In addition to this recent “live” experience, during the past few weeks we have conducted two functional drills involving the transport of fictional Ebola patients.

We've learned that we are indeed capable of handling such patients, but like anything you don't do on a regular basis; we will continue to improve as we drill and sharpen up our standard operating procedures.

Some of you may be aware that the Minnesota Department of Health maintains a “Watch List” of persons known to have returned from travel in high risk areas, or those who may have had contact with infected persons. Persons on this list are instructed to contact MDH if they become symptomatic, which was the case in the second “live” patient we were involved with.

The dispatch centers (Secondary Primary Service Answering Point's) of both Allina Health EMS and North Memorial have committed to assist MDH in the event they need to identify the primary service area, and ambulance service, of a patient needing transportation under these circumstances. Our dispatch center has upgraded our pre-arrival protocols and trained staff on the use of Priority Medical Dispatch, Emerging Infectious Disease card which screens callers for travel history and symptoms.

We know that our hospital partners have identified three levels of Personal Protective Equipment (PPE), levels 1 thru 3. During discussions with the Center for Disease Control (CDC) when they were in town doing site visits, we were advised that EMS should use some slightly different PPE. Not because we need different protection, but because we need added durability to cope with environmental issues such as weather, confined spaces, the length of transport times, etc.

We know that a critical part of keeping people safe is carefully donning and doffing this gear and we have put practices in place to assure that a trained observer is part of the team, both at the sending facility and the receiving hospital. At Allina Health EMS we have such trained coaches, and are in the process of training many more.

We've also learned that both the sending and receiving hospitals are critical partners in assuring there is a proper space for donning/doffing as well as having the appropriate Steri-cycle

disposal bins for contaminated PPE and other materials. It does not work to decon equipment outside in the cold weather. For example we've learned that the disinfectant Quat freezes on contact with a cold stretcher.

When responding to a request for an interfacility transfer, the Allina Health ambulance sent to transport a suspected patient will have the entire interior of the patient compartment draped with special poly to contain any spills and minimize contamination. This will be done at one of our bases prior to sending a rig for transport, and could take as much as one hour prep time before responding.

An additional learning is the importance of having clear and simple instructions for the care and follow-up of staff members who care for others with infectious disease. Care-givers involved in these situations will be followed by Allina Occupational Health, as well as their direct leaders and our Risk Manager who will communicate with any receiving hospital and Occupational Health.

Staff will be asked to self-monitor their temperature for 21 days following contact with a "Person Under Investigation" (this is a CDC term describing a suspected or known Ebola patient). Those staff members themselves would be added to the MDH watch list we mentioned earlier. Once diagnostic testing confirms the absence of Ebola, monitoring would cease and the person would be dropped from the Watch List. The procedure for clearing a patient of Ebola requires three separate negative test results. The first result could be available within about 6 hours, with the entire process taking up to three days. During this time the employee can continue normal duties including working regular shifts, as we know a person cannot be contagious unless they become symptomatic.

Lastly, we offer our thanks and gratitude to staff who have been so engaged and attentive in all the planning, additional training, and of course stepping up to help care for patients at risk. We will continue to communicate as the situation warrants. In the meantime please feel free to let us know if you have any questions.

Sincerely,

Brian LaCroix, President
Allina Health EMS