

# HHS Region III EVD Transport Review



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# Objectives

- Review EMS transport considerations within the HHS Region III EVD plan
- Review HCID EMS transport processes within Maryland

# HHS Region III EVD Plan

- Developed by a workgroup with representatives from all six HHS Region III states, as well as federal partners (HHS ASPR, CDC, DoD, etc)
- Informed and driven by collective planning assumptions and on-going state planning
- This plan outlines state and federal level communication/coordination regarding these requests and transport to the RETC, including an algorithm showing state and regional decision-making at all tiers

# HHS Region III EVD Regional Response Plan scope

- HHS Region III serves Virginia, West Virginia, Pennsylvania, Delaware, District of Columbia, and Maryland
- This plan is designed to consider patients with EVD who may need treatment at a facility that provides a more specialized level of care than is offered in their state
- This plan applies to all participating departments and agencies of the jurisdictions contained within the geographical boundaries of HHS Region III.
- Primary participants are the state public health departments, which provide guidance for infectious disease control at healthcare facilities that may encounter patients with EVD

# Region III Ebola Treatment Center (RETC)

- When state-level facilities are unable to provide care for patients with EVD, they may request use of a Regional Ebola Treatment Center (RETC), which has enhanced capabilities to treat a patient with confirmed Ebola or other highly infectious disease.
- The Region III RETC is located at Johns Hopkins Hospital (Baltimore, MD) and is equipped with a Biocontainment Unit capable of handling patients with EVD.



# Initial Notification and Patient Placement

- Sending state health department consults with sending facility, HHS, and CDC to ensure the need to transport the patient
- Sending state health department contacts Maryland Department of Health (MDH) via the physician on-call number
- Initial notification must be conducted via phone

# Initial Notification & Patient Placement

- MDH Coordinates with the Regional Ebola Treatment Center (RETC), which is the Johns Hopkins Hospital (JHH) in Baltimore, Maryland.
- Depending on bed availability, MDH activates the transportation portion of the EVD plan

# Implementation, Communication & Coordination

- To complete a transfer of patient(s), the HHS Region III partners will initiate the Incident Management structure virtually to coordinate resources
- This structure will be coordinated through a Multi-Agency Coordination Center (MACC) which can meet either virtually or in-person to ensure all incident objectives are met



# Transport Coordination Branch/ Group

- Once need for transport to the Johns Hopkins Hospital is confirmed, Maryland Department of Health (MDH) notifies the Maryland Institute for Emergency Medical Services Systems (MIEMSS) to establish the transport coordination branch/group (TCB/G)
- MIEMSS develops Incident Action Plan

# Transport Coordination Branch/ Group

- May include various agencies
  - HHS/ASPR
  - CDC
  - MDH
  - MIEMSS
  - Sending state entities



# Transport considerations: Means of Transport

- Once activated, TCB/G determines the length of transport, utilizes appropriate means of transport to safely transport patient

# Transport Considerations : Air Transport

- If transport nears or exceeds 200 miles or 4 hours, MDH or sending state health department may request to HHS Region III REC or HHS to transport the patient via approved federal air transport contractor
- Federal government assumes financial responsibility for aeromedical transport
- Under no circumstances do any other entities use state, local ,or private rotor-winged aircraft
- Sending state determines the aeromedical point of embarkation

# Transport Considerations: Ground Transport

- If transport is expected to be more than 2 hours, locations for stopping to exchange crews and refuel must be incorporated in the IAP
  - Should include donning and doffing area
  - Designated area for decontamination
  - Secure personnel exchange zone

# Transport Considerations: Ground Transport

- Sending state is responsible for designating EMS agency responsible for transport
- All states traversed during expected transport must recognize licenses and certifications of transporting personnel
- All states being traversed must be notified of transport

# Transport Considerations: Security and Escort

- TCB/G decides level of security necessary and if escort is required
- Some level of law enforcement should be present at all times
- All transport will be conducted utilizing non-emergency means unless patient's condition deteriorates or traffic becomes significantly congested
- Maryland State Police are responsible to coordinate all law enforcement activities between intrastate and interstate agencies

# Transport Considerations: Communications

- All vehicles should have redundant communications
- Specific devices, talk groups, frequencies, etc should be delineated in the IAP
- If there is a total loss of communications, convoy should proceed to the nearest exchange center and receive further direction



# Transport Considerations: SAFE STOP

- If at any time a team member has a concern for safety, that individual is responsible for stating that to their supervisor
  - Must clearly state their concern and specifically request a resolution or explanation
  - The supervisor must respond with a resolution or explanation
  - If the issue remains, the individual may declare a “SAFE STOP”

# Transport Considerations: Death or Deterioration of Patient During Transport

- If the patient dies during transport, transporting personnel must contact TCB/G , who will provide direction
- If there is a significant change in the patient condition, medical control must be contacted for further direction

# Transport Considerations: Vehicular Collision or Major Traffic Incident/Congestion

- Law enforcement will coordinate with local agencies to secure scene
- Medical control is to be contacted immediately via the Emergency Medical Resource Center (EMRC)
- If EMS Clinicians are injured, medical control and the TCB/G will determine treatment and transport
- If exchange of ambulance is required, designated stand-by teams, including Hazardous Materials team, will coordinate and execute transfer

# Transport Considerations: Provider Exposure/ Injury/ Illness

- Any breach in PPE should be considered an exposure
- Convoy should proceed to the nearest Exchange Center to exchange crews
- If an EMS clinician is injured or becomes ill, all attempts should be made to proceed to the nearest Exchange point
- Medical Control via EMRC and TCB/G will coordinate all provider treatment and transport



The Maryland  
**Medical Protocols**  
for Emergency Medical Services Providers

Effective July 1, 2019

**Maryland Institute for  
Emergency Medical Services Systems**



# HCID: Patients in 911 System

- A thorough patient assessment is key to developing a solid differential diagnosis
- Must capture a complete history and physical examination along with all associated signs & symptoms



# HCID Assessment : Gathering a Complete History

- Along with the basic SAMPLE & OPQRST, utilize TRAVEL:
  - T- Time of Onset
  - R- Room and Board: Conditions where patient stayed during travel
  - A- Activities during travel (prolonged exposure to animals, still-water sources, unprotected sexual activity with sick-contacts, etc.)
  - V- Vaccination and Pre-trip Preparation
  - E- Exposure: Sick contacts, potential exposures
  - L- Location: Location of ALL travel in chronological order.

<https://canadiem.org/tiny-tips-returning-traveler-history/>



# HCID Interventions & Treatment

- Treatment varies depending on the specific symptoms of the disease
- Must be leveraged with the potential risk to the health care provider and the risk to public health
- All procedures that increase risk of distributing fluids or secretions should be limited to those absolutely necessary to maintain life and provide the patient with a reasonable level of comfort
  - Venous access, non-invasive PPV, etc.

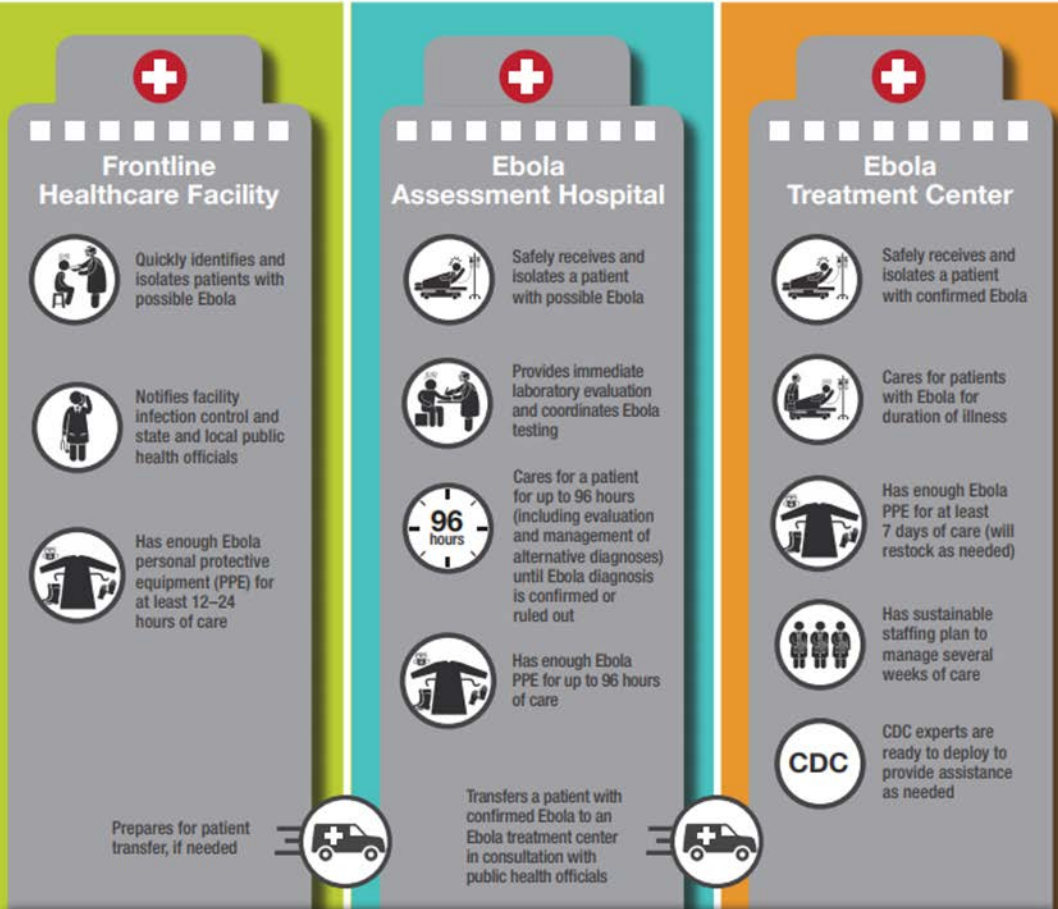




## Preparing U.S. Hospitals for Ebola



**CDC** has developed a strategy to help healthcare facilities and state health officials prepare for patients with possible or confirmed Ebola. This strategy identifies which hospitals will provide different levels of care for patients being assessed and treated for Ebola.



### All of the hospitals will be prepared to do the following:

Ensure staff are appropriately trained and have documented competency in safe PPE practices



Have systems in place to safely manage waste disposal, cleaning and disinfection



Adhere to infection control protocols

*In some cases, a hospital should be prepared to serve in more than one role. Hospitals may serve simultaneously as an Ebola assessment hospital and an Ebola treatment center. Patients may be transferred between facilities based on the state's plan.*

\*View Interim Guidance at: <http://www.cdc.gov/vhf/ebola/healthcare-us/preparing/hospitals.html>

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## HCID Transport Destinations

- Hospitals have been categorized into three levels based on their capabilities to assess and treat PUIs for designated HCIDs.

# HCID Transport

- Helicopter transport is not indicated for patients suspected of HCID infection
- The receiving facility must be alerted via EMRC BEFORE transport is initiated.



# HCID Transports

- Planned transports, including interfacility transports and transport of patients monitored by MDH are conducted by predesignated commercial services or the 4 jurisdictional HCID teams in Maryland.
  - Johns Hopkins Lifeline
  - Medstar Transport
  - Maryland Expresscare
  - Butler Medical Transport
  - Frederick County DFRS
  - Montgomery County FRS
  - LifeStar Ambulance
  - Cecil County DES

# HCID Patient Final Disposition

- EMS Clinician consults and notifies the hospital & EMRC of potentially infected patient
- Hospital contacts their local health department
- MIEMSS or Local Health contact the Infectious Disease Epidemiology and Outbreak Response Bureau (IDEORB)

# HCID Patient Final Disposition

- IDEORB ensures patient meets rule-in criteria for suspected HCID
- Coordinates with health partners depending on positive or negative laboratory results

# HCID Patient Final Disposition

- If inter-hospital transport is warranted:
  - MIEMSS determines the appropriate HCID team and alerts
  - If escort is required, MIEMSS contacts the Maryland Joint Operations Center (MJOC) to coordinate between all entities

Questions?





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