

# EBOLA SCREENING AND RESPONSE

## TWO QUESTIONS TO PROTECT US ALL

### ASK EVERY PATIENT

#### DO YOU HAVE ANY OF THE FOLLOWING SYMPTOMS?

- + Fever or chills
- + Headache, joint or muscle aches
- + Weakness or fatigue
- + Stomach pain, diarrhea or vomiting
- + Abnormal bleeding

YES

#### DURING THE PAST 21 DAYS (3 WEEKS) HAVE YOU:

- + Traveled to a country in West Africa (Guinea, Liberia, Mali or Sierra Leone)?
- + Had contact with a person known or suspected of having Ebola?

YES

#### IMMEDIATELY

- + Establish blood and body fluid precautions
- + Inform receiving facility that patient screened positive for Ebola
- + If possible, avoid invasive procedures or those likely to cause blood or body fluid splatter (IV, airway, suctioning, nebulized medications)

NO

#### PROVIDE CARE

- + PPE appropriate to patient presentation
- + Assessment and care according to protocol

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# AMR Call-Taker FAQ - Frequently Asked Questions

## 1. Do I have to ask every emergency caller the Ebola symptom and travel questions?

No. These questions are intended to be asked when there is an indication during routine call-taking that an elevated risk may exist with a particular patient.

For example: If a call is taken for a motor vehicle accident and no flu-like symptoms are *volunteered* by the caller than there is no need to ask the Ebola screening questions.

Another example: If a caller indicates that they are feeling 'sick' then the first screening question should be asked to determine if any Ebola-like symptoms are present, if present then the second travel/contact question should also be asked.

## 2. Do I have to ask if each symptom on the list is present?

As soon as you identify the patient has any one of the symptoms listed then you should not ask about other symptoms, just move on to ask the travel / Ebola patient contact question. If the caller volunteers a relevant symptom (from the list) earlier in the call-taking sequence then do not ask any symptom questions, move on to ask the travel/contact question immediately. QUICK identification of potential risk is the reason for this screening.

## 3. If I ask the symptom question and the caller indicates that none of the symptoms are present, should I ask the travel / Ebola patient contact question?

No. The travel / Ebola patient contact question should be asked only if the caller has indicated that *one or more* of the Ebola-like symptoms are present. Asymptomatic patients do not pose risk.

## 4. Should I ask the Travel / Ebola patient contact question first?

No. For consistency, follow the CDC guideline and ask the symptom question first and then if one or more symptoms are present THEN ask the travel / Ebola patient contact question. If no symptoms are present there is no indication to ask the travel/contact question.

## 5. What should I do if the answers to BOTH the symptom and travel / Ebola contact questions are YES?

This patient is *at risk* for Ebola and you must immediately verbally notify all responders (including First Responders) using the phrase; "Call-Taker Screen – Positive." Document in CAD and notify the Communications Supervisor.

Since the purpose of this Ebola screening process is to provide extra information to responders so that they don appropriate PPE, we want the verbal notification to be simple and consistent. This why we recommend against using special codes. We do not recommend using the word 'Ebola' as this can create concern in members of the public who may overhear.

## 6. How should I document the results of the screening in CAD?

If the Call-Taker Screen is positive, document the phrase; “Call-Taker Screen – Positive” in CAD notes and also include details on the symptoms and travel or contact details. Document the time when you notified responders.

Examples: 2134 Hrs Call-Taker Screen – Positive, Fever and travel last week to West Africa  
0956 Hrs Call-Taker Screen – Positive, Vomiting, stomach pain, contact with known Ebola pt. 2 wk ago

If the Call-Taker Screen is negative, document the phrase; “Call-Taker Screen – Negative” in CAD notes.

## 7. What does “Call-Taker Screen – Positive” mean?

This patient is *at risk* for Ebola so responders must be notified so that they can don appropriate PPE. The caller has indicated that the patient is symptomatic AND has either travelled to West Africa or has had contact with a known or suspected Ebola patient within the last 21 days. EMTs and Paramedics will conduct their own screening of patients as they approach (called an “EMS Screen”) using the same questions. Hospitals will also perform screening.

## 8. Where did these questions come from?

These screening questions follow the specific CDC Ebola screening guidelines and also are the same questions that all AMR EMT and Paramedics are asking patients in the field. The questions are designed to be simple and effective in rapidly identifying patients who may be at risk for Ebola. This screening procedure has been jointly developed by AMR’s Medical Leadership Team.

## 9. Why is AMR not using the MPDS / ProQA Emerging Infectious Disease (EID) Screening Tool?

The EID screening tool is designed to look for a wide variety of symptoms of various diseases some of which are not relevant to Ebola. The simplified process we are using most closely follows the specific Ebola-related questions recommended by the CDC. It is designed to rapidly identify *at risk* patients with as few questions as possible so we can inform responders without delay. We are in ongoing discussions with the International Academy of Emergency Dispatch (IAED) and we have determined that AMR’s screening will not impact accreditation.

## 10. Will the questions or this procedure change in the future?

This is a disease which is new to North America and AMR plans to remain consistent with changing CDC recommendations, adapting our procedures as new information and new science emerges. AMR’s Medical Leadership Team is regularly discussing call intake screening and we will update these procedures as needed.

## 11. How will responders be educated about this Call-Taker Screening?

Each Communication Center should share this 3 page Ebola Call-Taker Screening procedure and FAQ with all field personnel in your jurisdiction. It is important that all responders and first responders understand how call intake screening works and what the phrase “Call-Taker Screen – Positive” means. Please share this document widely.

## 12. What should Dispatchers do when a field crew indicates that a patient has screened positive in the field?

Dispatchers must ensure that receiving hospitals are notified PRIOR TO ARRIVAL of any “EMS Screen – Positive” patients, Persons Under Investigation (PUI) or known Ebola patients.