



Paramedic Chiefs
of Canada

Chefs Paramédics
du Canada

Session Facilitator:

Randy Mellow, Chief of Paramedics

Peterborough County/City Paramedics

EMS Ebola Working Group International Teleconference

December 18, 2014

This session is being recorded.

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Facilitator:



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Randy Mellow Chief

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Previous Sessions



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October:

October 9, 2014

Chief Norman Seals,
Dallas Fire Department

October 16, 2014

Chief Lloyd Rupp & Dr. John Lowe,
Omaha Fire Department
Dr. Fivaz & Dr. Clawson, IAED

October 23, 2014

Wade Miles, Aaron Jamison &
Dr. Alexander Isakov, Grady EMS &
Emory Hospital

October 30, 2014

Dr. Russell MacDonald, Ebola 101

November:

November 6, 2014

Peter Simpson & Catherine Jackson-
Cole, Sierra Leone Experience

November 20, 2014

Dr. Richard Alcorta, Maryland's
statewide implementation of the
IAED EID Tool

December:

December 4, 2014

Chief Bergamini & Captain Miano,
FDNY's experience transporting Dr.
Craig Spencer

Next Session – January 8, 2014

Visit www.paramedicchiefs.ca/eid
to view previous session recordings

Paramedic Chiefs of Canada Ebola Working Group International Teleconference



Questions/Comments?

Please use the chat box
to send any questions
you may have to
"Host, Presenter &
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**FIRST
WATCH.**

Participants

Speaking:

- Panelist: 1
- Katelyn Gilligan (Host, me)
- Attendee: 0

Chat

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Cisco WebEx Training Center - How to ask a question using the WebEx system

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Quick Start

Session Info

Questions

01: Questions/Comr

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Participants

Speaking:

Panelist: 1

Katelyn Gilligan (Host, me)

Attendee: 0

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Full Screen 96% View

Cisco WebEx Session No. 801 291 332



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Agenda:

- Overview/update of Ebola Activity worldwide
 - Dr. Alex Garza
- Receive FirstWatch SitRep on Ebola surveillance activity
 - Todd Stout
- Listen to guest speakers on select issues
 - Dr. Ed Racht, Chief Medical Officer, AMR
- Share solutions regarding specific challenges posed by Ebola
- Participate in an electronic Q&A session with the speaker

Your materials can be shared by sending them to eid@ParamedicChiefs.ca for posting on the Paramedic Chiefs of Canada website.



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Ebola Overview:



Alex Garza, MD, MPH

Medical Director & Homeland Security
Advisor, FirstWatch

Associate Dean for Public Health
Practice, Associate Professor
Epidemiology, St. Louis University

Former Assistant Secretary for Health
Affairs & Chief Medical Officer for the
US Department of Homeland Security

*Former EMT, Paramedic, Flight Medic,
Medical Director, Army Batt. Surgeon*

agarza@firstwatch.net



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FirstWatch SitRep:



Todd Stout

- Ebola monitoring for EMS
- Overview / big picture
- Best practices
- Other information to share
- Q&A
- www.firstwatch.net/hi

tstout@firstwatch.net

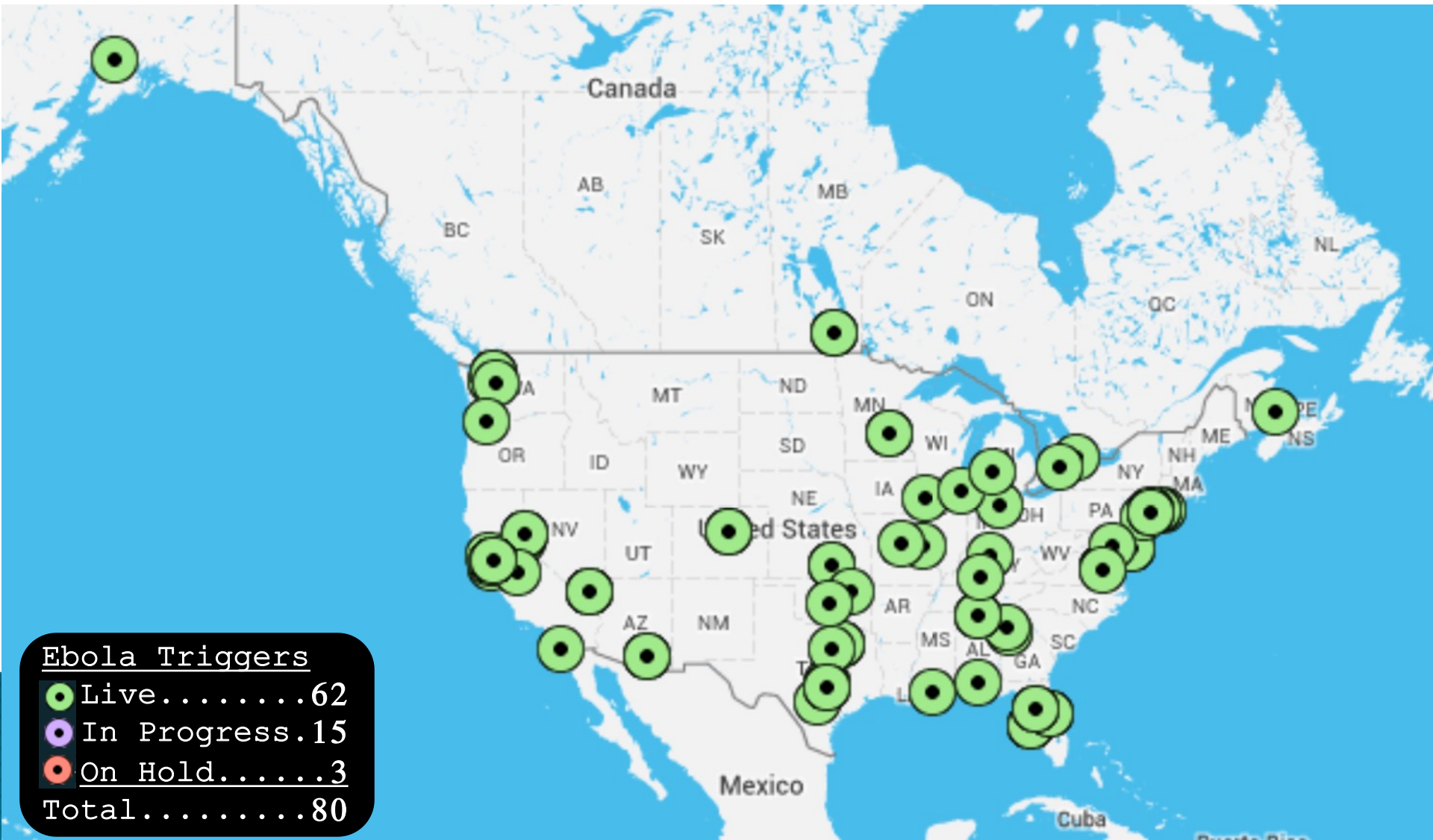
FirstWatch Ebola Monitors

(we call them 'triggers')



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Surveillance Best Practices (so far):

- ▶ If symptoms, ask travel/contact, fever
 - Avoid similar positive & negative documentation
- ▶ 27 ePCR/RMS-based
 - Combination of impressions, temp, custom questions/surveys, free-text
- ▶ 16 ProQA/Paramount (EMD)
 - Emerging Infectious Disease (EID) Form
 - Codes, free text for travel or contact w/traveler
- ▶ 36 CAD-based
 - Combination of chief complaint, user-fields & free-text
- ▶ 1 Hospital Emergency Dept-based

Guest Speaker:



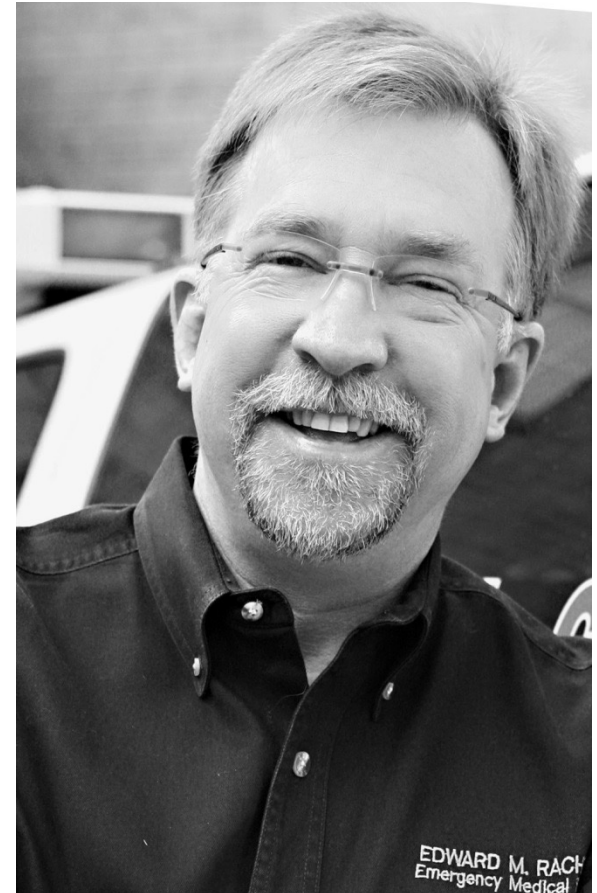
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AMR Experience

Ed Racht, MD
Chief Medical Officer
American Medical Response
Evolution Health

Greenwood Village, Colorado, USA



Ebola (and beyond).

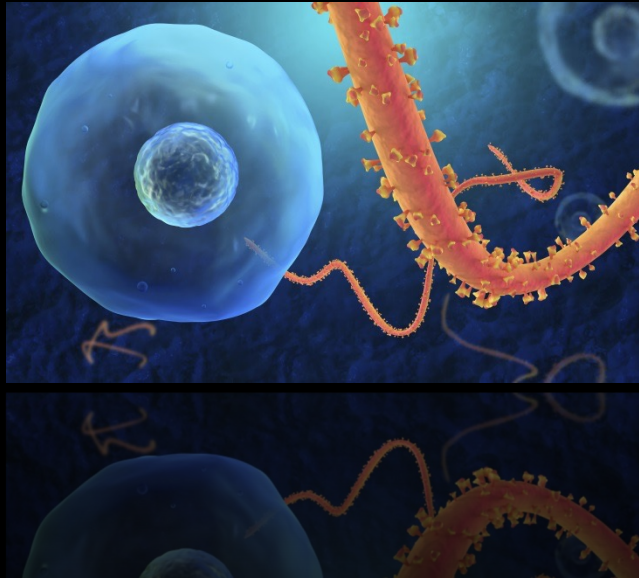
The AMR National Experience & Current Efforts





"There is an old saying that the course of civilization is a race between catastrophe and education.

In a democracy such as ours, we must make sure that education wins the race."



--John F. Kennedy

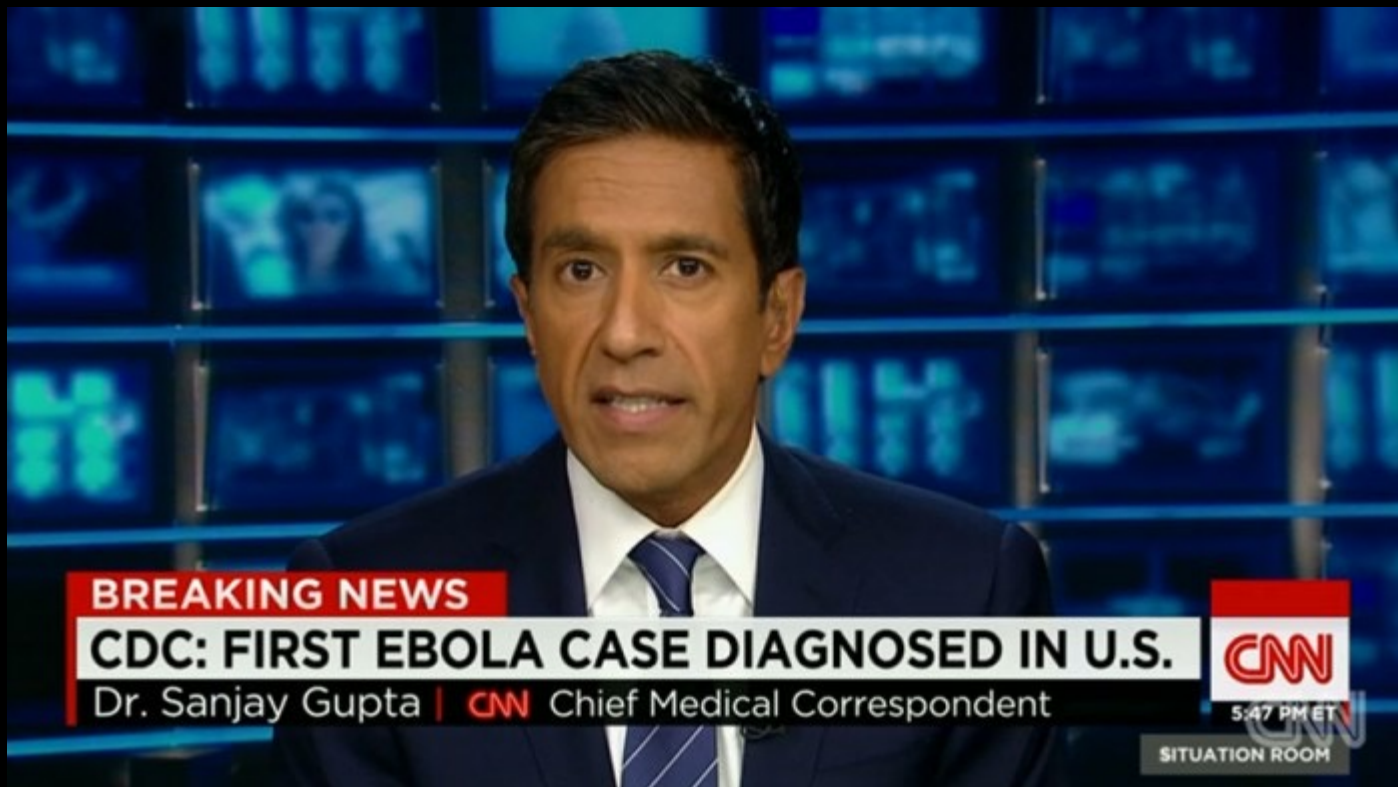
American Medical Response

- Largest EMS & IFT Medical Transportation organization in the US
- 18,000 caregivers
- 40 States / 2,100 Communities
- 3.2 Million patient transports per year
- 1 Drone





September 30, 2014



The AMR experience...



- Why is this even important?
- What is this disease & how do we deal with it?
- Who is the most accurate source of information (operational & clinical)?
- How prepared are we?
- How do we communicate with 18,000 people?
- The science & *the art* of PPE.
- PUI v. Confirmed case definitions.
- PPE acquisition & distribution.
- Surveillance practicalities.
- Provider monitoring.

The AMR experience...



- With no active cases, why do we still talk about this?

October 15, 2014



A note of gratitude...

“Those who know, do. Those that understand, teach.”

— Aristotle



Annals of Internal Medicine

IDEAS AND OPINIONS

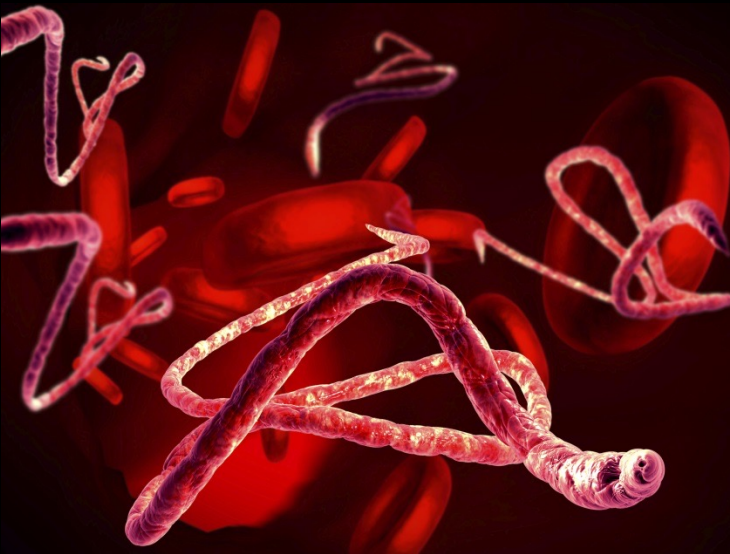
Safe Management of Patients With Serious Communicable Diseases: Recent Experience With Ebola Virus

Alexander Isakov, MD, MPH; Aaron Jamison, EMT-P; Wade Miles, EMT-P; and Bruce Ribner, MD, MPH

Health care workers (HCWs) in the emergency medical services (EMS) and hospital settings often encounter patients infected with dangerous communicable diseases. Such patients are usually managed without fanfare, but when it was announced on 1 August 2014 that 2 American HCWs infected with Ebola virus would return to the United States, the situation changed.

ence to standard and transmission-based infection control practices. Understanding the nature of the illnesses they confront helps providers overcome apprehension and fear so they can render safe and effective care. Training includes special attention to the proper donning and doffing of various PPE.

Select Experiential Learnings...





Ebola

[Ebola Information Home](#)

[Centers for Disease Control
Ebola Page](#)

[Public Information](#)

[Caregiver Information](#)

[Community Partners](#)

Ebola Safety Information

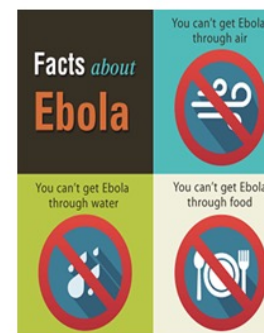
The purpose of this page is to provide information to all members of our community -- clinicians and non-clinicians.

Please keep in mind there are many different infectious illnesses, and the U.S. Healthcare community - including Envision Healthcare - has the training, equipment and processes necessary to safely care for these patients. All caregivers are trained in the necessary precautions to protect against blood and body fluid contamination from diseases like Ebola.

AMR, EmCare and Evolution Health leaders have been monitoring this issue for the past several weeks and have developed resources, training materials and a 24-hour response center. On the left hand side of this page, you will find links with more information on education and precautions. We will continue to update this page with new information as it becomes available.

We want to ensure everyone that we are watching this situation closely and working with the CDC and local health partners to make sure our teams and patients are safe.

Updates





Purpose & practice...



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, Nigeria, Senegal or Sierra Leone)?
- + Had contact with a person known or suspected of having Ebola?

YES

NO

PROVIDE CARE

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

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)

When our main source of information is questioned –
it challenges the validity of the recommendations



#BBCTrending: Who is the 'Clipboard Man'?



BBC Trending
What's popular and why



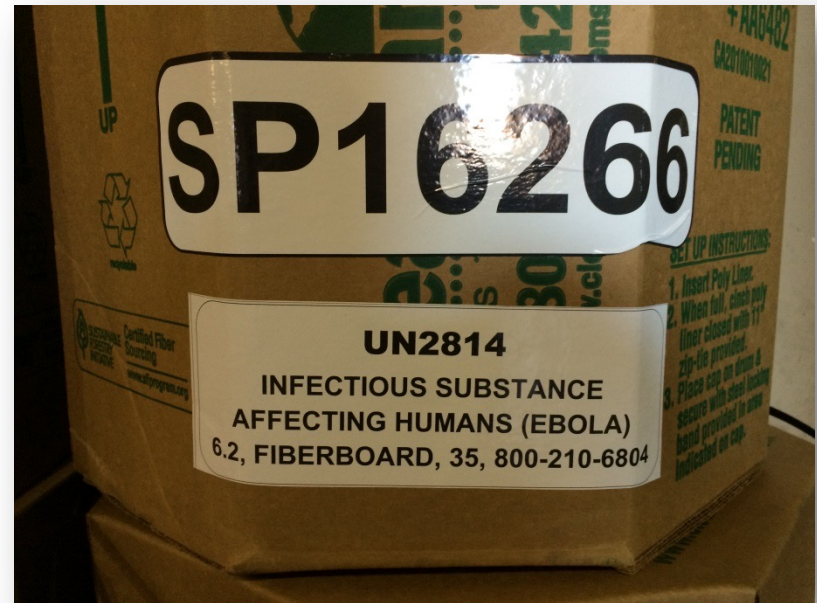
A man standing without a protective suit near a US Ebola patient sent social media users into a panicked frenzy yesterday.

**Best of BBC
Trending**

Shhhh.



The rapidly changing approaches & supplies



The AMR experience...



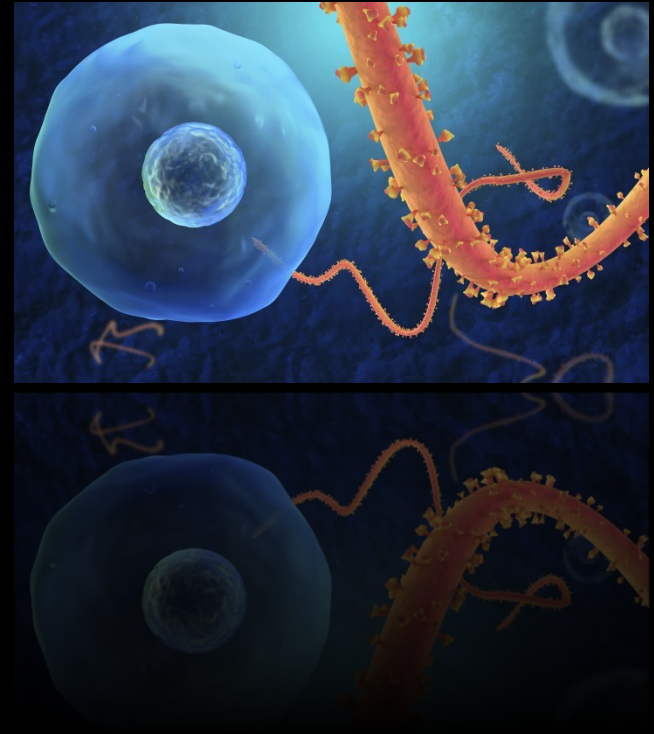
- With no active cases, why do we still talk about this?

The EMS role in emerging infectious disease



EMS post Ebola

- Surveillance
- Navigation
- Management of public perception
- Opportunity for innovative approaches
- A member of the public health army
- A hospital's new friend



DALLAS

*Ebola is something we should be
proud of as a profession...*



CBCnews

ed.racht@evhc.net

personal responsibility

10

EBOLA

IS IN ANIMALS &
BATS TOO

Do Not Touch or Eat
Bushmeat
Not Properly Cooked



CALL 69000 or email L9Lek 504. If you suspect signs of infection



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Next call information

- ▶ **Thursday, January 8, 2014**
 - 10am PDT, 11am MDT, 12pm CDT, 1pm EDT, 2pm ADT
- ▶ Online: <http://firstwatch.webex.com/training>
 - Password: **ebolaems**
- ▶ **Same** Conference Call Info:
 - Dial: +1 **(877) 668-4490** or +1 (408) 792-6300
 - Conference / Session Code: **806 421 582#**
 - *(If you connect online first before calling, it's better)*

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Emerging Infectious Disease (EID) Resource Page

- ▶ For a complete list of Questions and Answers from these webinars, see: www.paramedicchiefs.ca/faqs-ebola
- ▶ If you have information you'd like us to include on the EID Resources page, please send your email to: eid@paramedicchiefs.ca
- ▶ Please also include (for example):
 - **Document Submission Date:** October 16, 2014
 - **Document Title:** CDC Key Messages – Ebola Virus Disease
 - **Document Description:** The attached document summarizes key messages from US CDC about the outbreak and the response and *is current through October 16, 2014*. It will be updated as new information becomes available and distributed regularly.



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2015 Annual Conference
Niagara Falls, Ontario, Canada
June 3rd – 5th

Thank You

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Situation Report (SitRep) Format:

- ▶ Your Name & Organization
- ▶ Impact of Ebola on:
 - Call Volumes
 - Staffing/Performance
 - Health Facility Services
- ▶ Innovation of the week (big or small) for:
 - Your service
 - Your staff
 - Your healthcare facilities
- ▶ Most important lesson learned this week
- ▶ Topics / Issues for today's roundtable or for future discussion.