

**MEMORANDUM**

To: Federal Interagency Committee on Emergency Medical Services (FICEMS)

From: Drew Dawson and Gregg Margolis  
Co-Chairs, FICEMS Technical Working Group (TWG)

**Department of Defense**

Office of the Assistant  
Secretary of Defense for  
Health Affairs

Cc: FICEMS Preparedness Committee

**Department of  
Homeland Security**

Office of the Assistant  
Secretary for Health  
Affairs/Chief Medical Officer  
U.S. Fire Administration

Subject: EMS System Ebola Preparedness

Date: December 4, 2014

**Background**

**Department of Health &  
Human Services**

Office of the Assistant  
Secretary for  
Preparedness and Response  
Indian Health Service  
Centers for Disease  
Control and Prevention  
Health Resources and  
Services Administration  
Centers for Medicare &  
Medicaid Services

On August 26, 2014 the Centers for Disease Control and Prevention (CDC) published "Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients with Known or Suspected Ebola Virus Disease in the United States" (Guidance). Members of the FICEMS Preparedness Committee collaborated extensively with the CDC to provide EMS subject matter expertise as the Guidance was developed. The Guidance, which was widely disseminated by FICEMS member agencies through national EMS and 911 stakeholder organizations, emphasized the importance of a coordinated response among PSAPs, the EMS system, healthcare facilities, and the public health system.

**Department of  
Transportation**

National Highway Traffic  
Safety Administration

On September 30, 2014, the first patient diagnosed with Ebola in the U.S. began treatment at Texas Health Presbyterian Hospital in Dallas, Texas. This patient was transported to the hospital aboard a Dallas Fire-Rescue Department ambulance.<sup>1</sup>

**Federal Communications  
Commission**

Public Safety and  
Homeland Security Bureau

**Preparedness Committee Actions to Date**

Since October 9, 2014, the FICEMS Preparedness Committee has continued to meet twice per week for interagency status updates and coordination. Specifically we provided coordinated interagency EMS subject matter expertise to assist with:

- the development, and subsequent revisions, of the CDC Guidance;

FICEMS c/o  
Office of Emergency  
Medical Services

1200 New Jersey Avenue, SE  
NTI-140  
Washington, DC 20590  
(202) 366-5440  
nhfhsa.ems@dot.gov

<sup>1</sup> Jenaway, William et al. Letter to Sec. Sylvia M. Burwell, 15 October 2014. TS.

- the coordination of EMS and 911 stakeholder input to the latest revision of the CDC Guidance;
- the development of the Assistant Secretary for Preparedness and Response (ASPR) and CDC “Detailed Emergency Medical Services (EMS) Checklist for Ebola Preparedness”;
- the conduct of the ASPR “Ebola Preparedness for Emergency Medical Services” webinar; and
- the CDC EMS stakeholder outreach conference calls with EMS and 911 officials. and to provide other assistance as needed.

We also:

- prepared a list of suggested future Federal government priority activities in support of local and state EMS; and
- organized a November 24<sup>th</sup> listening session with the leaders of national EMS and 911 organizations to report on Federal EMS Ebola-related activities to date, to listen to their concerns and suggestions, and to hear their thoughts about the list of potential future priority activities.

### **Recommendations for FICEMS Action**

Through stakeholder input and internal discussions, the Preparedness Committee determined several gaps in Ebola/infectious disease preparedness. The Preparedness Committee recommends that FICEMS direct the Technical Working Group to coordinate action among the Federal partners to address the following gaps in the immediate horizon:

#### 1. Process

- Complete FICEMS Strategic Plan Objective 3.2 to “[d]evelop a rapid process for providing guidance on emerging EMS issues”. This process should:
  - Include a clearly defined process for the EMS and 911 communities to provide early input to guidance and priority activities;
  - Solicit input from additional Federal partners, as needed, to improve coordination and information exchange; and
  - Emphasize a systems approach to preparedness compliant with Presidential Policy Directive/PPD-8: National Preparedness.

#### 2. Guidance and educational materials

- Develop enhanced guidance with instructional materials, such as videos, for the decontamination of an ambulance and disposal of waste;
- Develop Personal Protective Equipment (PPE) guidance specifically for the EMS and public safety response to Ebola;
- Develop high quality instructional material (e.g., video, posters, etc.) on the utilization of PPE in the EMS environment;

- Provide high quality educational materials to accompany the most recent CDC Guidance, and determine strategies for its wide dissemination throughout the EMS, public safety, and 911 communities;
  - Promulgate CDC guidance for the ground ambulance transport of confirmed Ebola patients including recommended configuration of the ambulance and PPE recommendations for EMS personnel;<sup>2</sup>
  - Develop guidance on configuration of local/regional transport systems for Ebola patients including bridge guidance which emphasizes the importance of coordination between hospitals and EMS; and
  - Develop clinical guidance on treating pediatric patients and coordinating pediatric care and transport with patient families.
3. PPE availability
- Work with State EMS Offices and others, as appropriate, to assure EMS providers have appropriate PPE<sup>3</sup> compliant with accepted national standards.<sup>4</sup>

The Preparedness Committee also recommends that FICEMS direct the Technical Working Group to coordinate action among the Federal partners to address the following gaps over the longer term and to provide FICEMS with additional future recommendations:

- Development of State coordinated learning management systems nationally which include EMS and 911 to support Just-in-Time training for all EMS and 911 providers in an organized manner;<sup>5</sup>
- Strategies to improve basic infection control (including PPE) among EMS personnel including an emphasis on bio-hazards and high consequence infectious diseases;<sup>6</sup>
- Research and development, including education and training aides, on basic and advanced infection control; and

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<sup>2</sup> This shall be coordinated with State EMS officials and others with regulatory authority over the configuration of ground ambulances.

<sup>3</sup> Note: This means that the right EMS providers have the correct PPE. In a carefully designed, local/regional system of care, not every ambulance will need to be equipped with the highest level of PPE protection.

<sup>4</sup> On a November 24, 2014 Preparedness Committee call with EMS and 9-1-1 stakeholders a representative of the National Fire Protection Association (NFPA) indicated that NFPA Standard 1999: Protective Garments for EMS Workers was undergoing a Tentative Interim Amendment with a meeting scheduled in Washington, DC for December 4, 2014

<sup>5</sup> *State EMS System Pandemic Influenza Preparedness: A Report of the FICEMS* (2009) included action step 3.1 which recommended that “[w]here appropriate FICEMS member agencies should increase grant program support for State and local EMS and 9-1-1 systems to enable just-in-time training, including funding for learning management system platforms and other associated costs.

<sup>6</sup> Such strategies may include examining the role of entry level EMS education.

- An assessment of how the implementation of the Institute of Medicine's Crisis Standards of Care recommendations could facilitate the EMS system response to Ebola and other high consequence infectious diseases, including guiding the allocation of resources and other decisions.<sup>7</sup>

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<sup>7</sup> Institute of Medicine (IOM). 2012. *EMS* vol. 3 of *Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response*. Washington, DC: The National Academies Press.