October 12, 2014

To: All professionals in the EMS System for Metropolitan Oklahoma City and Tulsa

From: Jeffrey M. Goodloe, MD, NRP, FACEP
Medical Director, Medical Control Board

Re: Ebola Virus Disease – Update from October 2, 2014

In recognition of a second confirmed Ebola illness patient in Dallas, reported this morning as occurring in a health care worker providing care to the index patient, I am writing with this update to address concerns that you may have.

Ebola remains a serious disease and one still without a proven definitive treatment, though multiple antiviral medications are being refined and some have successfully been used in the United States, treating patients returning from Western Africa with known Ebola.

Our goals in our practice of EMS medicine remain to identify patients we believe have heightened risk for Ebola infection, utilize appropriate personal protective equipment practices, provide patients supportive treatment, and working with local emergency departments, MMRS/MERC, local health departments, the state health department, and in any subsequently confirmed cases, the Centers for Disease Control (CDC) to limit the forward spread of Ebola.

Here are further specifics on these goals:

The EMSA/AMR communications centers are utilizing the newly released screening queries designed by Medical Priority Dispatch System (MPDS) and the International Academy of Emergency Dispatch (IAED) to identify higher risk situations for Ebola and have been doing so for several days now. Even prior to the MPDS/IAED new guidelines, we had instituted equivalent screening questions. Office of the Medical Director staff have personally been in the communications centers to observe that these queries are operational. The EMSA/AMR

communications centers are utilizing procedures to alert responding personnel to a higher risk situation for Ebola by prominent messaging on apparatus mobile data terminals and by verbal communication with the dispatcher(s) providing service to other responding personnel (eg. Fire Department based EMTs and Paramedics). As an EMS system, we are committed to promoting and providing safety information when it matters, so that proper personal protective equipment practices can be followed.

Proper use of personal protective equipment to block exposure to the Ebola Virus Disease is contained within the CDC Guidance for EMS (latest update October 1, 2014):

http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-emergency-medical-services-systems-911-public-safety-answering-points-management-patients-known-suspected-united-states.html

The specific links in the above document to the personal protective equipment detailed instructions for wearing (donning) and removing (doffing) correctly are:

http://www.cdc.gov/HAI/prevent/ppe.html AND http://www.cdc.gov/vhf/ebola/pdf/ppe-poster.pdf

The information available this morning, subject to change of course as further details emerge, indicates concern that the health care worker contracting Ebola from the index patient may have acquired such through removal of personal protective equipment not strictly following the CDC instructions. This is not stated in any blame of this health care worker. I am making this specific point because this is also the suspected situation in a health care worker in Spain acquiring Ebola from a patient there. Proper removal of personal protective equipment is just as important as proper wearing.

In line with the CDC guidance for EMS regarding Ebola, in patients meeting the higher risk criteria, limit invasive procedures to those absolutely medically required. Do not place prophylactic IVs. Do not measure fingerstick blood glucose if the patient is awake, alert, and oriented appropriately. Do not utilize invasive airway management (eg. Intubation) if appropriate oxygenation/ventilation can be achieved by less invasive methods.

EMSA/AMR leadership personnel have been utilizing carefully developed instructions for proper preparation of ambulances to reduce contamination if transporting higher risk for Ebola patients. The operational plan in place today includes the use of a prepared ambulance for such transports. It is important that the appropriate EMSA/AMR Field Operations Supervisor(s) are notified in such cases so that these practices are fully utilized.

In the few, but important, instances we have already experienced in our EMS systems in which patients are higher risk of Ebola were taken to hospital-based emergency departments, very good hospital alert information has been shared. Continue such early notification so that our hospital colleagues can make appropriate preparation to receive those patients.

Please invest in your health, your family's health, your colleagues' health, and your community's health by reading the documents identified above and closely following their advisements.

As I indicated on October 2, 2014, there are many communications regarding Ebola, some developed by medical professionals and some reported by lay press. While all are intended to convey information thought to be important, be discerning in what you read. I and the entirety of your medical oversight support have been, are, and will continue to monitor this and other situations that impact your safety and the safety of our communities. Further communication from me will come as conditions warrant. For now, and for emphasis, please read the CDC expertly developed resources as referenced above.

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