



Policy Statement

Prevention and Control of Ebola Virus Disease (EVD)

I Purpose

On October 16, 2014, the Commissioner issued an Order for the Prevention and Control of Ebola Virus Disease (“the Order”). The Order required specified “EMS Agencies” to conduct activities to protect the public from the threat of an Ebola Virus Disease (EVD) outbreak in New York State. General hospitals, diagnostic and treatment centers, off-campus emergency departments, and ambulance services were required to immediately comply with the Order and to conduct training, drills, and develop policies and procedures.

The purpose of this policy is to provide guidance to emergency medical service (EMS) agencies regarding the NYSDOH’s current expectations for the prevention and control of EVD outlined in the Commissioner’s Order of October 16, 2014 and the Update to the Commissioner’s Order of December 18, 2015.

II Definitions

A. Confirmed Case, consistent with current guidance from the Centers for Disease Control and Prevention (CDC), means a case with laboratory-confirmed diagnostic evidence of Ebola virus infection.

B. Contact is defined as:

1. Coming within three feet of a patient.
2. Performing stabilizing care of a patient, and/or laboratory testing on a patient specimen.
3. Cleaning and disinfecting environmental surfaces, equipment or vehicles used in patient isolation, care and transport.
4. Disposing of medical waste generated during patient care.

5. Preparing, handling or disposing of a body of a deceased EVD patient.

C. Covered Entity means:

1. All general hospitals regulated pursuant to Article 28 of the Public Health Law (PHL);
2. All diagnostic and treatment centers and off-campus emergency departments regulated pursuant to Article 28 of the PHL;
3. Ambulance and advanced life support first response services, licenses pursuant to Article 30 of the PHL; and
4. Funeral Directors and Funeral Establishments, licensed and registered pursuant to Article 34 of the PHL.

D. Covered Personnel means all employees, contractors, students, and all other personnel who may:

1. Come into contact with a patient, or a laboratory specimen from a patient; or
2. Be involved in the cleaning or disinfection of equipment or patient care areas, including vehicles used to transport patients.

E. Direct Contact shall mean a “higher risk exposure” or “lower risk exposure,” as defined herein.

F. EVD shall mean Ebola Virus Disease

G. Higher Risk Exposure includes, but is not limited to, the following experienced by a person while in a country where there exists widespread transmission of EVD.

1. Physical contact with, or exposure to blood or body fluids of, a person with EVD, or a person with a fever and second symptoms of EVD, or with a dead body, regardless of Personal Protective Equipment (PPE) used. This includes, but is not limited to any person who performed direct medical or nursing care to persons with EVD in such countries;
2. Percutaneous (e.g. needle stick) or mucous membrane exposure to blood or body fluids of a person with EVD, or of a person with a fever and a second symptom of EVD;

Processing blood or body fluids of a person with EVD, or a person with a fever and a second symptom of EVD, without appropriate PPE or standard biosafety precautions; or

3. Living in the same household as a person with EVD while such person has EVD symptoms.
- H. Lower Risk Exposure** includes, but is not limited to, the following experienced by a person while in a country where there exists widespread transmission of EVD.
1. Coming within three feet of a person with EVD while not wearing appropriate PPE;
or
 2. Being in a room or other enclosed location with a person with EVD for a prolonged period of time while not wearing appropriate PPE as determined by the facts and circumstances of that particular case.
- I. No Direct Contact** shall mean arriving from a country where there exists widespread transmission of EVD, but with no reported “direct contact,” as defined herein.
- J. Patient** means a person under investigation; a confirmed case; or the body of a person who has expired from EVD.
- K. Person Under Investigation or PUI**, means a person who has both consistent symptoms and risk factors as set forth in the CDC and Department guidelines.

III Requirements of the Order

A. Designation of Ebola Contact

1. EMS Agencies must identify to the Department at least two lead points of contact for EVD preparedness and response activities, one of whom must be available 24 hours per day, seven days per week.
2. The lead points of contact must be assigned to the role of 24/7 Ebola Lead in the Health Commerce System (HCS) Communications Director by your organization’s HCS Coordinator.

B. Identification, Isolation, and Medical Evaluation

1. EMS Agencies must implement a written protocol for the immediate identification, isolation, and medical evaluation of any person presenting for care with:
 - a) A travel history within the last twenty-one (21) days to any country where EVD is active; and
 - b) Any symptoms of EVD including fever, headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage.

- c) The protocol must require screening of travel history and symptoms from all patient upon initial assessment.
2. The protocol must include a plan for the covered personnel on all shifts who would be involved in the medical evaluation or other care of a PUI or patient with confirmed EVD.

C. Personal Protective Equipment (PPE)

1. EMS Agencies must provide all covered personnel with personal protective equipment (PPE) that, at minimum, meets the applicable specifications set forth in the CDC and Department guidelines.
2. PPE shall include readily available N-95 respirators or powered air purifying respirators to be used by personnel who will care for confirmed or suspected cases when copious amounts of bodily fluids are present, or for aerosol generating procedures such as intubation, and take other additional precautions including, but not limited to, double gloving, and use of disposable shoe coverings and leg coverings. Training for this additional level of PPE shall be included in the plan for training on PPE.
3. EMS Agencies must ensure that covered personnel are fit tested for the respirator that will be utilized.

D. In-person PPE Training

1. EMS Agencies must conduct in-person training for all covered personnel, on donning and removing PPE.
2. A designated trainer with infection control expertise selected by the EMS agency must be present at the training to assess whether covered personnel have initially achieved satisfactory competence.
3. PPE training shall consist of actual donning and removing of PPE by the trainees and observers, including physically practicing donning and removing PPE in the setting that will be used for patients.
4. The use of a training video, lecture or other demonstration mechanism should not replace hands-on PPE training.
5. The EMS agency must reassess covered personnel at least every twelve (12) months after initially achieving satisfactory competence and must retrain any covered personnel who do not demonstrate satisfactory competence upon reassessment.

6. Only staff who have demonstrated satisfactory competence are allowed to provide care to patients.
7. The EMS agency must maintain a log that identified all covered personnel who have received training, the dates they obtained satisfactory competence, and the dates and results of annual reassessments.
8. The healthcare facility or ambulance service may limit the number of staff designated to serve in this role as long as adequate coverage is available on all shifts and in all locations where a patient with confirmed EVD or a PUI may present to them for care. For most Emergency Medical Service (EMS) agencies, this means that all staff who may respond to a 911 emergency should be trained.
9. For staff who would not be expected to have contact with a patient with confirmed EVD or a PUI, general education shall be performed upon hire and at the discretion of the healthcare facility or ambulance service.
10. Facilities and ambulance services are strongly encouraged to have a plan in place for implementing Just in Time (JIT) training for all staff described above, should the NYS Commissioner of Health determine that there is an increased risk they would receive a patient with confirmed EVD or a PUI.

E. Contact Log

1. EMS Agencies must maintain a log of all personnel coming into contact with a patient, or a patient's area or equipment, regardless of the level of PPE worn at the time of contact.
2. EMS Agencies shall measure the temperature twice daily of all personnel who come in contact with a patient, a patient's area or equipment, or obtain the temperatures from off-duty personnel.
3. The log must describe each person's measured temperatures and any symptoms.

F. Decontamination and Medical Waste Disposal

1. Implement a written protocol to safely clean and disinfect any room, vehicle or equipment with which patients have come into contact, in accordance with CDC and Department guidelines.
2. Implement a written protocol to safely contain, store and dispose of regulated medical waste in all settings where patients will be cared for that is in compliance with CDC and Department guidelines.

G. Transportation

EMS Agencies must develop a written protocol for the safe transportation of any patient. The transport protocol must include provisions requiring prompt notification that the protocol has been initiated to the receiving facility, local health department, and the NYSDOH.

IV Resources

Centers for Disease Control Ebola Virus Disease for Clinicians:

<https://www.cdc.gov/vhf/ebola/clinicians/index.html>

Ebola Specifications Required Under Commissioner's Orders

<https://www.health.ny.gov/diseases/communicable/ebola/>

Ebola Information for EMS Provider and Local Health Departments

<https://www.health.ny.gov/diseases/communicable/ebola/>