



Monroe Livingston Region Program Agency


Division of Prehospital Medicine, University of Rochester

Mailing Address: 601 Elmwood Avenue, Box 655, Rochester, NY 14642

Physical Address: 44 Celebration Dr, Suite 2100, Rochester, NY 14620

Phone: (585) 463-2900 Fax: (585) 473-3516 E-Mail: mlrems@mlrems.org

To: All Providers and Agencies

From: Jeremy T. Cushman, MD, MS, EMT-P 
Regional Medical Director

Date: January 12, 2015

Re: Advisory 15-01: UPDATED Ebola Virus Disease Response Plan

The Centers for Disease Control and Prevention have just removed Mali as a country of origin for cases of Ebola Virus Disease. As a result, we have updated the Ebola Virus Disease Response Plan to reflect that. This change is effective immediately.

As of today, case definition includes only the countries of Guinea, Liberia, and Sierra Leone. As a result, the screening algorithms have also been updated and are attached to this Advisory. Compliance with the updating screening questions is expected immediately and all updated documents remain available on the [MLREMS EVD Page](#).

All other aspects of this response plan remain unchanged and all resources on the EVD page have been updated accordingly.

Thank you for your continued patience with this evolving epidemic.

EMS EVD Screening Algorithm (v3.2)

Has the response been updated via phone to:
EVD SUSPECTED Criteria?

YES

Apply gloves, eye protection, and surgical or N95 mask before entering scene.

NO

DO NOT TOUCH PATIENT SCREENING REQUIRED:
Perform from a distance of **MORE THAN 3 FEET**

Contact dispatcher for County EMS Medical Director consultation with **ANY EVD suspected patient refusing transport OR found deceased.**

Has the patient lived or traveled to Guinea, Liberia, or Sierra Leone; or had contact with an individual with confirmed Ebola Virus Disease within the **PREVIOUS 21 DAYS?**

NO

Wear PPE to the level appropriate for the patient's complaint.
EVD PPE not required

Treat per standard protocols

YES

Has the patient had **ANY** of the following since their return?
Fever
Headache
Muscle Pain
Weakness
Diarrhea
Vomiting
Abdominal Pain
Unexplained Bleeding
Unexplained Bruising

NO

Wear PPE to the level appropriate for the patient's complaint.
EVD PPE not required

Treat per standard protocols

Was this dispatched as **EVD SUSPECTED?**

YES

Notify dispatcher via **PHONE**
EVD SUSPECTED PATIENT

Notify dispatcher via **PHONE**
NO SYMPTOM – TRAVEL EXPOSURE EVD

YES

NO

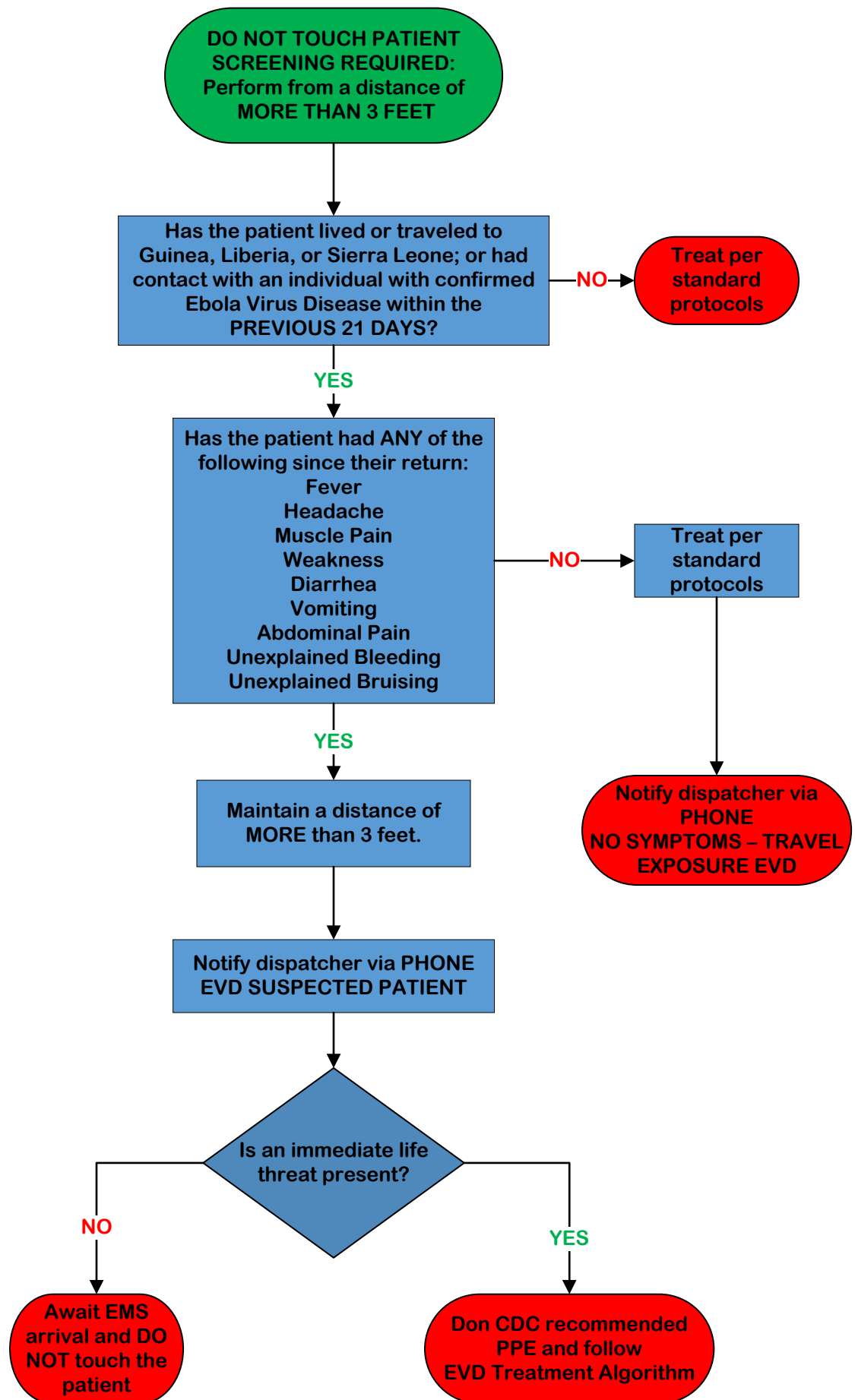
County EMS Medical Director will contact crew to determine interventions, PPE required, and appropriate mode of transport

Transport to SMH ED and notify Adult Medical Control prior to arrival

Notify dispatcher via **PHONE** of **FALSE SUSPECTED EVD**

Transport Normally

First Responder EVD Screening Algorithm (v3.2)



Law Enforcement EVD Screening Algorithm (v3.2)

