

High Consequence Infectious Disease Ambulance Transport – Inter Facility Patient Transfer Requests

GUIDANCE FOR EMS AGENCIES

Application

The following guidance **only** applies during active high consequence infectious disease (HCID)* outbreaks (internationally or in the United States) for persons under investigation (PUI) or those that qualify as a 'suspect case' based on travel history and exposure screening. This guidance **does not** apply to daily operations. This guidance will be updated by MDH and the EMS Regulatory Board (EMSRB) in situations where there is significant person-to-person HCID transmission risk in Minnesota which might surpass the HCID Ready Services capabilities. Each EMSRB licensed ambulance is expected to maintain minimum CDC recommended and OSHA required personal protective equipment **at all times** and be capable of transporting a patient to a front line hospital.

Background

The West Africa Ebola Outbreak, 2014 – 2015 brought forward the need to focus on the safe response to and transport (patient and EMS providers) of Ebola and all HCID patients to an appropriate medical facility. MDH and EMSRB established an EMS Workgroup to focus on the EMS preparedness requirements to transport these patients statewide. All EMS agencies operating in Minnesota were given the option to self-identify and voluntarily meet and maintain these higher standards. Seven (7) licensed ambulance services agreed, if requested, to respond statewide to and transport a suspected or confirmed HCID patient to an Ebola Assessment and Treatment Center (University of Minnesota Medical Center-West Bank, Minneapolis, and Mayo Clinic St. Marys Hospital, Rochester) if the primary ambulance service is unable to do so safely. The seven services will respond statewide upon appropriate request.

*If your ambulance service is contacted by a hospital within your primary service area requesting a hospital to hospital transport of a suspected or confirmed HCID patient, and you do not have the capability to transport the patient **it is recommended for safety purposes to contact the nearest HCID-Ready Ambulance Service to arrange and complete the transport.***

HCID Ready Ambulance Service Contact Information

Service	24/7 Contact Number
Allina Health Emergency Medical Services, Metro	(651) 222-0555
Altru Ambulance Service: Altru Health System, Grand Forks	(701) 780-5280
CentraCare EMS, Willmar	(320) 231-4212
FM Ambulance Service, Fargo/Moorhead	(701) 364-1700
MHealth Ambulance Service, Metro	(651) 232-1717
Mayo Clinic Ambulance, Rochester	(507) 288-2407 or (800) 237-6822
North Memorial Health Ambulance Service, Metro	(763) 581-2897

*HCID – Pathogens for which all forms of medical waste (including patient excreta, secretions, blood, tissue, tissue swabs, and specimens in transport media) are classified as Category A infectious substances (UN2814) by the U.S. Department of Transportation; or a pathogen with the potential to cause a high mortality rate among otherwise non-critically ill immunocompetent people for which no routine vaccine exists. <https://www.health.state.mn.us/diseases/hcid/index.html>

Response Protocol

Inter Facility Patient Transfer Transport Requests:

1. Inform requesting hospital your service does not have the capabilities to transfer suspected or confirmed HCID patients, but your ambulance service will immediately contact a service that is prepared and able to transport. Obtain the name and number for the hospital contact person. Remind the hospital to not attempt to contact another service as this will cause delays.
2. Contact the nearest HCID Ambulance Service and request them for this specific patient transport. Provide the HCID service with hospital location and the contact person and telephone number at the hospital to obtain further information about the patient, transport destination and transfer arrangements.
3. Confirm and inform the requesting hospital that you have contacted an HCID Ready Ambulance Service and they will be contacting you.

If there are any clinical, questions please contact the Infectious Disease Epidemiology, Prevention and Control Division (IDEPC) at MDH at 651-201-5414 or 1-877-676-5414 and ask for a member of the Clinical Team 24 hours a day, 7 days a week.

In the Field:

4. The following factors are all present:
 - a. The disease is active internationally or in the United States;
 - b. Dispatcher or on-scene screening is performed; and
 - c. A known travel, exposure history or contact with ill patient is present.
5. Once a patient is identified or highly suspected to be an HCID patient then OSHA appropriate personal protective equipment (PPE) should be readied and ambulance equipment and supplies protected.
6. Do not leave the scene or patient, establish a safe zone (6-10 feet from patient) and keep all responders in the safe zone. All responders should don appropriate PPE (gloves, masks, gowns, etc.) as available.
7. Inform the patient or others of their need to stay within the established safety zone in their current location. Once PPE is donned, continue to assess the patient's condition and follow your services medical treatment protocols. Provide any lifesaving assistance to the patient as needed within the safety limits of your PPE. Any decisions to delay or postpone usual treatments should be made in consultation with your medical director, medical control physician, or emergency department physician.
8. Communicate patient information and status to the front line hospital where the patient will be transported so they have time to prepare.

If there are any clinical, questions please contact the Infectious Disease Epidemiology, Prevention and Control Division (IDEPC) at MDH at 651-201-5414 or 1-877-676-5414 and ask for a member of the Clinical Team 24 hours a day, 7 days a week. Minnesota Department of Health
Emergency Preparedness and Response
651-201-5700

health.epr@state.mn.us

<https://www.health.state.mn.us/communities/ep/index.html>

May, 2024