



County of Santa Clara Emergency Medical Services System

Policy # 916: Positive EVD Health Screening Incident Commander Checklist

POSITIVE EVD HEALTH SCREENING INCIDENT COMMANDER CHECKLIST

Effective: July 9, 2015
Replaces: New
Review: November, 2017

Purpose:

This checklist provides guidance for Incident Commanders of events in which a patient is positive for the EVD Health Screening Questions. Completion of the checklist ensures that all needed roles are filled and tasks are completed. The Incident Commander shall fill any unassigned roles.

Resources:

- Policy 700-S09: Infectious Disease Control Measures*
- Policy 917: Positive EVD Health Screening Safety Officer Checklist*
- Policy 918: Positive EVD Health Screening Ambulance Operator Checklist*

Completed By: _____ **Date:** _____

I. Initial Actions:

Action #	Tasks	Time	Initial
1.	The entire contents of this checklist must be completed and submitted to your supervisor/agency chief upon completion.		
2.	Don Standard Precautions and remain a minimum of 3 feet from the patient.		
3.	Establish Incident Command		
4.	If a patient has screened positive for EVD Health Screening Questions, proceed to Action #6.		
5.	If a patient has screened negative for the EVD Health Screening Questions, resume as normal and ensure care is provided as per Santa Clara County Prehospital Care Policy.		
6.	Assign a Safety Officer (if available). Name:		
7.	The Safety Officer shall utilize <i>Form 917: Positive EVD Health Screening Safety Officer Checklist</i> .		
8.	If there are biological fluids present and/or providers deem it necessary to conduct aerosolizing procedures, request specialized ambulance. Specialized ambulance requested:		

Action #	Tasks	Time	Initial
9.	Utilize a command/tactical radio channel as needed for on scene communications. Test communications on the channel. Channel used:		
10.	Ensure direct primary and secondary patient care providers don High Risk PPE under the supervision of a trained observer. No skin can be visible/showing. PPE includes:		
	A. Surgical hood, extending to the shoulders (exempt if coveralls or suit provides)		
	B. Face shield		
	C. Eye protection		
	D. N95 mask or P100 mask		
	E. Impermeable gown		
	F. Double glove with high cuff		
	G. Leg and shoe coverings (exempt if coveralls or suit provides coverage)		
	H. Have confirmed radio communications capability		
11.	Reduce unnecessary exposure of patient to others. Restrict bystander access to the scene.		
12.	Request additional resources, as needed. Resources requested:		
13.	Assign one qualified responder to serve as Ambulance Operator. Name:		
14.	The Ambulance Operator shall utilize <i>Form 917: Positive EVD Health Screening Ambulance Operator Checklist.</i>		

II. Notification Actions:

Action #	Tasks	Time	Initial
1.	Ensure your supervisor/agency chief has been notified (phone only).		
2.	Ensure the EMS Duty Chief has been notified (via county communications, Phone Only).		
3.	Utilize a command/tactical radio channel as needed for on scene communications. Test communications on the channel.		
4.	When contacted by the EMS Duty Chief be prepared to provide the following information: A. First Responder identifier: B. First Responder crew names: C. Ambulance identifier: D. Ambulance crew names: E. Current location and status of ambulance: F. Has the patient traveled to or had contact with anyone who has traveled to any of the following countries: (circle if applicable) 1) Sierra Leone Yes / No 2) Guinea Yes / No 3) Liberia Yes / No G. Does the patient have any of the following symptoms: (circle if applicable) 1) Fever 2) Body aches 3) Headache 4) Weakness 5) Vomiting and/or diarrhea 6) Unexplained hemorrhage H. Is there a presence of biological fluids (blood, feces, vomit, etc.)? I. When was the onset of symptoms? J. Hospital destination: K. Is the patient compliant with transport? L. Were any specialized resources requested?		
5.	Ensure receiving hospital has been notified (phone only). Provide the following information: A. Transport ambulance ID: B. Positive Ebola screened patient: C. Patient's chief complaint: D. ETA of unit: E. Advise hospital that ambulance will update its status when enroute.		

Action #	Tasks	Time	Initial
6.	If the patient refuses treatment or transport, notify the EMS Duty Chief.		
7.	Once the patient has left the scene in the ambulance ensure the completion of the following tasks: A. Properly dispose of waste as per agency policy and procedure B. All providers that do not transport shall safely doff PPE while observed by the Safety Officer C. Make contact with the EMS Duty Chief D. Remain out of service until the Health Officer releases the unit (note: this information shall come via the EMS Duty Chief)		
8.	Terminate the use of command/tactical radio channels.		

III. Demobilization Actions:

Action #	Tasks	Time	Initial
1.	Ensure all providers remaining on scene doff PPE under the direction of the Safety Officer		
2.	Make contact with the EMS Duty Chief and collect the following information: 1. Public Health Officer name: 2. Initial instructions for personnel: 3. Contact number for responder follow up:		
3.	Disseminate information to all remaining responders.		
4.	Ensure units all units remain out of service until cleared by the Public Health Officer.		
5.	Collect all documentation from remaining on scene personnel.		
6.	Submit all documentation to supervisor or agency chief (All documentation must be submitted by responding agency to the EMS Duty Chief within 24 hours.) Name:		