

Saratoga County EMS Mutual Aid Plan Addendum for High Risk Biological Response
Biological Emergency Response Team (BERT)
June 2015

Purpose:

Requests for EMS response to certain high-risk biological conditions such as Ebola Virus Disease (EVD) may be outside the resources and ability of individual Saratoga County EMS agencies to safely respond to. To protect the health and safety of EMS responders and to provide appropriate care and transport of persons under investigation (PUI), suspected or diagnosed with any high risk biological condition or disease, this county-wide, collaborative, EMS mutual aid plan addendum has been developed.

Biological Emergency Response Team (BERT)

BERT is a collaborative mutual aid effort consisting of EMS providers recruited from active membership of Saratoga County ambulance corps who voluntarily offer to join the team and designated ambulances from Saratoga County agencies outfitted for BERT response. Members receive training in BERT policies and procedures; response plans; use of appropriate Personal Protective Equipment (PPE); patient care and transport procedures; decontamination of scenes, vehicles and equipment; proper removal of biohazard wastes; return to service; and follow-up medical monitoring. Coordination of BERT will be through the Office of Emergency Services (OES).

Operational Procedures

1. 9-1-1 Call Screening

- a. When recommended by the County EMS Coordinator in consultation with the Director of Saratoga County Public Health Nursing Service (SCPHNS), all 9-1-1 Public Safety Answering Points (PSAPs) in Saratoga County will conduct caller screening of all 9-1-1 calls using the Advanced Medical Priority Dispatch System (AMPDS) Emerging Infectious Disease (EID) Surveillance Tool.
- b. The type and level of caller screening will be designated by the Saratoga County EMS Coordinator based on recommendations of the Centers for Disease Control (CDC), New York State Department of Health (DOH) and SCPHNS.
- c. If a requested response is determined to meet criteria in effect for high-risk biological response, the call will be processed by the Saratoga County Sheriff's Department Communications Center as follows:
 - No Fire Dept/EMS Assist first responders will be dispatched to the call
 - The agency of jurisdiction will be dispatched with instructions to landline Communications. The call location will not be transmitted over the air.
 - EMS Coordinators will be notified.

- The responding EMS agency will be advised by phone of the call and EID information obtained. A call-back number will be obtained and the crew will be instructed that they will receive a call from an EMS Coordinator to assist in response.

2. Discovery of High-Risk Patient During Response

- a. If an EMS, fire or law enforcement responder encounters a patient they suspect may have a high-risk biological condition or disease, they will immediately retreat to a safe distance and contact the Saratoga County Communications Center. To avoid contamination, the crew should not leave the scene or reenter their response vehicles.
- b. On receipt of a call reporting a potential high-risk biological patient, Communications will obtain a call-back number and notify the EMS Coordinators.

3. Public Health Request for Transport

- a. If the SCPHNS determines that transport of a high-risk biological patient is necessary, the SCPHNS will contact the Saratoga County Communications Center and request an ambulance response.
- b. Any call for transportation from SCPHNS will be processed according to the procedure outlined in 9-1-1 call screening (above).

4. EMS Coordinator Actions

- a. On notification by Communications of a suspected or known high-risk biological EMS patient, the EMS Coordinator or Deputy Coordinator will review information obtained by the Communications Center and contact the EMS crew involved directly.
- b. The Coordinator will make a determination as to: (1) whether a high-risk biological situation actually exists and (2) whether the EMS agency of jurisdiction (or already on scene) is capable and comfortable with managing the response. If consultation is needed, the Coordinator will contact the SCPHNS on-call nurse (584-7460).
- c. If the Coordinator determines that the EMS agency is not comfortable or capable of managing the response, the Coordinator will request Communications activate the BERT team for response using the BERT iamresponding group.
- d. The Coordinator will request activation of the Saratoga County HazMat Team. If activated by pager, Communications will request the team landline for information to avoid transmitting information over the air. HazMat will be requested to meet BERT at a selected staging area (such as a firehouse or ambulance station) near the scene of the call.
- e. The Coordinator will notify SCPHNS of the situation, regardless of whether or not BERT was activated.

5. BERT Membership

- a. OES will maintain a current listing of BERT members, compiled from names and contact information submitted by Saratoga County EMS Agency Administrators.
- b. The EMS Agency submitting the BERT member name will be considered the sponsoring EMS agency. Salaries, benefits, workers compensation, and other coverages normally afforded the member by the sponsoring agency continue to be provided by the agency during mutual aid operations and training with BERT.
- c. BERT members must be active members in good standing of a Saratoga County EMS Agency. Resignation, termination or separation from the sponsoring EMS agency immediately terminate BERT membership.
- d. BERT members will be responsible for updating their contact information through the BERT iamresponding group. OES will periodically message the BERT group to remind members to update their information.

6. BERT Activation

- a. On receipt of a BERT activation, any available team member should indicate their availability to respond through the iamresponding system.
- b. Communications will work with the Coordinator to determine available BERT members, the ambulance that will be used to respond and the staging location for BERT members. Members will be advised to report to the BERT ambulance station or selected staging area, unless response to the scene would be more expeditious.
- c. BERT will be reactivated with names of assigned responders, location of the designated ambulance and staging area for BERT members.

7. BERT Training

- a. BERT members will complete an initial 8-hour training, conducted by the Saratoga County HazMat Team in conjunction with the Momentive Performance Materials HazMat/Fire Brigade on response to high-risk biological events.
- b. Members will be fit tested for Scott AV2000 mask and N-95 mask. Costs of this testing will be the responsibility of the sponsoring agency.
- c. Initial training will include, at minimum:
 - Current diseases of concern, situational awareness and emerging threats.
 - Best practices.
 - BERT and Saratoga County SOGs (Standard Operating Guidelines).
 - Use of PPE, safety equipment and decontamination procedures.
 - Patient transportation and interaction with definitive care facilities.
 - BERT members will receive refresher training at minimum every 6 months.
- d. Training and fit testing records for BERT members will be maintained on the iamresponding system by OES.

8. BERT Ambulances

- a. Ambulances will be specially designated for BERT response. Current vehicles designated are:
 - Clifton Park – Halfmoon 1957
- b. Designated ambulances will be outfitted with supplies on rendezvous with the County HazMat unit.

9. BERT PPE

- a. PPE for BERT members will be maintained with the HazMat truck at Saratoga Springs Fire Department (SSFD).
- b. Restocking PPE will be the responsibility of OES.

10. BERT Response

- a. Upon receipt of a BERT assignment, team members will report to the assigned ambulance location or staging area.
- b. Donning of PPE should be conducted at the staging area.
- c. Draping and/or sheeting of the of the BERT ambulance, as appropriate, should be conducted in staging and the patient compartment should be sealed from the cab.
- d. All members should work to minimize patient contact. If the patient is not in acute distress, one crew member in appropriate PPE should make patient contact for an interview. A second provider should don appropriate PPE in the event the initial provider requires immediate assistance. If available, a third provider should also don appropriate PPE to provide assistance in the event the two other providers require additional assistance.
- e. HazMat will act as trained observers, monitoring donning to assure it is consistent with training and best practices.
- f. Initial interview should be conducted from a distance of at least 6 feet and include questions appropriate to the suspected condition (i.e., travel history, signs and symptoms, etc).
- g. Any family members or other individuals on scene should be separated from the patient and asked to remain in a safe location on scene until consult can be made with SCPHNS.
- h. The patient will be provided with a surgical mask to wear prior to the provider moving closer than 6 feet. If the patient is vomiting, they should be provided with an emesis bag to contain any vomitus. If the patient's clothes are soiled, the patient should be provided with a protective suit to don prior to transport (if possible).
- i. Transport decisions should be based on clinical assessment in consultation with medical control and/or SCPHNS.
- j. If the patient is stable and ambulatory, they should be walked to the ambulance by the provider making initial contact, with advance notice to any providers outside so there

is a clear path to the ambulance. If extraction is required, then the minimum number of personnel in appropriate PPE should be utilized to safely move the patient.

- k. The ambulance patient compartment should be isolated from the cab and the driver donned in appropriate PPE. If the patient can be cared for by a single provider, then the crew should be limited to one care provider and one driver.
- l. Any provider on scene who has had patient contact will be transported in the BERT ambulance for decon at the receiving Emergency Department (ED).

11. Hospital Destination

- a. BERT will transport patients to the closest appropriate Emergency Department.
- b. Prior to arrival, an EMS Coordinator will notify the receiving hospital charge nurse and attending physician of the patient being transported. Notification will be by telephone. Patient history, status, and whether or not the patient is ambulatory should be conveyed.
- c. Whenever possible, an EMS Coordinator will respond to the receiving ED prior to BERT arrival to assure readiness. The Coordinator will identify BERT personnel and separate contaminated from non-contaminated members.
- d. On arrival at the ED, the BERT care provider(s) will accompany the patient into the ED. The driver will move the ambulance to a secure location and lock the vehicle.

12. Scene Decontamination

- a. BERT will assure the premises where the patient was encountered is secured for decontamination.
- b. Saratoga County Sheriff's Department will maintain a secure perimeter around the premises while awaiting decontamination.
- c. BERT will assure that any other individuals present on scene who have had close contact with the high-risk patient remain on scene for assessment and disposition by SCPHNS. Appropriate isolation precautions should be employed for these individuals while awaiting SCPHNS.
- d. SCPHNS will work with OES to assure that the premises are decontaminated.
- e. The current OES contractor for decontamination is Miller Environmental (phone 845-569-1200).

13. Ambulance Decontamination

- a. Once a destination hospital has been determined, the EMS Coordinator handling the call will notify Miller Environmental and request a response for ambulance decon at the receiving hospital. Estimate response time is less than 2 hours from receipt of a request.

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- b. Following transport, the BERT ambulance will be decontaminated according to recommended CDC guidelines appropriate to the known or suspected biological hazard.
- c. Waste products from the ambulance and crew will be disposed of by the receiving hospital or by Miller Environmental.

14. Crew Isolation and Confirmation of Risk

- a. Upon notification of a suspected or known high-risk biological patient encounter, the SCPHNS will follow up with BERT members and the receiving hospital to determine whether any potential exposures have occurred and whether testing has confirmed high-risk infection in the patient (or eliminated suspicion of high-risk infection).
- b. Based on follow up by SCPHNS, BERT members will be advised on any additional prophylaxis, quarantine or other measures necessary.

First Draft 10-19-2014

Reviewed and approved December 2014 by:

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Saratoga County Public Health Nursing Service

Saratoga County EMS Coordinator

Final issuance January 2015

Revised May 2015

Reissued June 2015