

New Jersey Emergency Medical Dispatch Guidecards

Update November 10, 2014

The New Jersey Department of Health, Office of Emergency Medical Services has made the following changes to the guidecards.

Arrangements have been made between DOH and the NJ Poison Information and Education System (NJPIES) to provide information to general public having questions about the current Ebola outbreak. PSAPs can instruct callers with general questions to dial the **Ebola Hotline** at **1-800-962-1253**. The staff at the NJPIES will be providing this information in addition to their regular duties for this situation. For the present, do not transfer the caller to NJPIES over the 9-1-1 network. Let them make the call using the "800" number. The staff at NJPIES will have the latest information from the NJ DOH.

The **ALERT** and **SICK PERSON** cards have been modified to display this number. The area that provided a number for information about the flu has been repurposed. This card can be downloaded and printed. After folding, it will replace the **SICK PERSON Pre-Arrival** and **STROKE/CVA** slot in the rack.

This is intended for the general public with questions, NOT for an individual presenting with signs and symptoms, or asking if they could possibly have Ebola. If signs and symptoms are present the patient should be handled following the protocols established by the local emergency services.

ALERT Card

The ALERT card has been modified to include this information. Also, the areas of concern for recent travel have been changed. The outbreak area remains West Africa (the link to the CDC Ebola outbreak website has been added) and the patient in NYC has been added to the confirmed cases while the possible Newark case has been removed. The primary concern in the United States is the individual who is at high risk based upon exposure to an Ebola infected patient. These people are self-monitoring and procedures have been established if signs and symptoms develop. However, there is the possibility that they may find themselves in a position where they have to call 9-1-1. PSAPs should be aware of this and be ready to respond accordingly.

The note to inform ALL responding units of the potential of an infectious disease has been reaffirmed and highlighted. This has been done because in many cases responders may not be dispatched by a single PSAP or PSDP.

It is imperative that the agency who obtains this information relay it to all other PSAPs or PSDPs involved. Arrangements for dispatch of special units, notifications to hospitals, health department and others should be determined in advance by the PSAP and PSDPs.

QUESTIONS ABOUT RESPONSE

In these situations the NJ EMD Guidecards are intended to help PSAPs identify patients who may potentially have an infectious disease and recommend dispatch of available BLS and ALS units with appropriate precautions in place prior to patient contact. In the past alerting responders and medical facilities to the possibility of a patient with an infectious disease such as the flu or meningitis so that they could take “universal precautions” has been sufficient. With the current potential for patients with Ebola, numerous departments and agencies at the state, county and local levels have been working to determine how potential patients, once identified, will be treated. As this will vary depending on where the patients are in New Jersey there is insufficient space to include these in the guidecards. Once the patient has been identified as a potential Ebola patient the protocols established by the work of these entities concerning response, patient treatment, transport, destination, and decontamination procedures should be followed.

If you are a PSAP or PSDP and do not know what plans have been made for your county, contact your County OEM Coordinator or County EMS Coordinator.

AND DON'T FORGET:

Enterovirus (EV-D68) remains on the card. Additional cases have been identified in New Jersey and it should be remembered that this disease has killed more patients this year, than Ebola. While the mortality rate is less than Ebola, the fact that some patients under the age of 15 have developed polio-like paralysis should be of particular concern. Since it is easy to transfer, responders not taking proper precautions can contract this and spread it to family and others. As someone who is old enough to remember what polio is like I find this concerning.

Questions or comments should be directed to:

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