Enterovirus (EV-D68) 9/9/2014

Ebola Interim Guidance for Emergency Medical Services Systems and 9-1-1 Public Safety Answering Points

Approved by:
State of New Jersey Department of Health, Office of Emergency Medical Services
http://www.state.nj.us/health/ems

 Adopted by:
State of New Jersey, Office of Information Technology, Office of Emergency Telecommunications Services
http://www.nj.gov/911

ALERTS

Enterovirus (EV-D68)
Signs and symptoms similar to cold or flu. In children age 6 weeks to 15 years with existing respiratory illness may quickly become respiratory distress, change in skin color (hypoxemia) or wheezing.

Current cases have been reported in New Jersey.

Ebola
Patient may present signs and symptoms of flu in early stage such as high fever, severe headache, muscle pain, vomiting, diarrhea, or abdominal pain. Additional sign may be unexplained bleeding.

Look for recent travel (up to 21 days) in affected areas.

Cases confirmed in US (being treated in Texas, Georgia and Maryland), screening being conducted at major airports. Current outbreaks reported in West Africa.

NO CHANGE

NO CHANGE - Instruct caller to watch for any changes in patient's breathing and to call back if they occur.
## ASSAULT / DOMESTIC / SEXUAL

### Pre-Arrival Instructions

<table>
<thead>
<tr>
<th>Prompts</th>
<th>Short Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remain in a safe place away from the assailant</td>
<td>Gather patient’s medications if possible</td>
</tr>
<tr>
<td>Obtain description of the assailant</td>
<td>Do not allow the patient any food or drink</td>
</tr>
<tr>
<td>Have patient lie down and keep calm</td>
<td>If the patient’s condition changes call me back</td>
</tr>
<tr>
<td>Do not touch weapons</td>
<td></td>
</tr>
<tr>
<td>Advise patient not to change clothing, bathe or shower</td>
<td></td>
</tr>
<tr>
<td>Keep patient warm</td>
<td></td>
</tr>
</tbody>
</table>

### Has Law Enforcement been notified?
Relay details of incident and description of assailant(s)

### Sexual Assault - non-injured follows county SART Protocols

### Domestic Violence - non-injured follows local police protocols’

---

## BLEEDING / LACERATION

**“Where is the bleeding from?”**

<table>
<thead>
<tr>
<th>Key Questions</th>
<th>&quot;How much blood can you see?&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the patient is female with vaginal bleeding:</td>
<td>&quot;How long have they been bleeding?&quot;</td>
</tr>
<tr>
<td>&quot;Could she be pregnant?&quot;</td>
<td>&quot;Is blood squirting out?&quot; (Arterial bleeding)</td>
</tr>
<tr>
<td>IF YES: go to</td>
<td>&quot;Is the patient a hemophiliac?&quot; (A bleeder)</td>
</tr>
<tr>
<td>&quot;Does she have pain in the abdomen?&quot;</td>
<td>&quot;Has the patient recently traveled outside of the state/country?&quot;</td>
</tr>
<tr>
<td>IF YES: go to</td>
<td>IF YES: &quot;Where?&quot; (Check ALERTS)</td>
</tr>
</tbody>
</table>

### SIMULTANEOUS ALS/BLS

<table>
<thead>
<tr>
<th>Dispatch</th>
<th>BLS.DISPATCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreased level of consciousness</td>
<td>Minor bleeding from any other area that can be controlled by direct pressure</td>
</tr>
<tr>
<td>Any arterial bleeding</td>
<td></td>
</tr>
<tr>
<td>Bleeding with history of Hemophilia</td>
<td></td>
</tr>
<tr>
<td>Rectal bleeding with significant blood loss</td>
<td></td>
</tr>
<tr>
<td><strong>Vomiting blood or coffee-ground like material</strong></td>
<td></td>
</tr>
<tr>
<td>Bleeding from mouth with difficulty breathing</td>
<td></td>
</tr>
<tr>
<td>Bleeding from the neck, groin or armpit with significant blood loss</td>
<td></td>
</tr>
<tr>
<td>Vaginal bleeding, over 20 months pregnant, associated with lower abdominal pain or fainting</td>
<td></td>
</tr>
</tbody>
</table>

### State of New Jersey EMD Guidecards Version 10/14
**Pre-Arrival Instructions**

- Do not approach vehicle if there are any indications of fire, downed wires or other hazards.
- If able to enter crash scene, DO NOT move patient(s) unless there are hazards.
- If the patient’s condition changes, call me back.

**Prompts**

- Has Law Enforcement been notified?
- Is Fire Department/ HAZMAT needed?
- If the caller can provide information about the patient(s) go to appropriate Guidecard.

**Short Report**

- Age
- Sex
- Specific location
- Chief complaint
- Pertinent related symptoms
- Medical/Surgical history, if any
- Other agencies responding
- Any dangers to responding units

---

**ABDOMINAL PAIN**

<table>
<thead>
<tr>
<th>Key Questions</th>
<th>Short Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Is the pain due to an injury to the patient?&quot;</td>
<td>&quot;As the patient vomited?&quot;</td>
</tr>
<tr>
<td>&quot;How does the patient feel sitting up?&quot;</td>
<td>IF YES: &quot;What does it look like?&quot;</td>
</tr>
<tr>
<td>&quot;Is the pain above or below the belly button?&quot;</td>
<td>&quot;Are the patient’s bowel movements back and tarry?&quot;</td>
</tr>
<tr>
<td>If the patient is female between 12-50 years old:</td>
<td>&quot;Is the patient wearing a Medical Alert tag?&quot;</td>
</tr>
<tr>
<td>&quot;Could she be pregnant?&quot;</td>
<td>IF YES: &quot;What does it say?&quot;</td>
</tr>
<tr>
<td>&quot;Has there been vaginal bleeding?&quot;</td>
<td>&quot;Does the patient have Addison’s Disease, recent trauma or other medical condition?&quot;</td>
</tr>
<tr>
<td>&quot;How much?&quot;</td>
<td>&quot;Has the patient recently traveled outside of the state or country? IF YES: “Where?” (Check ALERTS)&quot;</td>
</tr>
<tr>
<td>&quot;Has she felt dizzy?&quot;</td>
<td></td>
</tr>
</tbody>
</table>

---

**SIMULTANEOUS ALS/BLS**

<table>
<thead>
<tr>
<th>Dispatch</th>
<th>BLS.DISPATCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vomiting blood (red/dark red) or coffee ground-like material</td>
<td>Pain with vomiting</td>
</tr>
<tr>
<td>Pain with existing history of Addison’s disease</td>
<td>Flank pain (kidney pain)</td>
</tr>
<tr>
<td>Black, tarry stool</td>
<td>Abdominal pain (non traumatic)</td>
</tr>
<tr>
<td>Female, lower abdominal pain, 12-50 years old, (if associated with dizziness or fainting or heavy vaginal bleeding)</td>
<td>Pain, unspecified</td>
</tr>
<tr>
<td>Abdominal pain with fainting or near fainting, patient over 50 years old</td>
<td></td>
</tr>
<tr>
<td>Fainting or near fainting when sitting (hypotension)</td>
<td></td>
</tr>
</tbody>
</table>
### OD / POISONING / INGESTIONS

**Pre-Arrival Instructions**

- **“Does the patient have a Naloxone (Narcan) injector?”**
  - **IF YES:** “Have you used it as the physician directed?”
  - **If they have not used it:** “Use it following the directions on the kit.”
  - Gather patient’s medications, if any
  - If the patient’s condition changes, call me back

- **Keep patient in area/house if safe**
- **Get container of substance taken if at scene**
- **Nothing by mouth, INCLUDING Ipecac, unless advised by Poison Control**

### Prompts

<table>
<thead>
<tr>
<th>If unconscious, breathing normally go to:</th>
<th>UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL</th>
</tr>
</thead>
<tbody>
<tr>
<td>If unconscious NOT breathing go to:</td>
<td>CPR for appropriate age group</td>
</tr>
</tbody>
</table>

- **Has Law Enforcement been notified?**
- **Poison Control Center (1-800-222-1222) or use one button transfer**

### PSYCHIATRIC/BEHAVIORAL PROBLEMS

**KEY QUESTIONS**

1. **“Is the Patient:**
   - **Acting violent, aggressive, shouting or yelling?”**
   - **Removing their clothing or naked?”**
   - **Sweating profusely?”**
   - **Breathing rapidly or drooling?”** [Excited Delirium]

   - If the caller knows the patient
   - **“Is the patient acting in their usual manner?”**
   - **IF NO:** “What is different or unusual?”
   - **“Is the patient known to use alcohol or drugs?”**
   - **“Is the patient diabetic?”** [DIABETIC PROBLEMS]

2. **“Has the patient harmed themselves?”**
   - **IF YES:** Consider traumatic injury card
   - **IF NO:** “Does the patient have a history of harming other people or themselves?”

3. **“Has the patient ever attempted suicide”?”**

4. **“Does the patient have a history of depression”?”**

5. **“Has the patient recently traveled outside of the state or country”?”**
   - **IF YES:** “Where”? [Check ALERTS]

### SIMULTANEOUS ALS/BLS

<table>
<thead>
<tr>
<th>Decreased level of consciousness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient presenting with</td>
</tr>
<tr>
<td>Extreme violent or aggressive behavior</td>
</tr>
<tr>
<td>Sweating profusely</td>
</tr>
<tr>
<td>Removing clothes or naked</td>
</tr>
<tr>
<td>Rapid breathing, drooling</td>
</tr>
<tr>
<td>Incoherent shouting or yelling</td>
</tr>
</tbody>
</table>

### BLS DISPATCH

- Lacerated wrist(s) with controlled bleeding
- Unusual behavior with known psychiatric history
- Known alcohol intoxication with other drugs, can be aroused
- Threats against self or others
- Police request for stand-by
- Patient out of psychiatric medication
### SEIZURES / CONVULSIONS Pre-Arrival Instructions

<table>
<thead>
<tr>
<th>Clear the area around the patient</th>
<th>After seizure has stopped, check to see if patient is breathing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not restrain patient</td>
<td>IF NO: Determine appropriate age group and go to CARDIC ARREST/DOA</td>
</tr>
<tr>
<td>Do not place anything in patient’s mouth</td>
<td>IF YES: Have patient lie on their side and monitor breathing</td>
</tr>
<tr>
<td>If the patient is a child, remove clothing to cool patient if hot and feverish</td>
<td>Gather patient’s medications, if any</td>
</tr>
<tr>
<td></td>
<td>If the patient’s condition changes call me back</td>
</tr>
</tbody>
</table>

### Prompts

- Any seizure with an unknown medical history is assumed to be a first time seizure
- If unconscious after seizure GO TO: UNCONCIUS/BREATHING NORMALLY AIRWAY CONTROL

### Short Report

- Age
- Sex
- Specific location
- Chief complaint
- Pertinent related symptoms
- Medical/ surgical history
- Other Agencies responding
- Any dangers to responders

### SICK PERSON

**KEY QUESTIONS**

- **“Does the patient feel pain anywhere?**
  IF YES: **“Where?”** (Consider appropriate card)

- **Does the patient feel lightheaded or dizzy?”**

- **“Does the patient have Addison’s Disease or any other medical or surgical history?”**

- **What is the patient complaining of?”**

- **“How does the patient look?”**

- **“Is there insulin in the refrigerator?”**

**“Have you checked for a Medical Alert Tag?”**
IF there is an alert tag: **“What does it say?”**

**“Has the patient recently traveled outside of the state of country?”** IF YES: **“Where?”** (Check ALERTS)

**Flu Symptoms**

- **“Is the patient complaining of:**
  - **“Fever, headache. Tiredness, (can be aroused), cough, sore throat, runny or stuffy nose, body aches or diarrhea and vomiting (more common among children than adults)”**

**SIMULTANEOUSALS/BLSDISPATCH**

- Decreased level of consciousness
- Prior history of Addison’s disease or adrenal insufficiency with dehydration, sever vomiting and diarrhea or low blood pressure
- Multiple fainting episodes

**BLS.DISPATCH**

- Generalized weakness
- Medical alert from alarm company
- Flu symptoms (Without critical signs/symptoms or other medical concerns)
- High blood pressure without critical symptoms
- High temperature
- Patient assist

---

*State of New Jersey EMD Guidecards Version 10/14*
### Pre-Arrival Instructions

- Keep patient calm
- Don’t allow patient to move about
- If unconscious or having difficulty breathing
  - **GO TO:** UNCONSCIOUS AIRWAY CONTROL
- Nothing by mouth to eat or drink
- Gather patient’s medications, if any
- If the patient’s condition changes, call me back

### Prompts

- If unconscious GO TO:
  - **UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL**
- If unconscious, NOT breathing normally, GO TO:
  - UNCONSCIOUS AIRWAY CONTROL

### Short Report

- Age
- Sex
- Specific location
- Chief complaint
- Pertinent related symptoms
- Medical/ surgical history
- Other Agencies responding
- Any dangers to responders

### UNKNOWN / PERSON DOWN

<table>
<thead>
<tr>
<th>Key Questions</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;ARE THERE ANY OBVIOUS INJURIES?&quot;</td>
<td></td>
</tr>
<tr>
<td>&quot;CAN YOU SEE BLOOD OR ANY OTHER FLUID AROUND THE PATIENT?&quot;</td>
<td></td>
</tr>
<tr>
<td>&quot;Have you checked for a Medical Alert Tag?&quot;</td>
<td></td>
</tr>
<tr>
<td>IF YES: “What does it say?”</td>
<td></td>
</tr>
</tbody>
</table>

- If the caller knows the patient
  - "Has the patient recently traveled outside of the state or country?" IF YES: "Where?" (Check ALERTS)
  - "Does the patient have Addison’s Disease or any other medical or surgical history?"

### SIMULTANEOUS ALS/BLS | BLS DISPATCH

- Unconscious/ not breathing normally
- Decreased level of consciousness
- Multiple Casualty Incident Criteria

- Unknown, (third party caller) without indication of unconsciousness
- Patient talking, moving, sitting or standing

*State of New Jersey EMD Guidecards Version 10/12*
If she starts to deliver (water broken, bloody discharge, baby’s head appears)
The baby’s head should appear first, CRADLE it and the rest of the baby as it is delivered.

**DO NOT PUSH OR PULL**
There will be water and blood with the delivery. THIS IS NORMAL
When the baby is delivered CLEAN out its MOUTH and NOSE with a CLEAN, DRY CLOTH
**DO NOT** attempt to CUT or PULL the cord
Wrap the baby in a dry blanket, towel or whatever is handy, and place it between the mother’s legs on the floor.
Massage the mother’s lower abdomen very gently.
If the baby DOES NOT start breathing on its own, rub its back or gently slap the soles of its feet.
If the baby DOESN’T begin breathing IMMEDIATELY, come back to the phone

**COMPLICATIONS with delivery** | **Baby delivered and BREATHING** | **Baby delivered and NOT BREATHING**
---|---|---

When the placenta (tissue on the other end of the cord) is delivered
WRAP IT. This delivery may take as long as twenty (20) minutes. Keep the placenta **LEVEL** or **SLIGHTLY ABOVE** the baby.

If there are complications (leg, arm, buttocks or umbilical cord presenting)
WRAP IT. REASSURE the mother. Tell her you have dispatched aid.
Ask her to remain on her BACK with her KNEES BENT
Ask her to RELAX and BREATHE through her MOUTH
Tell her NOT TO PUSH

**UNCONSCIOUS/FAINTING**

**“What was the patient doing before they became unconscious?”**

**“Is this the first time today the patient has been unconscious?”**

**“Has the patient taken any alcohol, medications or recreational drugs?”**
**IF YES: OD/POISONING/INGESTIONS**

**“Has the patient recently traveled outside of the state or country?”** **IF YES: “Where?”** (Check ALERTS)

**“How does the patient act when they sit up?”**

**Is the patient able to respond to you and follow simple commands?”**

**“Does the patient have any medical or surgical history?”**

**“Does the patient have a Medical Alert Tag?”**
**IF YES: “What does it say?”**

**SIMULTANEOUS ALS/BLS**

- Unconscious not breathing normally
- Multiple fainting (syncopal) episodes (same day)
- Confirmed unconscious/unresponsive
- Combined drugs and alcohol overdose
- Fainting associated with: Headaches, chest pain/discomfort/palpitations, diabetic, GI/vaginal bleeding, abdominal pain, sitting or standing or continued decreased level of consciousness
- Single fainting if over 50 years of age
- Alcohol intoxication, cannot be aroused

**BLS DISPATCH**

- Unconscious, but now conscious without critical symptoms
- Unconfirmed, slumped over wheel
- Conscious with minor injuries
- Known alcohol intoxication without other drugs, can be aroused
- Near syncope (fainting) without critical criteria

**CHILD BIRTH INSTRUCTIONS PAGE 2 OF 2 (01/04)**

State of New Jersey EMD Guidecards Version 10/14