CACC/ACS Training Bulletin

Updated Call Taking and Dispatching Protocols for Ebola Virus Disease

April 17, 2015

Issue Number 18 – version 3.0

Emergency Health Services Branch
Ministry of Health and Long-Term Care

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Summary of Changes from V2.0 to V3.0

- Training bulletin reordered to place information related to Ebola Virus Disease (EVD) ahead of FREI information.
- Added a Definitions section.
- Updated Ebola Virus Disease Screening Tool for Paramedic Services dated March 4, 2015.
- Modified EVD screening tool algorithm:
  - fever or other symptoms questions are now only asked when a "Yes" response is received to the travel history questions;
  - list of EVD-affected countries revised.
- Incorporated information from Questions & Answers V1.1 into the training bulletin.
- Removed requirement for each CACC/ACS to check for updated screening tool daily. EHSB will distribute updates via email to CACC/ACS management.
- Enhanced direction on documentation of screening tool responses and provision of information to paramedics and other responders.
- Added destination selection guidelines (Provincial and Local Bypass Protocols) for Suspect Patients in the community.
- Added direction on processing and assigning inter-facility transfer requests of Persons under Investigation and Confirmed Patients.
- Added Chief Medical Officer of Health (CMOH) Ebola Virus Disease (EVD) Directive #2 for Paramedic Services (Land and Air Ambulance) – Revised April 13, 2015 as Appendix B for background information.

Note: No changes have been made to the FREI screening questions portion of this training bulletin.

Intended Audience

This training bulletin applies to all CACCs/ACSs and the Ornge Communication Centre (OCC).

For those ambulance communications centres not using the DPCI II ambulance call triaging protocols, the relevant portions of the training bulletin apply.

Definitions

The following terms are used in this training bulletin:

EVD Screening Tool

Communication Centres Using DPCI II and OCC
Utilize the Ebola Virus Disease Screening Tool for Paramedic Services document issued by the Emergency Health Services Branch (EHSB), Ministry of Health and Long-Term Care (MOHLTC), that contains questions designed to identify suspect patients.

Communication Centres Using MPDS™
Utilize the Emerging Infectious Disease Surveillance Tool (SRI/MERS/EBOLA) that contains questions designed to identify suspect patients.

Suspect Patient

A suspect patient is a person in the community who has failed the EVD Screening Tool for Paramedic Services.

A suspect patient becomes a person under investigation (PUI) when an infectious disease (ID) physician at a hospital (in consultation with the public health unit and Public Health Ontario Laboratories (PHOL) determines that the patient requires EVD testing.

Paramedics shall transport suspect patients to the closest appropriate emergency department (ED) or to the nearest testing or treatment hospital as directed by the ambulance communication centre and following the bypass provisions described in this training bulletin and Chief Medical Officer of Health (CMOH) Ebola Virus Disease (EVD) Directive #2 for Paramedic Services (Land and Air Ambulance) – Revised April 13, 2015.

Person under Investigation

A person under investigation (PUI) is a person:
1) Who has travel history to an EVD-affected area / country;
2) Who has at least one clinically compatible symptom of EVD; and
3) For whom EVD laboratory testing is recommended (based on a clinical assessment by an ID physician at a hospital in consultation with the public health unit and PHOL).

The patient remains a PUI until laboratory testing rules out or confirms EVD.

Paramedic services shall transfer PUIs that are identified in a screening hospital to a testing or treatment hospital.

Confirmed Patient

A confirmed patient is a person with laboratory confirmation of EVD. Confirmed patients may be repatriated from West Africa to Ontario (arriving at Pearson International Airport) or they may be diagnosed at a testing or treatment hospital in Ontario.

Confirmed patients shall only be transported by designated paramedic services.

Paramedic Services

Paramedic services are land or air ambulance service operators certified by the MOHLTC EHSB to provide paramedic services.

Designated Paramedic Services

Designated paramedic services are paramedic services that have been identified by the MOHLTC to transport confirmed patients. This includes inter-facility transfers of confirmed patients from testing to treatment hospitals and transfers of repatriated confirmed patients from Pearson International Airport to treatment hospitals.

Designated paramedic services shall maintain dedicated ambulances to transport confirmed patients.

Designated paramedic service providers at the time of the release of this training bulletin are:

1. City of Greater Sudbury Paramedic Services
2. Frontenac Paramedic Services
3. Hamilton Paramedic Services
4. Middlesex-London Emergency Medical Services
5. Ottawa Paramedic Services
6. Peel Regional Paramedic Services
7. Superior North Emergency Medical Services
8. Toronto Paramedic Services
9. Essex Windsor Emergency Medical Services
10. Ornge

Three Tier Hospital Model:

Ontario’s EVD management strategy includes a three-tier hospital framework to ensure that the health care system is prepared to manage patients with EVD in Ontario. Designated hospitals in Ontario will serve one of three roles: treatment hospitals, testing hospitals and screening hospitals.

Treatment Hospital

A designated treatment hospital manages suspect patients, PUIs (including arranging laboratory testing for EVD) and confirmed patients.

Designated treatment hospitals at the time of the release of this training bulletin are:

1. The Hospital for Sick Children (Toronto) (designated to care for confirmed paediatric cases).
2. London Health Sciences Centre – Victoria Hospital (designated to care for confirmed obstetric cases).
3. London Health Sciences Centre – University Hospital (designated to care for other adult cases).
4. London Health Sciences Centre – Children's Hospital (designated as the back-up to the Hospital for Sick Children (Toronto) for confirmed paediatric cases).
5. The Ottawa Hospital – General Campus (designated to care for confirmed obstetric cases in addition to other adult cases).
6. University Health Network (Toronto) – Toronto Western Hospital (designated to care for a confirmed case repatriated from West Africa).

Designated Testing Hospital

A testing hospital manages suspect patients and PUIs, which includes arranging laboratory testing for EVD.

Designated testing hospitals at the time of the release of this training bulletin are:

1. The Children's Hospital of Eastern Ontario
2. Hamilton Health Sciences Centre – Juravinski Hospital
3. Health Sciences North (Sudbury)
4. Kingston General Hospital
5. Sunnybrook Health Sciences Centre (Toronto)
6. Thunder Bay Regional Health Sciences Centre
7. Windsor Regional Hospital – Metropolitan Campus

Screening Hospital

All hospitals that have not been designated as an EVD testing or treatment hospital by the MOHLTC are considered screening hospitals. These hospitals screen ambulatory patients, isolate and assess suspect patients, and arrange for the controlled transfer of PUIs to a testing or treatment hospital via paramedic services so that EVD testing can be performed.

Bypass Agreements

A local bypass agreement is an established mechanism managed by EHSB for paramedic services and hospitals seeking to establish mutually agreed upon conditions (with supporting medical advice) that permit an ambulance to bypass the closest ED for specific patient conditions and transport directly to an appropriate alternative hospital. Considerations to establishing bypass agreements include patient acuity, the nature of the problem and the distance to the proposed alternate destination.

A provincial bypass protocol has been implemented for low acuity suspect patients. The purpose of the bypass protocol is to:

- reduce the number of paramedics and other health care workers involved in the transport of a suspect patient;
- move a suspect patient to a testing or treatment hospital in the most efficient manner possible while ensuring the safety of paramedics, other health care workers, patients and the public;
- reduce the requirements for inter-facility transfers of PUIs (should the suspect patient be determined to be a PUI); and
- provide testing when required as soon and safely as possible for a PUI.

Summary of Required ACO Actions

This training bulletin outlines a revised approach to incorporate screening and transport for Ebola Virus Disease at CACC/ACS. The new approach can be summarized as follows:

- During any declared outbreak (**such as the current EVD outbreak**):
  - In all cases except Obvious Immediate Threat (OIT) for Vital Signs Absent (VSA) or Choking, which direct call takers immediately to Pre-Arrival Instructions (PAI), CACCs and ACSs shall conduct the current EVD risk assessment at the **end of the Secondary Assessment and BEFORE the PAI is provided** and ensure the result of any screening is provided to responders.
  - In cases of VSA or Choking, where the ACO is directed to PAI immediately from the Primary Assessment, as soon as practical following the immediate PAI, and **before disconnecting from the caller**, ACOs shall conduct the current EVD assessment and ensure the result of any screening is provided to responders.
  - ACOs shall notify the caller that paramedics will arrive wearing personal protective equipment when a person fails the EVD Screening Tool for Paramedic Services.
  - ACOs shall provide the results of the EVD screening to paramedics and other responders.
  - ACOs shall assign the appropriate local paramedic resource(s) to each request for service for a **suspect patient**.
  - ACOs shall notify the anticipated destination hospital when a person fails the EVD Screening Tool for Paramedic Services.
  - ACOs shall update the anticipated destination or receiving ED if there is a change in destination or if no transport occurs.
  - The ACO shall direct **suspect patients** with an acuity of CTAS 1 or CTAS 2 to the closest appropriate ED.
  - The ACO shall direct **suspect patients** with an acuity of CTAS 3, 4 or 5 to the closest designated **testing or treatment hospital** or alternate **screening hospital** (closer to a designated testing or treatment hospital).
  - In all cases the ACO shall notify the ED of the patient's suspect EVD status and acuity level as soon as it receives the information from the paramedics.
  - For **PUI** inter-facility transfer requests, the ACO shall assign the appropriate local paramedic service resource(s).
  - For **confirmed patient** inter-facility transfer requests, the ACO shall assign the appropriate **designated paramedic service** resource(s).

Declaring an Outbreak and Implementing Enhanced Screening

EHSB will identify when there is a declared outbreak based on information from PHO. Once an outbreak is declared, EHSB will advise CACCs/ACSs when to initiate use of an EHSB screening tool for Paramedic Services.

When an outbreak is identified and declared, EHSB will proactively provide new or updated screening tools to CACC/ACS Management via email. When a new or updated screening tool for Paramedic Services is issued, the CACC/ACS will make electronic and/or paper copies available at each ACO console.

The current EVD Screening Tool for Paramedic Services for Paramedic Services is attached as Appendix A.

The CMOH issued an updated Ebola Virus Disease Directive # 2 for Paramedic Services (Land and Air Ambulance) on April 13, 2015. This training bulletin contains information based on the Directive and should be read in conjunction with the Directive. The current directive is attached as Appendix B.

This training bulletin and Ebola Virus Directive #2 for Paramedic services (Land and Air Ambulance) – Revised April 13, 2015 supersede the applicable sections of the MOP and the Performance Standards.

EVD Screening Tool for Paramedic Services

During the current Ebola outbreak, the ACO shall ask all questions on the current version of the EVD Screening Tool for Paramedic Services for Paramedic Services on all requests for service. The current version of this screening tool, dated March 4, 2015, contains two assessment questions. These questions are designed to identify **suspect patients** based on travel history and medical symptoms. The ACO must ensure that the current EHSB assessment tool is used at the time of a call since these questions may change.

If a response to one or more of the screening tool questions is obvious (e.g. the information was asked and/or provided earlier in the call taking process), the ACO is not required to ask the question again.

The ACO is not required to ask the screening tool questions verbatim. As with DPCI II, the ACO may modify the questions to the target audience (i.e. replace “have you” with “has your wife” or “has the person”). The ACO is expected to follow the principles of intent and outcome per PCSQAP when asking the screening questions.

The screening tool provides for a “Yes” or “No” response to each question. It is understood that the ACO may obtain an “Unknown” response, which will be covered later in this training bulletin.

Question One

Question one is designed to identify whether the person has travelled to an affected country or area.

Question 1. Has the patient been to any of the following countries in the last 21 days:	
• Guinea • Liberia	• Sierra Leone
YES to ANY of the above ☐	NO to ALL of the above ☐

Question Two

Question two is designed to identify whether the person has one or more symptoms of EVD. This question is **only** asked when a "Yes" response is received to question one. It is not to be asked if the answer to question one is "No" or "Unknown".

Question 2. Is the patient feeling unwell with symptoms such as:	
• fever of 38°C (101°F) or greater OR feeling feverish • severe headache • muscle pain • diarrhea	• vomiting • sore throat • stomach pain • unexplained bleeding

Person Fails EVD Screening Tool

A person is considered to have failed the screening when there is a "Yes" response to both the travel history question **and** the fever or other symptoms question. Only persons who fail the screening are **suspect patients**.

In all cases where the person has failed the EVD Screening Tool for Paramedic Services, the ACO shall advise the caller to expect paramedics to arrive wearing personal protective equipment.

Documentation of Responses to EVD Screening Tool Questions

In the ARIS II CAD, the ACO will document all responses to the EVD screening questions in the "Comments/Notes" field of the incident.

The ACO will document the response to the travel history question as "Yes", "No" or "Unknown". In the case of a "Yes" or "Unknown" response, the ACO will also document the applicable details.

The ACO will document each symptom for which a "Yes" or "Unknown" response is received in order to provide detailed information to paramedics and other responders.

Provision of Information to Paramedics and Other Responders

The role of the ACO is to gather and document information regarding EVD screening and inform paramedics and other responders.

For each request for service, the ACO must immediately inform responding paramedics / other responders when any of the following information is obtained:

- person failed the EVD screening. The exact phrase "**The patient has failed EVD screening**" must be used;
- there was insufficient information to complete the tool ("Unknown" response); or
- screening tool was not completed.

Call takers will use the "Notify" function in CAD to ensure the dispatcher is aware of and communicates the EVD screening results to responding paramedics as soon as possible.

Suspect Patients

Emergency Request for Service

When processing an emergency request for service, the ACO shall ask all callers questions from the screening tool following completion of the secondary assessment card and prior to providing pre-arrival instructions. **Exception**: When the ACO accesses a Cardiac Arrest card or a Choking card for PAI, the ACO will complete the EVD Screening Tool for Paramedic Services as soon as practical in these cases and notify the responders of the results.

The ACO will document the responses to the screening tool questions in the Comments section of CAD.

Request to Cancel an Emergency Request for Service

When a caller requests to cancel an emergency request for service for a person who failed the EVD Screening Tool for Paramedic Services, prior to paramedic arrival, the ACO will cancel the request per the MOP. There are no additional notification requirements.

Destination Selection

When an ACO dispatcher assigns a request for service for a **suspect patient** in the pre-hospital setting, the ACO dispatcher shall immediately identify the anticipated destination hospital.

CTAS 1 & 2 Patients

The ambulance communication centre shall direct a land ambulance with a **suspect patient** with acuity of CTAS 1 or CTAS 2 to the closest appropriate ED. The ambulance communication centre shall notify the ED of the patient's suspect EVD status and the acuity level as soon as it receives the information from the paramedics.

Note: When selecting the destination, the term "appropriate" takes into consideration the requirement to recognize specific destinations for particular medical conditions such as stroke and STEMI.

CTAS 3-5 Patients

The ambulance communication centre shall direct a land ambulance with a **suspect patient** with an acuity of CTAS 3, 4 or 5 to the closest designated **testing or treatment hospital** or alternate **screening hospital** (a hospital that is closer to a designated testing or treatment hospital).

For patients with an acuity of CTAS 3, 4 or 5 and where a **local bypass agreement** has been approved by EHSB, the local agreement is set aside and the provincial bypass protocol applies.

When the closest **testing or treatment hospital** is located too far for a bypass to be considered by the paramedic service, considering the time paramedics will spend in PPE, an alternate **screening hospital** (alternate ED) shall be considered as part of the bypass protocol. The intent is to minimize any potential subsequent inter-facility patient transfer.

In selecting the destination, the ACO will establish a consultative process by notifying the local paramedic service management as soon as a **suspect patient** is identified. In addition to the notification of the paramedic service management, the ACO will notify EHSB's Provincial Duty Officer. EHSB will engage the Emergency Management Branch. The CACC/ACS will operate as the central communication point for all subsequent consultations throughout the management of the call to ensure effective communications and recording of decision points occur.

The local paramedic service management has the sole authority concerning decisions regarding transport of a **suspect patient** meeting CTAS 3, 4 or 5 criteria and the discretion to direct the ACO to hold the responding ambulance at the scene and to direct a second ambulance to the scene to receive care of the patient and transport the patient.

ORNGE may be considered for the transport of low acuity suspect patients from the community to a **testing or treatment hospital**.

Figure 1 – Destination Selection for Suspect Patients

Patient Type	CTAS Level	Paramedic Service	Destination
Suspect EVD	1	Local	Closest appropriate ED
Suspect EVD	2	Local	Closest appropriate ED
Suspect EVD	3-5	Local	Per provincial bypass protocol or as directed by paramedic service management

Provision of Information to Destination Facility

When an ACO or paramedic identifies a **suspect patient** in the pre-hospital setting, the ACO shall notify the anticipated destination or receiving ED immediately, providing the EVD status and an update to the receiving facility of the transport CTAS level as soon as it receives the information from the paramedics.

When a patient has a positive travel history and no symptoms, the ACO shall notify the anticipated destination or receiving emergency department (ED).

Should there be a change in destination or no transport occurs, the ACO shall update the previously notified destination facility with the new information.

When paramedics transport a **suspect patient**, the destination facility must be notified. Paramedics shall perform this notification directly via a radio patch when possible. The CACC/ACS shall continue to provide this notification in the event of a patch failure, when transporting to a facility that does not have a patch radio, or at the request of paramedics.

Transfers

All transfer requests will be processed and prioritized per the MOP and appropriate DPCI II card.

For all transfer requests, the ACO is required to ask the EVD screening questions.

Transfer Requests Received by Facsimile

EVD screening questions are to be completed on faxed requests for service. If the sending facility has not provided this information on the fax, the ACO is required to contact the originator and ask the questions. To minimize the number of follow up telephone calls, those CACCs/ACSs that accept transfer requests by fax should update their fax transfer request form to include the new FREI question and to include a reference that “When there is an outbreak identified by the Ministry of Health and Long-Term Care and an outbreak screening form is required, refer to the screening form and complete it when submitting a fax transfer request”.

Patient Transportation from a Screening Hospital to a Testing or Treatment Hospital

The local paramedic service shall conduct any required inter-facility transfer of a **PUI**. A **screening hospital** shall arrange for a transfer of a **PUI** to a **testing or treatment hospital** following the standard inter-facility transfer arrangement processes through CritiCall, the Patient Transfer Authorization Centre (PTAC) and the ambulance communication centre. All inter-facility transfer requests from a hospital for a **PUI** will be processed in accordance with the MOP using the appropriate DPCI II card.

The transfer shall be arranged as a scheduled transfer (Code 2) following the ambulance communication centre's consultations with the paramedic service and EHSB's Provincial Duty Officer. The paramedic service shall establish the scheduled patient pickup time after all aspects of the transfer have been considered and related logistics confirmed. The ACO shall communicate the pickup time to the **screening hospital**. Once the estimated time of arrival is determined, the ACO shall communicate this to the receiving hospital.

The inter-facility transfer of a **PUI** may consist of a relay or relays as part of the transfer. The duration of each relay leg will be defined by the limitation of time in Personal Protective Equipment (PPE) for the paramedics and will be established by the paramedic service.

To begin preparations to carry out or participate in an inter-facility transfer, the CACC/ACS shall notify the local paramedic service of the expected transfer (or the starting point for the relay leg of a transfer) as soon as possible. The ACO will also engage EHSB's Provincial Duty Officer to facilitate the planning for the expected transfer. EHSB will engage the Emergency Management Branch.

Local paramedic service management, in consultation with EHSB's Provincial Duty Officer, will determine the scheduled pick up time, relay requirements, and assignment of paramedic crews.

- When the distance for a required transfer indicates a relay is required, the first leg of a transfer is a single ambulance call that begins at the originating hospital and terminates at a screening hospital that is within the safe traveling range of the transporting paramedic crew.
- When that destination is identified in the planning process, the CACC/ACS will contact the hospital and advise of the expected arrival of the suspect EVD patient. The CACC/ACS will also advise the local paramedic service in that jurisdiction that a suspect EVD case will be arriving at the screening hospital and provide an estimate of the anticipated arrival time.
- The next leg of the transfer will be booked and assigned as a new ambulance call, and the CACC/ACS will inform the paramedic service for that area assigned the call, following similar notification consultation as described in the first leg of the transfer.
- The logistics of planning a multi-leg transfer must be coordinated and put in place as a complete transportation plan that considers each relay point, receiving hospital and new assignment, and establishes the plan's milestones and events prior to assigning the first leg of the relay. The relay transportation plan must be approved by EHSB's Provincial Duty Officer prior to initial assignment and patient pick up.

The ACO will complete an Incident Report for every **PUI** inter-facility transfer request.

Patient Transportation from a Testing Hospital to a Treatment Hospital

A **designated paramedic service** shall conduct the inter-facility transfer of a **confirmed patient** using a dedicated ambulance. A **testing hospital** shall arrange for a transfer of the **confirmed EVD patient** to a **treatment hospital** following the standard inter-facility transfer arrangement processes through CritiCall, PTAC and the ambulance communication centre. All inter-facility transfer requests from a hospital for a **confirmed patient** will be processed in accordance with the MOP using the appropriate DPCI II card.

The transfer shall be arranged as a scheduled transfer (Code 2) following the ambulance communication centre's consultations with the **designated paramedic service** and with EHSB's Provincial Duty Officer. The **designated paramedic service** shall establish the scheduled patient pickup time after all aspects of the transfer have been considered and related logistics confirmed. The ACO shall communicate the pickup time to the **testing hospital**. Once the estimated time of arrival is determined, the ACO shall communicate this to the receiving hospital.

An inter-facility transfer of a **confirmed patient** may consist of a relay or relays as part of the transfer. The duration of each relay leg will be defined by the limitation of time in PPE for the paramedics and will be established by the **designated paramedic service**.

To begin preparations to carry out or participate in an inter-facility transfer, the CACC/ACS shall notify the **designated paramedic service** of the expected transfer (or the starting point for the relay leg of a transfer) as soon as possible. The ACO will also engage EHSB's Provincial Duty Officer to facilitate the planning for the expected transfer. EHSB will engage the Emergency Management Branch.

Designated paramedic service management, in consultation with EHSB's Provincial Duty Officer, will determine the scheduled pick up time, relay requirements, and assignment of paramedic crews.

The ACO will complete an Incident Report for every **confirmed patient** inter-facility transfer request.

This process also applies when a **confirmed patient** is repatriated from West Africa to Ontario, arriving at Pearson International Airport.

- When the distance for a required transfer indicates a relay is required, the entire transfer is a single ambulance call that begins at the originating hospital and terminates at the treatment hospital.
- Where the distance is too great for a single land ambulance transport, Ornge and other designated paramedic services will be consulted to arrange a relay or relays to ensure transport is seamless with the relay points occurring at a hospital or other safe location that provides decontamination support for the paramedic crew that is handing off patient care.
- The logistics of planning a multi-leg transfer must be coordinated and put in place as a complete transportation plan that considers each relay point and establishes the plan's milestones and events prior to assigning the first leg of the relay. The relay

transportation plan must be approved by EHSB's Provincial Duty Officer prior to initial assignment and patient pickup.

Selecting the Designated Paramedic Service

The ACO will identify the **designated paramedic service** responsible for transporting the person as follows:

- When there is a **designated paramedic service** in the sending hospital's area, that service will be the transporting service.
- When there is no **designated paramedic service** in the sending hospital's area, the **designated paramedic service** associated with the receiving hospital will do the transport.
- When the transfer meets Ornge air ambulance transport criteria, the ACO will ask the caller if they would consider transport by Ornge air ambulance. If a positive response is received, the ACO will contact Ornge.
- The **designated paramedic service** for the transportation of **confirmed patients** being repatriated from West Africa to Ontario via Pearson International Airport is Peel Regional Paramedic Services.

The ACO will notify CACC/ACS management of all requests for service and any difficulties encountered in assigning a dedicated ambulance.

Figure 2 – Destination Selection Guidelines for Inter-facility Transfers of PUIs and Confirmed Patients

Patient Type	Paramedic Service	Ambulance	Pick Up	Destination
PUI	Local	Regular	Screening Hospital	Testing Hospital or Treatment Hospital
Confirmed Patient	Designated	Dedicated	Testing Hospital	Treatment Hospital
Repatriation of Confirmed Patient	Designated (Peel)	Dedicated	Pearson International Airport	Treatment Hospital

Conclusion

The revisions to the call taking and dispatching protocols presented in this training bulletin are intended to provide the ACO with:

- instructions on completion of the EVD Screening Tool for Paramedic Services during a declared outbreak;
- tools required to:
  - identify suspect patients;
  - select the most appropriate destination for a suspect patient;
  - process and assign inter-facility transfer requests for service for Persons under Investigation (PUIs) and confirmed patients; and
- direction on appropriate notification to callers, paramedics, other responders and destination facilities.

Background Information on FREI Screening Questions

In response to the EVD outbreak in West Africa, PHO developed and released several screening tools for the healthcare sector, including one for emergency medical services. At the same time, the MOHLTC, EHSB initiated discussions with our Dispatch Medical Director, Dr. Michael Feldman, to determine whether enhancements to the Febrile Respiratory Illness (FRI) screening protocols were required. The revised screening protocols, called Febrile Respiratory & Enteric Illness (FREI) screening, provide a more generic replacement of the existing FRI screening protocols. This expanded screening tool is expected to assist the ACO to identify a broader spectrum of symptoms.

Call taking changes include a new medical screening question added to DPCI II Card 31 – Generally Unwell. In addition, all persons presenting with abdominal pain and/or headache will now be flagged as positive for FREI.

Copies of the revised English and French DPCI II cards have been included as appendices to this bulletin (Appendix C and Appendix D). A quick reference sheet highlighting the changes to the existing DPCI II cards is attached as Appendix E. The new and revised DPCI II Cards will be incorporated into the ARIS II CAD in both the Protocol module and the SOP module (with the exception of Niagara ACS and Toronto CACC). Replacement page overlays for the hard copy DPCI II card sets have been printed and shipped to all CACCs / ACSs.

New DPCI II Screening Question

One new medical screening question has been developed. This question asks:

> Does the person have a headache, sore throat, muscle pain, abdominal pain, vomiting or diarrhea?

This new question improves identification of potential infectious illnesses by supplementing existing medical questions including those for 'fever'.

DPCI II Card Updates

Eight DPCI II cards have been updated. They are:

- Card 2 – Abdominal Pain
- Card 7 – Breathing Problems
- Card 20 – Headache
- Card 30 – Decreased Level of Consciousness / Unconscious
- Card 31 – Generally Unwell
- Card 32 – Transfer
- Card 33 – Emergency Inter-Facility Transfer
- Card 34 – Non-Emergency Inter-Facility Transfer

In addition, updates have been made to the DPCI II Card Index.

DPCI II Card Index

Whenever the user is directed to a reference card, the specific reference card is now indicated (Geography, Helicopter or MCI).

DISPATCH PRIORITY CARD INDEX II (DPCI II)			Version 1.5 October 2014
ALPHABETICAL SYNONYM LIST			
PROBLEM	CARD	PROBLEM	CARD
Air Ambulance Helicopters	See Helicopter Reference Card	Hypoglycemia	See Card 13
Amputation	See Cards 27, 28	Hypothermia	See Card 21
Anaphylaxis	See Card 3	Infarction	See Card 11
Animal Bites	See Card 27	Ingestion	See Card 25
Arrest	See Cards 42, 43	Inhalation of Toxic Substance	See Cards 8, 25
Assault	See Card 28	Insulin Overdose	See Card 13
Assessment (Primary)	See Card 1	Inter-Facility Transfer (IIDPCI Card Set)	See Cards 33, 34, 35
Birth	See Card 37	Lightning Strike	See Card 8
Bites (Animal)	See Card 27	Location Assistance	See Geography Reference Card
Bleeding	See Cards 6, 27, 28	Malaise	See Card 31
Blunt Trauma	See Card 28	MCI (Multiple Casualty Incident)	See Cards 36, MCI Reference
Breathing Compromise	See Cards 3, 7	MI (Myocardial Infarction)	See Card 11
Cardiac	See Cards 11, 42, 43	Migraine	See Card 20
Chemical Burns	See Card 8	Miscarriage	See Card 38
Chemical Inhalation	See Card 8	MVC (Motor Vehicle Collision)	See Card 24
Choking	See Cards 40, 41	Neck Injury	See Cards 27, 28
Confused	See Card 31	Nosebleed	See Card 6
CPR (Cardio Pulmonary Resuscitation)	See Cards 42, 43	Not Breathing	See Cards 42, 43
Dental (Loss of Tooth)	See Cards 27, 28	On Scene Calls – Use of Helicopters	See Helicopter Reference Card
Difficulty Breathing	See Card 7	Passed Out	See Card 30
Disaster	See Card 36	Poisoning	See Card 25
Dislocation	See Card 28	Postictal	See Card 12
Drowning	See Card 14	Pregnancy	See Cards 37, 38
Drowsy	See Card 31	Psychiatric	See Card 16
Drug Reaction	See Card 3	Respiratory Distress	See Card 3, 7
Electrocution	See Card 8	Sciatica	See Card 5
Emotionally Disturbed	See Card 16	Seizure	See Card 12
Epileptic	See Card 12	Severe Respiratory Distress	See Cards 3, 7
Epistaxis	See Card 6	Smoke Inhalation	See Card 8
Fainting	See Card 30	SOB (Short of Breath)	See Card 7
Fever	See Card 31	Spinal Injury	See Cards 27, 28
Fracture	See Cards 18, 28	Sprain	See Card 28
Frostbite	See Card 21	Stabbing	See Card 27
Gastric Pain	See Card 2	Stroke	See Card 29
Gunshot	See Card 27	Suicidal	See Card 16
Hanging	See Cards 42, 43	Sunstroke	See Card 21
Head Injury	See Cards 18, 27, 28	Syncope	See Card 30
Heart Attack / Heart Problem	See Card 11	Thermal Burns	See Card 8
Heat Exposure	See Card 21	TIA (Transient Ischemic Attack)	See Card 29
Hemorrhage	See Cards 6, 27, 28	Toxic Substances	See Cards 8, 25
Hives	See Card 3	Unconscious	See Card 30
Hyperglycemia	See Card 13	Unresponsive	See Cards 42, 43
Hyperthermia	See Card 21	Wound	See Cards 27, 28
Hyperventilation	See Card 7	VSA (Vital Signs Absent)	See Cards 42, 43

Card 2 – Abdominal Pain

All persons with abdominal pain are considered to be positive for FREI due to the reported abdominal pain.

A statement has been inserted at the beginning of the card indicating the person is positive for FREI due to the reported abdominal pain. This statement is contained in square brackets to indicate it is not to be said to the caller. The statement directs the ACO to document the person is positive for FREI and to inform all responders.

Question	Response	Outcome	
[Person positive for FREI due to reported abdominal pain.]	→ Document – Inform All Responders	→ Question #1	
1. Does the person have a history of aneurysm?	→ Yes → No / Unknown	→ Code 4 (PCP) → Code 3 (PCP)	
2. Does the person have a history of heart disease?	→ Yes → No / Unknown	→ Code 4 (ACP) → Code 3 (PCP)	
3. [If child-bearing age] Is the person pregnant?	→ Yes → No / Unknown → Not Applicable	→ Question #4 → Code 3 (PCP) → Question #5	 → Question #5
4. Is she having vaginal bleeding?	→ Yes → No / Unknown	→ Bleeding in Pregnancy Card 38 → Code 3 (PCP)	
5. Is the person drowsy or confused?	→ Yes → No / Unknown	→ Code 4 (ACP) → Code 3 (PCP)	
6. Does the person look pale, grey or sweaty?	→ Yes → No / Unknown	→ Code 4 (ACP) → Code 3 (PCP)	

Card 7 – Breathing Problem

The "Positive for FRI" flags that occur on positive responses to questions five and six have been changed to "Positive for FREI".

Question	Response	Flag	Outcome
1. Is the person feeling short of breath?	→ Yes / Unknown → No		→ Code 4 (ACP) → Code 3 (PCP)
2. Is the person having chest pain?	→ Yes / Unknown → No		→ Code 4 (ACP) → Code 3 (PCP)
3. Is the person drowsy or confused?	→ Yes / Unknown → No		→ Code 4 (ACP) → Code 3 (PCP)
4. Does the person look pale, grey or sweaty?	→ Yes / Unknown → No		→ Code 4 (ACP) → Code 3 (PCP)
5. Does the person have a new or worsening cough?	→ Yes → No / Unknown	→ Positive for FREI – Inform All Responders	→ Pre-Arrival Instructions → Question #6
6. Is the person feeling feverish or had shakes or chills in the last 24 hours?	→ Yes → No / Unknown	→ Positive for FREI – Inform All Responders	

Card 20 – Headache

All persons with headache are considered to be positive for FREI due to the reported headache.

A statement has been inserted at the beginning of the card indicating the person is positive for FREI due to the reported headache. This statement is contained in square brackets to indicate it is not to be said to the caller. The statement directs the ACO to document the person is positive for FREI and to inform all responders.

The existing FRI questions have been retained. Asking these questions ensures relevant patient information is obtained, documented and provided to all responders. The "Positive for FRI" flags that occur on positive responses to questions four and five are no longer needed as the person has already been flagged as FREI positive due to having a headache. Each flag has been replaced with direction to document a positive response.

Question	Response	Action	Next
[Person positive for FREI due to reported headache.]		→ Document – Inform All Responders	→ Question #1
1. Did the pain start suddenly?		→ Yes → No / Unknown	→ Code 4 (PCP) → Code 3 (PCP)
2. Does the person have a fever?		→ Yes → No / Unknown	→ Code 4 (PCP) → Code 3 (PCP)
3. Is the person drowsy or confused?		→ Yes → No / Unknown	→ Code 4 (ACP) → Code 3 (PCP)
4. Does the person have a new or worsening cough?	→ Yes → No / Unknown	→ Document – Inform All Responders	→ Pre-Arrival Instructions → Question #5
5. Is the person feeling feverish or had shakes or chills in the last 24 hours?	→ Yes → No / Unknown	→ Document – Inform All Responders	

Card 30 – Decreased Level of Consciousness / Unconscious

The "Positive for FRI" flags that occur on positive responses to questions two and three have been changed to "Positive for FREI".

Question	Response	Action	Next
1. Has the person's breathing changed? If so, briefly describe the change.	→ Yes [Not Breathing] → Yes [Worsened] → Yes [Improved] → No / Unknown	→ Code 4 (ACP) → Code 4 (ACP) → Code 4 (ACP) → Code 4 (ACP)	→ Cardiac Arrest Card 42
2. Does the person have a new or worsening cough?	→ Yes → No / Unknown	→ Positive for FREI – Inform All Responders	→ Pre-Arrival Instructions → Question #3
3. Is the person feeling feverish or had shakes or chills in the last 24 hours?	→ Yes → No / Unknown	→ Positive for FREI – Inform All Responders	

Card 31 – Generally Unwell

The card has been reordered to place all of the medical questions ahead of the FREI screening questions. The questions about diabetes and diabetic related violence have been renumbered from seven and eight to five and six, while the existing FRI questions move from five and six to seven and eight. These changes shorten the time required during the call taking process to reach a priority determinant.

The Positive for FRI" flags that occur on positive responses to questions seven and eight (formerly questions five and six) have been changed to "Positive for FREI".

The new medical screening question has been added at the end of this card as question nine.

Question	Response	Result	Next
1. Is the person drowsy or confused?	→ Yes → No / Unknown	→ Question #2 → Question #3	
2. Did this [drowsiness] [confusion] start within last 24 hours?	→ Yes → No / Unknown	→ Code 4 (PCP) → Code 3 (PCP)	
3. Is the person having severe pain or difficulty breathing?	→ Yes → No / Unknown	→ Code 4 (ACP) → Code 3 (PCP)	
4. Is the person having cold sweats?	→ Yes → No / Unknown	→ Code 4 (ACP) → Code 3 (PCP)	
5. Is the person diabetic?	→ Yes → No / Unknown	→ Question #6 → Code 3 (PCP)	 → Question #7
6. Is the person violent or dangerous to self or others?	→ Yes → No / Unknown	→ Code 4 (ACP) → Code 3 (PCP)	→ Inform All Responders
7. Does the person have a new or worsening cough?	→ Yes → No / Unknown	→ Positive for FREI – Inform All Responders	→ Question #9 → Question #8
8. Is the person feeling feverish or had shakes or chills in the last 24 hours?	→ Yes → No / Unknown	→ Positive for FREI – Inform All Responders	→ Question #9 → Question #9
9. Does the person have a headache, sore throat, muscle pain, abdominal pain, vomiting or diarrhea?	→ Yes → No / Unknown	→ Positive for FREI – Inform All Responders	

Version 1.5 October 2014

Card 32 – Transfer, Card 33 – Emergency Inter-Facility Transfer and Card 34 – Non-Emergency Inter-Facility Transfer

The Positive for FRI" flags that occur on positive responses to the existing FRI questions have been changed to "Positive for FREI".

The new medical screening question has been added following the existing FRI questions.

Question	Response	Action	Next
1. Is this transfer to or from a non-health care facility?	→ Yes		→ Question #2
	→ No [requesting a non-emergency transfer between two facilities]		→ Go to Card 34
	→ No [requesting an emergency transfer between two facilities]		→ Go to Card 33
2. What is the person's [the patient's] name?	→ Document		
3. Where are you [the caller] phoning from?	→ Document		
4. What is your [the caller's] name?	→ Document		
5. What is your [the caller's] telephone number?	→ Document		
6. Where is the person to be picked-up?	→ Document		
7. Where is the person being transferred?	→ Document		
8. What is the transfer date?	→ Document		
9. Does the person have a scheduled appointment time?	→ Yes	→ Document	→ Question #11
	→ No		→ Question #10
10. What is the preferred transfer time?	→ Document		→ Question #11
11. [Check scheduled call loading for transfer time availability, if necessary determine next available time and advise caller.]			
[Document Answers to Questions 12 through 25 in Comments]			
12. What is the diagnosis?	→ Document		
13. What equipment is going?	→ Document		
14. What escorts are going?	→ Document		
15. Who is the sending physician?	→ Document		
16. Who is the receiving physician?	→ Document		
17. Does the person have a valid DNR Confirmation Form?	→ Yes	→ Document	→ Inform Paramedics
	→ No		
18. Does the person require isolation protocols?	→ Yes	→ Document	→ Inform Paramedics
	→ No		
19. Does the person have a new or worsening cough?	→ Yes	→ Positive for FREI – Document – Inform Paramedics	→ Question #21
	→ No		→ Question #20
20. Is the person feeling feverish or had shakes or chills in the last 24 hours?	→ Yes	→ Positive for FREI – Document – Inform Paramedics	
	→ No		
21. Does the person have a headache, sore throat, muscle pain, abdominal pain, vomiting or diarrhea?	→ Yes	→ Positive for FREI – Document – Inform Paramedics	
	→ No / Unknown		
22. Is there any other relevant information?	→ Document		
23. [If the pick-up location is a facility ask:] Does the facility have a respiratory or enteric (gastrointestinal) outbreak?	→ Yes	→ Where in the Facility? → Document	→ Inform Paramedics
	→ No		
24. [Book the transfer (and return portion if applicable)]	→ Provide caller with transfer confirmation #(s).		
25. [If call meets long distance transfer criteria:] Would you consider transport by Ornge air ambulance?	→ Yes	→ CACC/ACS Contacts OCC	
	→ No	→ Document	

Version 1.5 October 2014

Appendix A

Ebola Virus Disease Screening Tool for Paramedic Services

Ministry of Health and Long-Term

Ebola Virus Disease Screening Tool for Paramedic Services

March 4, 2015

Ambulance communication centres and paramedic services shall use this tool to screen patients for Ebola virus disease (EVD).

Ambulance communication centres and paramedic services must follow the control measures outlined in the Chief Medical Officer of Health EVD Directive #2 for Paramedic Services for patients suspected of having EVD.

Question 1. Has the patient been to any of the following countries in the last 21 days:

- **Guinea**
- **Liberia**
- **Sierra Leone**

YES to ANY of the above ☐ **NO to ALL of the above** ☐

If the patient answers yes to question 1, proceed to question 2.

If the patient answers no to question 1, the screening for EVD is completed. The patient is not suspected to have EVD. Ambulance communication centres and paramedic services should follow usual protocols based on the patient's clinical presentation.

Question 2. Is the patient feeling unwell with symptoms such as:

- **fever of 38°C (101°F) or greater**
- **feeling feverish**
- **severe headache**
- **muscle pain**
- **diarrhea**
- **vomiting**
- **sore throat**
- **stomach pain**
- **unexplained bleeding**

YES to ANY of the above ☐ **NO to ALL of the above** ☐

Ontario

Travel history?	Symptoms compatible with EVD?	Result	Actions
yes	yes	patient is suspected of having EVD	• the ambulance communication centre notifies paramedic services and other first responders that the patient has failed the EVD screening process • the ambulance communication centre advises the caller that paramedic services will arrive wearing personal protective equipment • the ambulance communication centre and paramedic services follow the control measures detailed in the Chief Medical Officer of Health EVD Directive #2 for Paramedic Services, including notifying the receiving hospital
yes	no	patient is not suspected of having EVD	• the ambulance communication centre notifies paramedic services and other first responders of the patient's travel history to an EVD-affected country • paramedic services reassess the patient to check for symptoms compatible with EVD • the ambulance communication centre and paramedic services notify the receiving hospital of the patient's travel history

Ministère de la Santé et des Soins de longue durée

Outil de dépistage de la maladie à virus Ebola à l'intention des ambulanciers paramédicaux

Le 4 mars 2015

Les centres de répartition des ambulances et les ambulanciers paramédicaux doivent utiliser cet outil pour évaluer l'état des patients en vue de dépister la maladie à virus Ebola (MVE).

Si un patient est soupçonné être atteint de la MVE, les centres de répartition des ambulances et les ambulanciers paramédicaux doivent suivre les mesures de contrôle définies dans la Directive n° 2 à l'intention des ambulanciers paramédicaux du médecin hygiéniste en chef.

Question 1. Au cours des 21 derniers jours, le patient a-t-il visité l'un ou l'autre des pays ci-dessous?

- **Guinée**
- **Libéria**
- **Sierra Leone**

OUI à L'UN OU L'AUTRE des points ci-dessus ☐

NON à TOUS les points ci-dessus ☐

Si le patient répond Oui à la question 1, passez à la question 2.

Si le patient répond Non à la question 1, le dépistage de la MVE est terminé. Le patient n'est pas soupçonné être atteint de la MVE. Les centres de répartition des ambulances et les ambulanciers paramédicaux doivent suivre le protocole habituel en fonction du tableau clinique du patient.

Question 2. Le patient ressent-il un malaise général et a-t-il un ou plusieurs des symptômes suivants :

- **fièvre de 38 °C (101 °F)**
- **état fiévreux**
- **maux de tête violents**
- **douleurs musculaires**
- **diarrhée**
- **vomissements**
- **maux de gorge**
- **douleur à l'estomac**
- **saignement inexpliqué**

OUI à L'UN OU L'AUTRE des points ci-dessus ☐

NON à TOUS les points ci-dessus ☐

Ontario

Antécédents de voyage?	Symptômes pouvant être associés à la MVE?	Résultat	Mesures à prendre
Oui	Oui	Cas soupçonné de MVE	• Le centre de répartition des ambulances informe les ambulanciers paramédicaux et les autres premiers répondants que la MVE n'a pu être écartée lors du test de dépistage auprès du patient. • Le centre de répartition des ambulances informe la personne qui appelle que les ambulanciers paramédicaux arriveront vêtus d'un équipement de protection individuelle (ÉPI). • Les centres de répartition des ambulances et les ambulanciers paramédicaux doivent suivre les mesures de contrôle définies dans la Directive n° 2 à l'intention des ambulanciers paramédicaux du médecin hygiéniste en chef, notamment en informant l'hôpital qui est censé recevoir le patient.
Oui	Non	Cas non soupçonné de MVE	• Le centre de répartition des ambulances informe les ambulanciers paramédicaux et les autres premiers répondants des antécédents de voyage du patient dans un pays touché par la MVE. • Les ambulanciers paramédicaux réévaluent l'état du patient pour déceler d'éventuels symptômes de MVE. • Le centre de répartition des ambulances et les ambulanciers paramédicaux informent l'hôpital qui est censé recevoir le patient des antécédents de voyage du patient.

Appendix B

Ebola Virus Disease
Directive # 2

Ebola Virus Disease

Directive #2 for Paramedic Services (Land and Air Ambulance) – Revised April 13, 2015

THIS DIRECTIVE REPLACES REVISED DIRECTIVE #2 ISSUED ON DECEMBER 9, 2014. DIRECTIVE #2 ISSUED ON DECEMBER 9, 2014 IS REVOKED AND THE FOLLOWING SUBSTITUTED:

Issued under Section 77.7 of the Health Protection and Promotion Act, R.S.O. 1990, c. H.7 (HPPA)

WHEREAS under section 77.7 of the HPPA, if the Chief Medical Officer of Health (CMOH) is of the opinion that there exists or there may exist an immediate risk to the health of persons anywhere in Ontario, he or she may issue a directive to any health care provider or health care entity respecting precautions and procedures to be followed to protect the health of persons anywhere in Ontario;

AND WHEREAS, under section 77.7(2) of the HPPA, for the purposes of section 77.7(1), the CMOH must consider the precautionary principle where in the opinion of the CMOH there exists or there may exist an outbreak of an infectious or communicable disease and the proposed directive relates to worker health and safety in the use of any protective clothing, equipment or device;

AND HAVING REGARD TO Ebola virus disease (EVD), associated with a high fatality rate, and currently spreading in certain countries in West Africa and at risk of spreading to Canada and to Ontario – paramedics in pre-hospital settings are particularly at risk;

I AM THEREFORE OF THE OPINION that there exists or may exist an immediate risk to the health of persons anywhere in Ontario from EVD;

AND DIRECT pursuant to the provisions of section 77.7 of the HPPA that:

Ontario

Ebola Virus Disease Directive #2 for Paramedic Services (Land and Air Ambulance)

Date of Issuance: April 13, 2015

Effective Date of Implementation: April 13, 2015

Issued To*: paramedic services (pre-hospital care)

*Paramedic services shall provide a copy of this directive to the co-chairs of the Joint Health & Safety Committee (JHSC) or the Health & Safety Representative (HSR) (if any).

Introduction

Ebola virus disease (EVD) is associated with a high case fatality rate, particularly when care is initiated late in the course of illness. There is currently transmission of EVD in several countries in West Africa. Although the risk in Canada is currently very low, Ontario's health care system must be prepared for persons with the disease, or incubating the disease, entering the province.

In Ontario, those most at risk are individuals recently returned from affected countries in West Africa who had direct exposure to persons with EVD and health care workers (including paramedics) who manage suspect patients, persons under investigation (PUIs), and confirmed cases of EVD. The Ministry of Health and Long-Term Care (the ministry) maintains a list of affected countries on its EVD website at www.ontario.ca/ebola.

This Directive provides instructions to paramedic services concerning control measures necessary to protect paramedics and patients and significantly reduce the risk of spreading the disease. Where applicable, this Directive also provides guidance to other first responder agencies such as fire and police services. The control measures in this Directive shall be applied along with the control measures in the Chief Medical Officer of Health (CMOH) EVD Directive #4 Regarding Waste Management for Designated Hospitals and All Paramedic Services.

This Directive includes control measures for EVD that may be of a higher level of precaution than is recommended by the Public Health Agency of Canada or the World Health Organization. The CMOH has issued this Directive based on the application of the precautionary principle. This Directive does not prohibit paramedic services from adopting additional safeguards and precautions where appropriate.

Definitions

The following terms are used in this Directive:

Suspect Patient

A suspect patient is a person in the community who has failed the paramedic services EVD screening tool.[1] Paramedic services shall employ the control measures in this Directive – including the screening processes, personal protective equipment (PPE), revised medical treatment approaches and transportation protocols – to manage suspect patients. A suspect patient becomes a person under investigation (PUI) when an infectious disease (ID) physician at a hospital (in consultation with the public health unit and Public Health Ontario Laboratories) determines that the patient requires EVD testing.

[1] The ministry's EVD Screening Tool for Paramedic Services is available at www.ontario.ca/ebola.

Paramedics shall transport suspect patients to the closest appropriate[2] emergency department (ED) or to the nearest testing or treatment hospital as directed by the ambulance communication centre and following the bypass provisions described in this Directive.

Person under Investigation

A PUI is a person 1) who has travel history to an EVD-affected area/country, 2) who has at least one clinically compatible symptom of EVD and 3) for whom EVD laboratory testing is recommended (based on a clinical assessment by an ID physician at a hospital in consultation with the public health unit and PHOL) or laboratory results are pending. The patient remains a PUI until laboratory testing rules out or confirms EVD.

Paramedic services shall transfer PUIs that are identified in a screening hospital to a testing or treatment hospital.[3]

Confirmed Patient

A confirmed patient is a person with laboratory confirmation of EVD. Confirmed patients may be repatriated from West Africa to Ontario (arriving at Pearson International Airport) or they may be diagnosed at a testing or treatment hospital in Ontario. Confirmed patients shall only be transported by designated paramedic services.

Paramedic Services

Paramedic services are land or air ambulance service operators[4] certified by the ministry's Emergency Health Services Branch (EHSB) to provide paramedic services. Paramedic services employ certified paramedics for the purpose of responding to ambulance service requests in Ontario.

Designated Paramedic Services

Designated paramedic services have been identified by the ministry to transport confirmed patients.[5] This includes inter-facility transfers of confirmed patients from testing to treatment hospitals and transfers of repatriated confirmed patients from Pearson International Airport to treatment hospitals.

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[2] In the context of ambulance destinations, the term "appropriate" takes into consideration the requirement to recognize specific destinations for particular medical conditions such as stroke and trauma.

[3] Progress of a patient's status from a suspect patient to a PUI and finally a confirmed patient does not indicate an increase in the level of infectiousness, only an increasing possibility/certainty of EVD. The same control measures should be utilized by paramedic services at all stages. The control measures outlined in this Directive should be used to transport suspect patients, PUIs and confirmed patients.

[4] The Ambulance Act defines ambulance services in Ontario.

[5] As of April 13, 2015, the ministry has identified the following designated paramedic services: City of Greater Sudbury Paramedic Services, Frontenac Paramedic Services, Hamilton Paramedic Services, Middlesex-London Emergency Medical Services, Ottawa Paramedic Services, Peel Regional Paramedic Services, Superior North Emergency Medical Services, Toronto Paramedic Services, Essex-Windsor Emergency Medical Services and Ornge.

Designated paramedic services shall maintain[6] dedicated ambulances to transport confirmed patients.

Treatment Hospital

A treatment hospital manages suspect patients, PUIs (including arranging laboratory testing for EVD) and confirmed patients.[7]

Designated Testing Hospital

A testing hospital manages suspect patients and PUIs, which includes arranging laboratory testing for EVD.

Screening Hospital

All hospitals that have not been designated as an EVD testing or treatment hospital by the ministry are considered screening hospitals. These hospitals screen ambulatory patients, isolate and assess suspect patients, and arrange for the controlled transfer of PUIs to a testing or treatment hospital via paramedic services so that EVD testing can be performed.

Bypass Agreements

A local bypass agreement[8] is an established mechanism managed by EHSB for paramedic services and hospitals seeking to establish mutually agreed upon conditions (with supporting medical advice) that permit an ambulance to bypass the closest ED for specific patient conditions and transport directly to an appropriate alternative hospital. Considerations to establishing bypass agreements include patient acuity, the nature of the problem and the distance to the proposed alternate destination.

A provincial bypass protocol has been implemented for low acuity suspect patients.[9] The purpose of the bypass protocol is to:

- reduce the number of paramedics and other health care workers involved in the transport of a suspect patient
- move a suspect patient to a testing or treatment hospital in the most efficient manner possible while ensuring the safety of paramedics, other health care workers, patients and the public
- reduce the requirements for inter-facility transfers of PUIs (should the suspect patient be determined to be a PUI)
- provide testing when required as soon and safely as possible for a PUI

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[6] Appendix 1: Designated Paramedic Services provides information regarding designated paramedic services and designated ambulances.

[7] The ministry's document entitled A three-tier approach to Ebola virus disease (EVD) management in Ontario outlines the designated testing and treatment hospitals. The hospitals designated under the ministry's three-tier hospital framework are subject to change.

[8] Examples of bypass agreements include patient transfer destination protocols for trauma and stroke.

[9] See Appendix 2: Suspect Patient Bypass Protocol and PUI Inter-facility Transfer to Designated Testing or Treatment Hospitals for more information.

Paramedic Service Response to Requests for Ambulance Service

Designated Land and Air Ambulances

Designated ambulances shall transport confirmed patients that are picked up at a testing hospital or from Pearson International Airport.[10]

These ambulances shall be outfitted at the time of each service request with the minimum sufficient equipment to perform the requested transfer safely:

- Paramedic services shall ensure that equipment that may be required during such a transfer is available in the ambulance and stored, as much as possible, in a manner that minimizes the risk of contamination.
- Paramedic services shall ensure that equipment that is required under the Provincial Equipment Standards (PES) – but that is not expected to be required for the transfer – is stored in a protected area of the ambulance or carried in an accompanying escort/support vehicle.

Designated paramedic services shall take the potential for contamination, patient safety and acuity, and the safety of the paramedics, support staff and hospital staff into consideration when planning the transfer. As directed by the attending physician and in consultation with ID specialists, the receiving hospital and the paramedic service(s), the designated paramedic services shall transport a confirmed patient in one of the following manners:

- with the patient wrapped in linen as much as possible to avoid environmental contamination and draping of the interior of the back of the ambulance as operationally feasible (using an impermeable material to reduce contamination)
- in a negative pressure isolation vessel that is secured to the ambulance stretcher and that provides filtration of any air exchange and is supported by both AC power and battery backup sources (or sufficient reserve backup power sources if AC power is not available or not applicable)

The ministry will provide designated paramedic services with negative pressure isolation vessels along with supporting documentation and training materials regarding the preparation, use and cleaning of the equipment. Paramedic services shall ensure that paramedics assigned to use these vessels receive training and are assessed for competency in their use prior to being assigned to any call where a vessel will be used during patient movement.

Ornge shall designate a fixed wing air ambulance as a designated air ambulance if the need arises. When an air ambulance is designated, it shall be reserved solely for the transportation of a confirmed patient similar to a designated land ambulance, except that the approach should be modified for the special environment of the aircraft.

For transport of a confirmed patient from Pearson International Airport or from a testing hospital to a treatment hospital, the designated paramedic service shall ensure that at

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[10] Pearson International Airport is the port of entry to Ontario for civilians (i.e., non-military personnel) that are confirmed to have EVD and repatriated from an EVD affected country in West Africa.

least two paramedics provide patient care and that a paramedic service driver drives the land ambulance. The driver is not required to be a part of the designated team (as described below) if isolation between the driver and the patient compartment is maintained. For inter-facility transport of a confirmed patient from a testing hospital to a treatment hospital, a hospital clinician may be required for transport, depending on patient acuity, and shall use hospital equipment to provide any clinical care during transport.

If the designated paramedic service prescribes a policy that excludes the driver, safety officer[11] or other support personnel from approaching within two metres of the patient (or any contaminated area or equipment), this individual is therefore not part of the designated team. In this situation, the driver shall not approach the patient and/or patient care equipment and shall not provide patient care. The paramedic service shall ensure that appropriate PPE is available in the driver compartment should it be required during the transfer.

When the driver is expected to provide support or care of the patient during transport, or if isolation cannot be maintained, the paramedic service's designated driver shall be part of the designated team and shall also be protected by PPE and follow all precautions as described in the section on Personal Protective Equipment.

The driver compartment of a land ambulance shall be isolated as much as possible from the patient care area. Designated patient care personnel shall not enter a driver compartment or flight deck area at any time after donning PPE, until the conclusion of any patient transport activity, and until a complete deep environmental cleaning and decontamination of the designated land or air ambulance have been performed.

In the case of an air ambulance, the pilot and the flight deck shall be isolated from the patient compartment and no contact with the patient or equipment shall occur. The pilot is not required to wear PPE.

Designated paramedic service providers and Ornge shall establish PPE requirements for the designated land ambulance driver or designated air ambulance flight crew, taking into consideration the operational requirements for the ambulance and considering the practical and safety aspects of donning and doffing in adverse conditions.

Paramedic services shall train, test and drill drivers and flight crews on donning and doffing PPE during development of service-specific protocols for the operation of land and air ambulances.

EHSB will provide further guidance on the transfer of patients to treatment hospitals through training bulletins.

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[11] A safety officer is an individual specifically assigned to accompany or follow the designated team to ensure safety precautions are followed and to provide guidance where required. A safety officer is not involved in patient care.

Non-Designated Paramedic Services

Non-designated ambulances are land or air ambulances deployed by paramedic services to respond to all ambulance requests as assigned by a communication centre including calls originating from primary care settings[12] and excluding those outlined above for designated service providers. These include those requests where there is a suspect patient as identified by the communication centre through screening protocols.

Paramedics responding in a non-designated ambulance and anticipating potential contact (within two metres) with a suspect patient shall follow the PPE controls in this Directive. Other first responders that anticipate potential contact with the suspect patient shall also follow the recommended PPE controls outlined in this Directive.

Patient Transportation from Pre-Hospital Setting to Emergency Department

When a suspect patient is identified by an ambulance communication centre (see Ambulance Communication Centre Screening), the communication centre shall immediately notify the responding paramedics, the paramedic service and the anticipated destination hospital. The ambulance communication centre shall determine the destination ED as soon as the acuity of the patient (as assessed by the paramedic(s) and in accordance with the Canadian Triage Acuity Scale [CTAS]) is provided to the ambulance communication centre.

The ambulance communication centre shall direct a land ambulance with a suspect patient with an acuity of CTAS 1 or CTAS 2 to the closest appropriate ED. The ambulance communication centre shall notify the ED of the patient's suspect EVD status and acuity level as soon as it receives the information from the paramedics.

The ambulance communication centre shall direct a land ambulance with a suspect patient with an acuity of CTAS 3, 4 or 5 to the closest designated testing or treatment hospital, or alternate screening hospital (i.e., a screening hospital that is closer to a designated testing or treatment hospital).[13] The ambulance communication centre shall notify the receiving hospital of the patient's suspect EVD status and acuity level as soon as it receives the information from the paramedics.

For suspect patients, the initial assessment, triage and transfer of care to ED staff may be conducted in the ED ambulance bay. Where no ambulance bay exists, a safe area located away from public access, and as determined by the hospital and in consultation with the paramedic service, should be pre-identified for assessment, triage and transfer of care of suspect patients.[14]

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[12] Primary care settings deliver care to patients who present with acute illness and include community care health centres, Aboriginal Health Access Centres, nurse practitioner-led clinics, primary care physician practices, walk-in clinics and other family practice models (e.g., family health groups, family health networks, family health organizations and family health teams).

[13] See Appendix 2: Suspect Patient Bypass Protocol and PUI Inter-facility Transfers to a Designated Testing or Treatment Hospital for a complete description of bypass provisions.

[14] This process may be conducted inside the back of the ambulance.

While in the ambulance bay, ED triage area, and/or ED proper, paramedics attending to a suspect patient while wearing PPE shall avoid contact with hospital surfaces, walls and equipment, and maintain a distance of at least one metre from staff, patients, and visitors. Paramedics shall report any contact to hospital staff and their supervisor.

Following the initial assessment and triage by the ED staff, and if the patient is cleared of EVD suspicion, the paramedics may discontinue enhanced precautions.[15] If the initial assessment and triage by ED staff indicates that EVD is suspected, the paramedics shall continue enhanced precautions until deep environmental cleaning and decontamination of the ambulance have been completed.[16] These environmental cleaning and decontamination processes shall be conducted according to local paramedic service policies and in accordance with Appendix 3 of this Directive. Waste management shall be conducted according to local paramedic service policies and in accordance with the CMOH Directive #4 Regarding Waste Management for Designated Hospitals and All Paramedic Services.

Patient Transportation from a Screening Hospital to a Testing or Treatment Hospital

The local paramedic service shall conduct any required inter-facility transfer of a PUI.[17] A screening hospital shall arrange for a transfer of a PUI to a testing or treatment hospital following the standard inter-facility transfer arrangement processes through CritiCall, the Patient Transfer Authorization Centre (PTAC) and the ambulance communication centre.

The transfer shall be arranged as a scheduled transfer following the ambulance communication centre’s consultations with the paramedic service and EHSB’s Provincial Duty Officer. The paramedic service shall establish the scheduled patient pickup time after all aspects of the transfer have been considered and related logistics confirmed. The ambulance communication centre shall communicate the pickup time to the screening hospital. Once the estimated time of arrival is determined, the communication centre shall communicate this to the receiving hospital.

An inter-facility transfer of a PUI may consist of a relay or relays as part of the transfer. The duration of each relay leg will be defined by the limitation of time in PPE for the paramedics and will be established by the paramedic service.

In order to begin preparations to carry out or participate in an inter-facility transfer, the ambulance communication centre shall notify the local paramedic service of the expected transfer (or the starting point for the relay leg of a transfer) as soon as possible.

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[15] For the purposes of this Directive, the term enhanced precautions refers to the additional PPE required for use by paramedics when transporting suspect patients, PUIs or confirmed patients.

[16] See Appendix 3: Cleaning and Decontamination for more information.

[17] See Appendix 2: Suspect Patient Bypass Protocol and PUI Inter-facility Transfers to a Designated Testing or Treatment Hospital for more information.

Restricting Access to Patient(s)

For transport of suspect patients, PUIs and confirmed patients, no persons other than the paramedics and/or other essential health care workers (appropriately trained as noted in this Directive) shall be allowed in the back of the ambulance.[18]

Point of Care Risk Assessments

Paramedic services shall ensure that paramedics are incorporating the control measures from this Directive into their point of care risk assessments. This shall include any enhancements or modifications to PPE control measures.

When conducting point of care risk assessments, paramedics shall consider that transmission of EVD can occur:

- directly through contact with blood and/or other body fluids, or potentially through droplets
- indirectly through contact with patient care equipment, materials or surfaces contaminated with blood and/or other body fluids
- possibly when performing aerosol-generating procedures

Ambulance Communication Centre Screening

The ambulance communication centre shall screen all callers for EVD using the ministry's EVD screening tool.

If a patient fails the screening process (i.e., is a suspect patient based on travel to an EVD affected country and has symptoms compatible with EVD), the ambulance communication centre or Ornge Communication Centre shall immediately advise the responding paramedics that **"the patient has failed EVD screening"** and shall provide additional medical information as soon as possible.[19]

Paramedic Screening

Following the ambulance communication screening process and regardless of the results of the screening done by the communications centre, paramedics shall again screen patients using the EVD screening tool upon arrival at the scene. The assessment should be conducted by one paramedic, appropriately protected as

[18] For paediatric patients (or adult patients with certain conditions e.g., cognitive impairment), a parent/caregiver may accompany the patient in the back of the ambulance. Informed consent and instruction on the use of PPE and other precautions are required. The parent/caregiver shall be excluded from the back of the ambulance if an aerosol-generating procedure is performed and/or if the paramedics decide for any other reason that this accompaniment would impact the safety of the patient, paramedics, or parent/caregiver.

[19] To implement EVD screening, ambulance communication centres using the DPCI II ambulance call triaging protocols and the Ornge Communication Centre should use the EVD screening tool for Paramedic Services published and maintained by the ministry. Ambulance communication centres using MPDS™ call taking protocols should implement the Emerging Infectious Disease Surveillance Tool (SRI/MERS/EBOLA).

described in this Directive, immediately upon arrival, and prior to a second paramedic entering the scene.

The paramedic screening the patient shall remain at a minimum distance of two metres before each interaction with a patient and/or the patient's environment to evaluate the likelihood of exposure to an infectious agent/infected source. If the patient has failed the EVD screening done by the communication centre, the paramedic screening the patient should be appropriately protected using the PPE as outlined in this Directive.

The second paramedic shall remain more than two metres away from the patient and shall follow Routine Practices and Additional Precautions (RPAP)[20] while awaiting the results of the point of care risk assessment. The purpose of this precautionary approach is to allow the paramedic team to communicate the findings of the point of care risk assessment to the ambulance communication centre, and/or hospital, and/or ID specialist for advice, and/or perform any other duties required that may be impeded once enhanced precautions are adopted by both paramedics.

The EVD screening that is conducted at the scene shall result in the paramedic making a determination as to whether or not the patient is a suspect patient. If the patient is not a suspect patient, the standard operating procedures of the paramedic service shall apply. If the patient is determined to be a suspect patient the provisions of this Directive shall apply.

If the paramedic determines that the patient is a suspect patient, and if a consultation protocol is established by the ministry, the paramedic shall contact a designated ID specialist using the protocols established by EHSB in order to receive advice and assistance in making the on-scene determination. This consultation shall result in a determination that the:

- patient is not a suspect patient and the paramedic shall resume standard operating procedures or
- patient is a suspect patient and the provisions of the Directive shall also apply

If a consultation protocol has not been established by EHSB or is not possible for operational reasons (such as no radio patch service), then the results of the point of care risk assessment conducted by the paramedic shall define whether the patient is a suspect patient.

Tiered Agency Responses and Co-Responders

Tiered response agreements are established among paramedic services and allied agencies such as fire departments and/or police services. Municipalities are responsible

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[20] Routine Practices and Additional Precautions (RPAP) as recommended by the Provincial Infectious Diseases Advisory Committee (PIDAC) include the use of hand hygiene, cleaning and disinfection of all shared equipment, regular environmental cleaning using an approved hospital grade disinfectant, meticulous attention to safety around the use of needles and sharps, and a complete and careful risk assessment during the initial patient encounter.

for tiered response agreement provisions and the participation of agencies in tiered response agreements.

For suspect patients as identified by the ambulance communications centre, the allied responders that participate in medical tiered response shall be immediately notified by the communication centre that **“the patient has failed EVD screening”**. Unless fire and police services are required to attend to a suspect patient for a specific purpose (e.g., for extrication or for the restraint of a combative patient), all measures should be taken to avoid a tiered response to contain potential exposures. If police or fire services are needed for a suspect patient, paramedic services shall consult with the allied agency to establish the appropriate response procedures.

Personal Protective Equipment

For suspect patients, PUIs or confirmed patients the following minimum[21] PPE coverage is required:

- fit-tested, seal-checked N95 respirator
- full face shield (may be supplemented by safety eyewear)[22]
- double gloves – one glove under the cuff and one longer glove over the cuff
- impermeable full body barrier protection – there should be no exposed, unprotected skin, which can be achieved by the use of the following components:
    - full head protection to cover the head and neck, gown(s), and foot coverings (foot coverings to provide at least mid-thigh protection) or
    - one piece full body protective suit (coverall) with integrated or separate hood and covered seams, and foot coverings providing at least mid-calf protection

Paramedic services shall consider the environment and working conditions of paramedics – such as being exposed to adverse and changing weather, slippery terrain and other variables that paramedics may experience – when procuring PPE.

Paramedic services shall follow the manufacturer’s advice when developing training on the chosen PPE and its components.

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[21] The prescribed PPE level is appropriate for the management of suspect patients, PUIs and confirmed patients. A positive air pressure respirator (PAPR) may be used as an alternative to the N95 respirator and face shield combination. Training on the use of PAPRs shall be provided by the paramedic service and shall be consistent with the principles outlined in this Directive. The Medical Advisory Committee will provide guidance for paramedics in the event that PAPRs are used while performing modified medical procedures.

[22] Paramedic services may prescribe local practices to supplement the requirement for a full face shield. Considerations for supplementing the face shield would include the design and configuration of the face shield and working environment. Augmentation of the full face shield should also consider the design of the selected optional eye protection (such as potential for fogging, or degree of protection provided).

Procedures

Donning and Doffing Personal Protective Equipment

In some cases, suspect patients may not be recognized immediately. The consistent and appropriate use of RPAP remains the best defense against the transmission of EVD and other infections. Paramedics shall follow RPAP, including the use of appropriate PPE. Paramedic services shall provide sufficient quantities of PPE in a variety of sizes to ensure that the PPE is the correct size for the paramedic required to use it.

Paramedics shall observe each other's donning and doffing of PPE to ensure that the inadvertent contamination of eyes, mucous membranes, skin or clothing does not occur. Whenever possible, doffing shall be observed by an individual who has been trained in doffing techniques by their paramedic service. Doffing without an observer should only occur when it is unavoidable (such as when a breach occurs and there is no assistance available or during other circumstances that prevent assisted doffing).

If self-doffing is a requirement because no assistance is available and PPE must be removed, the paramedic shall use a hospital-grade disinfectant[23] on the outer layer of gloves. If a hospital-grade disinfectant is not available, the paramedic shall use alcohol-based hand rub (ABHR) on gloves, ensuring the gloves are removed immediately and not subjected to extended contact with ABHR (which may degrade glove material). Paramedics shall also sanitize the inner layer of gloves if/when they are uncovered.[24] Cleaning of gloves is applicable only during self-doffing when assisted doffing is not available and should not be done during normal use; gloves are never cleaned and then left on the hands for continued use.

Paramedics shall avoid contact between contaminated gloves/hands and equipment and the face, skin or clothing. Paramedics shall clean hands before any contact with the face. If there is any doubt, paramedics shall clean hands again to ensure mucous membranes (eyes, nose and mouth) are not contaminated.

Patient Care

Paramedics shall only use essential equipment while caring for a suspect patient, PUI or confirmed patient. Medical devices and equipment shall be disposable whenever possible. All equipment used shall be dedicated to the patient until the diagnosis of EVD is excluded, patient care has been transferred to the receiving hospital, and all precautions are discontinued.

Prior to re-use on a subsequent patient, all re-usable equipment shall be cleaned and disinfected using an approved hospital-grade disinfectant by personnel using appropriate PPE and according to the manufacturer's recommendations.

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[23] EVD is an enveloped virus. Given that non-enveloped viruses are more difficult to destroy than enveloped viruses stronger disinfectants used to destroy non-enveloped viruses are effective against EVD. All approved hospital-grade disinfectants shall have a drug identification number.

[24] ABHR containers should be cleaned and decontaminated, or disposed of, after use.

Paramedics shall exercise extreme caution when performing procedures which utilize sharps, such as starting intravenous lines or performing injections (which shall only occur in a non-moving ambulance). Use of needles and sharps shall be kept to a minimum and used for medically essential procedures only. Paramedic services shall use a needleless system and safety-engineered medical devices in accordance with the regulation O. Reg. 474/07 Needle Safety made under the Occupational Health and Safety Act (OHSA). Paramedic services shall ensure a puncture-resistant sharps container is available at point-of-use.

Paramedics shall follow the advice of the Medical Advisory Committee (MAC) regarding the treatment of patients, changes in clinical practice, or modified medical procedures for suspect patients, PUIs or confirmed patients. EHSB will provide any updated advice from the MAC to paramedic services in the form of training bulletins.

Paramedics are not responsible for cleaning and/or decontamination of the location from which a patient is removed.

Duration of Precautions

For suspect patients, precautions taken by paramedics shall remain in effect until the possibility of EVD has been ruled out or until the ambulance and personnel have been decontaminated in accordance with this Directive and all local policies.

For PUIs or confirmed patients, the precautions taken by paramedics shall remain in effect until the land or air ambulance or designated ambulance and personnel have been decontaminated in accordance with the Directive and all local policies.

Management of Potentially-Exposed or Exposed Paramedics

Paramedic services shall develop policies for monitoring and managing paramedics who have had contact with suspect patients, PUIs or confirmed patients. The employer and public health unit are responsible for the follow-up and monitoring of paramedics who have been exposed. The employer shall ensure that the public health unit is notified of any paramedic involved in the management of a suspect patient, PUI or confirmed patient.

The notice of occupational illness requirements of Section 52 (2) of the OHSA are to be adhered to by employers if the employer is advised by or on behalf of a worker that the worker has an occupational illness or that a claim in respect of an occupational illness has been filed with the Workplace Safety and Insurance Board by or on behalf of the worker.

Paramedics with percutaneous or mucocutaneous exposures to blood, other body fluids, secretions, or excretions from a suspect patient, PUI, or confirmed patient shall:[25]

- stop working

[25] The sequence of steps may require adjustment depending on the circumstances at the time of exposure.

- wash the affected skin surfaces with soap and water (if not possible, use ABHR) (for mucous membrane splashes (e.g., conjunctiva) irrigate with copious amounts of water or eyewash solution)
- notify the ambulance communication centre or Ornge Communication Centre for a second ambulance response
- contact the employer
- comply with employer-provided arrangements for transportation to decontamination area
- address the exposure (for example, if the exposure was a result of a breach of the PPE, the breach should be addressed)
- follow up with the employer and an appropriate health care provider for post-exposure assessment and management for blood-borne pathogens as per usual organizational policy.

Paramedics who have been exposed to a confirmed patient[26] and develop symptoms consistent with EVD (and within 21 days of last known exposure) shall:

- not report to work or stop working and isolate from other people
- notify their employer; the employer shall notify the public health unit
- seek prompt medical evaluation and testing
- comply with work exclusions as advised by their employer and public health unit until they are no longer deemed infectious

Asymptomatic paramedics who had an unprotected exposure (e.g., not wearing recommended PPE at the time of patient contact or through contact with a patient's blood or other body fluids) to a confirmed patient[27] shall:

- receive a medical assessment and follow-up care including fever monitoring and monitoring for other symptoms compatible with EVD twice daily for 21 days after the last known exposure[28]
- not have patient contact for 21 days following the unprotected exposure
- follow advice from the public health unit regarding modification to activities.

Paramedic services shall refer asymptomatic paramedics with no unprotected exposure (e.g., wearing recommended PPE and with no breach) but who have cared for a patient with confirmed EVD to the public health unit for individualized assessment and support and determination of appropriate follow-up including discussion of return to work policies with the paramedic service.

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[26] These measures also apply to symptomatic paramedics who have exposure to a suspect patient or PUI that becomes a confirmed patient.

[27] These measures also apply to asymptomatic paramedics who had unprotected exposure to a suspect patient or PUI that becomes a confirmed patient.

[28] The public health unit will monitor paramedics that had unprotected exposure for 21 days from the last exposure.

Training for Paramedic Services

Paramedic services shall ensure that paramedics receive adequate training on the appropriate use and limitations of PPE and other protective measures necessary to protect both paramedics and patients from the risk of EVD. This includes ensuring paramedics who may be exposed to suspect patients, PUIs or confirmed patients or, their body fluids or materials that may be contaminated, are trained, tested and drilled and proficient in the use of PPE (including donning and doffing in a systematic way consistent with best practices to prevent self-contamination). Paramedic services shall arrange and deliver training within their organization.[29]

The OHSA has an overall requirement for employers to provide information, instruction and supervision and to take every precaution reasonable in the circumstances to protect the health or safety of the worker. These provisions apply to all workplaces. Requirements with respect to PPE for paramedics and paramedic services are outlined in the *Basic Life Support Patient Care Standards* (BLSPCS), and other applicable standards, as incorporated by reference in Reg. 257/00 under the Ambulance Act.

Paramedic services shall ensure that training addresses the unique needs of paramedics and focusses on specific areas of risk associated with various worker groups and job functions. Paramedic services shall train, test and drill paramedic staff on the use of PPE, including enhanced precautions as described in this Directive.

Paramedic services shall train, test and drill staff that use specialized equipment on that equipment.

Types of Training

Paramedic services shall ensure that training addresses the following core areas.

General Awareness Training

- knowledge of EVD (symptoms, mode of transmission, etc.)
- knowledge of the pre-hospital care setting's preparedness and response plans for EVD (including any hazard-specific plans for EVD)
- knowledge of control measures identified in this Directive and as related to an individual's work group and job function
- knowledge of workplace measures and procedures for management of a suspect patient, PUI or confirmed patient

Hands-On PPE Training for Identified Work Groups or Job Functions

- application of RPAP, including the selection of PPE based on point of care risk assessments

[29] In addition to the resources available on the ministry's EVD website at www.ontario.ca/ebola, paramedic services may access resources from the following organizations to support the delivery of training activities: Ministry of Labour, Public Services Health & Safety Association, Ontario Hospital Association, Infection Prevention and Control Canada and the Regional Infection Control Networks.

- confidence and proficiency in donning and doffing of PPE (appropriately sized to the individual using it) and consistent with the organization's protocols
- understanding of the strengths and limitations of different pieces of PPE
- proper fit and inspection of PPE for damage or deterioration
- appropriate disposal of PPE after use

Hands-On PPE Training, Testing and Drilling

Paramedic services shall ensure that hands-on practical training, testing and drilling on donning and doffing PPE are provided for identified work groups or job functions. This training shall include best practices for the use of unfamiliar PPE (e.g., observation, refresher training). Paramedic services shall ensure that training on PPE is consistent with the control measures in this Directive and the PPE selected for use by each organization.

All paramedics identified for hands-on practical training shall demonstrate competency in performing EVD-related infection prevention and control practices and procedures (as required by their function) and specifically in using the appropriate sequence for donning and doffing of PPE and the additional precautions to exercise if self-doffing (where unavoidable, as noted in the section on Donning and Doffing PPE). This competency shall be verified by a trained observer/coach and documented as per the procedures outlined in the section on Documentation and Verification of Competency.

Training shall be repeated and practiced frequently, with just-in-time refresher training provided in instances of increased risk of exposure to suspect patients, PUIs or confirmed patients, or that patient's environment, waste or specimens.

Documentation and Verification of Competency

General Awareness Training

Paramedic services shall document all training completed by paramedics clearly identifying:

- type of training
- worker group or job function
- name of trainee

Hands-On PPE Training for Identified Work Groups or Job Functions

Paramedic services shall maintain additional documentation for paramedics that participate in hands-on PPE training, drills and testing to verify proficiency and competency in donning and doffing PPE.

Paramedic services shall document the first hands-on EVD PPE training sessions completed by identified paramedics using a step-by-step checklist[30], in which core

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[30] The Public Services Health & Safety Association has developed sample checklists that paramedic services may use to train paramedics on donning and doffing procedures. Paramedic services may adapt these checklists to meet their needs (while maintaining consistency with the PPE controls in this Directive) or they may use other existing checklists.

competencies are assessed, verified and documented for each trainee by a trained observer/coach.

Paramedic services shall document follow-up refresher sessions and just-in-time training using step-by-step checklists, at the discretion of individual organizations.

Checklists used for training and documentation shall be consistent with the PPE recommended in this Directive and the organization's selected PPE.

Paramedic services are also required to comply with the applicable provisions of the OHSA and its Regulations.

David L. Mowat, MBChB, MPH, FRCPC

Interim Chief Medical Officer of Health

Appendix 1: Designated Paramedic Services

Issue: Use of negative pressure containment vessel (vessel)

Recommendations:

A. For patient and paramedic safety, an isolation vessel, identified by the ministry[31] for use in a transport environment (land or air ambulance[32]) should only be used in limited conditions where the medical acuity of the patient and all circumstances of the intended transfer are considered by an ID specialist, the attending physician, the sending and receiving hospitals and the designated paramedic service provider.

B. To approve the use of an isolation vessel for a particular patient, the paramedic service shall determine that no alternative method of isolation exists, and that the risk of contamination from bodily fluids exists despite the provision of PPE for the patient and the attending paramedics and/or other health care providers involved in the management, treatment and transfer of the patient.

C. Isolation vessels may be used for cases where (1) significant contamination is expected, (2) the duration of transport will not exceed the patient's and the paramedics' abilities to travel in this mode, (3) safer modes of transport are not available, and (4) any other requirements to be determined in consultation with the paramedic service provider at the time of planning the transfer are followed.

D. If the paramedic service recommends vessel use at the conclusion of the consultation and at the time of booking the transfer, the isolation vessel shall meet the designated paramedic service's requirements for safe use in an ambulance (for both patients and paramedics).

E. Most confirmed patients should be transported on a regular stretcher, fully covered, with no exposed skin or clothing. Paramedic services should consider completely wrapping the patient in impermeable sheets (or linens) and providing a face shield, or be in full coverage impermeable PPE, including a face shield, surgical mask, gloves and foot coverings. Wrapping of a patient shall be done with consideration for the potential of raising the patient's temperature (patient may be febrile). Also, on a case by case basis, the ability to provide treatments during transport shall be taken into account. The approach to protecting the patient and paramedics in this manner shall be included in the pre-transfer considerations by the sending and receiving hospitals, attending physician(s), ID specialist and the paramedic service.

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[31] The ministry is working with paramedic services and the vendor(s) of isolation vessels to determine the requirements for any changes to the existing products in order to meet the designated paramedic services requirements. The minsitry will make available a vessel that is determined to meet those requirements to designated paramedic services for use when the acuity, transport distance and other factors indicate that the use of an isolation vessel is the safest mode of transport for both the patient and paramedics.

[32] Ornge has identified an isolation vessel which meets their requirements for use in a designated ambulance.

F. Paramedics and any other escorts involved in patient care or who will be working within two metres of the patient (or contaminated equipment and/or area) should use enhanced PPE as per this Directive. This does not apply where the working distance is within the two metre threshold but engineering protection has been provided.
G. The attending physician(s), sending and receiving hospitals, ID specialist and the paramedic service provider shall consult to determine any other protective measures required.

Issue: Configuration and use of designated vehicles

Recommendations:

A. Other than Ornge Critical Care land ambulances and air ambulances, designated vehicles shall be stripped of all exposed non-essential equipment and draped with impermeable cloths/sheets on the cabinet side of the ambulance and bulkhead to provide isolation from the driver compartment and to reduce decontamination requirements post transport. Seatbelts for paramedics shall remain available.
B. Draping does not remove the obligation to clean and decontaminate the ambulance; the purpose is to facilitate post-transport cleaning and decontamination.
C. Paramedic services will determine the content of the paramedic response bags on board the ambulance at the time of the call, or access to bags and other equipment may be provided from an escort vehicle. Any additional equipment in the ambulance should be covered or put away if possible.
D. Ornge critical care and air ambulances shall carry all equipment and supplies per standard operating practices, and shall protect the contents from potential contamination where possible, making sure to use disposable supplies as much as possible and plan for post-transport cleaning and decontamination in a manner that accounts for the additional cleaning requirements imposed by carrying critical care equipment and supplies. Items that are not normally disposed of, and are not of high cost, may be considered disposable if used in the treatment of a confirmed patient.
E. Designated responses may involve more than one unit and depending on the paramedic service protocols and/or the circumstances of the case, may be followed by a support vehicle assigned by the paramedic service.
F. Communications shall be provided; where no land ambulance radio package is available, a portable FleetNet capable radio shall be supplied and/or cell phones and/or support provided by an escort unit.
G. Post-use cleaning and decontamination of the ambulance unit may be performed by professional cleaning services, or by paramedics (or other paramedic service staff) who have been specifically trained in the cleaning and decontamination requirements of the unit, and following the standards approved by a qualified infection control practitioner and in accordance with the practices and procedures developed by the paramedic service and in this Directive. Waste management is to be conducted in accordance with the practices and procedures developed by

the paramedic service and in the [CMOH Directive #4 Regarding Waste Management for Designated Hospitals and All Paramedic Services].

H. Ambulance communication centres and the Ornge Communication Centre shall ensure that Inter-facility EVD calls are prioritized as scheduled transfers.
I. Patient acuity and treatments required during transport will be the determinants in whether a hospital escort is required.
J. Paramedic services shall determine locally the number of paramedics travelling in the land or air ambulance based on the patient's acuity, treatments required during transport and whether hospital escorts are attending.
K. Training should be paramedic service specific, due to individual approaches to equipment procurement and the variety of stages in training program delivery individual services have achieved to date.

Issue: Inter-facility transfers of a person under investigation

Recommendations:

A. Baseline position: Designated paramedic service ambulances that have been designated and prepared for transporting confirmed patients are not required for the transfer of a suspect patient or for a PUI. All normal transfer protocols apply (CritiCall, PTAC, Ornge consult, etc.) for the inter-facility transfer of a PUI and the transfer should be performed by a non-designated ambulance.
    i. Exception: Extenuating circumstances may be considered at the time of booking as *exceptions to the rule,* on a case by case basis.
    ii. These extenuating circumstances may include a combination of excessive travel distances, patient acuity and capacity of the remote hospital, and/or capacity of the local non-designated paramedic service to perform the transfer.
    iii. If consultations among an ID specialist, the sending and receiving hospitals and the paramedic service provider determine that the impact to a local paramedic service by using a non-designated ambulance or the specific patient conditions and transfer requirements indicate that the use of a designated paramedic service is the most appropriate means of transport, then this exception shall apply.

Issue: Designated paramedic service unit deployments/Ornge integration

Recommendations:

A. Out of province transfers would not be considered for the purpose of EVD referral, but other medical conditions complicated by EVD would require case by case consultation. Consideration shall be given to cleaning and decontamination requirements at the receiving end of the transfer.
B. Normal booking determinants still apply for Ornge – patient acuity and distance. If normal operating procedures call for rotor wing response, then an alternative shall be used (there will be fixed wing service only for confirmed patients).
C. For lower acuity confirmed patients (critical clinical care is not required), designated paramedic services other than Ornge will usually provide transport.
D. When there is a designated paramedic service in the sending hospital's area; the transporting service shall be that service (for confirmed patients).

E. Designated service deployment shall be based on the closest designated service availability.
F. When Ornge is being considered for the transfer:
    i. There will be a general division between Northern and Southern Ontario. The Greater Toronto Area and the Golden Horseshoe will not receive Ornge designated air ambulance service based on the shorter distances involved, but might receive an Ornge critical care designated land ambulance; this shall be decided through normal transfer booking processes (patient acuity, location of the critical care land ambulance relative to sending facility, etc.).
    ii. Ornge may send a designated land ambulance team to the sending facility, or Ornge may send a team with equipment by air and assist by converting a local resource into a designated ambulance for transporting the patient to meet a fixed wing designate air ambulance at a local airport.
G. In difficult cases or where there is not a clear protocol to determine the most appropriate designated paramedic service for a transfer, the Emergency Management Branch, Ornge, the closest designated paramedic service and EHSB Provincial Duty Officer should confer.

Appendix 2: Suspect Patient Bypass Protocol and Person under Investigation Inter-facility Transfers to Designated Testing or Treatment Hospitals

Bypass Protocol

The ambulance communication centre shall direct suspect patients in the community as a result of an emergency request for paramedic services and meeting CTAS 3-5 criteria to the closest testing or treatment hospital.

When the closest testing or treatment hospital is located too far for a bypass to be considered, an alternate screening hospital (alternate ED) shall be considered as part of the bypass protocol.

- The EVD bypass protocol shall be considered when the time to travel to the testing or treatment hospital is anticipated to be one hour or less as estimated by the ambulance communication centre. Distance and road/weather conditions will be considered by the ambulance communication centre when estimating travel times.
- If the ambulance communication centre determines that the patient should be considered for bypass, the centre shall advise the manager of the paramedic service (using the local paramedic service contact information maintained at the ambulance communication centre) and the paramedic service shall review any PPE limitations for the contemplated bypass, including but not limited to distance, time of day, time on shift by the paramedics, road and weather conditions and other factors that affect the time paramedics would be protected by PPE.
- If the bypass is approved by the paramedic service, the ambulance communication centre shall direct the ambulance to the testing or treatment hospital or alternate ED in order to minimize any potential subsequent inter-facility transfers.
- If PPE restrictions (time in PPE) preclude consideration of the bypass protocol, the patient shall be transported to an alternate ED for assessment and to permit the arrangement of a subsequent transfer to a testing hospital.
- At the paramedic service duty manager's discretion and direction, and to mitigate the time spent in PPE, the responding ambulance may be held at the scene to permit the ambulance communication centre to direct a second ambulance to the scene and receive care of the patient from the paramedic crew on-scene. This shall be considered by the paramedic service on a case by case basis.

Local bypass agreements for suspect patients that were implemented prior to the implementation of the bypass protocol in this directive shall be reviewed for alignment with the Directive and resubmitted to EHSB for consideration.

Persons Under Investigation Inter-facility Transfers to Designated Testing or Treatment Hospitals

For a PUI, local paramedic services shall accept scheduled inter-facility transfers between screening hospitals and testing or treatment hospitals. Upon learning of a PUI requiring transfer to a testing or treatment hospital, the ambulance communication centre shall notify the paramedic service and engage the provincial duty officer notification process. This will ensure system notification and consultation processes are initiated, and will also facilitate planning for the expected transfer.

Ambulance communication centres and the Ornge Communication Centre shall prioritize inter-facility EVD calls as scheduled transfers.

- Patient acuity and treatments required during transport shall be the determinants in whether a hospital escort is required.
- The transporting paramedic service shall determine the number of paramedics travelling in the land or air ambulance based on the acuity, treatments required during transport and whether hospital escorts accompany the patient.
- The transporting paramedic service shall determine the maximum time that the paramedics can spend in PPE. The maximum time in PPE shall be used by the ambulance communication centre when planning the transfer to determine any relay requirements.

Factors impacting the length of time that paramedics can spend in PPE shall be considered and the paramedic service shall advise the ambulance communication centre of the time/distance limitations (if any) and if the limitations require the ambulance to stop during the transfer. If PPE limitations do not preclude acceptance of the transfer, the paramedic service shall provide the ambulance communication centre with a scheduled pickup time. The ambulance communication centre shall notify the receiving hospital of the expected arrival time of the ambulance and paramedic team.

If the time in PPE required for the transfer exceeds the capacity of a single paramedic team, relay options and patient transfer between paramedic services during the transfer execution shall be considered.

Considerations to facilitate PUI transfers include, but are not limited to the following:

- the relay(s) of a PUI between screening hospital(s) and testing hospital
- the use of multiple teams, or multiple services to participate in the transfer
- the use of Ornge as an alternate service or a participating service in a relay transfer
- assistance with decontamination of local paramedic services by destination hospitals
- consultation with designated services regarding any potential assistance
- any other patient-focused assistance that can be coordinated or facilitated by the hospital, ambulance communication centre, paramedic service(s), or EHSB

For any PUI requiring an inter-facility transfer by a local paramedic service, the EHSB Provincial Duty Officer process shall be activated, including notification of the ministry’s Emergency Management Branch and Ornge.

Appendix 3: Cleaning and Decontamination

Blood and other body fluids from EVD patients are highly infectious. Safe handling of potentially infectious materials and the cleaning and disinfection of the land or air ambulance and equipment is paramount.[33] Waste management[34] is also critical.

Paramedic services shall use a hospital-grade disinfectant that is effective against non-enveloped viruses to clean the ambulance and shall follow the manufacturer's recommendations.

Upon transfer of care of the patient to the ED, paramedics shall doff PPE and don fresh PPE prior to commencing deep environmental cleaning and decontamination of the land or air ambulance. Deep environmental cleaning includes, but is not limited to:

- the removal of all dirty/used items (e.g. suction container, disposable items)
- the removal of any impermeable draping material and containment material used to isolate equipment before starting to clean the ambulance (the material shall be carefully collected by ensuring external surfaces are folded inwards to minimize contamination)
- the disposal of anything in the ambulance that was not protected by draping material or cannot be cleaned as noted above and in accordance with the CMOH Directive #4 Regarding Waste Management for Designated Hospitals and All Paramedic Services
- the use of hospital-grade single-use disinfectant wipes (preferred) or microfibre fresh cloths, microfibre mop, supplies and solutions to clean the ambulance

During the cleaning process, paramedic services shall:

- use as many wipes/cloths as necessary to clean the ambulance
- not dip a cloth back into disinfectant solution after use
- not re-use cloths
- clean and disinfect all surfaces
- allow for the appropriate surface contact time with the disinfectant
- discard all contaminated linens and cloths used during the cleaning process in accordance with the CMOH Directive #4 Regarding Waste Management for Designated Hospitals and All Paramedic Services
- clean and disinfect all other equipment used to clean the ambulance before putting them back into general use (or dispose of them if they cannot be cleaned and disinfected)
- control fluid contaminants during the cleaning process to ensure contamination of the cleaning area does not occur (e.g., body fluids such as vomit are not 'hosed out')[35]

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[33] Refer to PIDAC's Best Practices for Environmental Cleaning for Prevention and Control of Infections in all Healthcare Settings for more information.

[34] Refer to the CMOH Directive #4 Regarding Waste Management for Designated Hospitals and All Paramedic Services for more information.

- follow all local processes to control the decontamination process along with all current environmental policies as well as any guidance that is issued for waste management and disposal

Only staff who have received training on the equipment and on the cleaning and decontamination procedures recommended by PIDAC (see footnote 22) and the manufacturer shall clean and decontaminate vessels used for the transport of confirmed patients.

In instances where vessels are used, the ambulance shall still be cleaned and decontaminated as per the above procedures.

Cleaning and decontamination may be performed by the paramedic service using appropriately trained staff employed by the service or may be performed by an external agency, contracted by the paramedic service to conduct cleaning and decontamination.

After cleaning and decontamination are complete, doffing of PPE shall be performed in the same manner as previously specified including the use of the observer.

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[35] Refer to the CMOH Directive #4 Regarding Waste Management for Designated Hospitals and All Paramedic Services for more information.

Appendix C

Revised DPCI II Cards
English

DISPATCH PRIORITY CARD INDEX II (DPCI II)

Version 1.5 October 2014

ALPHABETICAL INDEX		NUMERICAL INDEX	
PROBLEM	CARD	PROBLEM	CARD
Abdominal Pain	2	Primary Assessment	1
Allergic Reaction	3	Abdominal Pain	2
Back Pain	5	Allergic Reaction	3
Behavioural Problem	16	Back Pain	5
Bleeding in Pregnancy	38	Bleeding (Non-Traumatic)	6
Bleeding (Non-Traumatic)	6	Breathing Problem	7
Breathing Problem	7	Burns / Electrocution / Inhalation	8
Burns / Electrocution / Inhalation	8	Chest Pain / Heart Problem	11
Cardiac Arrest – Adult	42	Convulsion / Seizure	12
Cardiac Arrest – Child/Infant	43	Diabetic Problem	13
Chest Pain / Heart Problem	11	Near-Drowning	14
Childbirth / Labour	37	Behavioural Problem	16
Choking – Conscious – Adult/Child	40	Eye Problem	17
Choking – Conscious – Infant	41	Fall	18
Convulsion / Seizure	12	Headache	20
CVA / Stroke	29	Environmental Exposure	21
Decreased Level of Consciousness / Unconscious	30	Motorized Vehicle Collision	24
Diabetic Problem	13	Overdose / Poisoning	25
Emergency Inter-Facility Transfer (Part of IIDPCI)	33	Trauma (Penetrating) / Wound	27
Environmental Exposure	21	Trauma (Blunt) / Assault	28
Evacuation (Unplanned Large Scale)	36	CVA / Stroke	29
Eye Problem	17	Decreased Level of Consciousness / Unconscious	30
Fall	18	Generally Unwell	31
Generally Unwell	31	Transfer	32
Geographical Assistance	No Card #	Emergency Inter-Facility Transfer (Part of IIDPCI)	33
Headache	20	Non-Emergency Inter-Facility Transfer (Part of IIDPCI)	34
Motorized Vehicle Collision	24	Team Transfer (Part of IIDPCI)	35
Multiple Casualty Incident (MCI)	No Card #	Evacuation (Unplanned Large Scale)	36
Near-Drowning	14	Childbirth / Labour	37
Non-Emergency Inter-Facility Transfer (Part of IIDPCI)	34	Bleeding in Pregnancy	38
Overdose / Poisoning	25	Choking – Conscious – Adult/Child	40
Primary Assessment	1	Choking – Conscious – Infant	41
Team Transfer (Part of IIDPCI)	35	Cardiac Arrest – Adult	42
Transfer	32	Cardiac Arrest – Child/Infant	43
Trauma (Blunt) / Assault	28	Geographical Assistance	No Card #
Trauma (Penetrating) / Wound	27	Multiple Casualty Incident (MCI)	No Card #
Use of Helicopters for On-Scene Calls	No Card #	Use of Helicopters for On-Scene Calls	No Card #

DISPATCH PRIORITY CARD INDEX II (DPCI II)

ALPHABETICAL SYNONYM LIST

PROBLEM	CARD	PROBLEM	CARD
Air Ambulance Helicopters	See Helicopter Reference Card	Hypoglycemia	See Card 13
Amputation	See Cards 27, 28	Hypothermia	See Card 21
Anaphylaxis	See Card 3	Infarction	See Card 11
Animal Bites	See Card 27	Ingestion	See Card 25
Arrest	See Cards 42, 43	Inhalation of Toxic Substance	See Cards 8, 25
Assault	See Card 28	Insulin Overdose	See Card 13
Assessment (Primary)	See Card 1	Inter-Facility Transfer (IIDPCI Card Set)	See Cards 33, 34, 35
Birth	See Card 37	Lightning Strike	See Card 8
Bites (Animal)	See Card 27	Location Assistance	See Geography Reference Card
Bleeding	See Cards 6, 27, 28	Malaise	See Card 31
Blunt Trauma	See Card 28	MCI (Multiple Casualty Incident)	See Cards 36, MCI Reference
Breathing Compromise	See Cards 3, 7	MI (Myocardial Infarction)	See Card 11
Cardiac	See Cards 11, 42, 43	Migraine	See Card 20
Chemical Burns	See Card 8	Miscarriage	See Card 38
Chemical Inhalation	See Card 8	MVC (Motor Vehicle Collision)	See Card 24
Choking	See Cards 40, 41	Neck Injury	See Cards 27, 28
Confused	See Card 31	Nosebleed	See Card 6
CPR (Cardio Pulmonary Resuscitation)	See Cards 42, 43	Not Breathing	See Cards 42, 43
Dental (Loss of Tooth)	See Cards 27, 28	On Scene Calls – Use of Helicopters	See Helicopter Reference Card
Difficulty Breathing	See Card 7	Passed Out	See Card 30
Disaster	See Card 36	Poisoning	See Card 25
Dislocation	See Card 28	Postictal	See Card 12
Drowning	See Card 14	Pregnancy	See Cards 37, 38
Drowsy	See Card 31	Psychiatric	See Card 16
Drug Reaction	See Card 3	Respiratory Distress	See Card 3, 7
Electrocution	See Card 8	Sciatica	See Card 5
Emotionally Disturbed	See Card 16	Seizure	See Card 12
Epileptic	See Card 12	Severe Respiratory Distress	See Cards 3, 7
Epistaxis	See Card 6	Smoke Inhalation	See Card 8
Fainting	See Card 30	SOB (Short of Breath)	See Card 7
Fever	See Card 31	Spinal Injury	See Cards 27, 28
Fracture	See Cards 18, 28	Sprain	See Card 28
Frostbite	See Card 21	Stabbing	See Card 27
Gastric Pain	See Card 2	Stroke	See Card 29
Gunshot	See Card 27	Suicidal	See Card 16
Hanging	See Cards 42, 43	Sunstroke	See Card 21
Head Injury	See Cards 18, 27, 28	Syncope	See Card 30
Heart Attack / Heart Problem	See Card 11	Thermal Burns	See Card 8
Heat Exposure	See Card 21	TIA (Transient Ischemic Attack)	See Card 29
Hemorrhage	See Cards 6, 27, 28	Toxic Substances	See Cards 8, 25
Hives	See Card 3	Unconscious	See Card 30
Hyperglycemia	See Card 13	Unresponsive	See Cards 42, 43
Hyperthermia	See Card 21	Wound	See Cards 27, 28
Hyperventilation	See Card 7	VSA (Vital Signs Absent)	See Cards 42, 43

[Person positive for FREI due to reported abdominal pain.] → Document – Inform All Responders → Question #1

Question	Answer	Action	
1. Does the person have a history of aneurysm?	→ Yes	→ Code 4 (PCP)	
	→ No / Unknown	→ Code 3 (PCP)	
2. Does the person have a history of heart disease?	→ Yes	→ Code 4 (ACP)	
	→ No / Unknown	→ Code 3 (PCP)	
3. [If child-bearing age] Is the person pregnant?	→ Yes	→ Question #4	
	→ No / Unknown	→ Code 3 (PCP)	→ Question #5
	→ Not Applicable	→ Question #5	
4. Is she having vaginal bleeding?	→ Yes	→ Bleeding in Pregnancy Card 38	
	→ No / Unknown	→ Code 3 (PCP)	
5. Is the person drowsy or confused?	→ Yes	→ Code 4 (ACP)	
	→ No / Unknown	→ Code 3 (PCP)	
6. Does the person look pale, grey or sweaty?	→ Yes	→ Code 4 (ACP)	
	→ No / Unknown	→ Code 3 (PCP)	

Geographical Assistance: [Obtain directions if required]

Pre-Arrival Instructions:

[All Persons]

- Give nothing by mouth.
- Gather all the person's medications, including empty bottles and give them to paramedics when they arrive.

Closing Statement: Make the person comfortable and call back if their condition changes or you find out more information.

Question	Answer		Action
1. Is the person feeling short of breath?	→ Yes / Unknown		→ Code 4 (ACP)
	→ No		→ Code 3 (PCP)
2. Is the person having chest pain?	→ Yes / Unknown		→ Code 4 (ACP)
	→ No		→ Code 3 (PCP)
3. Is the person drowsy or confused?	→ Yes / Unknown		→ Code 4 (ACP)
	→ No		→ Code 3 (PCP)
4. Does the person look pale, grey or sweaty?	→ Yes / Unknown		→ Code 4 (ACP)
	→ No		→ Code 3 (PCP)
5. Does the person have a new or worsening cough?	→ Yes	→ Positive for FREI – Inform All Responders	→ Pre-Arrival Instructions
	→ No / Unknown		→ Question #6
6. Is the person feeling feverish or had shakes or chills in the last 24 hours?	→ Yes	→ Positive for FREI – Inform All Responders	
	→ No / Unknown		

Geographical Assistance: [Obtain directions if required]

Pre-Arrival Instructions:

[All Persons]

- Allow the person to sit up if more comfortable.
- Loosen all restrictive clothing.
- Gather all the person's medications, including empty bottles and give them to paramedics when they arrive.

Closing Statement: Make the person comfortable and call back if their condition changes or you find out more information.

Question	Answer	Action	Next step
[Person positive for FREI due to reported headache.]		→ Document – Inform All Responders	→ Question #1
1. Did the pain start suddenly?	→ Yes		→ Code 4 (PCP)
	→ No / Unknown		→ Code 3 (PCP)
2. Does the person have a fever?	→ Yes		→ Code 4 (PCP)
	→ No / Unknown		→ Code 3 (PCP)
3. Is the person drowsy or confused?	→ Yes		→ Code 4 (ACP)
	→ No / Unknown		→ Code 3 (PCP)
4. Does the person have a new or worsening cough?	→ Yes	→ Document – Inform All Responders	→ Pre-Arrival Instructions
	→ No / Unknown		→ Question #5
5. Is the person feeling feverish or had shakes or chills in the last 24 hours?	→ Yes	→ Document – Inform All Responders	
	→ No / Unknown		

Geographical Assistance: [Obtain directions if required]

Pre-Arrival Instructions:

[All Persons]

- Give nothing by mouth.
- Gather all the person's medications, including empty bottles and give them to paramedics when they arrive.

Closing Statement: Make the person comfortable and call back if their condition changes or you find out more information.

Question	Response		Outcome	Next
1. Has the person's breathing changed? If so, briefly describe the change.	→ Yes [Not Breathing]		→ Code 4 (ACP)	→ Cardiac Arrest Card 42
	→ Yes [Worsened]		→ Code 4 (ACP)	
	→ Yes [Improved]		→ Code 4 (ACP)	
	→ No / Unknown		→ Code 4 (ACP)	
2. Does the person have a new or worsening cough?	→ Yes	→ Positive for FREI – Inform All Responders		→ Pre-Arrival Instructions
	→ No / Unknown			→ Question #3
3. Is the person feeling feverish or had shakes or chills in the last 24 hours?	→ Yes	→ Positive for FREI – Inform All Responders		
	→ No / Unknown			

Geographical Assistance: [Obtain directions if required]

Pre-Arrival Instructions:

[All Persons]

- Lie or roll person onto their side and observe their breathing.
- Loosen all restrictive clothing.
- Gather all the person's medications, including empty bottles and give them to paramedics when they arrive.

Closing Statement: Make the person comfortable and call back if their condition changes or you find out more information.

1. Is the person drowsy or confused?
   - → Yes → Question #2
   - → No / Unknown → Question #3

2. Did this [drowsiness] [confusion] start within last 24 hours?
   - → Yes → Code 4 (PCP)
   - → No / Unknown → Code 3 (PCP)

3. Is the person having severe pain or difficulty breathing?
   - → Yes → Code 4 (ACP)
   - → No / Unknown → Code 3 (PCP)

4. Is the person having cold sweats?
   - → Yes → Code 4 (ACP)
   - → No / Unknown → Code 3 (PCP)

5. Is the person diabetic?
   - → Yes → Question #6
   - → No / Unknown → Code 3 (PCP) → Question #7

6. Is the person violent or dangerous to self or others?
   - → Yes → Code 4 (ACP) → Inform All Responders
   - → No / Unknown → Code 3 (PCP)

7. Does the person have a new or worsening cough?
   - → Yes → Positive for FREI – Inform All Responders → Question #9
   - → No / Unknown → Question #8

8. Is the person feeling feverish or had shakes or chills in the last 24 hours?
   - → Yes → Positive for FREI – Inform All Responders → Question #9
   - → No / Unknown → Question #9

9. Does the person have a headache, sore throat, muscle pain, abdominal pain, vomiting or diarrhea?
   - → Yes → Positive for FREI – Inform All Responders
   - → No / Unknown

Geographic Assistance: [Obtain directions if required]

Pre-Arrival Instructions:

[Generally Unwell]
- Give nothing by mouth.
- If the person begins to choke or vomit, lie or roll the person onto their weak side and observe their breathing.
- Gather all the person's medications, including empty bottles and give them to paramedics when they arrive.

[Generally Unwell *plus* Diabetic]
- Approach the scene only if safe to do so. If you feel in danger leave the scene.
- If the scene is safe:

  [Person Drowsy or Not Awake]
  - Lie or roll the person onto their side and observe their breathing.
  - Give nothing by mouth.
  - Gather all the person's medications, including empty bottles and give them to paramedics when they arrive.

  [Person Awake and/or Confused]
  - Give sugar only if the person is awake enough to swallow, for example a spoonful of sugar or a glass of juice or non-diet pop.
  - If the person begins to choke or vomit, lie or roll the person onto their weak side and observe their breathing.
  - Gather all the person's medications, including empty bottles and give them to paramedics when they arrive.

Closing Statement: If safe to do so, make the person comfortable and call back if their condition changes or you find out more information.

1. Is this transfer to or from a non-health care facility?
   - ➔ Yes ➔ Question #2
   - ➔ No [requesting a non-emergency transfer between two facilities] ➔ Go to Card 34
   - ➔ No [requesting an emergency transfer between two facilities] ➔ Go to Card 33
2. What is the person's [the patient's] name? ➔ Document
3. Where are you [the caller] phoning from? ➔ Document
4. What is your [the caller's] name? ➔ Document
5. What is your [the caller's] telephone number? ➔ Document
6. Where is the person to be picked-up? ➔ Document
7. Where is the person being transferred? ➔ Document
8. What is the transfer date? ➔ Document
9. Does the person have a scheduled appointment time?
   - ➔ Yes ➔ Document ➔ Question #11
   - ➔ No ➔ Question #10
10. What is the preferred transfer time? ➔ Document ➔ Question #11
11. [Check scheduled call loading for transfer time availability, if necessary determine next available time and advise caller.]

[Document Answers to Questions 12 through 25 in Comments]

12. What is the diagnosis? ➔ Document
13. What equipment is going? ➔ Document
14. What escorts are going? ➔ Document
15. Who is the sending physician? ➔ Document
16. Who is the receiving physician? ➔ Document
17. Does the person have a valid DNR Confirmation Form?
   - ➔ Yes ➔ Document ➔ Inform Paramedics
   - ➔ No
18. Does the person require isolation protocols?
   - ➔ Yes ➔ Document ➔ Inform Paramedics
   - ➔ No
19. Does the person have a new or worsening cough?
   - ➔ Yes ➔ Positive for FREI – Document – Inform Paramedics ➔ Question #21
   - ➔ No ➔ Question #20
20. Is the person feeling feverish or had shakes or chills in the last 24 hours?
   - ➔ Yes ➔ Positive for FREI – Document – Inform Paramedics
   - ➔ No
21. Does the person have a headache, sore throat, muscle pain, abdominal pain, vomiting or diarrhea?
   - ➔ Yes ➔ Positive for FREI – Document – Inform Paramedics
   - ➔ No / Unknown
22. Is there any other relevant information? ➔ Document
23. [If the pick-up location is a facility ask:] Does the facility have a respiratory or enteric (gastrointestinal) outbreak?
   - ➔ Yes ➔ Where in the Facility? ➔ Document ➔ Inform Paramedics
   - ➔ No
24. [Book the transfer (and return portion if applicable)] ➔ Provide caller with transfer confirmation #(s).
25. [If call meets long distance transfer criteria:] Would you consider transport by Ornge air ambulance?
   - ➔ Yes ➔ CACC/ACS Contacts OCC
   - ➔ No ➔ Document

Pre-Arrival Instructions: [Not Applicable]
Closing Statement: Call back if the person’s condition changes or you find out more information.

Question	Answer			Action
1. Is this an emergency inter-facility transfer?	→ Yes			→ Question #2
	→ No [requesting a non-emergency transfer between two facilities]			→ Go to Card 34
	→ No [requesting a transfer to or from a non-health care facility]			→ Go to Card 32
2. What is the person's [the patient's] name?	→ Document			
3. Where are you [the caller] phoning from? [facility, wing, floor]	→ Document			
4. What is your [the caller's] name?	→ Document			
5. What is your [the caller's] telephone number?	→ Document			
6. Where is the person to be picked up? [facility, wing, floor, room]	→ Document			
7. Where is the person being transferred? [facility, wing, floor]	→ Document			
8. Is the person critically ill?	→ Yes			→ Question #9
	→ No			→ Question #10
9. Is the person ready for immediate pick up?	→ Yes		→ Code 4 (PCP)	→ Question #11
	→ No			→ Question #10
10. When will the person be ready for pick up?	→ Less than 6 hours		→ Code 3 (PCP)	→ Question #11
	→ More than 6 hours			→ Go to Card 34, Question #9

[Document Answers to Questions 11 through 25 in Comments]

Question	Answer			
11. What is the diagnosis?	→ Document			
12. What equipment is going?	→ Document			
13. What escorts are going?	→ Document			
14. Who is the sending physician?	→ Document			
15. Who is the receiving physician?	→ Document			
16. Does the person have a valid DNR Confirmation Form?	→ Yes		→ Document	→ Inform Paramedics
	→ No			
17. Does the person require isolation protocols?	→ Yes		→ Document	→ Inform Paramedics
	→ No			
18. Does the facility have a respiratory or enteric (gastrointestinal) outbreak?	→ Yes	→ Where in the Facility?	→ Document	→ Inform Paramedics
	→ No			
19. What is the PTAC Medical Transfer Number?	→ Number available		→ Document	
	→ Number not available			
20. Does the person have a new or worsening cough?	→ Yes	→ Positive for FREI – Document – Inform Paramedics		→ Question #22
	→ No			→ Question #21
21. Is the person feeling feverish or had shakes or chills in the last 24 hours?	→ Yes	→ Positive for FREI – Document – Inform Paramedics		
	→ No			
22. Does the person have a headache, sore throat, muscle pain, abdominal pain, vomiting or diarrhea?	→ Yes	→ Positive for FREI – Document – Inform Paramedics		
	→ No / Unknown			
23. Is there any other relevant information?	→ Document			
24. [Book the transfer (and return portion if applicable)]	→ Provide caller with transfer confirmation #(s).			
25. [If call meets Ornge air ambulance or Ornge CCTU transport criteria]	→ Would you consider transport by Ornge air ambulance or CCTU?		→Yes	→CACC/ACS Contacts OCC
			→No	→Document

Pre-Arrival Instructions: [Not Applicable]

Closing Statement: Call back if the person's condition changes or you find out more information.

1. Is this a non-emergency inter-facility transfer? → Yes → Question #2
→ No [requesting an emergency transfer between two facilities] → Go to Card 33
→ No [requesting a transfer to or from a non-health care facility] → Go to Card 32
2. What is the person's [the patient's] name? → Document
3. Where are you [the caller] phoning from? [facility, wing, floor] → Document
4. What is your [the caller's] name? → Document
5. What is your [the caller's] telephone number? → Document
6. Where is the person to be picked up? [facility, wing, floor, room] → Document
7. Where is the person being transferred? [facility, wing, floor] → Document
8. What is the transfer date? → Document
9. Does the person have a scheduled appointment time? → Yes → Document → Question #11
→ No → Question #10
10. What is the preferred transfer time? → Document → Question #11
11. [Check scheduled call loading for transfer time availability, if necessary determine next available time and advise caller.]

[Document Answers to Questions 12 through 26 in Comments]

12. What is the diagnosis? → Document
13. What equipment is going? → Document
14. What escorts are going? → Document
15. Who is the sending physician? → Document
16. Who is the receiving physician? → Document
17. Does the person have a valid DNR Confirmation Form? → Yes → Document → Inform Paramedics
→ No
18. Does the person require isolation protocols? → Yes → Document → Inform Paramedics
→ No
19. Does the facility have a respiratory or enteric (gastrointestinal) outbreak? → Yes → Where in the Facility? → Document → Inform Paramedics
→ No
20. What is the PTAC Medical Transfer Number? → Number available → Document
→ Number not available
21. Does the person have a new or worsening cough? → Yes → Positive for FREI – Document – Inform Paramedics → Question #23
→ No → Question #22
22. Is the person feeling feverish or had shakes or chills in the last 24 hours? → Yes → Positive for FREI – Document – Inform Paramedics
→ No
23. Does the person have a headache, sore throat, muscle pain, abdominal pain, vomiting or diarrhea? → Yes → Positive for FREI – Document – Inform Paramedics
→ No / Unknown
24. Is there any other relevant information? → Document
25. [Book the transfer (and return portion if applicable)] → Provide caller with transfer confirmation #(s).
26. [If call meets Ornge air ambulance transport criteria] Would you consider transport by Ornge air ambulance? → Yes → CACC/ACS Contacts OCC
→ No → Document

Pre-Arrival Instructions: [Not Applicable]

Closing Statement: Call back if the person's condition changes or you find out more information.

Appendix D

Revised DPCI II Cards
French

INDEX DES FICHES DE PRIORITÉS ET DE RÉPARTITION II (IFPR II)

INDEX ALPHABÉTIQUE		INDEX NUMÉRIQUE	
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Chute	18	Douleur thoracique / problème cardiaque	11
Convulsions / crise épileptique	12	Convulsions / crise épileptique	12
Déplacements	32	Problème diabétique	13
Douleur abdominale	2	Quasi-noyade	14
Douleur dorsale	5	Problème de comportement	16
Douleur thoracique / problème cardiaque	11	Problème de la vue	17
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Évaluation initiale	1	Exposition ambiante	21
Exposition ambiante	21	Accident de véhicule motorisé	24
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Problème de la vue	17	État de conscience diminué / sans connaissance	30
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[Personne positive pour MREF en raison de douleurs abdominales signalé.]	→ Consignez – Informez tous les intervenants		→ Question n° 1
1. Est-ce que la personne a des antécédents d'anévrisme?	→ Oui	→ Code 4 (APPN)	
	→ Non / Ne sais pas	→ Code 3 (APPN)	
2. Est-ce que la personne a des antécédents de maladie cardiaque?	→ Oui	→ Code 4 (APNA)	
	→ Non / Ne sais pas	→ Code 3 (APPN)	
3. [Si la personne est en âge de procréer] Est-ce que la personne est enceinte?	→ Oui	→ Question n° 4	
	→ Non / Ne sais pas	→ Code 3 (APPN)	→ Question n° 5
	→ Ne s'applique pas	→ Question n° 5	
4. Est-ce qu'elle a des saignements vaginaux?	→ Oui	→ Fiche 38 – Saignement pendant une grossesse	
	→ Non / Ne sais pas	→ Code 3 (APPN)	
5. Est-ce que la personne est somnolente ou confuse?	→ Oui	→ Code 4 (APNA)	
	→ Non / Ne sais pas	→ Code 3 (APPN)	
6. Est-ce que la personne est pâle, grise ou en sueur?	→ Oui	→ Code 4 (APNA)	
	→ Non / Ne sais pas	→ Code 3 (APPN)	

Aide géographique : [Obtenir des directions si nécessaire]

Directives avant l'arrivée :

[Toutes les personnes]

- Ne donnez rien par voie orale.
- Rassemblez tous les médicaments de la personne, y compris les bouteilles vides, et donnez-les aux ambulanciers paramédicaux dès leur arrivée.

Énoncé final : Faites en sorte que la personne soit confortablement installée et rappelez si son état évolue ou si vous obtenez plus de renseignements.

1. Est-ce que la personne se sent essoufflée?
   - ➔ Oui / Ne sais pas ➔ Code 4 (APNA)
   - ➔ Non ➔ Code 3 (APPN)

2. Est-ce que la personne ressent des douleurs thoraciques?
   - ➔ Oui / Ne sais pas ➔ Code 4 (APNA)
   - ➔ Non ➔ Code 3 (APPN)

3. Est-ce que la personne est somnolente ou confuse?
   - ➔ Oui / Ne sais pas ➔ Code 4 (APNA)
   - ➔ Non ➔ Code 3 (APPN)

4. Est-ce que la personne est pâle, grise ou en sueur?
   - ➔ Oui / Ne sais pas ➔ Code 4 (APNA)
   - ➔ Non ➔ Code 3 (APPN)

5. La personne souffre-t-elle d'une nouvelle toux ou d'une toux qui empire?
   - ➔ Oui ➔ MREF positif – Informez tous les intervenants ➔ Directives avant l'arrivée
   - ➔ Non / Ne sais pas ➔ Question n° 6

6. La personne se sent-elle fiévreuse ou a-t-elle eu des tremblements ou des frissons au cours des 24 dernières heures?
   - ➔ Oui ➔ MREF positif – Informez tous les intervenants
   - ➔ Non / Ne sais pas

Aide géographique : [Obtenir des directions si nécessaire]

Directives avant l'arrivée :

[Toutes les personnes]

- Permettez à la personne de s'asseoir si cela est plus confortable.
- Relâchez tous les vêtements qui gênent le mouvement.
- Rassemblez tous les médicaments de la personne, y compris les bouteilles vides, et donnez-les aux ambulanciers paramédicaux dès leur arrivée.

Énoncé final : Faites en sorte que la personne soit confortablement installée et rappelez si son état évolue ou si vous obtenez plus de renseignements.

[Personne positive pour MREF en raison de mal de tête.] → Consignez – Informez tous les intervenants → Question n° 1

1. Est-ce que la douleur est apparue soudainement?
   - → Oui → Code 4 (APPN)
   - → Non / Ne sais pas → Code 3 (APPN)

2. Est-ce que la personne fait de la fièvre?
   - → Oui → Code 4 (APPN)
   - → Non / Ne sais pas → Code 3 (APPN)

3. Est-ce que la personne est somnolente ou confuse?
   - → Oui → Code 4 (APNA)
   - → Non / Ne sais pas → Code 3 (APPN)

4. La personne souffre-t-elle d'une nouvelle toux ou d'une toux qui empire?
   - → Oui → Consignez – Informez tous les intervenants → Directives avant l'arrivée
   - → Non / Ne sais pas → Question n° 5

5. La personne se sent-elle fiévreuse ou a-t-elle eu des tremblements ou des frissons au cours des 24 dernières heures?
   - → Oui → Consignez – Informez tous les intervenants
   - → Non / Ne sais pas

Aide géographique : [Obtenir des directions si nécessaire]

Directives avant l'arrivée :

[Toutes les personnes]

- Ne donnez rien par voie orale.
- Rassemblez tous les médicaments de la personne, y compris les bouteilles vides, et donnez-les aux ambulanciers paramédicaux dès leur arrivée.

Énoncé final : Faites en sorte que la personne soit confortablement installée et rappelez si son état évolue ou si vous obtenez plus de renseignements.

1. Est-ce que la respiration de la personne a changé? Dans l'affirmative, décrivez brièvement le changement.
   - ➔ Oui [Aucune respiration] ➔ Code 4 (APNA) ➔ Fiche 42 Arrêt cardiaque
   - ➔ Oui [Détérioration] ➔ Code 4 (APNA)
   - ➔ Oui [Amélioration] ➔ Code 4 (APNA)
   - ➔ Non / Ne sais pas ➔ Code 4 (APNA)

2. La personne souffre-t-elle d'une nouvelle toux ou d'une toux qui empire?
   - ➔ Oui ➔ MREF positif – Informez tous les intervenants ➔ Directives avant l'arrivée
   - ➔ Non / Ne sais pas ➔ Question n° 3

3. La personne se sent-elle fiévreuse ou a-t-elle eu des tremblements ou des frissons au cours des 24 dernières heures?
   - ➔ Oui ➔ MREF positif – Informez tous les intervenants
   - ➔ Non / Ne sais pas

Aide géographique : [Obtenir des directions si nécessaire]

Directives avant l'arrivée :

[Toutes les personnes]
- Étendez ou faites rouler la personne sur le côté et observez sa respiration.
- Relâchez tous les vêtements qui gênent le mouvement.
- Rassemblez tous les médicaments de la personne, y compris les bouteilles vides, et donnez-les aux ambulanciers paramédicaux dès leur arrivée.

Énoncé final : Faites en sorte que la personne soit confortablement installée et rappelez si son état évolue ou si vous obtenez plus de renseignements.

1. Est-ce que la personne est somnolente ou confuse?
   - → Oui → Question n° 2
   - → Non / Ne sais pas → Question n° 3

2. Est-ce que la [somnolence] [confusion] a commencé dans les 24 dernières heures?
   - → Oui → Code 4 (APPN)
   - → Non / Ne sais pas → Code 3 (APPN)

3. Est-ce que la personne ressent de fortes douleurs ou a-t-elle de la difficulté à respirer?
   - → Oui → Code 4 (APNA)
   - → Non / Ne sais pas → Code 3 (APPN)

4. Est-ce que la personne a des sueurs froides?
   - → Oui → Code 4 (APNA)
   - → Non / Ne sais pas → Code 3 (APPN)

5. Est-ce que la personne est diabétique?
   - → Oui → Question n° 6
   - → Non / Ne sais pas → Code 3 (APPN)

6. Est-ce que la personne est violente ou représente-t-elle un danger pour elle-même ou pour les autres?
   - → Oui → Code 4 (APNA) → Informez tous les intervenants
   - → Non / Ne sais pas → Code 3 (APPN)

7. La personne souffre-t-elle d'une nouvelle toux ou d'une toux qui empire?
   - → Oui → MREF positif – Informez tous les intervenants → Question n° 9
   - → Non / Ne sais pas → Question n° 8

8. La personne se sent-elle fiévreuse ou a-t-elle eu des tremblements ou des frissons au cours des 24 dernières heures?
   - → Oui → MRFE positif – Informez tous les intervenants → Question n° 9
   - → Non / Ne sais pas → Question n° 9

9. La personne a-t-elle un mal de tête, un mal de gorge, des douleurs musculaires, des douleurs abdominales, des vomissements ou de la diarrhée?
   - → Oui → MREF positif – Informez tous les intervenants
   - → Non / Ne sais pas

Aide géographique : [Obtenir des directions si nécessaire]

Directives avant l'arrivée :

[Malaise général]

- Ne donnez rien par voie orale.
- Si la personne commence à s'étouffer ou à vomir, étendez-la ou faites-la rouler sur le côté le plus faible et observez sa respiration.
- Rassemblez tous les médicaments de la personne, y compris les bouteilles vides, et donnez-les aux ambulanciers paramédicaux dès leur arrivée.

[Malaise général *plus* diabète]

- Approchez-vous des lieux seulement si cela est sécuritaire. Si vous vous sentez en danger, quittez les lieux.
- Si les lieux sont sécuritaires :

[La personne est somnolente ou non éveillée]

- Étendez ou faites rouler la personne sur le côté et observez sa respiration.
- Ne donnez rien par voie orale.
- Rassemblez tous les médicaments de la personne, y compris les bouteilles vides, et donnez-les aux ambulanciers paramédicaux dès leur arrivée.

[La personne est éveillée et (ou) confuse]

- Donnez-lui du sucre seulement si elle est assez éveillée pour avaler, par exemple une cuillerée de sucre ou un verre de jus ou de boisson gazeuse non diète.
- Si la personne commence à s'étouffer ou à vomir, étendez-la ou faites-la rouler sur le côté le plus faible et observez sa respiration.
- Rassemblez tous les médicaments de la personne, y compris les bouteilles vides, et donnez-les aux ambulanciers paramédicaux dès leur arrivée.

Énoncé final: Si cela est sécuritaire, faites en sorte que la personne soit confortablement installée et rappelez si son état évolue ou si vous obtenez plus de renseignements.

1. Est-ce que le transfert se fait vers un endroit autre qu'un établissement de soins de santé ou à partir de celui-ci?
   - ➔ Oui ➔ Question n° 2
   - ➔ Non [demande de transfert non urgent entre deux établissements] ➔ Consultez la fiche 34
   - ➔ Non [demande de transfert urgent entre deux établissements] ➔ Consultez la fiche 33
2. Quel est le nom de la personne [du patient]? ➔ Consignez
3. D'où appelez-vous [l'appelant]? ➔ Consignez
4. Quel est votre nom [appelant]? ➔ Consignez
5. Quel est votre numéro de téléphone [appelant]? ➔ Consignez
6. Où doit-on aller chercher la personne? ➔ Consignez
7. Où la personne est-elle transférée? ➔ Consignez
8. Quelle est la date du transfert? ➔ Consignez
9. Est-ce que la personne a une heure de rendez-vous de fixée?
   - ➔ Oui ➔ Consignez ➔ Question n° 11
   - ➔ Non ➔ Question n° 10
10. Quelle est l'heure de transfert préférée? ➔ Consignez ➔ Question n° 11
11. [Vérifiez la charge d'appels prévus pour déterminer le moment possible du transfert; si nécessaire, déterminez le prochain moment possible et informez-en l'appelant.]

[Consignez les réponses aux questions 12 à 25 dans la section Commentaires.]

12. Quel est le diagnostic? ➔ Consignez
13. Quel matériel faut-il emporter? ➔ Consignez
14. Qui sont les accompagnateurs? ➔ Consignez
15. Quel médecin a demandé le transfert? ➔ Consignez
16. Quel médecin recevra la personne? ➔ Consignez
17. Est-ce que la personne a un Formulaire de confirmation d'ordonnance de ne pas réanimer valide?
    - ➔ Oui ➔ Consignez ➔ Informez les ambulanciers paramédicaux
    - ➔ Non
18. Est-ce que la personne doit faire l'objet de protocoles d'isolement?
    - ➔ Oui ➔ Consignez ➔ Informez les ambulanciers paramédicaux
    - ➔ Non
19. Est-ce que la personne a une nouvelle toux ou une toux qui empire?
    - ➔ Oui ➔ MREF positif – Consignez – Informez les ambulanciers paramédicaux ➔ Question n° 21
    - ➔ Non ➔ Question n° 20
20. Est-ce que la personne se sent fiévreuse ou a eu des tremblements ou des frissons au cours des 24 dernières heures?
    - ➔ Oui ➔ MREF positif – Consignez – Informez les ambulanciers paramédicaux
    - ➔ Non
21. La personne a-t-elle un mal de tête, un mal de gorge, des douleurs musculaires, des douleurs abdominales, des vomissements ou de la diarrhée?
    - ➔ Oui ➔ MREF positif – Consignez – Informez les ambulanciers paramédicaux
    - ➔ Non / Ne sais pas
22. Est-ce qu'il y a d'autres renseignements pertinents? ➔ Consignez
23. [Si le lieu de prise en charge est un établissement, demandez ce qui suit :] Est-ce qu'il y a une éclosion de troubles respiratoires ou entériques (gastro-intestinaux) dans l'établissement?
    - ➔ Oui ➔ Où dans l'établissement? ➔ Consignez ➔ Informez les ambulanciers paramédicaux
    - ➔ Non
24. [Inscrivez le transfert (et le retour le cas échéant)] ➔ Donnez le ou les numéros de confirmation à l'appelant.
25. [Si l'appel satisfait aux critères d'un transfert sur une longue distance :] Est-ce que vous envisageriez un transport par ambulance aérienne d'Ornge?
    - ➔ Oui ➔ Le CIRA ou les services de répartition d'ambulances doivent communiquer avec le CRO.
    - ➔ Non ➔ Consignez

Version 1.5 octobre 2014

Directives avant l'arrivée : [Sans objet]
Énoncé final : Rappelez si l'état de la personne évolue ou si vous obtenez plus de renseignements.

1. Est-ce qu'il s'agit d'un transfert d'urgence interétablissement?
   → Oui → Question n° 2
   → Non [demande de transfert non urgent entre deux établissements] → Consultez la fiche 34
   → Non [demande de transfert vers un endroit autre qu'un établissement de soins de santé ou à partir de celui-ci] → Consultez la fiche 32
2. Quel est le nom de la personne [du patient]? → Consignez
3. D'où appelez-vous [l'appelant]? [établissement, aile, étage] → Consignez
4. Quel est votre nom [appelant]? → Consignez
5. Quel est votre numéro de téléphone [appelant]? → Consignez
6. Où doit-on aller chercher la personne? [établissement, aile, étage, chambre] → Consignez
7. Où la personne est-elle transférée? [établissement, aile, étage] → Consignez
8. Est-ce que la personne est gravement malade?
   → Oui → Question n° 9
   → Non → Question n° 10
9. Est-ce que la personne est prête à être transférée immédiatement?
   → Oui → Code 4 (APPN) → Question n° 11
   → Non → Question n° 10
10. Quand la personne sera-t-elle prête à être transférée?
   → Dans moins de 6 heures → Code 3 (APPN) → Question n° 11
   → Dans plus de 6 heures → Voir la question n° 9 de la fiche 34

[Consignez les réponses aux questions 11 à 25 dans la section Commentaires]

11. Quel est le diagnostic? → Consignez
12. Quel matériel faut-il emporter? → Consignez
13. Qui sont les accompagnateurs? → Consignez
14. Quel médecin a demandé le transfert? → Consignez
15. Quel médecin recevra la personne? → Consignez
16. Est-ce que la personne a un Formulaire de confirmation d'ordonnance de ne pas réanimer valide?
   → Oui → Consignez → Informez les ambulanciers paramédicaux
   → Non
17. Est-ce que la personne doit faire l'objet de protocoles d'isolement?
   → Oui → Consignez → Informez les ambulanciers paramédicaux
   → Non
18. Est-ce qu'il y a une éclosion de troubles respiratoires ou entériques (gastro-intestinaux) dans l'établissement?
   → Oui → À quel endroit dans l'établissement? → Consignez → Informez les ambulanciers paramédicaux
   → Non
19. Quel est le numéro de transfert médical fourni par le Centre provincial d'autorisation du transfert des patients?
   → Numéro disponible → Consignez
   → Numéro non disponible
20. Est-ce que la personne a une nouvelle toux ou une toux qui empire?
   → Oui → MREF positif – Consignez – Informez les ambulanciers paramédicaux → Question n° 22
   → Non → Question n° 21
21. Est-ce que la personne se sent fiévreuse ou a eu des tremblements ou des frissons au cours des 24 dernières heures?
   → Oui → MREF positif – Consignez – Informez les ambulanciers paramédicaux
   → Non
22. La personne a-t-elle un mal de tête, un mal de gorge, des douleurs musculaires, des douleurs abdominales, des vomissements ou de la diarrhée?
   → Oui → MREF positif – Consignez – Informez les ambulanciers paramédicaux
   → Non / Ne sais pas
23. Est-ce qu'il y a d'autres renseignements pertinents? → Consignez
24. [Inscrivez le transfert (et le retour le cas échéant)] → Donnez le ou les numéros de confirmation à l'appelant.
25. [Si l'appel satisfait aux critères d'un transfert sur une longue distance :] Est-ce que vous envisageriez un transport par ambulance aérienne d'Ornge?
   → Oui → Le CIRA ou les services de répartition d'ambulances doivent communiquer avec le CRO.
   → Non → Consignez

Directives avant l'arrivée : [Sans objet]

Énoncé final : Rappelez si l'état de la personne évolue ou si vous obtenez plus de renseignements.

1. Est-ce qu'il s'agit d'un transfert interétablissement non urgent?
   - → Oui → Question n° 2
   - → Non [demande de transfert urgent entre deux établissements] → Consultez la fiche 33
   - → Non [demande de transfert vers un endroit autre qu'un établissement de soins de santé ou à partir de celui-ci] → Consultez la fiche 32
2. Quel est le nom de la personne [du patient]? → Consignez
3. D'où appelez-vous [l'appelant]? [établissement, aile, étage] → Consignez
4. Quel est votre nom [appelant]? → Consignez
5. Quel est votre numéro de téléphone [appelant]? → Consignez
6. Où doit-on aller chercher la personne? [établissement, aile, étage, chambre] → Consignez
7. Où la personne est-elle transférée? [établissement, aile, étage] → Consignez
8. Quelle est la date du transfert? → Consignez
9. Est-ce que la personne a une heure de rendez-vous de fixée?
   - → Oui → Consignez → Question n° 11
   - → Non → Question n° 10
10. Quelle est l'heure de transfert préférée? → Consignez → Question n° 11
11. [Vérifiez la charge d'appels prévus pour déterminer le moment possible du transfert; si nécessaire, déterminez le prochain moment possible et informez-en l'appelant.]

[Consignez les réponses aux questions 12 à 26 dans la section Commentaires]

12. Quel est le diagnostic? → Consignez
13. Quel matériel faut-il emporter? → Consignez
14. Qui sont les accompagnateurs? → Consignez
15. Quel médecin a demandé le transfert? → Consignez
16. Quel médecin recevra la personne? → Consignez
17. Est-ce que la personne a un Formulaire de confirmation d'ordonnance de ne pas réanimer valide?
   - → Oui → Consignez → Informez les ambulanciers paramédicaux
   - → Non
18. Est-ce que la personne doit faire l'objet de protocoles d'isolement?
   - → Oui → Consignez → Informez les ambulanciers paramédicaux
   - → Non
19. Est-ce qu'il y a une éclosion de troubles respiratoires ou entériques (gastro-intestinaux) dans l'établissement?
   - → Oui → À quel endroit dans l'établissement? → Consignez → Informez les ambulanciers paramédicaux
   - → Non
20. Quel est le numéro de transfert médical fourni par le Centre provincial d'autorisation du transfert des patients?
   - → Numéro disponible → Consignez
   - → Numéro non disponible
21. Est-ce que la personne a une nouvelle toux ou une toux qui empire?
   - → Oui → MREF positif – Consignez – Informez les ambulanciers paramédicaux → Question n° 23
   - → Non → Question n° 22
22. Est-ce que la personne se sent fiévreuse ou a eu des tremblements ou des frissons au cours des 24 dernières heures?
   - → Oui → MREF positif – Consignez – Informez les ambulanciers paramédicaux
   - → Non
23. La personne a-t-elle un mal de tête, un mal de gorge, des douleurs musculaires, des douleurs abdominales, des vomissements ou de la diarrhée?
   - → Oui → MREF positif – Consignez – Informez les ambulanciers paramédicaux
   - → Non / Ne sais pas
24. Est-ce qu'il y a d'autres renseignements pertinents? → Consignez
25. [Inscrivez le transfert (et le retour le cas échéant)] → Donnez le ou les numéros de confirmation à l'appelant.
26. [Si l'appel satisfait aux critères d'un transfert sur une longue distance :] Est-ce que vous envisageriez un transport par ambulance aérienne d'Ornge?
   - → Oui → Le CIRA ou les services de répartition d'ambulances doivent communiquer avec le CRO.
   - → Non → Consignez

Directives avant l'arrivée : [Sans objet]
Énoncé final : Rappelez si l'état de la personne évolue ou si vous obtenez plus de renseignements.

Appendix E

Quick Reference Sheet

DPCI II Card Updates Related to Ebola Virus Disease

The term “Febrile Respiratory Illness (FRI)” has been modified to “Febrile Respiratory & Enteric Illness (FREI)”.

All persons with abdominal pain or headache will be flagged as positive for FREI. The ACO will document this information in the Hazards / Comments and inform all responders.

When the ACO uses any of the specified DPCI II card(s) below, after asking all of the relevant existing questions, the ACO will also ask the following additional question(s):

Card 31 – Generally Unwell

a. Does the person have a headache, sore throat, muscle pain, abdominal pain, vomiting or diarrhea?
- Yes – Positive for FREI – Inform all Responders
- No / Unknown

All Secondary Assessment Cards

During an outbreak, following completion of the secondary assessment card and prior to providing pre-arrival instructions, the ACO shall ask all questions on the current version of the EVD Screening Tool for Paramedic Services.

Card 32 – Transfer
Card 33 – Emergency Inter-Facility Transfer
Card 34 – Non-Emergency Inter-Facility Transfer

After asking the existing FRI questions, ask the following question(s):

a. Does the person have a headache, sore throat, muscle pain, abdominal pain, vomiting or diarrhea?
- Yes – Positive for FREI – Inform all Responders – see following statement
- No / Unknown – see following statement

During an outbreak, following completion of the FREI questions and prior to asking if there is any other relevant information, the ACO shall ask all questions on the current version of the EVD Screening Tool for Paramedic Services.

Ontario