Training Bulletin

Infectious Disease Physician Consultation Process

Issue Number 117 - Version 1.0
August 2015

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

Ontario

To all users of this publication:

The information contained herein has been carefully compiled and is believed to be accurate at date of publication. Freedom from error, however, cannot be guaranteed.

For further information on *Training Bulletin 117 – Infectious Disease Physician Consultation Process*, please contact:

Emergency Health Services Branch
Ministry of Health and Long-Term Care
5700 Yonge Street, 6th Floor
Toronto, ON M2M 4K5
416-327-7900

Document Control

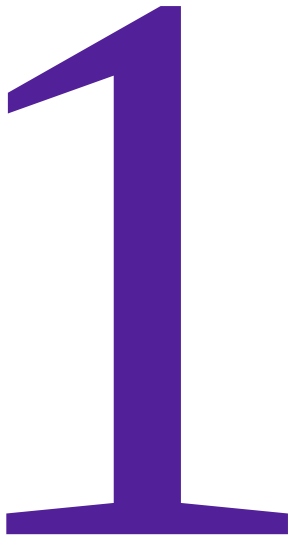
Version Number (status)	Date of Issue	Brief Description of Change
1.0	August 25, 2015	Finalized ID Physician Consultation Process

Table of Contents

Training Bulletin – Infectious Disease Physician Consultation Process

Issue Number 117 – Version 1.0

Infectious Disease Physician Consultation Process



Infectious Disease Physician Consultation Process

Introduction

In response to the Ebola Virus Disease (EVD) outbreak in several countries in West Africa, control measures were developed to protect paramedics and patients and significantly reduce the risk of spreading the disease. The Chief Medical Officer of Health (CMOH) issued the revised Ebola Virus Disease Directive #2 for Paramedic Services (Land and Air Ambulance) on April 13, 2015. The Directive identified a consultation process with infectious disease (ID) physicians as a control measure. Although intended as a control measure during the current EVD outbreak, this consultation service may be applied to other situations in the future if deemed appropriate.

The ID Physician Consultation Process has been developed by Sunnybrook Centre for Prehospital Medicine in partnership with a consortium of ID physicians across Ontario. There are two potential uses for the consultation process:

1. The consultation will be attempted by Ambulance Communications Officers (ACOs) when a person fails the *EVD Screening Tool for Paramedic Services* during the call taking process. The enhanced screening conducted during the initial request for service will help rule out the suspicion of EVD prior to paramedic arrival, thereby allowing responding paramedics to follow routine patient care guidelines.

2. The consultation process should be attempted by paramedics via the CACC/ACS who encounter a suspect EVD patient with a low acuity when/if the CACC/ACS has not been successful in obtaining a consultation before paramedic arrival, or when paramedics believe an additional consultation is advisable based on new information obtained at the scene. However should operational circumstances preclude this consultation, then the paramedic will follow the procedures outlined in the Directive.

In addition to the consultation call being recorded at the communication centre, the ID physician consultation process developed utilizes a recorded line at Sunnybrook Health Sciences Centre for quality assurance purposes.

This thorough enhanced screening process will help rule out the suspicion of EVD, thereby reducing the need for transport to a designated testing or treatment hospital, permitting the normal standard of practice to resume and ultimately will help to eliminate the risk of exposure and spreading of contagious diseases.

The consultation process by an ID physician for suspected EVD patients is outlined in Appendix A.

The Directive is available at www.ontario.ca/ebola

Infectious Disease Consultation by Paramedics

An ID Physician Consultation should be attempted by paramedics for suspected EVD cases when:

1. A patient has failed the *EVD Screening Tool for Paramedic Services*, **AND**
2. No Consultation via the CACC/ACS has occurred prior to paramedics arriving on scene, **AND**
3. In a paramedic's assessment and judgement the patient has a **low acuity**.

OR

4. A paramedic believes a further consultation, facilitated by the CACC/ACS, is warranted with the ID Physician, upon assessment at the scene due to obtaining new and relevant information and despite a consultation having previously occurred during the 911 call.

The consultation process is a provincial patch initiative with ID physicians from across the province. The physicians will be available for consultation 24 hours a day via cell phones. The consultation process is an option that should be attempted and may rule out suspicion, allowing normal practices to continue and avoiding the by-pass of the local hospital. This enhanced screening process and the length of the call will vary depending on the degree of screening and complexity of the case.

Consultation can have only one of two possible outcomes:

- Suspicion is confirmed, and the paramedics will follow the Directive's requirements for management of a suspect EVD patient, including the precautions therein and the by-pass provisions; working with CACC/ACS to determine the appropriate destination; or
- Suspicion is ruled out, based on the expertise of the ID physician and his/her conclusion; and the paramedics will follow routine patient care guidelines.

Contacting the ID physician should not result in undue delay in transporting the patient. This consult will help with the determination as to whether the patient is a suspect EVD patient. The ID physician consultation is for enhanced Ebola screening that the paramedic will complete via the CACC/ACS.

Paramedics shall continue to patch to the base hospital physician for all other routine patches as the ID physicians are unable to delegate any controlled medical acts or other advanced medical procedures. Paramedics will record the consultation outcome in the 'Remarks' section of the Ambulance Call Report (ACR).

If it is determined that the patient is not a suspect patient, the routine standards of patient care practice set out within the *Basic Life Support Patient Care Standards* and *Advanced Life Support Patient Care Standards* shall apply.

Communication Centre Consultation Process

When a request for service for a suspect patient is received by an ambulance communication centre and the patient fails the *EVD Screening Tool for Paramedic Services*, the ACO should attempt a telephone patch between the ACO, the ID physician and the caller. The ACO will facilitate this consult between the ID physician and the caller.

In cases of a patient assigned a priority 3 response, there will be a moderate delay in assignment for any ambulance resources to the request for service until the consultation is complete. The ACO will notify the paramedics of the outcome of the ID physician consultation.

In cases of a patient assigned a priority 4 response, an ambulance resource will be assigned to the request for service in accordance with policy. There will not be a delay in the assignment of ambulance resources while waiting for the consultation to conclude. The ACO will notify responding paramedics that an ID physician consultation is being attempted.

As applicable, the ACO will provide responding allied agencies and the destination hospital with the results of the ID physician consultation.

Transportation of Patients from Pre-Hospital Setting to Emergency Department (ED)

When a request for service for a suspect patient is received by an ambulance communication centre, the ambulance communication centre shall notify the responding paramedics, the paramedic service operator, EHSB Provincial Duty Officer and the anticipated destination hospital.

Paramedics responding in a non-designated ambulance and anticipating potential contact (within two [2] metres) with a suspect patient shall follow Routine Practices and Additional Precautions (RPAP) outlined in the Ebola Virus Disease training bulletin and in the Directive #2.

CTAS 3-5 Patients

The completion of an ID physician consultation by the ACO will not preclude the paramedics from initiating their own ID physician consultation via telephone patch facilitated by the CACC/ACS. This consultation would be warranted upon patient contact, assessment and obtaining additional new and relevant information.

The paramedic shall contact a designated ID physician in order to receive additional advice and assistance in making an on-scene determination as to whether the patient is a suspect patient or not. The consultation process is outlined in Appendix A. The consultation shall result in a determination that the:

- patient is not a suspect patient and the paramedic shall resume standard patient care practices **or**
- patient is a suspect patient and the provisions of the Directive shall apply

If contact is not able to be achieved with the ID physician and the new information indicates to the paramedic that the patient is a suspect EVD case, the patient should be managed accordingly as per Directive #2.

Once it is established that the patient is a suspect EVD patient, the paramedic is to consult with the ambulance communication centre and determine a destination per the Directive. For patients with an acuity of CTAS 3, 4 or 5, the provincial bypass protocol applies.

CTAS 1 & 2 Patients

No ID physician consultation from the paramedics is to be attempted if the call is responded to by a single ambulance.

Where a support unit or second ambulance also attends the scene, and treatment is not delayed or impacted, a support person/third paramedic/supervisor may attempt the paramedic ID physician consultation. As above, if the consultation is successful the ID physician may be able to rule out suspicion based on the in-depth questioning facilitated by the support personnel. In such a case, as above the suspicion is dropped and normal care resumes; the hospital must be notified of the result consultation and documentation must occur as noted above.

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.

Once the paramedic crew and patient arrive at the receiving facility, the new and relevant information obtained while on scene and any new advice from the ID physician and the ID physician's call back number should be relayed to the ED staff. This will allow the receiving facility to contact the ID physician directly and obtain a clear understanding of this patient's condition and prepare to develop a pathway for treatment for the suspect EVD patient while minimizing the risk of exposure to other people.

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

Note: When selecting the destination, the term "appropriate" takes into consideration the requirement to recognize specific destinations for particular medical conditions such as trauma, stroke and STEMI. The patient will be screened in the ED and cleared of any suspicion of EVD prior to being transferred to the specialty unit (e.g. cath lab).

Technical Phone Process

Once the decision is made that an additional consultation is required, the CACC/ACS will facilitate the call. There may be occasions when the consultation may not be completed:

- ID physician does not answer the phone; the call will go to voicemail. The ACO will leave a message for the ID physician to call back. CACC/ACS will update the paramedics that they were not unable to make contact with the ID physician and that the ID physicians may call back. The ID physicians will endeavor to return all calls as soon as possible. If unable to connect with an ID physician and without delaying transport, the paramedic will follow the medical procedures and medication administrations listed in the EVD Training Bulletin and transport as outlined in the Directive #2.
- If the call fails, drops or is suddenly disconnected, follow the same procedure as outlined for voicemail, above.

Reattempts by CACC/ACS should be based on patient condition and travel time.

When contact is made with the ID physician, follow routine patching information requirements. Provide an introductory script as follows:

- "Hello doctor; this is paramedic <name>, <EHS ID number>, with <paramedic service> in <city>. I am with a <age> year old <male/female> patient who initially passed EVD screening however I have new and relevant information and would like another consult. The patient is now complaining of <new symptoms, recalling travel details, recalling person they were in contact with, etc>. Please advise.

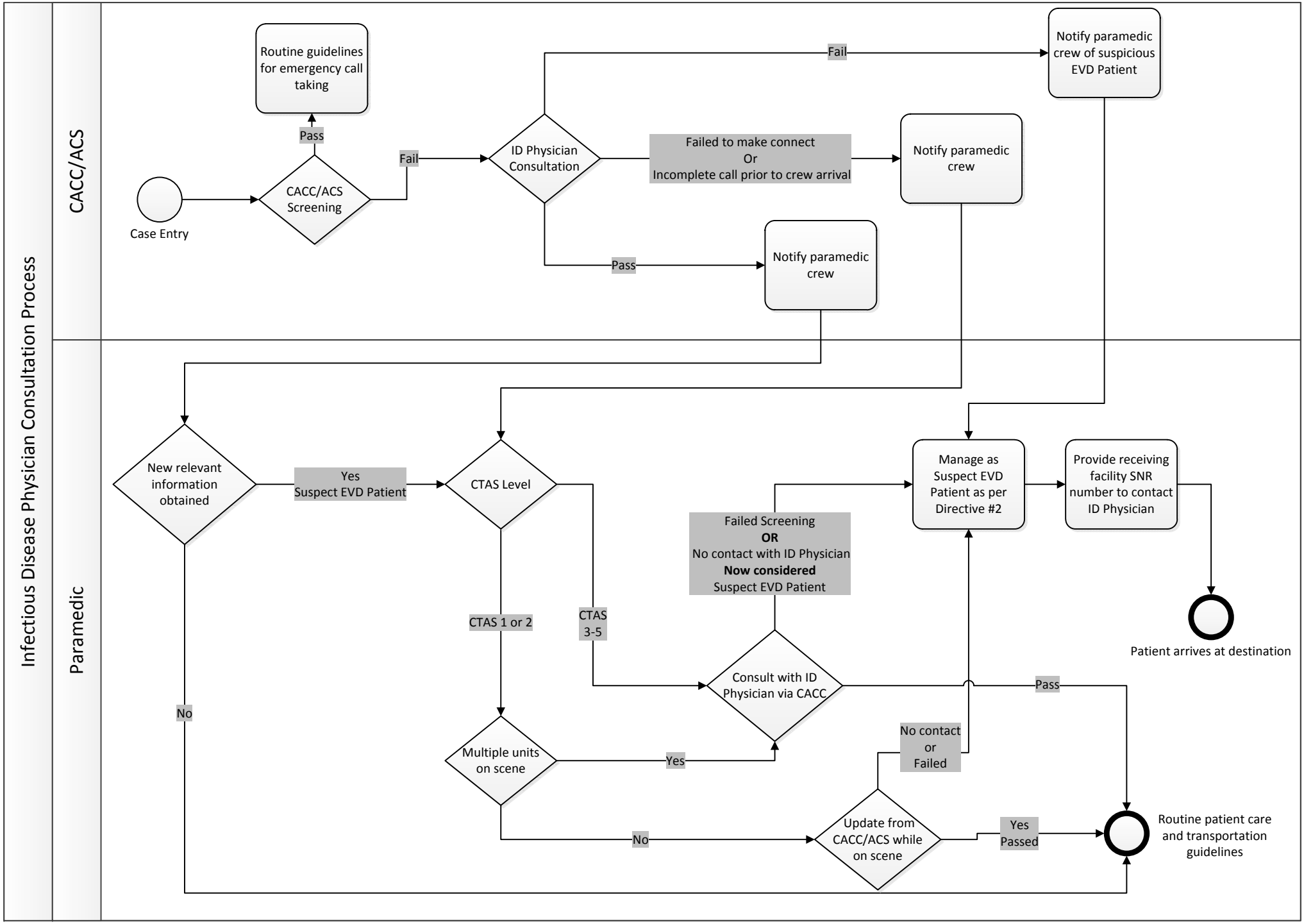
Should the ACO be unable to make contact with the ID physician and conduct the enhanced EVD screening prior to EMS scene arrival, the introductory script for the paramedic when they speak to the ID physician could be as follows:

- "Hello doctor, this is paramedic <name>, <EHS ID number>, with <paramedic service> in <city>. I am here with a <age>year old <male/female> patient with a positive travel history and has failed the paramedic screening tool. The patient has recently travelled to <location> and is complaining of <list of symptoms>. Please advise.

Conclusion

The ID physician consultation process supports the practice of minimizing the risk of exposure and the spreading of contagious diseases to paramedics and the people of Ontario and provides a potential to mitigate the frequency of transporting patients as suspect EVD cases. There have been no confirmed cases of Ebola in Canada and the risk to Ontarians remains very low.

Appendix A – Infectious Disease Physician Consultation Process


Infectious Disease Physician Consultation Process
CACC/ACS
Paramedic
Routine guidelines for emergency call taking
Pass
Case Entry
CACC/ACS Screening
Fail
ID Physician Consultation
Fail
Notify paramedic crew of suspicious EVD Patient
Failed to make connect
Or
Incomplete call prior to crew arrival
Notify paramedic crew
Pass
Notify paramedic crew
New relevant information obtained
Yes
Suspect EVD Patient
CTAS Level
Manage as Suspect EVD Patient as per Directive #2
Provide receiving facility SNR number to contact ID Physician
Patient arrives at destination
Failed Screening
OR
No contact with ID Physician
Now considered
Suspect EVD Patient
CTAS 1 or 2
CTAS 3-5
Consult with ID Physician via CACC
Pass
No
Multiple units on scene
Yes
No contact or Failed
No
Update from CACC/ACS while on scene
Yes
Passed
Routine patient care and transportation guidelines


Ontario