

To: All County Public Safety Answering Points, County Emergency Management Agencies, and Regional EMS Councils

Re: 9-1-1/Public Safety Answering Points (PSAPs) screening questions

After consultation with the Department of Health Bureau of Epidemiology, in the best interest of public health preparedness, the Department of Health is taking a lean forward approach and is requesting that PSAPs Commonwealth-wide begin implementing the pre-screening questions for all callers that are defined by the Centers for Disease Control and Prevention (CDC). While there is no currently identified Ebola risk to the Commonwealth, due to the environment that we live in where travel is more frequent, it is imperative from a responder and public safety perspective to begin this process uniformly across the Commonwealth.

The CDC recommends:

- PSAP call takers should consider screening callers for symptoms and risk factors of Ebola. Callers should be asked if they, or someone at the incident, have fever of greater than 38.6 degrees Celsius or 101.5 degrees Fahrenheit, and if they have additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained bleeding.
 - If PSAP call takers suspect a caller is reporting symptoms of Ebola, they should screen callers for risk factors within the past 3 weeks before onset of symptoms. Risk factors include:
 - Contact with blood or body fluids of a patient known to have or suspected to have Ebola;
 - Residence in—or travel to—a country where an Ebola outbreak is occurring (a list of impacted countries can be accessed at the following link: <http://www.cdc.gov/vhf/ebola/outbreaks/guinea/index.html>); or
 - Direct handling of bats or nonhuman primates from disease-endemic areas.
 - If PSAP call takers have information alerting them to a person with possible Ebola, they should make sure any first responders and EMS personnel are made confidentially aware of the potential for Ebola before the responders arrive on scene.
 - If responding at an airport or other port of entry to the United States, the PSAP should notify the CDC Quarantine Station for the port of entry. Contact information for CDC Quarantine Stations can be accessed at the following link: <http://www.cdc.gov/quarantine/quarantinestationcontactlistfull.html>(<http://www.cdc.gov/quarantine/quarantinestationcontactlistfull.html>)

Please note that included in the CDC recommendations above the notation related to providing first responders and EMS with the notification of the potential conditions they will be responding to. Similar to previous guidance where respiratory protection was recommended or not based upon call screening questions for H1N1. It would be recommended in a case like this for the PSAP to recommend BSI precautions. Additionally the attached document outlines this pre-screening in more detail. It is important to note that we should be encouraging providers to utilize BLS Protocol 103 –Body Substance Isolation and Protocol 931 Influenza-Like Illness on every call including those that meet the above pre-screening requirements. Also of importance is notification to the receiving facility, this notification should be made early in the encounter with the patient by the crew to afford the receiving facility time to prepare to receive the patient.

Again this approach is merely precautionary and is designed to be a lean forward approach to public health and to proactively provide first responders and the public with all avenues of awareness and protection when responding to calls for assistance. This guidance is to be considered interim and subject to change based upon CDC guidance. When the Department of Health has received updated guidance it will be shared via the same distribution as this guidance. Should PSAPs have any questions related to or need clarification on any of the recommended approach listed here please contact: The State Emergency Operations Center at stateeoc@pa.gov

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