

Michigan
SPECIAL OPERATIONS
SPECIAL PATHOGEN RESPONSE NETWORK (SPRN)
TEAM SELECTION PROCEDURE
(MCA Optional Protocol)

Initial Date: 04/28/2017

Revised Date: 12/27/2022

Section 10-17

Medical Control Authorities choosing to adopt this supplement may do so by selecting this check box. Adopting this supplement changes or clarifies the referenced protocol or procedure in some way. This supplement supersedes, clarifies, or has authority over the referenced protocol.

Team Selection Procedure

Purpose

The purpose of this procedure is to provide guidance in selecting qualified and support training of EMS personnel willing to transport a patient with known or suspected highly infectious disease including pathogens referred to as “Category A” agents.

1. The selected team members will be chosen according to
 - A. Previous physical and mental health history
 - B. Ability to be in service and away from home for an extended period of time
 - C. Knowledge of the potentially hazardous situation to which they may be placed
 - D. Additional assets of team members may include:
 - a. Able to work in a restrictive environment
 - b. Critical thinking skills
 - c. Participation in education sessions, exercises and drills
 - d. Able to follow strict guidelines to ensure the safety of the entire unit
2. It is recommended that each team member may have on file with their agency
 - A. Two or more emergency contacts
 - B. Hospital or Health care system of preference
 - C. Blood type
 - D. Religious preference
 - E. Advanced directives (if applicable)
3. Team member health status
 - A. Each team member shall be compliant with and have documentation they have passed the medical screening requirements of the agencies Respiratory Protection Program. This includes acknowledging a new history of respiratory diseases (i.e. asthma, chronic lung disease, or upper respiratory infection) that would interfere with wearing a fully enclosed respiratory device, such as a PAPR or would involve removal of the PAPR hood for medication administration.
 - B. Consideration should be given to any team member having a condition that affects them while being in an enclosed environment.
 - C. Each team member shall be free of any medical conditions that require medication administration in any less than 6 hour increments.

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4. Prior to transport:
 - A. Team members providing care in patient compartment shall have vital signs assessed prior to transport.
 - a. Vital signs must fall with preset parameters (suggestions e.g.: systolic blood pressure less than 150; diastolic blood pressure less than 90; resting heart rate less than 100).
 - B. The name of each team member who has direct contact with the patient or the patient environment will be recorded.
5. Post-transport:
 - A. Team members will receive a medical evaluation to include
 - a. Blood pressure
 - b. Heart rate
 - B. May include
 - a. Blood glucose
 - b. Assessment for dehydration
 - C. Information will be kept in the employee health file
6. Team member roles and responsibilities: The number and make up of healthcare providers needed during the transport may be based on the patient's condition and length of the transport. Below are suggestions that define roles and responsibilities of team members.
 - A. One or more **direct care providers** will remain with the patient in the back of the transport vehicle to provide care and comfort. This area is considered "contaminated" or "soiled". Team members should attempt to limit their time in full PPE to two (2) hours.
 - B. The **driver of the transport vehicle** will remain in the front cab. This area is considered "clean". Although the driver may wear PPE, the driver is considered "clean".
 - C. The **chase team** may consist of enough personnel (up to 6 to 7 employees) to accommodate crew changes, to take place at designated site and at designated intervals. The purpose of the chase team is to ensure personnel do not become fatigued or in danger of dehydration or malnourishment. The chase team may be members of another transport agency.
 - D. The chase team may consist of a **medical officer** who will not be involved in the actual transport and care of a patient; his or her sole responsibility will be to attend to any personnel that fall ill or succumb to any injury during transport.
 - E. The chase vehicle shall carry enough Personal Protective Equipment (PPE) to cover each team member on the transport team. Extra PPE shall also be carried in chase vehicle in the event of rips or tears in PPE gowns or malfunctions in PAPR operation.
 - F. It is recommended that an operations supervisor or special operation supervisor be included in the transport chase team and act as **safety officer**.

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- G. A second ambulance may follow transport vehicle and supervisor vehicle in the event of a mechanical failure during transport.
7. Post trip monitoring
- A. Any crew member that had any duration of time spent in the transport vehicle with the patient may be placed on a paid leave for a duration determined by his or her employer.
- B. Any crew member that had any duration of time spent in the transport vehicle with the patient will be appropriately monitored according to their employer procedure.
8. Public information
- A. Any communication with the public, media or other EMS, fire or police agencies shall be handled by a designated person, as outlined in transport agency or sending facilities policies.
- B. At no time shall any transport team member be subject to inquiries from outside agencies, media, or family members.
- C. Team members shall follow the State of Michigan Communicable disease rules when divulging any details of patient transport.

Protocol Source/References:

Guidance for Developing A Plan for Interfacility Transport of Persons Under investigation or Confirmed Patients with Ebola Virus Disease in the United States: <http://www.cdc.gov/vhf/ebola>

Bratt, J., Robinson, A., and Alcorta, R. (n.d.). [Strategies and Considerations for the Deployment of EMS Personal Protective Equipment in Response to an Ebola Outbreak.](#) (Accessed 8/1/2016.) Maryland Institute for Emergency Medical Service Systems.

Lowe et al: *Considerations for Safe EMS Transport of Patients Infected with Ebola Virus.* *Prehospital Emergency Care* October/December 2014