





## **EMS FRAMEWORK & COMMUNICATION**

Dr. Nakyeyune Marion PMO/ EMS- MOH

# VHF overview

- VHF in the EMS context
- EMS governance
- Deployment considerations
- Alert management for EMS
- Triage



#### VHF in the EMS context

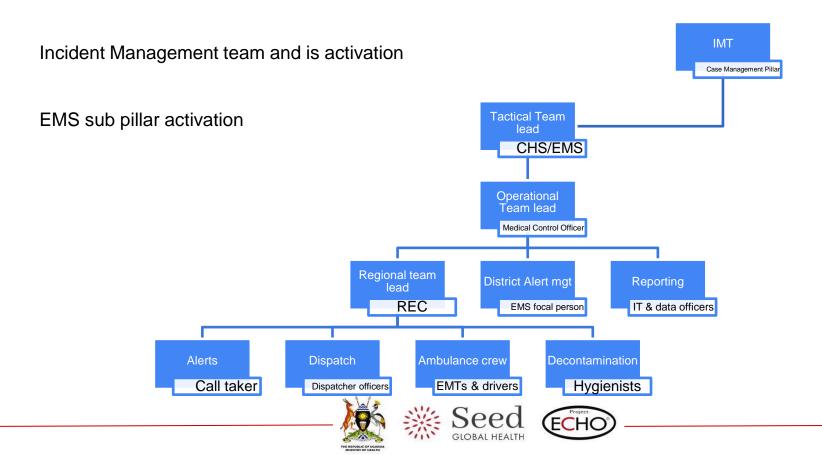
- EMS is deployed to provide safe patient transportation support for local and widespread VHF outbreaks when an outbreak is confirmed.
- Under routine services, patient evacuation from the community or other facilities is coordinated via medical call and dispatch, overseeing the scene response, care during transportation and handover at the receiving treatment unit, isolation or suspects ward or as defined by the VHF outbreak nomenclature.





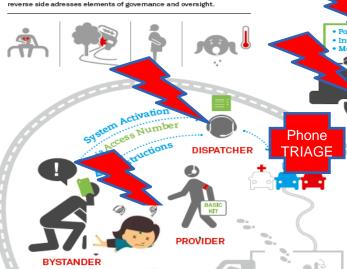


### **GOVERNANCE STRUCTURES**





All around the world, acutely ill and injured people seek care every day. Frontline providers manage children and adults with injuries and infections, heart attacks and strokes, asthma and acute complications of pregnancy. An integrated approach to early recognition and management saves lives. This visual summary illustrates the essential functions of a responsive emergency care system, and the key human resources, equipment, and information technologies needed to execute them. The



VEHICLES, EQUIPMENT, SUPPLIES. HUMAN RESOURCES NCTIONS INFORMATION TECHNOLOGIES PROTOCOLS DRIVER PROVIDER Monitoring **AMBULANCE** 



**PROVIDER** 

Early critical care

· Early operative care

**EMERGENCY UNIT** 



Triage



 Assessment Resuscitation Intervention



INPATIENT











Registration

Reception of Patient

**SCENE** 

- BYSTANDER RESPONSE
- DISPATCH
- PROVIDER RESPONSE

TRANSPORT

- PATIENT TRANSPORT
- TRANSPORT CARE

www.who.int/emergencycare · emergencycare@who.int



Handover

- **QUARANTINE**
- **IBOLATION FACILITIES**

#### **FACILITY**

- RECEPTION
- EMERGENCY UNIT CARE DISPOSITION
- EARLY INPATIENT CARE



**Ambulance** disinfection

## Deployment considerations

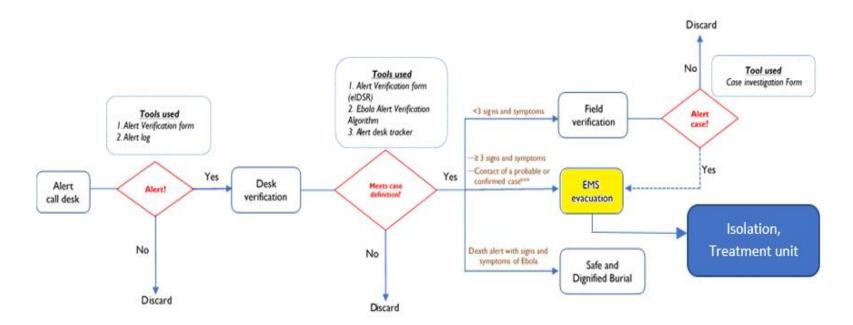
- All deployment of teams should be preceded by training to refresh the team on the critical concepts in the VHF care and mgt considerations
- Its preferred to have providers that have experience in the management of such high risk situations, as is the case in VHF.
- EMS responders are advised to remain in the region of the outbreak until the period of the response is completed with acceptable breaks after every 2-3 weeks where applicable.







#### Alert management system



<sup>\*\*\*</sup>Refer to EVD Alert Verification Algorithm

#### EMS at the alert desk- what do you need to establish?

# What happens when we get "verified and validated for EMS"

- Flow of call and Dispatch process at EMS EVD management.
- EMS alert trucking update form
- Case verification and dispatch board
- Ambulance station activated
- Treatment Unit is activated.





#### WHAT CAN GO WRONG IN ALERT MNGT

- Alert call taker( miscommunication)
- Verification decision
- Poor data management
- Poor staff management
- Wrong information for a wrong patient
- HOW TO MANAGE IT;
- Share with the call taker about that alert
- Proper staff management system
- Ensure proper record keeping
- Make another call



#### TRAIGE

- This is done using the Uganda pre-hospital VHF triage tool to determine prioritization of evacuation and resource allocation based on the disease acuity.
- This is done to ensure patient prioritization for transfer as well as for team selection.
- Dry or wet cases can be suspects, contacts or confirmed. These cases are
  assigned ambulances based on priority and preset ambulance allocations to
  ensure better team preparations and degrees of disinfection required.



#### Pre-hospital VHF Triage tool Unresponsive Requires ABCD intervention Respiratory distress\* High priority transport Massive hemorrhage, uncontrolled Priority 1/Red Continuous bleeding, or tourniquet in place, High-risk trauma\* observation/monitoring OR Any bleeding (diarrhoea, vomiting, gums, skin, eyes, urine, nose) Has symptoms but clinically not meeting criteria for red or green Transport OR Priority 2/Yellow None bloody diarrhea or vomiting and no red criteria Monitor for OR decompensation Epi-link and has symptoms but clinically no red criteria. Transport Has only dry symptoms (as soon as available) AND is Priority 3/Green Walking In surge, refer to designated Talking without difficulty low-acuity Breathing without distress area for care and monitoring

# Thank you