HIGH-CONSEQUENCE INFECTIOUS DISEASE

Notification, Coordination, and EMS Transport Guideline

Knox County / East Tennessee Regional Coordination

Effective Date	July 2026
Review Cycle	Annual and after each activation, exercise, or material guidance change
Owner	Local/Regional public health, EMS, and receiving-facility partners
Status	Draft for partner validation and approval

Document Control and Approval

Version	Date	Summary of Change	Approved By
1.0	July 2026	Consolidated and updated three legacy documents into a single all-hazards HCID notification and EMS transport guideline.	Pending

Purpose

This guideline establishes a coordinated process for recognizing, notifying, assessing, transporting, receiving, and decontaminating a patient under investigation (PUI) for a high-consequence infectious disease (HCID). It is intended to protect patients, responders, healthcare personnel, and the public while supporting timely clinical care and public health coordination.

Scope

This guideline applies to public safety answering points and EMS dispatch centers, responding EMS agencies, EMS supervisors and special-transport personnel, local and regional public health, the Regional Hospital Coordinator or designee, the Tennessee Department of Health (TDH), receiving hospitals, infection prevention, emergency management, and other partners involved in the movement of a suspected or confirmed HCID patient.

Clinical authority: This guideline supports coordination and does not replace current EMS protocols, medical direction, disease-specific CDC/TDH guidance, facility infection-prevention procedures, or applicable law. Disease-specific requirements take precedence when issued.

Planning Assumptions

- HCID screening criteria, transmission risks, and PPE recommendations may change as an incident evolves.
- Public health and the receiving facility should be involved before transport whenever patient condition and circumstances permit.
- The safest appropriate transport resource may be a designated special-pathogen transport team rather than the closest routine unit.
- Only personnel with current training, fit testing, and demonstrated PPE competency should perform high-risk patient contact or supervised doffing.
- Role-based contact rosters should be maintained separately and validated at least quarterly.

Key Definitions

Term	Definition
High-Consequence Infectious Disease (HCID)	An acute infectious disease that may cause severe illness, has substantial transmission or healthcare-system consequences, and requires enhanced coordination and infection-control measures.
Patient Under Investigation (PUI)	A person whose symptoms, exposure history, travel history, epidemiologic link, or public health assessment meets current criteria for evaluation for specific disease.
Special Pathogen Assessment Hospital / Receiving Facility	A hospital designated or prepared to evaluate, isolate, and initially manage a PUI, in coordination with public health and the regional special-pathogen system.
Clean Driver	A designated crew member who does not enter the patient compartment or have patient contact and who protects the cab and transport continuity from contamination.
Trained Observer	A qualified person who actively monitors PPE donning and doffing, identifies breaches, and directs corrective action.

1. Recognition and Entry Pathways

A potential HCID patient may enter the system through any of the following pathways:

1. A 911 call in which screening identifies concerning symptoms plus travel, exposure, occupation, or epidemiologic risk.
2. Recognition by EMS personnel after arrival or during patient assessment.
3. An interfacility transfer from a clinic, hospital, long-term care facility, or other healthcare setting.
4. A public-health-directed transport of a monitored traveler, exposed person, healthcare worker, or other PUI.
5. A confirmed HCID patient requiring transfer to a higher-level treatment center.

Immediate Actions When HCID Is Suspected

- Stop and limit additional exposures. Keep nonessential personnel away from the patient and care area.
- Place a source-control mask on the patient when clinically appropriate and tolerated; do not place a respirator on the patient for source control.
- Use Standard Precautions plus the transmission-based precautions and PPE indicated by the suspected disease and current public health guidance.
- Notify dispatch and the EMS supervisor using cell phone or landline phone method. Do not broadcast protected health information or sensitive operational details over open radio channels.
- Do not delay life-saving care. Request medical direction when high-risk procedures or deviations from routine protocols are being considered.

2. Notification and Coordination

Sequence	Responsible Party	Notify / Coordinate With	Minimum Information
1	Call taker / Dispatch	On-duty EMS supervisor; responding unit	Suspected HCID flag, location, patient condition, known exposure/travel information, immediate hazards.
2	EMS supervisor / agency command	Local public health on call; Regional Hospital Coordinator or designee; Regional EMS Consultant as applicable	Clinical status, screening basis, exposure concerns, requested transport, proposed staging area.
3	Local/Regional public health	TDH on-call and disease-specific program staff, as indicated	Case assessment, disease-specific control measures, testing/monitoring status, transport recommendation.
4	RHC / Public health	Receiving hospital emergency management, infection prevention, emergency	PUI status, precautions, ETA, arrival route, ambulance-bay or alternate-entry instructions.

Sequence	Responsible Party	Notify / Coordinate With	Minimum Information
		department, and hospital leadership per facility plan	
5	Transport unit / supervisor	Receiving ED team lead or designated clinical contact	Patient report, acuity, interventions, PPE status, contamination concerns, ETA and condition changes.
6	All coordinating partners	Maintain updates through agreed secure phone or incident-management channel	Changes in patient status, route, destination, exposure, PPE breach, delay, or resource need.

Information to Communicate

- Patient age and clinical condition; avoid unnecessary identifiers.
- Reason for HCID concern and current screening criteria met.
- Known travel, exposure, occupation, or epidemiologic link.
- Presence of vomiting, diarrhea, bleeding, respiratory distress, altered mental status, or other high-risk features.
- PPE selected, any breach or unprotected exposure, and number of potentially exposed persons.
- Transport team, destination, planned route, ETA, and designated arrival location.
- Need for law enforcement, traffic control, security, or additional technical support.

3. Operational Workflow

1. IDENTIFY Potential HCID identified by dispatch, EMS, healthcare facility, or public health.
2. ISOLATE Limit contact, apply source control when appropriate, and establish a controlled area.
3. NOTIFY EMS supervisor → public health/RHC → TDH/receiving facility, using verified role-based contacts.
4. ASSESS Confirm clinical urgency, disease-specific risk, PPE, staffing, destination, route, and transport resource.
5. PREPARE Stage, brief personnel, remove unnecessary equipment, establish clean/dirty zones, and complete supervised PPE donning.
6. TRANSPORT Provide necessary care, minimize aerosol-generating and body-fluid-exposure risks, maintain secure updates.

7. TRANSFER Park at designated location; receiving team accepts patient using coordinated isolation pathway.
8. DOFF / DECONTAMINATE Supervised PPE removal, personnel hygiene/decontamination, waste handling, vehicle/equipment disinfection.
9. REPORT / FOLLOW UP Document, report exposures, conduct monitoring, replenish supplies, and complete hotwash/AAR.

4. Transport Preparation

https://netec.org/education-training/emergency-medical-services-ems-featured-resources/

Staging and Briefing

- The EMS supervisor establishes a safe staging location near, but not within, the potentially contaminated area.
- Conduct a joint briefing with transport crew, supervisor, public health, medical direction, and receiving facility as needed.
- Confirm patient movement path, entry/exit points, clean and contaminated zones, communications, backup plan, and emergency procedures.
- Limit the transport team to the minimum trained personnel necessary. A three-person model may be used: two patient-care providers and one clean driver, adjusted to patient acuity and agency policy.

Ambulance and Equipment Preparation

- Remove nonessential equipment and supplies from the patient compartment.
- Protect surfaces and equipment only with materials approved by infection prevention and that do not create slip, fire, or operational hazards.
- Ensure sufficient PPE, disinfectant, absorbent material, waste containers, linen, oxygen, medications, and contingency supplies for the entire mission.
- Separate clean and contaminated equipment. Keep cab doors/windows closed from the patient compartment when possible.
- Plan for extended transport duration, heat stress, hydration, fatigue, and management of a patient with uncontrolled body fluids.

PPE

PPE selection must be based on the suspected pathogen, route of transmission, anticipated task, likelihood of body-fluid exposure, and current CDC/TDH/facility guidance. Donning and doffing must be directly observed using a written checklist. Respiratory protection requires an active respiratory-protection program, medical clearance, training, and fit testing.

GENERAL PPE CONSIDERATIONS

Special Considerations The following is a list of PPE referred to throughout this document. This is a suggested list only. Quantities and exact PPE stocked are dependent on ambulance service protocols and transport volumes/patient population. Modifications may be necessary for specialized transport units or during specific epidemics/pandemics.

• Disposable exam gloves – standard gloves for standard precautions.

• Disposable exam gloves – with elongated cuffs for use with barrier gowns/coveralls.

• Reusable goggles that can be cleaned OR face shield.

• Surgical masks for patients and responders.

• Disposable fluid-resistant gown OR disposable fluid-resistant coverall.

• Disposable National Institute for Occupational Safety and Health (NIOSH)-approved, fit-tested, disposable N957 **or** equivalent/higher level respirator (e.g., reusable half-face elastomeric respirator N95 or higher rating mask **or** powered air purifying respirator [PAPR] with full hood and high-efficiency particulate air [HEPA] filter).

• Disposable boot/shoe covers.

EVD/VHF Precautions – additional equipment required:

• Full face shield (plus consideration of a head cover).

• Respiratory protection options: » » N95 respirator worn with impermeable hood that covers head and shoulders and full face shield. PAPR with HEPA filtration and integrated impermeable drape-style hood.

• Boots (disposable or reusable). • Fluid-resistant coverall – if service uses gowns for other contact exposures.

• OPTION: Disposable, impermeable apron in addition to fluid-resistant coverall for unstable or “wet” patients.

5. Patient Contact and Clinical Care

- Before entry, perform a final PPE check and confirm that the patient movement route is clear of nonessential persons.
- Use the smallest number of providers needed to safely assess and move the patient.
- Follow current EMS protocols and medical direction. Provide clinically necessary care; do not withhold life-saving treatment solely because HCID is suspected.
- Minimize procedures that increase exposure risk when an equally effective alternative exists. Use special caution with airway management, suctioning, nebulization, noninvasive ventilation, CPR, sharps, vomiting, diarrhea, bleeding, and other body-fluid-generating events.
- Place a surgical or procedure mask on a cooperative patient when indicated for source control and clinically tolerated. Select oxygen delivery based on clinical need and disease-specific guidance.
- No family member or rider should accompany the patient unless essential for clinical or legal reasons and approved through unified coordination. Any approved accompanying person must receive instructions and appropriate PPE.

- The clean driver should not enter the patient compartment or touch contaminated equipment unless an immediate life-safety emergency requires it.

6. Transport and Receiving-Facility Interface

- Before departure, confirm destination acceptance, designated arrival point, receiving team readiness, route, ETA, and any escort or traffic-control requirement.
- Use secure telephone or an assigned protected communications channel for sensitive updates. Keep routine radio traffic to the minimum necessary.
- Notify the receiving facility immediately of major changes in patient condition, contamination, PPE breach, route, or ETA.
- On arrival, park only in the designated location and remain in the ambulance until directed by the receiving team.
- The receiving facility should meet the ambulance in appropriate PPE with a prepared stretcher/gurney when that is part of the facility plan.
- Transfer patient care and required documentation using a process that avoids contaminating clean areas, staff, and records.

7. Doffing, Decontamination, Waste, and Exposure Management

Personnel Doffing

- Doff only in the designated area under direct observation using the current disease-specific checklist.
- Stop immediately if a breach occurs. Perform corrective action and hand hygiene as directed.
- After doffing, complete hand hygiene and any indicated personal decontamination. Showering should follow disease-specific and exposure guidance, not be used as a substitute for correct doffing.

Vehicle and Equipment Decontamination

- Keep the ambulance out of service until decontamination is completed and release is authorized by the responsible agency lead.
- Use an EPA-registered disinfectant with an appropriate pathogen claim, contact time, material compatibility, ventilation, and worker-protection measures.
- Clean visible soil before disinfection. Manage porous items, linens, reusable equipment, and electronics according to manufacturer and infection-prevention guidance.
- Document the decontamination method, personnel, products, contact times, waste disposition, and return-to-service authorization.

Exposure or PPE Breach

- Immediately stop the task when safe, move to the designated doffing/decontamination area, and notify the supervisor and trained observer.
- Wash skin with soap and water; flush mucous membranes with water as appropriate. Do not use caustic chemicals on skin.

- Initiate the agency occupational-exposure plan and obtain prompt medical evaluation.
- Notify public health and the receiving facility as indicated. Document the exposure without including unnecessary information in open communications.
- Follow disease-specific work restrictions, monitoring, testing, prophylaxis, and reporting requirements.

8. Roles and Responsibilities

Role	Primary Responsibilities
911 / EMS Dispatch	Apply approved screening prompts; flag suspected HCID; notify supervisor and responding unit privately; limit radio disclosure; document times and notifications.
EMS Supervisor / Agency Command	Establish command and staging; coordinate public health/RHC/medical direction; select trained crew and transport resource; oversee briefing, PPE, exposure management, decontamination, and documentation.
Transport Crew	Follow PPE and clinical protocols; maintain clean/dirty separation; provide necessary care; report changes and breaches; participate in supervised doffing and follow-up.
Local / Regional Public Health	Assess epidemiologic risk; coordinate TDH; provide disease-specific control guidance; support destination and monitoring decisions; coordinate contact/exposure follow-up.
Regional Hospital Coordinator / Designee	Support regional notifications, receiving-facility coordination, resource requests, and a common operating picture.
Regional EMS Consultant / TDH EMS	Support transport-system coordination, regulatory/clinical liaison, and additional EMS resources as applicable.
Receiving Facility	Confirm acceptance and arrival instructions; activate internal emergency management and infection prevention; prepare isolation route and receiving team; coordinate transfer and ambulance decontamination support.
Infection Prevention / Occupational Health	Advise PPE and decontamination; evaluate exposures; establish monitoring and work restrictions; support post-event review.

9. Documentation, Reporting, and Recovery

- Complete the patient care report and agency incident documentation, including screening basis, PPE, personnel contacts, interventions, transfer, decontamination, and any exposure or breach.

- Maintain a personnel entry/contact log when indicated by the suspected disease or public health.
- Preserve confidentiality and transmit protected information only through approved channels.
- Ensure required reportable-disease notifications are completed by the responsible healthcare provider, laboratory, or public health authority under current Tennessee requirements.
- Conduct an immediate hotwash after the mission and a formal after-action review when warranted. Track corrective actions to completion.
- Restore readiness by replacing PPE and supplies, cleaning reusable equipment, addressing staff wellness, and confirming unit return to service.

10. Training and Readiness

- Annual awareness training for dispatch, field personnel, supervisors, and receiving-facility partners.
- Hands-on competency in disease-specific PPE donning and doffing, including trained-observer practice.
- Regular call-down tests and quarterly verification of role-based contact rosters.
- At least one discussion-based or operations-based exercise each year involving EMS, public health, RHC, and a receiving facility.
- Maintenance of transport kits, PPE, disinfectants, waste supplies, checklists, and after-hours access procedures.
- Just-in-time briefing materials for emerging pathogens and changing public health recommendations.

Appendix A - Rapid Activation Checklist

Complete	Action	Owner / Time
☐	Identify suspected HCID and immediate clinical threats.	
☐	Limit exposure; establish isolation/control area.	
☐	Notify EMS supervisor and responding unit privately.	
☐	Contact local public health and RHC/designee.	
☐	Engage TDH/Regional EMS Consultant as indicated.	
☐	Confirm receiving facility and designated arrival location.	
☐	Select trained transport crew and clean driver.	
☐	Establish staging; brief team; define clean/dirty zones.	
☐	Prepare ambulance and remove nonessential equipment.	
☐	Select PPE and complete supervised donning.	
☐	Confirm route, ETA, communication method, and contingencies.	
☐	Transport with minimum necessary personnel and procedures.	
☐	Coordinate patient handoff at designated location.	
☐	Complete supervised doffing and exposure check.	
☐	Decontaminate ambulance/equipment and manage waste.	
☐	Document, replenish, monitor personnel, and conduct hotwash.	

Appendix B - Contact Roster

Function / Role	Contact
Regional Hospital Coordinator	865-216-6280
Division Director of Epidemiology	865-895-0343
KCHD Epidemiology (business hours)	865-215-5093
KCHD after-hours / weekends	865-755-5367
UTMC ED Team Lead	865-851-6084 (c) 865-305-9402 Main Desk ask for ED Lead
TDH On-Call	615-741-7247
East TN Regional EMS Coordinator	865-235-6360
AMR EMS Dispatch Supervisor	865-523-9106 Press 1
Assessment Hospital Emergency Management	865-207-5629 / 865-305-9000 ask for Safety on Call
Regional Medical Communications Center	865-305-8500
TN Department of Health On-Call	615-741-7247
Brandon Ward State EMS	615-509-9808
Diane Dubinski State EP	615-485-3399
Paul Peterson State EP Director	615-351-8776

AMBULANCE AND EQUIPMENT PREPARATION

Date:		**Unit/Agency:**	
Unit #:		**Completed by:**	

Done	Action Item
☐	Remove nonessential equipment and supplies from the patient compartment.
☐	Protect surfaces and equipment with materials approved by infection prevention and that does not create slip, fire, or operational hazards.
☐	Ensure sufficient PPE, disinfectants, absorbent material, waste containers, linen, oxygen, medications, and contingency supplies for the entire mission.
☐	Separate clean and contaminated equipment. Keep cab doors and windows closed from the patient's compartment when possible.
☐	Plan for extended transport duration, heat stress, hydration, fatigue, and management of a patient with uncontrolled body fluids.

Notes / Exceptions:

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PATIENT CONTACT AND CLINICAL CARE

Date:		**Unit/Agency:**	
UNIT #:		**Completed by:**	

Done	Action Item
☐	Before entry, perform a final PPE check and confirm that the patient movement route is clear of nonessential persons.
☐	Use the smallest number of providers needed to safely assess and move the patient.
☐	Follow current EMS protocols and medical direction. Provide clinically necessary care; do not withhold life-saving treatment solely because HCID is suspected.
☐	Minimize procedures that increase exposure risk when an equally effective alternative exists. Use special caution with airway management, suctioning, nebulization, noninvasive ventilation, CPR, sharps, vomiting, diarrhea, bleeding, and other body-fluid-generating events.
☐	Place a surgical or procedure mask on a cooperative patient when indicated for source control and clinically tolerated. Select oxygen delivery based on clinical need and disease-specific guidance.
☐	Do not allow family members or riders to accompany the patient unless essential for clinical or legal reasons and approved through unified coordination. Provide any approved accompanying person with instructions and appropriate PPE.
☐	Ensure driver does not enter the patient compartment or touch contaminated equipment unless an immediate life-safety emergency requires it.

Notes / Exceptions:

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TRANSPORT AND RECEIVING-FACILITY INTERFACE

Date:		**Unit/Agency:**	
Unit #:		**Completed by:**	

Done	Action Item
☐	Before departure, confirm destination acceptance, designated arrival point, receiving team readiness, route, estimated time of arrival, and any escort or traffic-control requirement.
☐	Use secure telephone or an assigned protected communications channel for sensitive updates. Keep routine radio traffic to the minimum necessary.
☐	Notify the receiving facility immediately of major changes in patient condition, contamination, PPE breach, route, or estimated time of arrival.
☐	On arrival, park only in the designated location and remain in the ambulance until directed by the receiving team.
☐	Confirm that the receiving facility meets the ambulance in appropriate PPE with a prepared stretcher or gurney when required by the facility plan.
☐	Transfer patient care and required documentation using a process that avoids contaminating clean areas, staff, and records.

Notes / Exceptions:

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References and Source Documents

- Centers for Disease Control and Prevention. Infection Control Guidance Library and Transmission-Based Precautions (current web guidance).
- Centers for Disease Control and Prevention. Interim Guidance for Emergency Medical Services Systems and 911 Public Safety Answering Points for Viral Hemorrhagic Fevers (current web guidance).
- Centers for Disease Control and Prevention. Public Health Guidance for Viral Hemorrhagic Fever / HCID Response Planning (July 2026).
- Tennessee Department of Health. Tennessee Reportable Diseases and Conditions Detailed Healthcare Provider Reporting Guidance, 2026.
- Tennessee Department of Health. Emergency Medical Services Protocol Guidelines, 2024-2025, and current EMS Board resources.
- American Medical Response Infectious Disease Guideline, October 2018 (legacy source).
- Highly Infectious Disease Notification Guideline, February 2020 (legacy source).
- TDH - University of Tennessee Medical Center Ebola Assessment Hospital Notification / Transport Plan, updated 2019 and presented in 2022 (legacy source).