

SUSPECTED EBOLA VIRUS DISEASE

INTENT

To provide EMS personnel with information and guidance for treating patients suspected of having Ebola Virus Disease (EVD). In all cases, responder safety and closely following infection control procedures is critical.

BACKGROUND

The current Ebola outbreak in West Africa raises the possibility of patients with Ebola traveling from the affected country to the United States.

The likelihood of contracting EVD is extremely low unless a person has direct, unprotected contact with the body fluids of a person who is sick with EVD. EVD is not transmitted by air, food or water. Early recognition is critical to controlling the spread of EVD.

Signs and symptoms of Ebola include:

- ✓ Sudden or recurring fever
- ✓ Chills, and muscle aches;
- ✓ Diarrhea, nausea, vomiting, and abdominal pain occurring after about five (5) days.
- ✓ Other symptoms such as chest pain, shortness of breath, headache, or confusion may also develop.
- ✓ Advanced and severe symptoms may include jaundice (yellow skin), severe weight loss, mental confusion, bleeding inside and outside the body, shock, and multi-organ failure.

ACTIONS

For patients that are in the general illness category **and** there is not preliminary suspicion of EVD (via the ccc), general infection control guidelines must be followed to prevent inadvertent contact with a potential EVD patient.

These include:

- ✓ Have one (1) responder enter the residence. Initially, additional responders should remain outside of the residence or location.

- ✓ The responder who makes initial contact should remain six (6) feet or further from the patient. Initiate a rapid scene size up and verbal patient assessment.
- ✓ Ask the patient, family or care provider if the patient has travelled outside of the U.S. within the last thirty (30) days or been in close contact with someone who has travelled outside of the U.S. in the last 30 days.
- ✓ If the patient answers No to the travel question, additional responders may enter and care of the patient should begin immediately. Usual patient care procedures should be followed. It is important that the responders follow strict infection control and utilize all appropriate Personal Protective Equipment (PPE) in accordance with your agency's policies. This will minimize responder exposure to other infectious diseases that we typically encounter during the Influenza Season.
- ✓ It is important that the responders follow strict infection control and utilize all appropriate PPE in accordance with your agency's policies. This will minimize responder exposure to other infectious diseases that we typically encounter during the influenza season.
- ✓ If the patient answers yes to the question above, determine what country. If the answer is any of the affected countries in West Africa (Guinea, Liberia, AND SIERRA Leone) immediately step outside and implement the protocols found below.

The CCC has a process in place to screen certain calls that may suggest the presence of EVD. If the Communications Specialist has a high index of suspicion for presence of EVD, they will advise the EMS responders. When notified, EMS personnel will:

Limit the number of people with patient contact to only essential care providers. The responder who makes initial contact should remain six (6) feet or further from the patient and contacts. Initiate a rapid scene size up and verbal patient assessment.

1. Prior to entering the residence, put on gloves, protective eyewear, fluid resistant or impermeable gown, hood and N95 respiratory mask.

Check with other responders to confirm that PPE is intact and put on appropriately.

2. Providers are encouraged to consider double gloving if there is obvious blood or other bodily fluids present.
3. Avoid direct, unprotected contact with patient bodily fluids including urine, saliva, feces, vomit, sweat and semen.
4. Obtain a thorough history from the patient, including if the patient has:
 - i. Recently lived in, or traveled to, a country where an Ebola outbreak is occurring;
 - ii. Recently travelled through major airports in the U.S. If possible, specify the airport; Current key airports include: JFK in New York, Washington D.C.-Dulles, Newark-New Jersey, Chicago-O'Hare, and Atlanta International.
 - iii. Had recent contact with someone who is sick with EVD or had contact with the bodily fluids of someone who is sick with EVD.
5. Obtain baseline vital signs including temperature. Document findings.
6. Treat any acute symptoms (e.g., breathing problems, hypotension, etc.) in accordance with the appropriate Spokane County Patient Care Protocol.
7. Avoid elective, invasive procedures such as endotracheal intubation. If endotracheal intubation is required, great care must be taken to avoid risk of exposure to infectious materials (sputum, secretions, etc.) EMS providers performing intubation must have all PPE in place prior to initiating the procedure.
8. Avoid elective or unnecessary IV access. If IV access is warranted, make sure to exercise caution to avoid needle stick or splashing of blood. At all times, double gloves, mask, gown and protective eye wear must be worn while placing the IV. Immediately dispose of all needles and sharps in puncture-proof, sealed containers. Make every effort to avoid IV insertion unless absolutely needed for stabilization.
9. Transport only in an ambulance designated by AMR. AMR has configured a specific ambulance for transport of these patients.

Request AMR's designated transport unit if you have a high degree of suspicion that the patient has EVD.

10. Prior to transport, contact the destination Emergency Department and advise them of the pending arrival of a potential infectious disease patient.
11. Continue supportive care as needed until arrival at the hospital.
12. As soon as patient care is transferred to the Emergency Department, immediately begin decontamination of all responders, equipment, and the transport vehicle. After exiting the patient's room:
 - i. Remove PPE carefully without contaminating eyes, mucous membranes or clothing with potentially infectious materials; Request that the hospital provide a trained person that will observe all PPE removal to identify potential contamination/exposure while removing PPE.
 - ii. Discard disposable PPE in containers specified by the hospital;
 - iii. Thorough hand washing should be performed immediately after removal of PPE; and
 - iv. Thoroughly decontaminate non-disposable equipment (e.g., Thermometer, Blood Pressure Cuff, Heart Monitor and Leads, Glucometer, etc.) prior to re-using. Under no circumstances should non-disposable equipment be used to treat subsequent patients without first being decontaminated.
13. Ambulances and personnel should not respond to subsequent calls without having been thoroughly decontaminated.
14. In detail, document the patient contact as soon as possible following decontamination procedures.