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Regional Ebola Virus Disease (EVD) Response Guide

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Information contained in this document is for information and reference purposes only. Agencies must develop and adhere to policies and procedures specific to their organization. While departments may use this document to help formulate and develop response objectives and tactics, it is not intended as a substitute for local emergency response procedures or health department directions and expectations. Agencies ***must*** work with their local health department and Operational Medical Director to develop patient care plans. This is a dynamic situation; agencies, leaders, and providers need to be flexible and realize there may be frequent changes. If changes are made to this document, it will be updated and posted to the ODEMSA website. For general questions concerning EVD, VDH has created a hotline – 1-877-ASK VDH3 (1-877-275-8343).

EMS and Public Safety Answer Point (PSAP) Patient Assessment Criteria for EVD Screening

1. Fever, headache, joint and muscle aches, weakness, fatigue, diarrhea, vomiting, stomach pain and lack of appetite, and, in some cases, bleeding.

AND

2. Travel to, or had contact with individuals who live in or have travelled to, West Africa (Guinea, Liberia, Sierra Leone or other countries where EVD transmission has been reported by WHO) within 21 days (3 weeks) of symptom onset.

If both criteria are met:

- If PSAP EVD is positive, then the dispatcher should notify the EMS crew PRIOR to patient contact of a potential EVD patient.
- The patient should be isolated and **STANDARD, CONTACT,** and **DROPLET** precautions followed during further assessment, treatment, and transport.
- Immediately report suspected Ebola cases to receiving facility using the trigger terminology **"EVD ALERT".**

> "**EVD Alert**" has been designated as the regional alert to be used by pre-hospital providers when communicating with a receiving facility.

EMS Provider Personal Protective Equipment (PPE) – Recommendations

The Center for Disease Control and Prevention (CDC) recommends each agency conduct a detailed inventory of available supplies of PPE suitable for standard, contact, and droplet precautions. Ensure an adequate supply, for EMS personnel, of:

- Fluid resistant or impermeable gowns (preferably fluid resistant or impermeable suit with hood)
- Double layer of gloves
- Shoe covers, boots, and booties
- All of the following:
    - N95 respirators or greater (i.e. APR, PAPR, SCBA)
    - Eye protection
    - Fluid/splash shield (in addition to eye protection and N95 mask)
- Other infection control supplies (e.g. hand hygiene supplies)

  See the Current CDC PPE Recommendations for health care providers treating patients with suspected Ebola at http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html

EMS Provider Personal Protective Equipment (PPE) - Deployment

- Don full PPE entirely before physical contact with patient / entry into scene.
- Limit exposed personnel to only the number required for patient care.
- Patients and properly protected providers must only ride in patient compartment.
- Cab of ambulance must always remain clean as possible.
    - If possible, seal off cab compartment prior to loading patient.
    - If possible, the driver should not participate in patient care/movement to keep the cab from becoming contaminated.

ODEMSA will have the most up-to-date PPE Donning and Doffing information, including training videos, at our website: www.odemsa.vaems.org

Information to Convey to Receiving Facility

If patient is transported:

- EMS crews and/or agency's PSAP will notify hospital as soon as they identify a potential Ebola case.
- EMS crews will notify hospital using the trigger terminology **"EVD ALERT".**
- Providers must accurately describe patient acuity to receiving hospital.
    - **Low acuity** – shelter in place and contact receiving hospital to coordinate patient arrival. Anticipate delaying transport to allow hospital preparation time.
    - **High acuity** – Transport to hospital. Anticipate hospital personnel may provide care in back of ambulance until receiving facilities are ready (ideally < 1 hour). EMS personnel may be asked to assist hospital personnel.
- Upon arrival at hospital, patients and providers will remain in the ambulance and await direction from hospital staff.
    - EMS crews may be asked to move to a different area for patient unloading and/or decontamination.

If patient is not transported (refusal, pronouncement, etc.):
If a patient is exhibiting signs or symptoms and has traveled to, or had contact with a person who has traveled to or come from, a country where an Ebola outbreak is occurring but refuses transport, providers should report patient information to their local health department for follow-up. Use the Virginia Health Department phone number: **866-531-3068** (available 24hrs a day). Ask for the epidemiology investigator on call. They will give you instruction and provide you with your local call number.

If patient presents at your facility and screens positive:
Do not direct the individual into your facility. The citizen should remain outside your building. Resources should be dispatched like any other medical emergency and the provider(s) should dress using the appropriate PPE before physically contacting the patient.

EMS Provider Decontamination

- Note: Most provider exposures occur during the PPE Removal (doffing) process.
- The use of a "buddy system" is recommended.
- Providers will await decontamination assistance from hospital personnel.
- Providers will doff and dispose of PPE utilizing CDC recommendations (see the current CDC recommendations for doffing PPE at http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html .
- Hospital staff should provide a change of clothing to the EMS provider.

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EMS Equipment / Ambulance Decontamination and Disinfection

- Agencies should consider a local HAZMAT response or a 3rd party decontamination company to assist with the decontamination of an ambulance. This should be pre-planned.
- Avoid contamination of reusable porous surfaces.
- Drive ambulance to predetermined location for decontamination.
- Members decontaminating vehicle and equipment must be wearing recommended PPE.
- Use a US Environmental Protection Agency (EPA) registered hospital disinfectant with a label claim for a non-enveloped (e.g. norovirus, rotavirus, adenovirus, poliovirus) to disinfect environmental surfaces.

EMS Provider Post-Exposure Monitoring

EMS personnel should self-monitor for fever for the first 48 hours. If febrile, notify agency's infection control officer.
If patient's Ebola screen is positive, monitor daily for fever and EVD symptoms for 21 days in conjunction with VDH and CDC.

Special thanks to the Central Virginia Operational Chief's Association for developing these guidelines.