HALIFAX FIRE DEPARTMENT **SOG 32**	**EBOLA**
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32.0 Purpose:

To establish a guideline for responding to and operating at suspected EBOLA incidents.

32.01 Background

The Ebola outbreak in West Africa has increased the possibility of patients with Ebola traveling from the affected countries to the United States.

Ebola is an often-fatal disease and care is needed when coming in direct contact with a recent traveler from a country with an Ebola outbreak that has symptoms of Ebola.

The likelihood of contracting Ebola is extremely low unless a person has direct unprotected contact with the body fluids of a person who is sick with Ebola or direct handling of bats or nonhuman primates from areas with Ebola outbreaks. Ebola patients without symptoms are not contagious.

Initial signs and symptoms of Ebola include sudden fever, chills, and muscle aches, with diarrhea, nausea, vomiting, and abdominal pain occurring after about 5 days. Other symptoms such as chest pain, shortness of breath, headache, or confusion, may also develop. Symptoms may become increasingly severe and may include jaundice (yellow skin), severe weight loss, mental confusion, bleeding inside and outside the body, shock, and multi-organ failure.

Emergency medical services (EMS) personnel have a vital role in responding to requests for help, triaging patients, and providing emergency treatment to patients.

32.1 Scope: The SOG applies to all members of the Halifax Fire Department.

32.2 General Guideline:

Assesment

Based on the presence of symptoms and risk factors, put on or continue to wear appropriate PPE and follow the scene safety guidelines for suspected case of Ebola.

Keep the patient separated from other persons as much as possible. If you are not providing emergency medical care or preparing the person for transport, stay at least 6 feet away from the sick person while assessing the situation.

The EMT should observe and assess the patient for the following:

A. Travel and Exposure – Ask the patient if he/she has traveled to Liberia, Guinea or Sierra Leone within the past 21 days. If yes, ask if the patient had contact or exposure with blood or bodily fluids of someone who had the Ebola virus, or any contaminated materials. The EMT should obtain the dates of travel when the patient left the affected country, and date and location when they arrived back in the United States.

B. Clinical Assessment/Symptoms – If the patient meets the criteria for inclusion based on his/her travel history, they should be questioned regarding the presence of signs and symptoms of Ebola virus disease:

1. Has the patient reported having a fever? It is not necessary for EMS to directly assess the patient's temperature. Ask the patient about their last known temperature, or have the patient assess their own temperature in the presence of the interviewing EMT while maintaining a 6 foot distance.
2. Has the patient had headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain or bleeding?

If the patient has been screened up to this point, and is still determined to be at risk of being an Ebola patient, then Contact the Massachusetts Department of Public Health at 617-983-6800 for immediate assistance in assessing whether an individual meets the criteria for a suspect case of Ebola. This number will connect the you to the 24/7 Epi Line, and an epidemiologist will answer the call directly or call back within 10 minutes to assist with assessing the patient's risk for Ebola. If necessary, the epidemiologist will provide guidance on the use of personal protective equipment and other aspects of the patient's care.

EMS Transfer of Patient Care to a Healthcare Facility

EMS personnel should notify the receiving healthcare facility when transporting a suspected Ebola patient, so that appropriate infection control precautions may be prepared prior to patient arrival.

Patient Management

Patient care should be limited to the emergent needs of the patient.

- The patient should be given a facemask to wear, if they are able to tolerate it. If the patient is vomiting, they should be provided with an emesis bag to help contain any vomitus. If the patient's clothes are soiled, and a protective suit is available for the patient, it may be appropriate to have the patient don a suit prior to transport.
- All non essential equipment should be removed from the ambulance prior to transporting the patient.
- Drivers shall have no direct patient contact. The patient compartment should be separated from the cab of the ambulance using door and/or window separators.
- If the patient is stable and ambulatory, then the patient should be walked to the ambulance by the EMT who has already made contact and is donned in PPE. Advance notice should be given to any providers outside, so that there is a clear path to the ambulance. If extrication is required, then the minimal number of personnel to safely extricate the patient should be used, and all involved should be donned in appropriate PPE.
- If the patient can be effectively managed by one EMT with the patient, then personnel traveling in the ambulance should be limited to that EMT, and an EMT driving.
- IV's shall not be established if the patient has stable vital signs
- If vital signs are unstable and it is necessary to administer fluids and medication they should be administered via IO

Use of Personal protective equipment (PPE)

Use of standard, contact, and droplet precautions is sufficient for most situations when treating a patient with a suspected case of Ebola as defined above.

- EMS personnel should wear:
- Gloves
- Gown (fluid resistant or impermeable)
- Eye protection (goggles or face shield that fully covers the front and sides of the face)
- N95 Filtering mask

Additional PPE might be required in certain situations (e.g., large amounts of blood and body fluids present in the environment), including but not limited to double gloving, disposable shoe covers, and leg coverings.

Recommended PPE should be used by EMS personnel as follows:

- PPE should be worn upon entry into the scene and continued to be worn until personnel are no longer in contact with the patient.
- PPE should be carefully removed without contaminating one's eyes, mucous membranes, or clothing with potentially infectious materials.
- PPE should be placed into a medical waste container at the hospital or double bagged and held in a secure location.
- Re-useable PPE should be cleaned and disinfected according to the manufacturer's reprocessing instructions and EMS agency policies.
- Hand hygiene should be performed immediately after removal of PPE.

Cleaning EMS Transport Vehicles after Transporting a Patient with Suspected or Confirmed Ebola

EMS personnel performing cleaning and disinfection should wear recommended PPE (described above) and consider use of additional barriers (e.g., rubber boots or shoe and leg coverings) if needed. Face protection (facemask with goggles or face shield) should be worn since tasks such as liquid waste disposal can generate splashes.

Patient-care surfaces (including stretchers, railings, medical equipment control panels, and adjacent flooring, walls and work surfaces) are likely to become contaminated and should be cleaned and disinfected after transport.

A blood spill or spill of other body fluid or substance (e.g., feces or vomit) should be managed through removal of bulk spill matter, cleaning the site, and then disinfecting the site. For large spills, a chemical disinfectant with sufficient potency is needed to overcome the tendency of proteins in blood and other body substances to neutralize the disinfectant's active ingredient.

An EPA-registered hospital disinfectant with label claims for viruses that share some technical similarities to Ebola (such as, norovirus, rotavirus, adenovirus, poliovirus) and instructions for cleaning and decontaminating surfaces or objects soiled with blood or body fluids should be used according to those instructions.

Contaminated reusable patient care equipment should be placed in biohazard bags and labeled for cleaning and disinfection according to departmental policy.

Reusable equipment should be cleaned and disinfected according to manufacturer's instructions by trained personnel wearing correct PPE. Avoid contamination of reusable porous surfaces that cannot be made single use.

Any item transported for disposal that is contaminated or suspected of being contaminated Ebola must be packaged and transported in accordance with U.S. Department of Transportation's (DOT) Hazardous Materials Regulations (HMR, 49 C.F.R., Parts 171-180). This includes medical equipment, sharps, linens, and used health care products (such as soiled absorbent pads or dressings, kidney-shaped emesis pans, portable toilets, used Personal Protection Equipment [e.g., gowns, masks, gloves, goggles, face shields, respirators, booties] or byproducts of cleaning) contaminated or suspected of being contaminated with a Category A infectious substance.

Follow-up and/or reporting measures by EMS personnel after caring for a suspected or confirmed Ebola patient

EMS personnel with exposure to blood, bodily fluids, secretions, or excretions from a patient with suspected or confirmed Ebola should immediately:

- Stop working and wash the affected skin surfaces with soap and water. Mucous membranes (e.g., conjunctiva) should be irrigated with a large amount of water or eyewash solution
- Contact the DICO and Fire Chief, who will notify local and state health departments.
- Receive medical evaluation and follow-up care, including fever monitoring twice daily for 21 days after the last known exposure.
- Follow guidance from local, state, and federal public health authorities.

EMS personnel who develop sudden onset of elevated body temperature or subjective fever, intense weakness or muscle pains, vomiting, diarrhea, or any signs of hemorrhage after an unprotected exposure (i.e., not wearing recommended PPE at the time of patient contact or through direct contact to blood or body fluids) to a patient with suspected or confirmed Ebola should:

- Not report to work or immediately stop working and isolate themselves.
- Notify the DICO and Fire Chief, who will notify local and state health departments.
- Receive medical evaluation and follow-up care, including fever monitoring twice daily for 21 days. after the last known exposure.
- Comply with work exclusions until they are deemed no longer infectious to others.