

Hudson Valley REMAC & REMSCO

Advisory: Suspected Ebola Virus Disease (EVD)

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NOTE: This document is developed to provide real-time hyperlinks to information which is currently dynamic. To take full advantage of the most current information it is recommended that you view this document in .pdf on a computer with internet access.

PURPOSE

- 1) To establish procedures for response to suspected Ebola Virus Disease (EVD) patients while minimizing exposure to responders. This advisory applies to all BLS and ALS Agencies in the Hudson Valley Region.
- 2) The safety of both the EMS crew and the public is paramount. Do not endanger yourselves or others.

DISPATCH CENTERS / PSAP'S / 911 CENTERS

Recommendations for 9-1-1 Public Safety Answering Points (PSAPs) to use modified caller queries about Ebola.

- 1) For modified caller queries:
 - a) It will be important for PSAPs to question callers and determine if anyone at the incident possibly has Ebola. This should be communicated immediately to EMS personnel before arrival and to assign the appropriate EMS resources.
 - b) PSAPs should review existing medical dispatch procedures and coordinate any changes with their EMS medical director and with their local public health department.
 - c) PSAP call takers should consider screening callers for symptoms and risk factors of Ebola. Follow the guidelines established by the CDC – [Interim Guidance for Emergency Medical Services \(EMS\) Systems and 9-1-1 Public Safety Answering Points \(PSAPs\) for Management of Patients with Known or Suspected Ebola Virus Disease in the United States](http://www.cdc.gov/vhf/ebola/outbreaks/guinea/index.html).
- 2) If a PSAP call taker suspects a caller is reporting symptoms of Ebola, they should screen callers for risk factors within the past 3 weeks before onset of symptoms. Risk factors include:
 - a) Contact with blood or body fluids of a patient known to have or suspected to have Ebola; or
 - b) Residence in—or travel to—a country where an Ebola outbreak is occurring (a list of impacted countries can be accessed at the following link: <http://www.cdc.gov/vhf/ebola/outbreaks/guinea/index.html>);
or
 - c) Direct handling of bats or nonhuman primates from disease-endemic areas.
- 3) **If a PSAP call taker has information alerting them to a person with possible Ebola, they should make sure any first responders and EMS personnel are made confidentially aware of the potential for Ebola before the responders arrive on scene.**

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- 4) Check for updates at [Interim Guidance for Emergency Medical Services \(EMS\) Systems and 9-1-1 Public Safety Answering Points \(PSAPs\) for Management of Patients with Known or Suspected Ebola Virus Disease in the United States.](#)

GENERAL CONSIDERATIONS

- 1) To minimize risk to public safety personnel:
 - a) If there is a suspected risk of EVD, EMS personnel should assemble & respond as a team in an ambulance or other appropriately equipped agency response vehicle. Members should not respond independently to the scene of a call.
 - b) The number of personnel making patient contact should be minimized if possible.
 - c) Response should be delayed allowing adequate time for properly trained and equipped personnel to respond.

EMT

- 1) Call for Law Enforcement.
- 2) All patients should be assessed for symptoms of viral diseases including Ebola prior to physical contact; this should be from a distance greater than 3 feet from the patient. Personnel should take Personal Protective Measures prior to patient contact.
- 3) Providers should don gloves prior to accessing the patient area. The virus is known to live on surfaces.
- 4) Masks should be available at all times while providing patient care for EMS safety.
- 5) Masks should be worn when any patient is coughing.
- 6) Minimize provider contact with the patient and the scene if possible- essential personnel only.
- 7) Follow the [CDC / ASPR Document Ebola Virus Disease \(EVD\) Screening for EMS.](#)
 - a) If the patient has symptoms that could be consistent with Ebola, then ask the patient about travel history or close personal contact with someone with pertinent travel history within the last 21 days or 3 weeks before the onset of symptoms, specifically to those listed as [CDC 2014 Ebola Outbreak in Western Africa – Outbreak Distribution.](#)
- 8) If there is no pertinent travel history or contact with someone with pertinent travel history, EMS providers should wear masks and gloves and employ standard precautions for their safety.
- 9) **If there is a Fever, the presence of one sign / symptom listed and travel or contact with someone with pertinent travel history EMS providers should:**
 - a) Minimize physical patient contact. Distance yourself from the patient and others potentially infected. This may mean retreating from providing patient care.
 - b) Immediately follow [CDC PPE guidelines.](#)
 - c) Provide the patient with a Tyvek Suit, Surgical Mask and Gloves and ask them to place it on. Have them attempt to Contain Body Fluids without EMS contacting the patient or the fluids.

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- d) If the patient requires oxygen delivery ask the patient to put on a non-rebreather face mask. Have them place the surgical mask over the NRFM.
- 10) If the patient is identified as high-risk for EVD withhold resuscitation efforts including cardio-pulmonary resuscitation (CPR).
- 11) Contact your Agency, Local and County designated Ebola response personnel.
- 12) Follow County Department of Health guidelines and plans for handling of suspect Ebola patients.
- 13) Determine the appropriate destination facility. Follow your County DOH policy or in the absence of said policy contact Medical Control at an appropriate receiving facility. Ensure the facility is ready to receive the patient.
- 14) Only the patient is to be transported in the ambulance with the crew. The exception is a minor, in which case a parent or guardian may accompany the patient.
- 15) Check for updates at [Interim Guidance for Emergency Medical Services \(EMS\) Systems and 9-1-1 Public Safety Answering Points \(PSAPs\) for Management of Patients with Known or Suspected Ebola Virus Disease in the United States.](#)

EMT STOP

ADVANCED EMT

- 1) If possible defer use of needles and other sharps, IV, blood draws, aerosol treatments, endotracheal intubation, and suctioning.

INTERMEDIATE STOP

CCT

PARAMEDIC

- 1) If the patient requires sedation because of delirium or agitation administer Midazolam 5 mg IM to minimize potential secretions and maximize medication effect.

CCT and PARAMEDIC STOP

PHYSICIAN OPTIONS

- 1) Additional Midazolam (Versed) IM only.

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KEY POINTS / CONSIDERATIONS

- 1) For suspect EVD patients it is critical that there is no additional risk to personnel. It is understood that immediate treatment and transport might not be possible.
- 2) Destination decision.
 - a) Follow County and NYS DOH recommendations on receiving facilities.
 - b) Contact the receiving facility via phone prior to making further patient contact.
- 3) Upon arrival at the receiving facility remain in your ambulance until you receive direction from hospital personnel.
- 4) Under no circumstances should patients be suspected of having EVD be transported by helicopter.
- 5) Decontamination. Cleaning and Disinfection Guidelines specified by the Order may be found at: <http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>
- 6) Waste management. [Following CDC Ebola-associated waste management procedures.](#)
- 7) Follow County DOH, NYS DOH and CDC Guidelines.
- 8) The following notifications are required when a suspected Ebola patient is encountered.
 - a) Agency Medical Director
 - b) Hudson Valley Regional office.
- 9) All EMS Agencies should review the [NYS Department of Health Commissioners Orders](#).
- 10) It is the individual responsibility of every pre-hospital provider to follow current recommendations on the use of PPE.