



Regional Ebola Virus Disease (EVD) Response Guide

Central Shenandoah EMS Council, Inc.

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CSEMS REGIONAL EBOLA VIRUS DISEASE (EVD) RESPONSE GUIDE

II. SCOPE

Information contained in this document is for information and reference purposes only.

All regional EMS agencies must develop and adhere to policies and procedures specific to their organization/department and the hospital system(s) where they will be transporting patients.

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 guidance and direction from the Virginia Department of Health (VDH), the Virginia Office of EMS (OEMS) or the Centers for Disease Control (CDC). 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 CSEMS Ebola Virus Disease (EVD) website: <http://www.csems.org/training-news/ebola-virus-disease/>

For general questions concerning EVD, VDH has created a hotline – **1-877-ASK VDH3 (1-877-275-8343)**.

III. PURPOSE

To provide guidance and direction to licensed EMS agencies in the Central Shenandoah region on the appropriate response for patients suspected to have Ebola Virus Disease (EVD).

IV. WHO DO I CONTACT WITH QUESTIONS

Virginia Health Department EVD Hotline: **1-877-ASK VDH3 (1-877-275-8343)**.

- Central Shenandoah Health District - Monday through Friday 8:00 AM to 4:30 PM except for state and federal holidays. If no one answers at your local health department office, please call the state hotline listed above.
 - Bath County – 540-839-7246
 - Buena Vista – 540-261-2149
 - Highland – 540-468-2270
 - Lexington-Rockbridge – 540-463-3185

- Rockingham-Harrisonburg – 540-574-5100
- Staunton-Augusta – 540-332-7830
- Waynesboro-Augusta – 540-949-0137

V. 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 traveled to, Africa or other countries where EVD transmission has been reported by the World Health Organization (WHO) within 30 days of symptom onset.

If both criteria are met:

- If PSAP EVD is suspected, then the dispatcher should notify the EMS crew PRIOR to patient contact of a potential EVD patient.
- The patient should be isolated and the following precautions adhered to during further assessment, treatment, and transport.
 - Prior to working with Ebola patients, all healthcare workers involved in the care of Ebola patients must have received repeated training and have demonstrated competency in performing all Ebola-related infection control practices and procedures, and specifically in donning/doffing proper PPE.
 - While working in PPE, healthcare workers caring for Ebola patients should have no skin exposed.
 - The overall safe care of Ebola patients in a facility must be overseen by an onsite manager at all times, and each step of every PPE donning/doffing procedure must be supervised by a trained observer to ensure proper completion of established PPE protocols.
- Immediately report suspected Ebola cases to receiving facility using the trigger terminology **“High Risk Isolation Patient”**.
 - **Whenever possible, use the phone to contact the receiving facility as opposed to radio communication. Radio communication should be a last resort.**

“High Risk Isolation Patient” has been designated as the regional alert to be used by pre-hospital providers when communicating with a receiving facility.

VI. 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:
 - Impermeable 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>

VII. 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.

CSEMS has the have the most up-to-date PPE Donning and Doffing information, including training videos posted on Edu-Net. CE credit is available.

VIII. 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 "**High Risk Isolation Patient**".
- 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.

IX. EMS PROVIDER DECONTAMINATION

- Note: Most provider exposures occur during the PPE Removal (doffing) process.
- The use of a "buddy system" is highly recommended.
- Providers will await decontamination assistance from the receiving hospital personnel or their locally designated HAZMAT Team.
- 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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X. 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.

XI. 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.

XII. CREDITS AND SPECIAL THANKS

Special thanks to all our local partners for working together with the Council to assist us in developing these guidelines.

The following entities assisted with the development of this guidance: Augusta County Fire Rescue, Augusta County Emergency Communication Center, Augusta Health, Central Virginia Health District, City of Waynesboro, City of Staunton Fire Department, Rockingham County Fire-Rescue, Staunton Augusta Rescue Squad and Waynesboro First Aid Crew.

Additionally, we would like to thank Old Dominion EMS Alliance for sharing their planning documents and for allowing CSEMS to modify their documentation for our use.