



City of Manassas Fire and Rescue System

Interim Ebola Guidance

October 18, 2014

General Information:

Ebola hemorrhagic fever (Ebola HF) is one of numerous Viral Hemorrhagic Fevers. It is a severe, often fatal disease in humans. Ebola HF is caused by infection with a virus of the family Filoviridae. Symptoms usually begin abruptly.

The Ebola virus is spread by exposure to contaminated body fluids. Initial symptoms are similar to Influenza-like symptoms.

Signs and Symptoms

Symptoms of Ebola HF typically include:

Fever (generally 2-3 days after other symptoms) Headache, joint and muscle aches, weakness, diarrhea, vomiting, stomach pain, lack of appetite, some patients may experience:

Rash
Red Eyes
Hiccups
Cough
Sore throat
Chest pain
Difficulty breathing
Difficulty swallowing
Bleeding inside and outside of the body
Unexplained hemorrhage

Symptoms may appear anywhere from 2 to 21 days after exposure to Ebola virus though 8-10 days is most common. The above symptoms often are followed by multi-system failure, circulatory collapse and shock with development of bleeding.

Ebola is spread through direct contact (through broken skin or mucous membranes in, for example the eyes, nose, or mouth) with:

- Blood or body fluids (urine, saliva, sweat, feces, vomit, breast milk, semen of a person who is infected with Ebola.
- Medical instruments (needles and syringes) that have been contaminated by the virus.
- Contact with infected animals

Personnel Protective Equipment:

- Providers shall be familiar with proper donning and doffing of Personnel Protective Equipment (PPE)
- If indicated by the risk level providers shall don the below PPE for a suspected Ebola patient:
 - Double Gloves
 - Fluid Resistant or Impermeable Gown
 - Eye Protection/Face Shield
 - N95 Mask
 - Shoe Coverings

Emergency Medical Response:

During patient assessment and management, EMS personnel should consider the symptoms and risk factors of Ebola:

- All patients should be assessed for symptoms of Ebola (fever of greater than 38.0 degrees Celsius or 100.4 degrees Fahrenheit, and additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage). If the patient has symptoms of Ebola, then ask the patient about risk factors within the past 3 weeks before the onset of symptoms, including:
 - Contact with blood or body fluids of a patient known to have or suspected to have Ebola;
 - Residence in—or travel to— a country where an Ebola outbreak is occurring (Sierra Leone, Nigeria, and Guinea)
 - Direct handling of bats or nonhuman primates from disease-endemic areas.
 - Based on the presence of symptoms and positive risk factors, the patient would be considered a high risk suspected Ebola case. Providers shall don or continue to wear appropriate PPE and follow the scene safety guidelines for suspected case of Ebola.
 - **If there are no risk factors, proceed with normal EMS care.**
 - Provide medical treatment as indicated and per System-Wide EMS Protocols.
 - Based on the presences of symptoms and risk factors for a suspected case of Ebola consider the following:
 - Limit the number of providers
 - Limit invasive skills for stable patients such as IV and BGL.

Notifications:

If a high risk suspected Ebola case is identified, personnel shall notify the on-duty Battalion Chief and Communications immediately.

If a high risk suspected Ebola case is identified, the receiving hospital shall also be notified immediately for consultation and direction for transfer of patient care at the facility.

The on-duty Battalion Chief will notify BC Lupton.

Logistical Considerations:

- We are currently reviewing and ordering PPE as required
- We are evaluating currently utilized cleaners and disinfection products
- We will distribute additional PPE to all response vehicles

For further information visit the below CDC site:

<http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-emergency-medical-services-systems-911-public-safety-answering-points-management-patients-known-suspected-united-states.html>