

**Rappahannock EMS Council
Ebola Virus Disease Triage Guidelines**

Ebola guidelines for EMS personnel in the event they encounter a patient that meets the criteria for potential Ebola exposure.

Signs and symptoms of Ebola Virus Disease include:

- Fever
- Severe headache
- Muscle pain test
- Weakness
- Diarrhea
- Vomiting
- Abdominal (stomach) pain
- Unexplained hemorrhage (bleeding or bruising)

If you have a patient with any of these symptoms:

Ask the patient if they, or anyone they have had regular contact with, has traveled outside of the U.S. in the last 30 days.

If yes:

Ask the patient if they have traveled through or from Guinea, Sierra Leone, Liberia, or Mali, or have had physical contact with someone who did. *(These locations may be updated. Check the OEMS website frequently for new information.)*

If yes to each category above:

- Immediately notify the receiving Emergency Department Charge Nurse of a potential Ebola patient. Use the terminology “High Risk Isolation Patient.”
- Place a surgical mask on the patient.
- Limit the number of crew members involved in patient care to the minimum necessary.

- All crew members don full PPE* for droplet precautions, to include at minimum:
 - Double gloves
 - Fluid resistant or impermeable gown
 - Head cover
 - N95/P100 mask
 - Face shield
 - Leg/shoe covers

*If at all possible, PPE should be donned **prior to arrival on scene** based on information received from PSAP.

- Ensure that **no skin is exposed** without protection. Utilize a “buddy” to ensure that PPE is properly donned prior to patient contact.

Providers and agencies should refer to “[Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting On \(Donning\) and Removing \(Doffing\).](#)”

- Where possible, keep patient separated from others as much as practical.
- If possible, avoid performing invasive procedures such as IV therapy, intubation, suctioning, nebulizer, or any other procedure that may increase the risk of contamination. However, *do not withhold lifesaving interventions* that must be performed.
- Do not allow any crew member who has had direct patient contact to leave the patient compartment to drive to the hospital. Contact dispatch or an agency supervisor for a driver if necessary.
- Upon arrival at the receiving hospital, the crew should wait in the ambulance for hospital staff to supervise patient transfer. If they aren’t waiting upon your arrival, contact them via phone or radio and advise that you have arrived.
- Crew members involved with patient care should follow the direction of emergency department staff regarding location for patient turnover. When patient turnover is complete, crew members should doff PPE and decontaminate themselves at the emergency department in a supervised and controlled manner in the location directed by emergency department staff, following posted CDC guidelines.
- Crew members should notify hospital infectious control personnel, agency supervisors and agency infectious control officer as soon as practical to do so.

If any provider is exposed to blood, bodily fluids, secretions or excretions from a patient with suspected or confirmed Ebola:

- Stop working immediately and wash the affected skin surfaces with soap and water. Mucous membranes should be irrigated with a large amount of water or eyewash solution.
- Contact Designated Infection Control Officer and supervisor for assessment and access to post-exposure management services, and
- Receive medical evaluation and follow-up care, including fever monitoring twice daily for 21 days. Follow agency and local health department direction regarding working status and isolation policies and procedures.

- Ambulance cleaning should take place after transport of a suspected Ebola patient following [CDC Guidelines](#).

If a patient meeting the above criteria refuses transport, the ambulance crew should report patient information to the local health department for follow-up.

- Rappahannock Area Health District
 - Caroline County Health Department - 804 633-5465
 - Fredericksburg Health Department – 540 899-4142
 - King George Health Department – 540 775-3111
 - Spotsylvania Health Department – 540 507-7500
 - Stafford Health Department – 540 659-3101
- Rappahannock-Rapidan Health District
 - Culpeper County Health Department – 540 829-7350
 - Fauquier County Health Department – 540 347-6400
 - Madison County Health Department – 540 948-5481
 - Orange County Health Department – 540 672-1291
 - Rappahannock County – 540 675-3516

After regular working hours and on weekends, call (866) 531-3068. Ask for the Epidemiology Investigator on call.

Transportation:

Agencies transporting suspected Ebola patients should follow established local/regional protocols for transporting patients based on patient's chief complaint. (Why they called EMS)

Communication:

- EMS staff should immediately verify any information provided by the PSAPS dispatcher. Travel from one of the affected countries, date of arrival in the US and presence of fever and other symptoms should be documented.

- EMS responders should notify the receiving healthcare facility in advance when they are bringing a patient with suspected Ebola, so that proper infection control precautions can be taken at the healthcare facility before EMS arrives with the patient.

These guidelines are based on current Virginia Department of Health and CDC recommendations at the time published. Please monitor [the OEMS website \(www.vdh.virginia.gov/OEMS\)](http://www.vdh.virginia.gov/OEMS) frequently for changing conditions and join the OEMS Facebook and Twitter feeds for immediate notification of changing guidance and recommendations.