

Suspected EVD (Hemorrhagic Fever)

ALL EMS, Fire and Dispatch personnel should refer to “Detailed Emergency Medical Services (EMS) Checklist for Ebola Preparedness ” at:

<http://www.cdc.gov/vhf/ebola/pdf/ems-checklist-ebola-preparedness.pdf>

Suspected Ebola Patient Defined

1. Within the past 21 days before the onset of symptoms, residence in, or travel within an area where Ebola transmission is active (West Africa – Sierra Leone, Guinea, or Liberia)

AND

2. Presents with fever, headache, joint and muscles aches, weakness, fatigue, vomiting and diarrhea, stomach pain, lack of appetite or bleeding (unknown etiology)

EMD DISPATCH CENTER STAFF

State and local EMS authorities may authorize PSAPs and other emergency call centers to use modified caller queries about Ebola when they consider the risk of Ebola to be elevated in their community

PSAP call takers should consider screening callers for symptoms and risk factors of Ebola. Callers should be asked if they, or if the affected person, has fever of 38.0 degrees Celsius or 100.4 degrees Fahrenheit or greater, and if they have additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained bleeding.

AND ASK:

1. “In the past 21 days have you been to Africa?”
2. “Are you under surveillance from the Health Department?”

See the following for continued updates and recommendations from CDC:

<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>

If “yes” to the above questions, First Responders should NOT be dispatched. Dispatch EMS unit and alert the EMS Supervisor or on call unit on duty, confidentially, that there is a potential Ebola case.

- Do NOT rely solely on EMD personnel to diagnose an Ebola patient due to dispatch time constraints
- EMS personnel MUST obtain a travel history and check clinical signs and symptoms once on the scene
- EMS Personnel required Personal Protective Equipment (PPE) must be donned prior to entry.
- (See recommended PPE, procedures for donning and doffing: <http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>)

No Routine Aerosol Generating Procedures

- Pre-hospital providers should avoid aerosol generating procedures unless absolutely medically necessary (CPAP, BiPAP, nebulizer treatments, intubation and suctioning)
- If these airway procedures are absolutely, medically necessary, control conditions (e.g. briefly stop vehicle)

No Routine Intravenous (IV) Lines

- Unless absolutely, medically necessary, do not initiate IV’s on suspected Ebola patients in the pre-hospital environment
- If an IV is necessary, it must be performed under controlled conditions (e.g. briefly stop vehicle) to lessen the chance exposure from a contaminated needle

- Contact the receiving hospital as soon as a potential positive Ebola transport is suspected
- Follow the guidelines of the receiving facility for patient transfer, clean-up and waste disposal

This GUIDELINE is constantly evolving. ALL personnel should carefully monitor changes and recommendations at:

<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>

Suspected EVD (Hemorrhagic Fever) Continued

PERSONNEL CARING FOR POSSIBLE EBOLA CASES SHOULD CONTACT THEIR LOCAL DEPARTMENT of Health.

Contact information found at:

<http://www.wvems.org/vdhcontacts>

Links:

CDC: <http://www.cdc.gov/vhf/ebola/index.html>

Virginia Department of Health: <http://www.vdh.state.va.us/>

Near Southwest Preparedness Alliance: <http://www.nspa1.org/>

Western Virginia EMS Council: <http://wvems.org/>

- **It should be noted that this is a guideline and NOT a protocol. The information contained within the websites of this document is updated frequently.**
- **Please note that the recommendations on these websites are the MINIMUM recommendations and your department should follow any specific guideline that your OMD has deemed necessary.**

PEARLS:

Incubation period 2-21 days

A patient is only infectious when symptomatic

Personnel using PPE should be well trained in donning and doffing

Once ill, a person can spread EVD to others through direct contact with body fluids: blood, urine, sweat, semen, feces, tears

There should be no exposed skin once full PPE has been put on

Confidentially notify the receiving facility (as soon as possible), that you are transporting a potential EVS patient

Follow the guidelines of the receiving facility for patient transfer, clean-up and waste disposal