

October 27 2014 – Ebola Virus Disease Update for EMS Providers  
(Updated November 18, 2014)

On October 24, 2014, the Center for Disease Control (CDC) released the revised document “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”. The document is available 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>.

All EMS responders, supervisors, and EMS agency managers are strongly encouraged to review the updated guidance and work closely with their own agencies, PSAPs, medical offices, urgent care centers, hospitals, public safety/law enforcement agencies and public health agencies in their jurisdictions to assure that response plans are complete, comprehensive and updated as necessary to assure that a person with a relevant travel history and signs and symptoms suggestive of EVD is identified quickly, transported to an appropriate health care facility, evaluated promptly and admitted to a suitable patient care facility (i.e., isolation at a local hospital or transfer to a designated EVD care facility).

EMS providers should work with their hospitals and develop specific plans for arrival of suspect EVD patients, prompt placement of patients into isolation areas, doffing of PPE, decontamination of the ambulance and equipment and management of medical waste, including contaminated PPE.

While this entire document is important to review, the Office of EMS would like to highlight the following key points:

**The risk of contacting EVD in the US is extremely small**

- In an effort to prevent introduction of additional EVD cases into the US, all travelers arriving from Sierra Leone, Guinea, Liberia, and Mali are being screened at the airport when they enter the US. Ill travelers are immediately transferred to a hospital for evaluation. Travelers who are well are referred to public health officials in their destination state. The Virginia Department of Health (VDH) is notified of travelers who will be in Virginia during the 21 day incubation period for EVD. VDH personnel will monitor each traveler to assure that travelers who develop symptoms suggestive of EVD are identified early, and treated at hospitals able to maintain strict isolation to limit potential for transmission to others.
- Even if a person has recently entered the US from an EVD outbreak country, he/she is not infectious, unless he/she develops symptoms of EVD.
- The ebola virus is transmitted by direct unprotected contact with the blood or body fluids (like urine, saliva, feces, vomit, sweat, and semen) from a person who is sick with EVD.

- The ebola virus is not transmitted by casual contact (i.e. being near the patient, without contact with blood or other body fluids.)

### **Initial notification/response by PSAPS and EMS providers is critical**

- When risk of Ebola is elevated in their community, it is important for Public Safety Answering Points (PSAPs) to question callers about:
  - Residence in, or travel to, a country where an Ebola outbreak is occurring (Liberia, Guinea, Sierra Leone, or Mali); [Note CDC website should be viewed regularly, as the list of outbreak countries may change.]
  - Signs and symptoms of Ebola (such as fever, vomiting, diarrhea); **AND**
  - Other risk factors, such as direct contact with someone who is sick with Ebola.
- PSAPs should tell EMS personnel this information before they get to the location so they can put on the correct PPE following proper procedures as described in CDC's guidance: "[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 \(Doffing\)](http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html)(<http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>)".
- EMS staff should immediately verify the 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.

### **EMS responders general infection control**

- Personnel should be limited to those required to care for the patient.
- Patient care activities should be limited to limit exposure to infectious materials.

### **Personal Protective Equipment**

- PPE should be put on before entering the scene and continued to be worn until personnel are no longer in contact with the patient. PPE should be carefully put on under observation as specified in the CDC's "[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 \(Doffing\)](http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html)(<http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>)".

- PPE should be carefully removed while under observation, in an area designated by the receiving hospital, and following proper procedures as specified in the CDC's "[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 \(Doffing\)](http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html)(<http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>)".

Note: The Office of EMS understands that many agencies may have none to limited access to the recommended PPE. We are working to determine available methods for purchasing and supplying agencies as needed with the appropriate PPE.

### **Decontamination of transport vehicles**

The following are general guidelines for cleaning or maintaining EMS transport vehicles and equipment after transporting a patient with suspected or confirmed Ebola:

- An EPA-registered hospital disinfectant with label claims for viruses that share some technical similarities to Ebola (such as, norovirus, rotavirus, adenovirus, and poliovirus) and instructions for cleaning and decontaminating surfaces or objects soiled with blood or body fluids should be used according to those instructions. After the bulk waste is wiped up, the surface should be disinfected as described below.
- EMS personnel performing cleaning and disinfection should follow the "[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 \(Doffing\)](http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html)(<http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>)". **There should be the same careful attention to the safety of the EMS personnel during the cleaning and disinfection of the transport vehicle as there is during the care of the patient.**
- Patient-care surfaces (including stretchers, railings, medical equipment control panels, and adjacent flooring, walls and work surfaces), as well as stretcher wheels, brackets, and other areas are likely to become contaminated and should be cleaned and disinfected after each transport.
- A blood spill or spill of other body fluid or substance (e.g., feces or vomit) should be managed by trained personnel wearing correct PPE, through removal of bulk spill matter, cleaning the site, and then disinfecting the site. For large spills, a chemical disinfectant with sufficient potency is needed to overcome the tendency of proteins in blood and other body substances to neutralize the disinfectant's active ingredient. Contaminated reusable patient care equipment (e.g., glucometer, blood pressure cuff) should be placed in biohazard bags and labeled for cleaning and disinfection according to agency policies. Reusable equipment should be cleaned and disinfected according to manufacturer's instructions by trained

personnel wearing correct PPE. Avoid contamination of reusable porous surfaces that cannot be made single use.

- Use only a mattress and pillow with plastic or other covering that fluids cannot get through. To reduce exposure among staff to potentially contaminated textiles (cloth products) while laundering, discard all linens, non-fluid-impermeable pillows or mattresses as appropriate.

#### Follow up of EMS personnel after caring for a EVD case

- EMS responders should keep a log of all responders with a summary of each person's response activity and duration of contact with the patient.
- VDH local health department staff will review the list of responders and will coordinate post-response monitoring.

Please continue to visit the Office of EMS website

(<http://www.vdh.virginia.gov/oems/EO/Ebola.htm>) or the Virginia Department of Health website (<http://www.vdh.virginia.gov/epidemiology/ebola/HealthCare.htm>) for additional information.