

Suspected / Potential Viral Hemorrhagic Fever (Ebola Virus)

Introduction

- * Transmission occurs via contact with blood/body fluids of infected individuals including:
 - Blood
 - Secretions (saliva/sweat)
 - Vomitus/diarrhea
 - Urine
 - Breast Milk
 - Semen
- * Incubation period is 2 – 21 days (not transmitted prior to onset of symptoms)
- * Symptoms:
 - Fever (>101.5°F)
 - Headache
 - Joint and muscle aches
 - Weakness
 - Diarrhea
 - Vomiting
 - Abdominal pain
 - Anorexia
 - Bleeding
- * Patients with any of the above signs/symptoms should specifically be asked if he/she have traveled to Africa in the past 21-days
 - If positive travel to Africa, specifically ask country(ies) of travel
- * Current primary countries of exposure include (as of 10/2014):
 - Guinea
 - Liberia
 - Nigeria
 - Sierra Leone
- * Consider that at risk countries of travel may change with time
- * Differential Diagnosis
 - Malaria
 - Typhoid fever
 - Meningococcemia
 - Bacteremia/septicemia

Management

1. EMS personnel should don personal protective equipment (PPE) with any patient with a positive screen (symptoms and travel to Africa in past 21 days) as soon as identified utilizing standard donning procedures for droplet/contact precautions (prior to patient contact if positive screen per CMED):
 - a. Gloves
 - b. Fluid impervious gown or (Tyvek) full coveralls
 - c. Eye protection (goggles / face shield)
 - d. N-95 mask
 - e. Shoe/boot and head covers (if not included with coveralls)
2. Only absolutely essential personnel should have any contact with the patient
3. First responder personnel should not have patient contact unless critical intervention / assistance required
4. Surgical mask should be placed on any patient with a positive screen for potential Ebola virus (symptoms + travel)
 - a. Impermeable sheet should be utilized around patient as barrier between patient and EMS equipment/personnel
5. Care as per appropriate protocol (note advisements in #6 below)

6. Unless critical indication do NOT perform the following procedures
 - a. IM medication administration
 - b. Blood draw
 - c. Aerosolizing procedure (nebulizer treatments, suction)
 - d. Use of BIAD
7. If supplemental oxygen is required a non-rebreather mask should be utilized
8. Limit utilized equipment to only essential equipment required for needed patient care
9. With negative screen provide care as per appropriate protocol

Additional Considerations

1. CMED will conduct screening at call-taking (CMED will advise "Signal# PPE" if positive screen)
 - a. CMED will update responding personnel if a positive screen
 - b. It is imperative that field providers also ask screening questions on scene
2. Ensure Public health notified of any patient who refuses transport or is pronounced dead on scene (if positive screen for Ebola – coordinate with Medic personnel)
 - a. Ebola must be reported to local, state, and federal public health authorities
 - b. Ensure Public health notified of any patient who refuses transport or is pronounced dead on scene (if positive screen for Ebola)
3. If personnel sustain any exposure to patient blood, body fluids, secretions, or excretions immediately wash affected area with soap and water
 - a. Discontinue any patient care activities to wash / irrigate the affected site
 - b. Any mucous membrane exposure should receive copious irrigation
4. Limit use of any sharps devices
 - a. Any sharp utilized should immediately be disposed in puncture proof container
5. Extreme care should be utilized in doffing PPE post transport per standard procedure to ensure no contamination from exposure to used PPE
 - a. Do not touch outer surface of PPE
 - b. Do not remove N-95 mask or eye protection prior to gown/coverall removal
6. Appropriate PPE is required during cleaning / disinfecting of any EMS equipment
 - a. Utilize appropriate approved disinfectant cleansing solution
 - b. Equipment includes any surfaces exposed to patient contact
7. Following patient care activity utilize standard hand hygiene utilizing soap and water for 30 seconds or alcohol-based hand wash
8. If any personnel exposure occurs notify appropriate employee/occupational health as soon as feasible following decontamination / cleansing / irrigation of exposure