



Emergency Medical Services District

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To: Alameda County EMS Providers

Re: Potential Ebola Cases

From: Karl Sporer, MD

- No cases of Ebola have been diagnosed in California. We can expect some suspect cases in our community.
- Public Health is actively monitoring all recent visitors from Ebola impacted countries Guinea, Sierra Leone, and Liberia for 21 days after last exposure.
- Ebola virus is not spread through casual contact or through the air. It is spread through direct contact with bodily fluids of a sick person or exposure to objects such as needles that have been contaminated.
- Symptoms can appear an average of 8-10 days after exposure (although the full range is from 2 to 21 days).
- People are not contagious unless they develop symptoms.

CDC website specifically for EMS

<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>

Alameda Department of Public Health

<http://www.acphd.org/health-alerts.aspx>

Who is an Ebola suspect case?

Patients with symptoms and exposure within the past 21 days:

- Fever
- Severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage.

- Residence in—or travel to—an area where Ebola transmission is active (currently defined as Guinea, Sierra Leone, and Liberia); OR
- Contact with blood or other body fluids or human remains of a patient known to have or suspected to have Ebola; OR
- Direct handling of bats or primates from disease-endemic areas.

If there are symptoms AND risk factors present, immediately implement contact, droplet and airborne precautions.

Dispatch Query

Our dispatch centers will be querying patients with specific symptoms about their recent travel history. Responding units will be informed of any patients with positive symptoms and travel history via the MDT and via the radio with the phrase “**use Extreme Universal Precautions**” to convey the need for extra care.

Questioning of all patients for travel history

We are asking all of our EMT’s and Paramedics to consider travel history for all of our patients with a subjective fever. See our attached decision tree.

Contact Public Health for all potential suspect cases.

We have the potential for suspect cases in our community. Public Health should be notified immediately via dispatch (ask for PH Duty Officer on call) or during business hours by phone at 510-267-3250. They will do additional case investigation, exposure assessment, and coordinate with EMS Duty Officer regarding patient destination for evaluation and assist with notification of receiving facility

Appropriate provider PPE for a suspected case

Principle #1: Rigorous and repeated training

Focusing only on PPE gives a false sense of security of safe care and worker safety. Training is a critical aspect of ensuring infection control. Facilities need to ensure all healthcare providers practice numerous times to make sure they understand how to appropriately use the equipment, especially in the step by step donning and doffing of PPE. CDC and partners will ramp up training offerings for healthcare personnel across the country to reiterate all the aspects of safe care recommendations.

Principle #2: No skin exposure when PPE is worn

Given the intensive and invasive care that US hospitals provide for Ebola patients, the tightened guidelines are more directive in recommending no skin exposure when PPE is worn.

CDC is recommending all of the same PPE included in the August 1, 2014 guidance, with the addition of coveralls and single-use, disposable hoods. Goggles are no longer recommended as they may not provide complete skin coverage in comparison to a single use disposable full face shield. Additionally, goggles are not disposable, may fog after extended use, and healthcare workers may be tempted to manipulate them with contaminated gloved hands. PPE recommended for U.S. healthcare workers caring for patients with Ebola includes:

- Double gloves
- Boot covers that are waterproof and go to at least mid-calf or leg covers
- Single use fluid resistant or impermeable gown that extends to at least mid-calf or overall without intergraded hood.
- N95 respirators
- Single-use, full-face shield that is disposable
- Surgical hoods to ensure complete coverage of the head and neck
- Apron that is waterproof and covers the torso to the level of the mid-calf should be used if Ebola patients have vomiting or diarrhea

The guidance describes different options for combining PPE to allow a facility to select PPE for their protocols based on availability, healthcare personnel familiarity, comfort and preference while continuing to provide a standardized, high level of protection for healthcare personnel.

What should the patient wear?

A suspect patient without significant secretions can be handled with a face mask only. A suspect patient with bleeding, vomiting, or other secretions should be placed in a water impermeable gown and face mask.

Destination Decision

For clinically unstable patients, we will follow our usual destination policy.

For stable patients, the destination decision will be made jointly with Public Health and/or the EMS Duty Officer and the Incident Commander.

(Some of our hospital groups have designated a specific hospital in their system for suspected Ebola patients. Kaiser would like all of these patients to be taken to Kaiser Oakland. The Alameda Medical Center system [including Highland, San Leandro, and Alameda Hospital] would like their patients to be taken to the Highland campus.)

We are not necessarily expecting to take suspect patients directly to the UCSF hospital.

Early Notification of the Hospital

Our providers need to notify the receiving hospital as soon as possible.

Handoff of patient outside of the hospital.

Our partner hospitals are asking that we hand off the patient outside of the hospital to avoid contamination of the triage area and ED. Stay with the patient in the ambulance until the hospital staff is prepared to receive the patient. Anticipate patient handoff to hospital staff occurring at the ambulance and not inside the hospital

Refrain from invasive procedures

Minimize Interventions that risk exposure (nebulized treatment, advanced airway maneuvers, sharps, etc).

What do we do with biohazard wastes?

The prehospital providers will doff their PPE outside of the hospital. Some hospitals will allow us to leave our Ebola related wastes. For those other hospitals, PPE and other biohazard wastes need to be double bagged and segregated for appropriate Biohazard Level A disposal.

The organization may maintain custody of these wastes until the need for Level A disposal is confirmed.

How do we decontaminate the ambulance?

The ambulance will be put out of service. The decontamination of the ambulance is the responsibility of the owner of the ambulance and will be according to CDC guidelines.