Protocols for Dispatch and First Responders to Limit Exposure to Ebola
October 27, 2014

New or updated information is in red.

Note about PPE and the audience for this guidance

PPE
In their interim guidance for EMS and 9-1-1 PSAPs (updated on 10/24/14), the CDC has recommended that pre-hospital EMS, law enforcement, and fire service first responders use the same level of PPE that is recommended for healthcare workers providing direct patient care. This PPE guidance is detailed 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). That guidance can be found here: http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html. FCPH recommends that EVERY first responder review this guidance to ensure that they understand the PPE recommendations provided by CDC.

Audience for this guidance
While the document includes more detailed procedures for EMS, it is intended for use by all first responders. Of particular value are the screening questions for Dispatch/911 Operators and the PPE recommendations.

For Dispatch/9-1-1 Operators:
1. For every call ask the following:
   a. Is anyone in the home experiencing any of the following symptoms (be sure that the patient understands what each one is):
      i. Fever
      ii. Headache
      iii. Weakness
      iv. Muscle pain
      v. Vomiting
      vi. Diarrhea
      vii. Abdominal pain
      viii. Hemorrhage
      NOTE: If presence of these signs/symptoms cannot be ruled out with certainty, assume that they are present.
   b. If YES to any of the above, ask the following:
      i. Has the patient or anyone else in the home traveled outside the U.S. in the last month?
         1. If YES, ask: Has anyone in the home traveled to West Africa in the last month? Guinea, Liberia or Sierra Leone?
ii. Has anyone in the home had close contact with someone who traveled to West Africa in the last month? Guinea, Liberia or Sierra Leone?

iii. Has anyone in the home directly handled bats or nonhuman primates from West Africa (Guinea, Liberia or Sierra Leone)?

iv. Has anyone in the home had close contact with a person known or suspected to have Ebola?

**NOTE:** If suspicious travel history or close contact cannot be ruled out with certainty, assume that there was suspicious travel/close contact.

c. If the answer to all of the questions in section b is **"NO,"** use normal procedures to serve the patient.

d. If the answer to any of the questions in section b is **"YES,"** treat as a potential Ebola case:

   i. Dispatch it as **"Ill person, see remarks."**

   ii. Additionally deploy:

      1. An EMS Supervisor
      2. Second Medic
      3. SO-2
      4. Battalion Chief

   iii. Add remarks in the Mobile Data Computer comments stating it is a **"possible Ebola case."**

      1. If dispatch does not have a Mobile Data Computer, contact the EMS unit directly by mobile phone or other private communication channel. Do NOT use the word **"Ebola"** over a public communication channel.

iv. No Engine Company will be dispatched unless later requested by EMS Supervisor or B/C on scene.

v. Contact Franklin County Public Health Infectious Disease staff at 614-525-3097.

vi. After dispatching the run, notify HazMat, in case they are deployed to the scene.

vii. Notify the law enforcement agency with jurisdiction, that their assistance may be required.

viii. Additional notifications include:

    1. [TO BE CUSTOMIZED BY INDIVIDUAL DISPATCHER/9-1-1 Call Center]

**For EMS/First Responders on Scene**

1. If Ebola is suspected:

   a. Don appropriate PPE; at a minimum:

      i. Hazmat/Biohazard Coveralls with Hood and Boot

      1. If the hooded model is incompatible with the selected PAPR, you may substitute it for an unhooded model in combination with a single-use (disposable) hood that extends to the
shoulders and fully covers the neck and is compatible with the selected PAPR.

ii. Respirator and Facial protection; options include:
  1. **N95 Respirator**: Single-use (disposable) N95 respirator in combination with single-use (disposable) full face shield.
     a. If N95 respirators are used instead of PAPRs, careful observation is required to ensure EMS workers are not inadvertently touching their faces under the face shield during patient care.
  2. **PAPR**: A PAPR with a full face shield, helmet, or headpiece. Any reusable helmet or headpiece must be compatible with the selected head and neck protection. (See the note on the Hazmat/Biohazard Coveralls with Hood and Boot, above.)
     a. A PAPR with a self-contained filter and blower unit integrated inside the helmet is preferred.
     b. A PAPR with external belt-mounted blower unit requires adjustment of the sequence for donning and doffing, as described in the CDC’s guidance on PPE: http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html.

**NOTE:** Use of a reusable PAPR requires decontamination in accordance with manufacturer protocols. Ensure that this process can be properly completed before using the PAPR again. Department should account for the possibility that this equipment may be out of commission for a period of time.

iii. Two pairs of single-use (disposable) nitrile examination gloves with extended cuffs.
   1. At a minimum, outer gloves should have extended cuffs.
   2. Use Double Glove procedures per EMSO training.

iv. Single-use (disposable), fluid-resistant or impermeable boot covers that extend to at least mid-calf or single-use (disposable) shoe covers. Boot and shoe covers should allow for ease of movement and not present a slip hazard to the worker.

**NOTE:** All first responders that don PPE and engage the scene MUST ensure proper decontamination and doffing of PPE.

b. If on the scene, SO-2 will ensure appropriate PPE prior to entry.
c. Minimize contact with patient and household members.
   i. Consider keeping all unnecessary personnel (i.e. Engine company or additional Medic) outside
   ii. EMS Supervisor and BC on scene will ensure exposure limitation.
d. If patient is mobile, patient should be given a Tyvek garment and N95 mask and directed to don them (mask first), then walk them to vehicle. If nonambulatory, place mask on Patient and use Tuna Tarp.
e. Require all persons riding to the hospital with the patient to don a Tyvek garment and N95 mask.
f. Transporting vehicle should be “stripped” of all unnecessary equipment or gear prior to patient being placed in vehicle.
g. Advise all remaining household members to stay in the home and wait to be contacted by Franklin County Public Health.
   i. If there is doubt that the other household members will abide by this advice, immediately notify law enforcement (per normal protocol) and Franklin County Public Health: 614-525-3965 (Emergency Hotline).
h. At the earliest possible opportunity, notify the receiving hospital that you have a patient in “Isolation Protocol;” this should be done by phone.
i. Notify the hospital when you are in transit.
   i. This should be done over a private communication channel, like phone.
j. Patient Care Considerations:
   i. Take Basic Vitals including temperature.
   ii. All procedures should be done in house/location, not in moving vehicle.
   iii. Invasive procedures should be only done in absolutely necessary conditions.
      1. Use King LT in lieu of ET tubes
   iv. Breathing treatments should not be considered unless you have the type of aerosolizer that does not emit mist into the atmosphere, and then done only as a last resort.
k. Transporting vehicle will be secured at hospital after arrival and shall not be re-entered without authorization from Department Chief or [OTHER POSITION DESIGNATED BY DISPATCH COMMAND].
   i. The transporting vehicle shall remain out of service until proper decontamination is performed and that process is confirmed.
l. Upon arrival, inform hospital that you have a patient in “Isolation Protocol.”
m. After arrival at the hospital, you will be directed by their personnel on decontamination process and isolation procedures. BC and EMS Supervisor will also be involved in this decision making.
   i. Decon 4 may be considered for use in decontamination at the hospital.
ii. BC and SO-2 should ensure that all FD members' PPE is triple-bagged, tied shut and tagged at hospital per Federal Guidelines.
   1. The triple bagged exposed PPE MUST be placed in an overpack container and secured under lock.
   2. Any individuals observing the doffing of PPE must wear the same level of PPE recommended for those providing transport.

iii. Equipment and other potentially contaminated items will be bagged for later decontamination.
References:

1. 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
   a. Published by the Centers for Disease Control and Prevention (CDC)
   b. Last updated on 10/10/14
   c. Last accessed on 10/18/14

2. Checklist for Patients Being Evaluated for Ebola Virus Disease (EVD) in the United States
   a. Published by the Centers for Disease Control and Prevention (CDC)
   b. Published on 10/18/14

3. City of Columbus Fire Department Ebola Directive #3
   a. Published by the City of Columbus Fire Department
   b. Published on 10/12/14

4. Ohio Department of Health Memo: Recommendations for Additional Actions for Ebola Contacts
   a. Issued by the Ohio Department of Health
   b. Issued on 10/16/14
   c. Last accessed on 10/18/14

5. 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)
   a. Published by the Centers for Disease Control and Prevention (CDC)
   b. Last updated on 10/20/14
   c. Last accessed on 10/24/14
   d. Accessible at http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html