

Ebola Information for EMS Providers

On August 6, 2014, members of the World Health Organization (WHO) officially declared Ebola a public health emergency of international concern. Ebola Virus Disease (EVD) also known as Ebola Hemorrhagic Fever is one of the world's most virulent diseases and is transmitted through direct contact with the blood or bodily fluids of an infected symptomatic person or through exposure to objects (such as needles) that have been contaminated with infected secretions. The WHO has announced a cumulative total of 1,779 suspected and confirmed cases of EVD throughout Africa with 961 deaths to date. Although no human illness has ever been acquired or transmitted in the United States, there is potential for EMS providers to come in contact with the virus through infected people who have returned from or been exposed to individuals returning from the regions of concern.

Symptoms occur abruptly and include:

- Early: sudden high fever, headache, chills, muscle aches
- Late: skin rash, followed by nausea, vomiting, chest pain, sore throat, abdominal pain, diarrhea, bleeding inside and outside of the body
- Symptoms become increasingly severe; may include jaundice, severe weight loss, mental confusion, shock, multi-organ failure

Incubation period ranges from 2-21 days; 8-10 days is most common. The disease is not communicable until the patient begins exhibiting signs and symptoms of the illness.

If the patient is exhibiting symptoms consistent with Ebola, especially if there is also fever, providers should ask if the patient has recently traveled or been in contact with anyone who has traveled to or through West Africa during the previous 21 days, particularly the countries of Guinea, Liberia, Nigeria and Sierra Leone.

As with other viruses and possible communicable diseases, when caring for patients suspected of exhibiting signs of the Ebola virus, providers need to practice meticulous Body Substance Isolation (BSI) procedures which should include but may not be limited to:

- Proper and often hand washing with soap or alcohol-based hand sanitizer
- Proper wearing and disposing of exam gloves when caring for patient
- Changing of gloves between patients
- Use of gowns, masks and eye protection if exposure to bodily fluid is evident or suspected
- Limiting use of needles and other sharps
- Avoiding aerosol generating procedures, if possible
- Proper handling and disposal of sharps
- Cleaning and sanitizing of equipment and vehicles after patient care including thorough cleaning of all surfaces in the ambulance using a bleach solution, and the cleaning of all equipment with a bleach solution and or alcohol-based equipment cleaner. **BE SURE TO WEAR RUBBER GLOVES FOR YOUR PROTECTION WHEN CLEANING.**
- Consider washing all squad uniforms at the squad/station and leaving all uniform parts including boots at the squad for protection of family members
- Leave all disposable equipment that is used, including gloves, masks, gowns, eye protection, sharps, etc. at the ED in proper containers for proper disposal.

If you need additional guidance on BSI procedures or the use of BSI equipment, you may contact the Virginia Department of Health (VDH), Office of Emergency Medical Services, Division of Emergency Operations or Division of Education and Development.

Suspected cases of Ebola must be reported to the VDH local health departments immediately for follow-up.

If you think that you have been exposed to Ebola virus or exhibit any of the above symptoms you should advise the hospital caregivers, contact your healthcare provider and your public health office.

Early identification of symptoms and implementation of proper body substance control measures are key factors in preventing further transmission of this virus.

To find out more information about Ebola virus, visit <http://www.cdc.gov/vhf/ebola/index.html> or http://www.astho.org/Global-Health/WHO-Statement-EC-Ebola_8Aug2014/.