

Rappahannock EMS Council
Ebola Virus Disease (EVD) Triage Guidelines

Ebola guidelines for EMS personnel in the event they encounter a patient that meets the criteria for potential Ebola exposure.

Signs and symptoms of Ebola Virus Disease include:

- Fever
- Severe headache
- Muscle pain
- Weakness
- Diarrhea
- Vomiting
- Abdominal (stomach) pain
- Unexplained hemorrhage (bleeding or bruising)

If you have a patient with any of these symptoms:

Ask the patient if they, or anyone they have had regular contact with, has traveled outside of the U.S. in the last 30 days.

If YES:

Ask the patient if they have traveled through or from Guinea, Sierra Leone, Liberia, or Mali, or have had physical contact with someone who did.

If YES to any sign and symptoms and YES to traveling to the affected countries listed, then:

- Limit the number of crew members involved in patient care to the minimum necessary
- Ensure that **no skin is exposed** without protection. Utilize a “buddy” to ensure that PPE is properly donned prior to patient contact.

- All crew members don full PPE* for droplet precautions, to include at minimum:
 - Double gloves
 - Fluid resistant or impermeable gown
 - Head cover
 - N95/P100 mask
 - Face shield
 - Leg/shoe covers

Providers and agencies should refer to <http://goo.gl/Nfvw13>

*If possible, PPE should be donned **prior to arrival on scene** based on information received from PSAP.

- Place a surgical mask on the patient
- Where possible, keep patient separated from others as much as practical.
- Immediately notify the receiving Emergency Department Charge Nurse of a potential Ebola patient. Use the terminology “High Risk Isolation Patient.”
- If possible, avoid performing invasive procedures such as IV therapy, intubation, suctioning, any procedure that could cause the formation of aerosols including nebulizer treatments, CPAP or BiPAP, or any other procedure that may increase the risk of contamination. However, *do not withhold lifesaving interventions* that must be performed.
- EMS providers should strive to use only disposable equipment when possible and refrain from using items such as personal cell phones or other equipment that cannot be decontaminated.
- Do not allow any crew member who has had direct patient contact to leave the patient compartment to drive to the hospital. Contact dispatch or an agency supervisor for a driver if necessary.
- Upon arrival at the receiving hospital, the crew should wait in the ambulance for hospital staff to supervise patient transfer. If they aren’t waiting upon your arrival, contact them via phone or radio and advise that you have arrived in the hospital.
- Crew members involved with patient care should follow the direction of emergency department staff regarding location for patient turnover. When patient turnover is complete, crew members should doff PPE and decontaminate themselves at the emergency department in a supervised and controlled manner in the location directed by emergency department staff, following current CDC guidelines.

- Crew members should notify hospital personnel, agency supervisors and agency infectious control officer as soon as practical to do so to report potential exposure.

If any provider is exposed to blood, bodily fluids, secretions or excretions from a patient with suspected or confirmed Ebola:

- Stop working immediately and wash the affected skin surfaces with soap and water. Mucous membranes should be irrigated with a large amount of water or eyewash solution.
- Contact Designated Infection Control Officer and supervisor for assessment and access to post-exposure management services, and
- Receive medical evaluation and follow-up care, including fever monitoring twice daily for 21 days. Follow agency and local health department direction regarding working status and isolation policies and procedures.
- Please refer to the Rappahannock EMS Council's Patient Care Protocol, Administrative Section, Policy 3.13

- Through and specific ambulance cleaning should take place after transport of a suspected Ebola patient following *CDC Guidelines* <http://goo.gl/8Trl96>.

If a patient meeting the above criteria refuses transport, the ambulance crew should report patient information to the local health department for follow-up.

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*After regular working hours and on weekends, call (866) 531-3068. Ask for the Epidemiology Investigator on call.

Transportation Destination:

Agencies transporting suspected Ebola patients should follow established local/regional protocols for transporting patients based on patient's chief complaint.

Communication:

- EMS personnel should immediately verify any information provided by the PSAP telecommunicator. Travel from one of the affected countries, date of arrival in the US and presence of fever and other symptoms should be documented in the PPCR.

- 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.

These guidelines are based on current Virginia Department of Health and CDC recommendations at the time published. Please monitor the REMS Council's website (remscouncil.org) or the OEMS website (www.vdh.virginia.gov/OEMS) frequently for changing conditions and join the REMS Facebook and Twitter feeds for immediate notification of changing guidance and recommendations.