Rappahannock Emergency Medical Services Council, Inc.

Serving Caroline, Colonial Beach, Culpeper, Fauquier, Fredericksburg, King George, Orange, Rappahannock, Spotsylvania and Stafford

To: REMS Council EMS Agencies, Providers, and Designated Infection Control Officers

From: Wayne Perry, Executive Director

Date: Wednesday October 8, 2014

Re: Infectious Disease Information

The REMS Council Regional Disaster Committee recently met and discussed some of the challenges regarding patient care, treatment, and transport amidst the current national and international events related to infectious disease. There are several current "hot topic" issues such as Enterovirus D68 (EV D68) and Ebola Virus Disease (EVD). We are also beginning the annual influenza season, so it is a very good time to review some infection control information.

We encourage you to work closely with your DICO and agency leadership to remain current with any evolving guidelines and suggestions for patient care. REMS is involved in regular meetings with different agencies and partners and the region's hospitals are also ramping up their campaign to mitigate the flu season. In addition, there are several proactive measures in place for other concerns, such as EV-D68 and EVD.

The Regional Medical Director has issued information with guidelines and suggestions for patient care, which is attached to this document. In addition, several documents and links are available on our website including: *Ebola information for EMS Providers* published by the Virginia Office of EMS, *Interim Guidance for EMS and EOC/PSAP*, *EMS Screening Questions for EVD*, and a detailed *EMS checklist for Ebola Preparedness* from the Centers for Disease Control and Prevention. There are also guidance documents and recommendations from the Virginia Department of Health and Rappahannock Area Health District on the REMS Council's website. We encourage you to review this and other information on our emergency preparedness page; share it as broadly as possible.

It is imperative that we maintain a well-prepared and educated public health response component of our regional EMS system. Should you have any questions or concerns, please seek clarifications and additional information. If you should need a source for information, we continue to be an information clearinghouse and interagency liaison for the region. As such, we welcome your comments and feedback on how to serve you best.

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Tuesday, October 07, 2014

Dear EMS Provider/EMS Agency,

The REMS Council and the Regional Medical Director would like to share some guidance for EMS providers regarding the care and transport of patients with possible Ebola Virus Disease (EVD).

As a matter of background, there is an ongoing EVD outbreak in Western Africa, specifically Liberia, Sierra Leone, Guinea, and Nigeria Senegal. Travelers from this area may arrive in the United States not showing symptoms until they arrive here in Virginia. Patients may show symptoms 2-21 days after exposure, with the average being 8-10 days. There is currently one case that has been diagnosed in the United States, after travel to West Africa.

Symptoms of Ebola include: fever, headache, muscle pain, weakness, diarrhea, vomiting, abdominal pain, and unexplained hemorrhage. It is unsure how humans initially contracted the Ebola virus, it is thought to have come from an infected animal or the feces of an infected animal in West Africa. When an infection does occur in humans, EVD can spread to other humans through direct contact (broken skin or mucous membranes in the eyes, nose or mouth) with bodily fluids. Bodily fluids include: blood, saliva, sweat, feces, vomit, breast milk, and semen. Transmission to another human is only possible once the patient develops symptoms and is greatest once the patient develops a fever.

We are recommending that patients with symptoms of EVD be screened to determine their travel history. When possible, PSAP screening for travel could provide information to EMS to allow preparation for exposure precautions. Otherwise, patients with symptoms of EVD should be interviewed to determine travel to West Africa within 21 days of symptom onset. Symptoms WITHOUT an exposure to a known source or travel component are very unlikely to involve EVD.

Treatment of patients with suspected or confirmed EVD involves standard, contact, and strict droplet precautions. Additional information is available on the REMS website at www.REMSCouncil.org.

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EVD Protection

These patients should have a mask placed on them, and strict droplet precautions should be maintained by EMS. Follow PPE sequence for putting on and removing personal protective equipment as per the recommendations from the CDC.

Providers should wear fluid resistant or impermeable gowns, gloves, and eye protection with a mask with face shield, or face mask with goggles prior to exposure to the patient or patient environment. If exposure to bodily fluids is high, consider double gloving, and use disposable shoe and leg covers.

No procedures should be carried out that could cause the formation of aerosols. Some procedures that could cause the formation of aerosols include CPAP or BIPAP, nebulizer treatments, intubation, or suctioning. Unless necessary, **DO NOT START IV's** on these patients pre hospital in order to minimize exposure. Minimal to **NO** contact with any bodily fluids is recommended. In addition, you should not touch your face after exposure to bodily fluids.

Medical Control and the Hospital

As quickly as possible, inform medical control if the patient meets criteria for EVD infection so preparation can be made prior to your arrival at the Hospital. Give the Hospital plenty of time to prepare, the call needs to be made prior to transportation. Standard isolation procedures, which are available at all local facilities, is sufficient to manage EVD. There is not a need for sophisticated isolation, such as negative pressure rooms, as EVD is not transmitted airborne.

Cleanup

After patient contact, remove gloves, goggles, gown, then discard your mask so as not to contaminate yourself. Follow standard PPE guidelines. Hand hygiene can be achieved by alcohol based hand rubs or soap and water. Disinfection and safe handling of potentially contaminated materials is paramount, as blood, sweat, emesis, feces and other bodily fluids could represent infectious materials and will need to be disposed of by personnel trained in biohazard cleanup. If there is a high likelihood of EVD exposure, the ambulance should be thoroughly cleaned by personnel wearing gloves, face mask with eye protection, and impervious gowns. All surfaces should be cleaned and wiped down with cleaning solutions sufficient to kill Norovirus.

Ebola is a deadly virus, but with the proper precautions, droplet precautions, minimally invasive procedures, effective cleanup, there should be minimal to no risk of transmission. If you should have additional questions, please consult your agency designated infection control officer (DICO) or contact the REMS Council at rems@vaems.org or 540.373.0249.

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REMS Council Regional OMD