



## **Ebola Virus Disease (EVD) Screening for EMS**

### **EMS patient assessment criteria for isolation/hospital notification:**

1. **Ebola Symptoms:** Fever of greater than 38.0 degrees Celsius or 100.4 degrees Fahrenheit, OR symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained bleeding.

### **AND**

2. **Risk Factors:** If patient has symptoms of Ebola ask patient about risk factors within the past 3 weeks before onset of symptoms including:
  - a. Residence in or travel to a country where an Ebola outbreak is occurring (currently: Guinea, Liberia, and Sierra Leone\*); **OR**
  - b. Contact with blood or body fluids of a patient known to have or suspected to have Ebola; **OR**
  - c. Direct handling of bats or nonhuman primates from disease-endemic areas.

### **If both criteria are met:**

- A. EMS should put on PPE appropriate for suspected cases of Ebola before entering the scene.
- B. The patient should be isolated and STANDARD, CONTACT, and DROPLET precautions followed during further assessment, treatment, and transport.
- C. IMMEDIATELY report suspected Ebola case to receiving facility.

**If patient is not transported (refusal, pronouncement, etc.):** Inform Local and State Public Health Authorities – Contact the Wisconsin Division of Public Health by phone at 608-267-9003 during office hours or 608-258-0099 during nights and weekends.

\*Check CDC website (<http://www.cdc.gov/vhf/ebola/>) for most current list of countries with active Ebola virus transmission.

## Use of Personal Protective Equipment (PPE) for EMS:

Use of standard, contact, and droplet precautions is sufficient for most situations when treating a patient with a suspected case of Ebola as defined above. EMS personnel should wear:

- Gloves
- Gown (fluid resistant or impermeable)
- Eye protection (goggles or face shield that fully covers the front and sides of the face)
- Facemask
- Additional PPE might be required in certain situations (e.g., large amounts of blood and body fluids present in the environment), including but not limited to double gloving, disposable shoe covers, and leg coverings.

Pre-hospital resuscitation procedures such as endotracheal intubation, open suctioning of airways, and cardiopulmonary resuscitation frequently result in a large amount of body fluids, such as saliva and vomit. Performing these procedures in a less controlled environment (e.g., moving vehicle) increases risk of exposure for EMS personnel. If conducted, perform these procedures under safer circumstances (e.g., stopped vehicle, hospital destination).

During pre-hospital resuscitation procedures (intubation, open suctioning of airways, cardiopulmonary resuscitation):

- In addition to recommended PPE, respiratory protection that is at least as protective as a NIOSH-certified fit-tested N95 filtering facepiece respirator or higher should be worn (instead of a facemask).
- Additional PPE must be considered for these situations due to the potential increased risk for contact with blood and body fluids including, but not limited to, double gloving, disposable shoe covers, and leg coverings.

If blood, body fluids, secretions, or excretions from a patient with suspected Ebola come into direct contact with the EMS provider's skin or mucous membranes, then the EMS provider should immediately stop working. They should wash the affected skin surfaces with soap and water and report exposure to an occupational health provider or supervisor for follow-up.

Recommended PPE should be used by EMS personnel as follows:

- PPE should be worn upon entry into the scene and continued to be worn until personnel are no longer in contact with the patient.
- PPE should be carefully removed without contaminating one's eyes, mucous membranes, or clothing with potentially infectious materials.
- PPE should be placed into a medical waste container at the hospital or double bagged and held in a secure location.
- Re-useable PPE should be cleaned and disinfected according to the manufacturer's reprocessing instructions and EMS agency policies.
- Instructions for putting on and removing PPE have been published online at <http://www.cdc.gov/HAI/prevent/ppe.html> and <http://www.cdc.gov/vhf/ebola/pdf/ppe-poster.pdf>.
- Hand hygiene should be performed immediately after removal of PPE.

Please refer to CDC Guidance for additional details: <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>