

EBOLA VIRUS DISEASE PROTOCOL

Introduction:

This protocol is intended to address the transport and PPE requirements of patients suspected of having Ebola. The 2014 Ebola outbreak is one of the largest Ebola outbreaks in history and the first in West Africa. It is affecting four countries in West Africa: Guinea, Liberia, Nigeria, and Sierra Leone. Although Ebola does not pose a significant threat to the United States at the time of this publication, the CDC has reported documented Ebola cases that have been treated in the U. S.

Ebola, also known as Ebola virus disease, is a rare and deadly disease caused by infection with one of the Ebola virus strains (Zaire, Sudan, Bundibugyo, or Tai Forest virus). Ebola was discovered in 1976 near the Ebola River in what is now the Democratic Republic of the Congo. Since then, outbreaks have appeared sporadically in several African countries.

Signs and Symptoms of Ebola:

- Fever greater than 101.5 degrees Fahrenheit
- Severe headache
- Muscle pain
- Weakness
- Diarrhea
- Vomiting
- Abdominal (stomach) pain
- Lack of appetite Symptoms may appear anywhere from 2 to 21 days after exposure to Ebola virus, although 8-10 days is most common.

Transmission:

When an infection does occur in humans, the virus can be spread in several ways to others. The virus is spread through direct contact (through broken skin or mucous membranes) with:

- a sick person's blood or body fluids (urine, saliva, feces, vomit, and semen)
- objects (such as needles) that have been contaminated with infected body fluids.
- infected animals Healthcare workers and the family and friends in close contact with Ebola patients are at the highest risk of getting sick because they may come in contact with infected blood or body fluids. Patient Care and Handling Guidelines Upon coming in contact with a patient suspected of having Ebola, the following procedures shall be followed:
 - Don appropriate PPE which includes a minimum of the following:
 - N 95 respirator
 - Protective eye wear (safety glasses)
 - Exam gloves (consider double gloving to facilitate easy removal or contaminated gloves)

- Fluid shields wrap around
- Disposable gown
- Shoe covers

2. When obtaining a thorough medical history, be sure to obtain an accurate recent travel history.

Prepare the ambulance for transport by draping and taping disposable sheets to the walls and the floor of the ambulance module.

Medical procedures should be limited supportive care only and to those which are absolutely necessary prior to arrival at the hospital.

Limit the use of sharps as much as possible and do not start an IV or use other sharps in a moving ambulance.

Hand hygiene should be performed frequently, including before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves.

Transport to Hospital:

When calling in report to the receiving facility, make them aware you are transporting a patient with suspected Ebola and ask for specific instruction as to where to unload the patient.

Patients with suspected Ebola should be restricted to entrances away from public waiting areas.

Suspected Ebola patients should not be moved through, or temporarily left in, waiting rooms.

Communication protocols

1. The transporting crew must notify the EMS Director and Hospital to notify them of a suspected Ebola transport as soon as possible.

2. The Director will contact Crew to provide assistance and further guidance.

If JPASD receives a request to respond to an emergency call or a facility to transport a suspected Ebola patient, the responding crew, as well as the EMS Director, will be notified so appropriate measures can be taken as outlined in this protocol.

The EMS Director will consult with the Medical Director as needed for further guidance.

Any necessary notifications to the appropriate State Department of Health and Hospitals or other governmental agencies will be made by the HSE Department staff in consultation with the on call Medical Director.

Environmental Infection Control/Decontamination Procedures:

The transporting ambulance and crew will immediately be placed out of service until appropriate decontamination of equipment can be completed.



Diligent environmental cleaning and disinfection and safe handling of potentially contaminated materials is paramount, as blood, sweat, emesis, feces, and other body secretions represent potentially infectious material.

Persons performing environmental cleaning and disinfection should wear the recommended minimum PPE as described above.

Sanicloth Plus should be used to clean all equipment and environmental surfaces. Wipe all affected surfaces with SaniCloth Plus and let soak for 5 minutes then wipe off thoroughly. Discard used towels immediately in bio-hazard container prior to wiping other surfaces.

All infectious waste shall be disposed of properly in appropriately labeled and clearly marked biohazard bags and containers.

The ambulance and crew may be placed back in service only after decontamination is completed and the infectious material is offloaded in an appropriate biohazard bin at the receiving facility or the ambulance substation.

When transport and decontamination is complete, wash hands thoroughly with soap and water for a minimum of 20 seconds.