



EMS Information Bulletin 2014-03

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SUBJECT: Ebola Information

TO: Pennsylvania EMS Stake Holders, Regional EMS Councils, EMS Agencies, and EMS Practitioners

FROM: Richard L. Gibbons, Director
Bureau of Emergency Medical Services
PA Department of Health
(717) 787-8740

As our commonwealth, our communities and our healthcare system continue to meet the challenges brought about by the concerns associated with Ebola, please review this guidance and the attached Frequently Asked Questions (FAQ) sheet. We hope these will help address issues and calm concerns.

Review Centers for Disease Control and Prevention (CDC) guidance frequently

The CDC Ebola webpage is www.cdc.gov/vhf/ebola. If you do not have it bookmarked on your computer, please do that now.

The U.S. Department of Health and Human Services' preparedness page – www.phe.gov/preparedness/responders/ebola – also has links to the CDC guidance as well as other worthwhile information.

Please check the website at least daily if not a few times a day. This is a very dynamic and evolving public health issue. Everyone involved in the delivery of healthcare needs to stay in touch with this information.

The Department of Health continues to follow the CDC guidance. If we develop guidance that varies from the CDC we will forward that information out through regional councils, the Pennsylvania Emergency Health Services Council (PEHSC) and the Ambulance Association of Pennsylvania (AAP).

Remain calm but cautious

Ebola is a difficult disease to catch. You do not get Ebola from casual contact, legally purchased U.S. food or water.

While we most certainly want to protect our workforce, we need to remember that even a patient who meets the travel criteria with other risk factors, may well be suffering from a disease other than Ebola.

EMS has always been the calming voice among the chaos. Whether it is a multiple victim car accident, a plane crash or a cardiac arrest, the public looks to us to be able to manage the crisis. They expect that we do that with calm but determined actions and appropriate caution for all involved. We must continue to be that role model during this event as well. Be cautious, protect our workforce and provide care to our patients. That's what we do – that is who we are!

Read the FAQs and ask questions

Please read the attached FAQs. They are being provided on behalf of the Department of Health, Bureau of EMS, The Pennsylvania Emergency Health Services Council (PEHSC), the Ambulance Association of PA (AAP) as well as the 14 regional EMS councils.

I believe these will answer many of the questions that we have heard over the last several days and weeks. Planning and preparedness for this event is on-going. You will be seeing additional education soon regarding the proper use, including the donning and doffing of PPE.

If you have questions, please reach out to your regional EMS council or our partners at PEHSC or AAP and we will get them answered for you.

As always, thanks for what you do, for the professional manner in which you do it and your continued efforts to care for the citizens of the Commonwealth of Pennsylvania.

Frequently Asked Questions: Ebola/EMS

How will I know if I am responding to a suspected case of Ebola?

First, work with your local Public Safety Answering Point (PSAP)/911 Center to make certain they are asking the right screening questions to determine whether or not the patient meets the criteria. The Centers for Disease Control and Prevention (CDC) guidance on this topic should be checked frequently and can be viewed at <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>

Below are key points from the CDC guidance, which is current as of 10/28/14:

- If PSAP call takers suspect a caller is reporting symptoms of Ebola, they should screen callers for risk factors *within the past three weeks* before onset of symptoms. Risk factors include:
 - Contact with blood or body fluids of a patient known to have or suspected to have Ebola.
 - ***Residence in or travel to a country where an Ebola outbreak is occurring.*** The Ebola-affected countries currently include Guinea, Liberia and Sierra Leone. Check the CDC Ebola site often to verify the affected countries at www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html.
- If PSAP call takers have information alerting them to a person with possible Ebola, they should make sure any first responders and EMS personnel are made aware of the potential for a patient with possible exposure/symptoms of Ebola *before* the responders arrive on scene.
- The PSAP should give you, as the responding agency, as much early notification as possible that there is a patient who meets the case definition so that you can prepare accordingly.

What should we do if a call is dispatched for a patient that meets the case definition for Ebola?

- Be familiar with the current CDC guidance regarding proper Personal Protective Equipment (PPE) including the donning and doffing of equipment and the “buddy” system. The criteria should be viewed frequently for updates and can be found at www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html.

- The Pennsylvania Department of Health (PADOH) is in the process of identifying gaps in PPE equipment and supplies and will be working to provide PPE to agencies as it becomes available.
 - This should not stop agencies from purchasing supplies if they are able to obtain them.
- Establish a response plan that will help to insure adequate personnel at the scene of a suspected Ebola patient to enable proper donning and doffing of equipment while not significantly delaying patient care except for the time it takes to properly don the PPE.

Some examples may be:

- Training with the local fire department, quick response service agency or police department to enable them to serve as the observer and assist with the secure donning of appropriate PPE.
- Have a third-person operate the vehicle to avoid the challenge of doffing potentially infected materials prior to getting back into the driver's seat.

NOTE: No plan should delay patient care beyond the time it takes to don PPE. Remember – not all patients, even those with a travel history to affected areas of West Africa – have Ebola.

Delaying response or patient care even for those patients who meet the case definition initially, may result in undue harm to patients based upon the suspicion of a disease.

It is important to note that at the time of this writing we have screened more than 150 persons in the commonwealth and NO ONE has had Ebola to date. We must be cautious. We must follow reasonable practices to protect everyone. We must be careful while we do that so that we don't cause inadvertent harm.

Where should we transport the patient?

- The patient should be transported to the nearest hospital following current statewide treatment and transport protocols. There should be NO change in a patient's destination based solely upon the suspicion of a disease.
- Every hospital in the commonwealth is capable of managing a patient that is suspected of having Ebola until testing either confirms or rules out the disease.

Will my agency be required to provide an inter-facility transfer of a patient who is confirmed to have Ebola?

- No. There are protocols and processes developed that will provide for the inter-facility transfer of these patients.
- Inter-facility transfers will be done ONLY for those patients who are confirmed to be infected with the Ebola virus.
- The PADOH, Bureau of EMS (PADOH BEMS) is working with agencies who have agreed to provide this service.
- Except for those agencies who are working with PADOH BEMS no one else will be providing this service at this time.
- In the event of the need for an inter-facility transfer, the PADOH, Bureau of Epidemiology (BOE) will be coordinating the transfer and care.

What happens if we transport a suspected Ebola infected patient? Will we be notified? How will I know what to do?

If you transport a patient suspected of being infected with the Ebola virus:

- If the patient is confirmed to be infected:
 - The PADOH will work directly with you to ensure you have monitoring instructions.
- If the patient does NOT have the infection:
 - You will be notified that no follow up care is required on your part.

What do I have to do to disinfect our ambulance after use?

Follow the current CDC guidance which can be found at:

<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>.

In general, the vehicle, any durable equipment used that came into contact with the patient, (i.e. stretcher, blood pressure cuff, stethoscope) should be placed in biohazard bags and labeled for cleaning and disinfection according to agency policies. Reusable equipment should be cleaned and disinfected according to manufacturer's instructions by trained personnel wearing correct PPE. Avoid contamination of reusable porous surfaces that cannot be made single use.

Summary:

- Ebola is very difficult to contract.
- It is not spread through the air, water, casual contact or food grown or legally purchased in the United States.
- The virus is spread by:
 - Direct contact with body fluids of a person who is sick with or has died from Ebola (blood, vomit, urine, feces, sweat, semen, spit, other fluids)
 - Objects contaminated with the virus (needles, medical equipment)
 - Infected animals (via contact with meat or blood/body fluids)
- Continue to monitor the CDC website for updates to the protocols. This is an evolving situation. The PADOH will continue to share information and guidance. We have been and continue to follow CDC guidance.