



Interim Guidance for First Responders (Emergency Medical Services [EMS], Firefighters, and Law Enforcement) Who Provide Pre-Hospital Emergency Medical Management:

Patient Management and Transport

Purpose

To increase awareness of all first responders and provide recommendations regarding the appropriate management and transport of patients who may have Ebola virus disease (EVD)

Background

- EVD is a fragile virus and can ONLY be transmitted through *DIRECT CONTACT* with *BLOOD OR BODY FLUIDS*, or through contaminated sharps injuries (i.e., needle sticks). Potential airborne transmission may be possible during aerosol-generating procedures (e.g., intubation, tracheal suctioning, nebulizer treatment).
- Patients are NOT CONTAGIOUS WHEN they have NO SYMPTOMS; disease transmission is possible only AT THE ONSET OF FEVER/ILLNESS and lasts through the course of the disease as well as post mortem.
- EVD symptoms usually appear 8–10 days after a person has been infected with the range being 2–21 days.
- Symptoms include
 - FEVER (>38 C or 100.5 F)
 - Severe headache
 - Muscle pain
 - Weakness
 - Diarrhea
 - Vomiting
 - Abdominal (stomach) pain
 Some patients may develop rash, eye redness, cough, sore throat, and unexplained bleeding
- The current EVD outbreak occurring in the West African countries of Guinea, Liberia, Sierra Leone is the largest recorded and continues unabated despite international response efforts. (<http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/index.html>)
- While the risk of an actual Ebola virus infected person in Hawaii is *extremely low*, we must prepare to ensure that we will respond appropriately to limit the potential risk to our community.

Procedure

DISPATCH/CALL CENTER (HAVE DISPATCH ASK THE TWO [2] QUESTIONS BELOW AND COMMUNICATE WITH FIRST RESPONDERS)



- Ask all callers if the sick person has a history of travel in the past three (3) weeks to West Africa (Dispatch to keep list of current countries with widespread Ebola transmission)
- Ask callers if the sick person has a fever.
- If caller responds “yes” or is uncertain to either question, this should be communicated to first responder personnel before they arrive on scene.

FIRST RESPONDER PERSONNEL

- *Patient Assessment*
 - All first responders should practice appropriate infection control for potential blood-borne pathogen risk at all times—wear at least the *minimum* Personal Protective Equipment (PPE) to adhere to STANDARD, CONTACT, and DROPLET precautions when responding to a medical call BEFORE entry on scene. (See Environmental Infection Control recommendations)
 - Before making patient contact and standing at least three (3) feet away from the patient ask the patient regarding travel in the past three (3) weeks to West Africa, exposure to blood or body fluid from patients known or suspected to have Ebola infection and/or signs or symptoms consistent EVD. If negative proceed with routine EMS care.
 - If positive response and suspect risk for EVD:
 - Choice of PPE should follow CDC’s “[Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting On \(Donning\) and Removing \(Doffing\)](#)” and each Local First Responder Agency’s policy and procedure for donning and doffing.
 - Limit activities (e.g., airway management, use of needles) to the **absolute minimum** necessary to stabilize and transport the patient. Always move slowly and deliberately. All needles and sharps should be handled with extreme care and disposed in appropriate sealed sharps containers.
 - Only conduct procedures which may generate aerosols such as intubation and nebulized medications if absolutely necessary and always perform using appropriate PPE including fit tested N-95 respirator. Administer nebulized medications using a nebulizer with a one-way valve or a disposable metered dose inhaler with spacer
 - Use buddy system to assure appropriate use of PPE and maintenance of infection control precautions: one person should watch the other to assure appropriate donning, use, and doffing of PPE. Follow agency specific procedure for PPE donning and doffing.
 - Keep patient separated from other persons, and utilize minimum number of people needed to manage and stabilize the patient.
 - Take the patient’s temperature and document it.
 - Assess the patient for other symptoms, especially those known to be associated with Ebola infection (i.e., fever, severe headache, muscle pain, diarrhea, vomiting, and abdominal pain).



- If the patient has a cough, have the patient wear a surgical mask as tolerated to limit potential droplet transmission. (Do not use N95 masks for patients.)
- *Patient Transport and Notification*
 - NOTIFY DEPARTMENT OF HEALTH IMMEDIATELY by calling (808) 566-5049, identifying as an EMS provider assessing a suspect EVD patient, and requesting medical consult.
 - If patient unstable, contact base station and transport to nearest appropriate hospital unless advised by Department of Health to transport to a specific hospital or advised to await specialized transport unit.
 - Notify the receiving hospital regarding patient with possible EVD.
 - ONLY the patient (besides the crew) should be transported in the ambulance, unless the patient is a minor, in which case only one parent or guardian may accompany the patient.