



San Joaquin County

Emergency Medical Services Agency



<http://www.sjgov.org/ems>

EMS Policy Memorandum No. 2014-02

DATE: October 3, 2014

TO: All Prehospital Personnel and Providers
Base Hospital Personnel
Emergency Department Physicians and Nurse Liaisons

FROM: Richard N. Buys, M.D., EMS Medical Director
Dan Burch, EMS Administrator

SUBJ.: Ebola and Emerging Infectious Disease

Mailing Address
PO Box 220
French Camp, CA 95231

Health Care Services Complex
Benton Hall
500 W. Hospital Rd.
French Camp, CA 95231

Phone Number
(209) 468-6818

Fax Number
(209) 468-6725

The purpose of this memorandum is to provide guidance for handling inquiries and responding to patients with suspected Ebola symptoms, and for safety of prehospital care personnel. It is the responsibility of all transport and non-transport providers to ensure that their personnel receive this information.

- Risk of contact with an Ebola patient in San Joaquin County is very low. Nonetheless, it is important for prehospital care personnel and providers to take reasonable steps to be prepared to protect themselves and our community from emerging infectious diseases.
- The Centers for Disease Control and California Department of Public Health has released guidance for management of patients with the possibility of infection with the Ebola virus – see web links below.
- Prehospital personnel should always use universal precautions.
- Symptoms of Ebola are non-specific (influenza-like). Notify the receiving hospital prior to arrival if a patient has a history of recent travel to an affected area of West Africa (Ebola has an approximate 21-day incubation period). Cooperate with the receiving hospital to ensure proper universal precautions are utilized when transferring patient care.

Guidance and Recommendations:

- Ebola is not airborne. The disease is spread through contact with an infected patient's blood or body fluids.
- Prehospital personnel should review the proper techniques for donning and doffing personal protective equipment (PPE). With a suspected case of Ebola, personnel should don, in order: gloves, gowns (fluid resistant or impermeable), eye protection (goggles or face shield that covers the front and sides of the face), and NIOSH-certified fit-tested N95 respirator. Other PPE must be considered including, but not limited to, double gloving, disposable shoe covers, and leg coverings.

- Prehospital providers should review/develop policy for disinfecting units and equipment if a high-risk case is treated/transported. As a precaution, CDC recommends using a disinfectant product with a higher potency than what is normally required for an enveloped virus. NOTE: The San Joaquin County EMS Agency purchased a Zimek Micro-Mist® Generator for disinfecting ambulances. This resource is available for use by all prehospital providers at the AMR Stockton operations center. Please contact AMR to coordinate the use of this resource.
- Patients may be vomiting, having diarrhea, or bleeding; they may be agitated or unconscious; and they may need intravenous fluid support or airway intervention, all of which creates a high risk of droplet aerosolization and inadvertent body fluid exposure. EMS personnel should avoid exposure to blood, or body fluids (urine, saliva, feces, vomit, sweat) of infected patients through contact with the skin, mucous membranes of the eyes, nose, or mouth, or injuries with contaminated needles or other sharp objects. It is suggested that procedures be done with high levels of caution, including stopping a transport vehicle rather than performing them while moving, and consider using a higher level of respiratory protection (N-95 mask rather than simple surgical mask) for certain situations.

Key Points:

- The likelihood of contracting Ebola is extremely low, unless a person has direct unprotected contact with blood or body fluids of a person who is infected with Ebola.
- Ebola outbreaks are occurring in the western African countries of Guinea, Liberia, and Sierra Leone; there are also reported cases of Ebola in the city of Lagos, Nigeria.
- The CDC confirmed the first Ebola case in the continental U.S. occurred in Dallas, Texas on September 30, 2014, involving a traveler returning from Liberia.
- Initial signs and symptoms of Ebola may include influenza like findings such as sudden fever, chills, and other muscle aches, with diarrhea, nausea, vomiting, and abdominal pain occurring after about five (5) days. Other symptoms such as chest pain, shortness of breath, headache, or confusion may also develop. Symptoms may become increasingly severe and may include jaundice, severe weight loss, mental confusion, bleeding inside and outside the body, shock, and multi-organ failure.
- The incubation period for Ebola, from exposure to when signs or symptoms appear, ranges from 2 to 21 days (most commonly 8-10 days).
- Patients without symptoms who have been exposed to Ebola are not contagious.
- If there are no risk factors, proceed according to EMS care.

Information related to PPE, patient assessment, transport, transfer of care, cleaning of vehicles, and infection prevention, may be found on the CDC website at:

<http://www.cdc.gov/vhf/ebola/hcp/index.html>

Detailed checklists for Ebola Preparedness for EMS and hospitals are available at:

<http://www.cdc.gov/vhf/ebola/pdf/ems-checklist-ebola-preparedness.pdf>

<http://www.cdc.gov/vhf/ebola/pdf/hospital-checklist-ebola-preparedness.pdf>