



**City of Winchester
Fire & Rescue Department
GENERAL ORDER**



Section: General Order	GO: 14-0003
Subject: Ebola Virus Response Criteria	Executed: November 3, 2014 Revised: November 20, 2014
Approved:  Allen W. Baldwin, Fire Chief	

PURPOSE

Ebola Virus Disease (EVD) preparedness efforts have been initiated throughout the healthcare system at the direction of the Federal Centers for Disease Control and Prevention (CDC). The CDC has provided direction for agencies that may come in contact with an EVD patient in order to recognize and safely mitigate the potential for further spread of disease. The most current information is available at <http://www.cdc.gov/vhf/ebola/index.html>.

SCOPE

The Ebola Virus is complex with a lot of information being given across social media and other more reliable mediums. This document will most likely need to be updated on a weekly basis with meetings/conference calls with officials on EVD. The intent of the document is to give guidance on response, mitigation, and clean-up after a possible case has been established in accordance with best practices.

EVD CASE DEFINITION CRITERIA

- Patient has resided in or traveled to a country with wide spread Ebola transmission in the 21 days prior to illness onset (i.e. West African countries of Liberia, Sierra Leone, Guinea, Mali) or has been in contact with a subject that has been in contact with someone that has traveled to West Africa that has displayed symptoms of Ebola within the past 21 days **and**;
- Patient has an associated fever, **or** has any of the following symptoms;
 - A headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage.

NOTE: At this time Patient **must** meet the criteria in the first bullet point and have associated symptom(s) to meet EVD case definition.

PROCEDURES

1. Emergency Communication Center (ECC)

- a. EMS assessment begins with dispatch information and chief complaint. If the patient has any of the following chief complaints:
 - i. Fever (Elevated body temperature or subjective fever)
 - ii. Abdominal pain
 - iii. Nausea/vomiting
 - iv. Muscle pain
 - v. Diarrhea
 - vi. Headache
 - vii. Unexplained bleeding
- b. Dispatch shall ask the following:
 - i. Has the patient traveled to West Africa in the past 21 days or been in close contact to anyone that has traveled from West Africa that has displayed symptoms of Ebola?
 - ii. Does the patient have a fever?
 - iii. Do you know the patients temperature?
 - iv. Does the patient have a complaint of nausea and vomiting, muscle pain, abdominal pain, diarrhea, headache, unexplained bleeding?
- c. Patients meeting EVD case definition criteria shall prompt the dispatcher to call Lord Fairfax Health District. Their hours of operation are 0800-1630, Monday through Friday. The main number is (540)722-3470 or after-hours answering service at (540)665-8611. If calling the after-hours number be aware that you will be speaking with the answering service. The answering service will not answer questions. They will contact the on-call person for VDH, who will contact dispatch as quickly as possible. Based on the recommendation of the VDH representative, either an EVD dispatch will be performed or units will be dispatched as normal.
- d. An EVD response shall prompt the ECC dispatchers to relay to all responding units to contact dispatch for further information prior to arrival on-scene. ECC will also contact the Battalion Officer and command staff via the Officer page.

2. First Responders

- a. If dispatch information meets the EVD case definition, personnel shall don appropriate EVD-PPE (see below) prior to entry into the incident address.
- b. If information is not clear, providers shall initiate patient assessment with verbal and visual contact from a distance of six feet.
- c. Ask related travel history questions.
- d. Use the appropriate, **MINIMUM** number of providers to safely and effectively manage the patient.

- e. Criteria for responding to EVD case definition incidents shall be EMT or higher certification, Exposure Control training, have a current respiratory fit test, and participated in training related to this General Order.
- f. Obtain the patients temperature either by having a bystander that has previously been in contact with the patient perform the task if available, or if the patient is capable of self-assessing their temperature, provide instructions. Lastly, if the first responder must assess the temperature at a minimum they should perform the task with gloves while standing to the patient's side.
- g. If after assessment the patient meets the EVD case definition, inform the patient that use of personal protective equipment (PPE) is necessary to complete the assessment. Also notify the ECC of the probable case so notifications can be made. (see notifications in later section for explanation)
- h. Have crews outside of the possible contamination zone don appropriate EVD-PPE (See pictures below).
- i. Provide and instruct/assist the patient with putting on a surgical mask.
- j. In the event of an unconscious patient, EVD-PPE (See below) should be worn when provider impression or patient information available suggests EVD case definition potential.

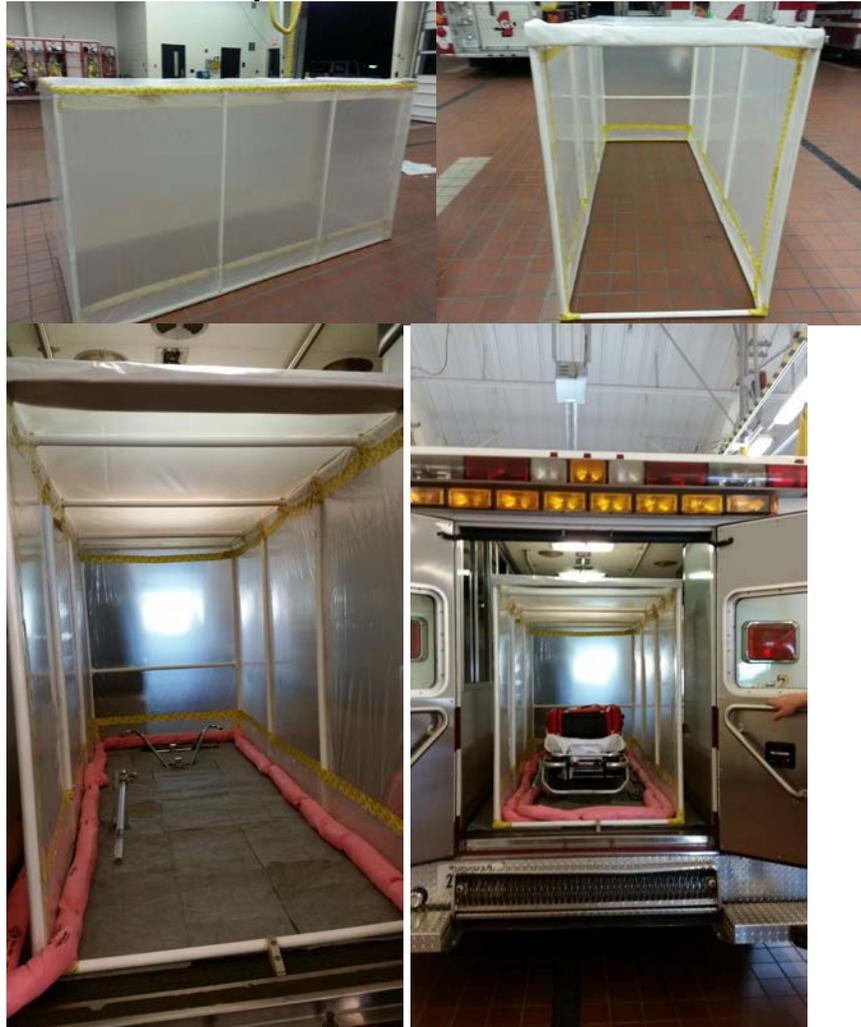
3. EVD PPE

- a. Impervious protection is provided in a pre-packaged kit from North Safety Products.
- b. Contents of the kit include a DuPont Tychem CPF3 protective suit, 1 pair black rubber boots, 1 pair blue inner gloves, and 1 pair black outer gloves (it is recommended that 1 pair of black EMS gloves be worn directly over top of the blue inner gloves, then heavy black outer gloves).
- c. Chem-tape should be used to seal the outer gloves to the Tychem CPF3 suit and to seal the Tychem CPF3 hood to the facepiece (There should be NO exposed skin).
- d. Respiratory protection will be provided by utilizing our Scott SCBA mask with 40mm adapter and P100 canister as a full face-piece respirator.
- e. Use a buddy system approach to ensure each provider dons EVD-PPE correctly and maintains strong PPE discipline (no wiping brow, touching face with gloves, etc.).



4. Transfer to Unit

- a. Personnel in the cold zone shall prepare the unit for transport.
 - i. The department has constructed a Portable Ebola Containment System (PECS) for use in any of the department medic units.
 1. The PECS will be stored at Station 4 and can be obtained by having an EMS unit from Station 4 or any available EMS unit bring it to the scene.
 2. Absorbent booms (Pigs) will be kept with the PECS and shall be placed around the interior perimeter base of the PECS to contain body fluids.
 3. Absorbent pads should be used to line the floor on the interior of the PECS only. NO absorbent pads should extend beyond the PECS as they will wick moisture outside the containment system.



- b. Seal off the door way between the patient compartment and driver compartment with plastic.
- c. Stow any unnecessary items in closed compartments to minimize exposure and facilitate disinfection.
- d. Drape the patient cot with a body bag to assist with controlling fluids.
- e. If the patient is ambulatory, allow them to walk to the unit.

5. Medical Care

- a. Pre-alert the hospital as soon as possible that you are treating and transporting an EBV case definition patient to allow hospital preparation time.
- b. Provide standard patient care, which for most of these patients will be supportive measures such as supplemental oxygen.
- c. Limit the use of needles as much as possible. Initiate an IV **ONLY** if urgent need based on patient condition. Use extreme care when handling any sharps and dispose of sharps container at the end of the incident.

6. Transport of Patient

- a. Driver of the EMS unit should not have been in close contact with the patient.
- b. Transports to the hospital shall be with two providers donned in EVD-PPE. If other personnel are needed for patient care, they shall wear the appropriate PPE as well.
- c. Minimize contact with surfaces to avoid potential cross-contamination.
- d. Patient transport shall be priority 3 unless patient's clinical signs dictate otherwise.
- e. Do not transport family members, bystanders, or anyone else on scene that has had contact with the patient. Encourage them to stay where they are until they have received direction from the Virginia Department of Health.

7. Transfer of Care

- a. Emergency Department (ED) personnel will initially evaluate the patient in the back of the EMS transport unit. Do not take patient into the ED until directed to do so by the ED staff.

8. Decon/Doffing PPE

- a. After transfer of care, PPE will be deconned using a 1:10 bleach solution. Solution shall be left on PPE for 10 minutes.
- b. Decon will be performed by a Haz-Mat team member in same level of PPE as responders. This will be done at WMC if the patient is transported or on scene if patient meets EVD case definition and is not transported based on recommendation of VDH representative.
- c. Providers shall carefully doff their PPE using the buddy system to prevent exposure to any potentially contaminated surfaces.
- d. Coordinate disposal of all PPE, linen, chux, or other contaminated items with hospital staff. It will likely be double bagged and placed in patient room. Do not return any potentially contaminated materials to the station. The hospitals have special handling protocol for potential EVD waste.

9. Notifications

- a. The following notifications shall be made by the ECC by phone.

- b. The following people shall be notified:
 - i. Receiving Hospital
 - i. Health Department 8 a.m. to 4:30 p.m. weekdays (540)722-3470, after hours contact the answering service at (540)665-8611.
 - ii. Battalion Officer
 - iii. Command Staff
- c. If command staff cannot be reached by phone the officer's page shall be utilized with the following information: "A suspected EVD patient is being transported to WMC."

10. Unit Cleaning and Disinfection

- a. The unit shall not be returned to service until fully cleaned and disinfected.
- b. Don fresh EVD-PPE while cleaning and disinfecting the unit.
- c. A thorough wipe down of all surfaces in the patient care area using FRD supplied PDI Super Sani Wipes with bleach or with a 1:10 bleach solution (good for 24 hours once mixed) that is left to penetrate for 10 minutes which are effective against the Ebola Virus.

11. Provider Welfare

- a. The Battalion Officer will provide guidance regarding provider actions after the incident. The Provider(s) shall;
 - i. Immediately wash hands and skin surfaces
 - ii. Shower (Personal Hygiene)
 - iii. Launder uniforms in hot water
 - iv. Complete exposure reporting (Infection Control Officer)
- b. In the event that the patient tests positive for EVD; all provider(s) on scene shall be notified. Work restrictions and monitoring will follow the latest CDC guidelines.
- c. If the provider(s) develop a sudden onset of fever, intense weakness or muscle pains, vomiting, diarrhea, abdominal pains or any other symptoms after an exposure, they should:
 - i. Notify their supervisor
 - ii. Not report to work or if at work immediately stop working
 - iii. Seek immediate medical evaluation and testing
 - iv. Comply with work exclusion orders until deemed no longer infectious to others

12. Training and Preparation

- a. All providers shall maintain a high level of understanding for EVD by periodically referencing written and web enabled materials posted by the CDC. <http://www.cdc.gov>
- b. All providers shall participate in decon, donning, and doffing of PPE procedures.
- c. All providers shall check all PPE to confirm all equipment is ready and available for use.
- d. Documentation of training shall be sent to the training officer for entry into the department reporting system.