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OPERATIONAL BULLETIN

Bulletin #	Title		Date Issued
#2021-04-02-01	**Ebola Virus Disease and Travelers Received from West Africa Guidance for Emergency Medical Service Agencies and Clinicians**		April 2, 2021
Superseded	**Released By:**	**Source:**	**Pages**
N/A	Maine EMS	Maine EMS, Maine CDC, U.S. CDC	3
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Maine EMS and Maine CDC are aware that a small number of individuals have returned to the State from the Democratic Republic of Congo where there is currently an ongoing Ebola outbreak. There is currently no reason to suspect that these individuals were exposed and/or have contracted Ebola; however, it is important for us to maintain vigilance regarding the remote possibility. Consistent with our mission to respond safely to all calls, it is important that EMS clinicians are prepared to recognize the risk factors related to Ebola, safely care for these patients, and pass pertinent information on to the receiving facility ahead of arrival.

Although the Ebola virus disease is rare, it can spread from person to person, especially among health care staff and other people who have close contact with an infected person. Ebola is spread through direct contact with blood or body fluids such as, but not limited to, the sweat, semen, breast milk, saliva, feces or urine of an infected person or animal, or through contact with objects that have been contaminated by these body fluids (e.g., syringes, bed sheets, clothing) of an infected person.

Screening

Healthcare providers should be alert for and evaluate suspected patients for Ebola infection who have both an epidemiological risk factor **AND** at least one symptom consistent with Ebola.

Epidemiological Risk Factors:

> An epidemiologic risk factor must be present for identifying a person under investigation (PUI) of Ebola. Epidemiologic risk factors within the past **3 weeks (21 days)** before the onset of symptoms include contact with blood or other body fluids of a patient known to have or suspected to have Ebola; **residence in—or travel to**—an area where transmission is active (currently **Democratic Republic of the Congo and Guinea, in West Africa – updated information posted on US CDC's website**); or direct handling of bats rodents, or primates from disease-endemic areas.

Symptoms:

The incubation period for Ebola (from exposure to when signs or symptoms appear), ranges from **2 to 21 days** (most commonly 8–10 days).

- Early symptoms include **sudden fever**, **chills**, and **muscle aches**.
- Around the fifth day, a **skin rash** can occur. **Nausea, vomiting, chest pain, sore throat, abdominal pain, and diarrhea** may follow.
- Symptoms become increasingly severe and may include **jaundice (yellow skin),** severe **weight loss, mental confusion, bleeding inside** and **outside the body, shock, multi-organ failure** and **death**. The fatality rate can vary from 40 to 90%.
- Clinical criteria include **fever** and additional symptoms such as **severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage.**

It should be noted that patients can transmit the virus while febrile and through later stages of disease, as well as postmortem, when persons touch the body during funeral preparations.

A fever in a person who has traveled to or lived in an area where Ebola is present is likely to be caused by a more common infectious disease. However, it is strongly recommended that such a person should be evaluated through in-hospital laboratory testing to rule out an Ebola infection.

Communication

EMDs shall screen for patients who are symptomatic of Ebola with relevant travel history or known exposures. Dispatch will advise crews to ***"call in for more information"*** *when a patient screens positive for* ***travel risk factors AND symptoms*** *consistent with Ebola. This allows confidential sharing of all relevant information to ensure that necessary infection control precautions and policies are followed by responding crews.*

All receiving health care facilities must be notified, in advance, when a PUI of Ebola is to be transported to the facility.

Infection Control Precautions

The prevention of Ebola infection includes measures to avoid contact with blood and body fluids of infected individuals.

Personal Protective Equipment:

Clinicians involved in patient care must take caution to limit exposed skin and bodily surfaces; paying particular attention to mucous membranes and other entry points including the eyes, nose, mouth, etc. For this reason, clinicians must don gloves, a single use gown or coveralls, eye protection, and an N-95 respirator or PAPR hood at a minimum. It is best practice to don two layers of gloves in order to remove the outer layer

safely should they become visibly contaminated. Boot and hair covers may also be used. It is important for clinicians to conscientiously keep their hands away from their face and to avoid touching body fluids and other surfaces. Removing PPE is a high-risk process that must be done slowly and deliberately within a designated area to avoid self-contamination and exposure. It is best practice to utilize a trained observer to assist with monitoring and offering verbal cues for each step of the process. For more information on PPE, donning and doffing please visit the US CDC's Website.

Patient Care:

When a patient is identified as a PUI of Ebola, it is important to limit the number of individuals that have contact with the patient to avoid exposure. Only clinicians necessary to provide direct care for the patient should be engaged, as needed. Clinicians must be aware that on rare occasions, illness can cause delirium, with erratic behavior, such as flailing or staggering. This type of behavior can place EMS providers at additional risk of exposure. Clinicians should avoid unnecessary procedures involving sharps; when interventions requiring sharps are necessary these interventions should be done while stationary (not in a moving vehicle) and clinicians must adhere to correct sharps handling practices. Clinicians should avoid aerosol generating procedures; when aerosol generating procedures must be performed, a combination of measures should be taken to limit exposure including performing these interventions prior to entering the ambulance, wearing adequate PPE and thorough decontamination considerations.

Decontamination:

Prior to contact/care, remove and keep non-essential equipment away from the patient or the scene to eliminate or minimize contamination. Use minimal equipment for assessing and treatment of a PUI Ebola patient. Use a plastic or non-permeable cover for the stretcher mattress and pillow. When possible and appropriate, immediately clean any visibly contaminated surfaces using an EPA registered disinfectant wipe. When decontaminating the ambulance and equipment, clinicians must wear gloves, a gown or coveralls, eye protection, and a surgical mask at a minimum. Use a U.S. Environmental Protection Agency (EPA)-registered hospital-rated disinfectant with a label claim for a nonenveloped virus (for example, norovirus, rotavirus, adenovirus, poliovirus) to clean all patient-care surfaces, the entirety of the stretcher, and other areas that are likely to become contaminated during the care provided. For cleaning a spill or large volume of body fluids, remove the bulk of the spill matter placing all contaminated materials into a biohazard receptacle, then disinfect the site. Contaminated reusable equipment should be disinfected according to agency policies and manufacturer recommendations. Contaminated textiles must be marked as biohazard for either cleaning or waste according to agency policy.

Please don’t hesitate to contact the Maine EMS Office at 207-626-3860 with questions or concerns.