



DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Promoting and protecting health, well-being, self-sufficiency, and safety of all in Marin County.



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To: Marin County EMS Constituents
From: Dustin Ballard, MD; Medical Director
Marin County EMS Agency
Date: October 28, 2014
Re: **Interim Policy Memo 2014-4**
Ebola Virus Disease Procedures

Dustin Ballard
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The California EMS Authority is in the process of developing guidelines and protocols for EMS management of patients with suspected Ebola Virus Disease (EVD). Based on these and other developments, we expect further refinements to this policy.

- 1. Dispatch.** While dispatch is not formally screening for EVD at this time, we have been in discussion with dispatch and expect that they will pass along any information they obtain regarding EVD risk factors.
- 2. Ebola screening questions for patients reporting infectious disease symptoms.** Any patient suspected of EVD prior to EMS arrival should be greeted by a single EMS personnel in appropriate PPE and (if available) PPE for the patient (mask and gown). Limit patient contact (maintain minimum three foot distance) until the following screening questions have been asked:
 - a. Have you traveled outside the U.S. in the last three weeks, or been in close contact with anyone who has?
 - b. If **Yes**: Was that travel to West Africa, specifically Sierra Leone, Liberia or Guinea?
 - c. If **Yes**: Do you have a fever >100.4 F, or headache, joint or muscle aches, vomiting, diarrhea or abnormal bleeding?
- 3. EMS Procedures and Transport.**

If screen is positive to all THREE questions: activate PPE procedures.

EMS personnel should limit treatment activities as appropriate with guidance from Online Medical Control. Well-appearing patients should receive BLS level care only.

For suspect patients who meet screening criteria, pre-hospital personnel should adhere to employers' Infectious Disease plan for utilizing PPE. As of this date, CDC guidelines recommend the following:

- NO exposed skin
- Double gloves
- Boot covers that are waterproof and go to at least mid-calf or leg covers
- Single-use fluid resistant or impermeable gown that extends to at least mid-calf **or** coverall without integrated hood.
- N95 respirators or PAPRs
- Single-use, full-face shield that is disposable
- Surgical hoods to ensure complete coverage of the head and neck
- A trained observer for donning and doffing

4. EMS Destination. Patient destination, at this time, should be followed according to **Destination Guidelines GPC 4**, with direction from Online Medical Control as needed. In the future, if Ebola Receiving Centers are designated, this destination policy may be subject to change.

5. Hospital Contact

If screen is positive to all THREE questions:

- a. Inform receiving hospital via phone of a “Screened Positive Patient.”
- b. Request that the hospital notify Marin County Public Health.

6. Hospital Patient Handoff

- a. Each receiving hospital in Marin has developed a specific protocol for receiving suspected EVD patients via EMS.
- b. Upon arrival to receiving facility, the driver will establish phone contact with designated hospital personnel and await further instructions before patient off-loading.
 - 1) Marin General Hospital: 415-925-7203
 - 2) Kaiser Permanente San Rafael: 415-444-2415
 - 3) Novato Community Hospital: 415-209-1350
- c. Hold patient inside of the ambulance while hospital staff prepares to receive the patient.
- d. Hospital personnel, in PPE, will meet patient with hospital gurney and transport the patient to a pre-designated unit. Provide verbal report only.
- e. Patient crew will remove and dispose of PPE in a designated area following infection control procedures.
- f. The gurney and all equipment will be considered infectious and handled with the appropriate PPE until properly decontaminated.

7. EMS Doffing and Decontamination. We recommend providers follow CDC guidelines for donning and doffing of PPE. (<http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>). **Ambulance decontamination:** it is not reasonable to expect EMS personnel to decontaminate an ambulance that has transported a suspect EVD patient in the ambulance bay of a hospital. There are three options:

- a. The ambulance is removed to a location where it is taken out of service and quarantined until public health determines patient is not a risk.
- b. The ambulance is removed to a location where specially trained workers decontaminate the unit and return it to service.
- c. The hospital uses its trained environmental staff to decontaminate on site and allow the ambulance back in service.

8. Documentation. Complete electronic PCR only after decontamination and doffing procedures have been completed. When appropriate, PCRs will include documentation in the narrative section to include “EVD screening questions addressed.”