

	1216	Ebola Virus Disease - Prevention and Control
Nor-Cal EMS Policy & Procedure Manual	Treatment Guidelines	
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Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR	SIGNATURE ON FILE	

Authority

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9.

Resources

2022 [EMS Strategies for Ebola | NETEC](#)

CDC – “[Interim Guidance for Emergency Medical Services \(EMS\)](#)”

Nor-Cal EMS Duty Officer: (530) 229-3983

Introduction

This protocol provides direction for all EMS providers to identify and protect themselves from patients with symptoms consistent with Ebola Viral Hemorrhagic Fever during emergency and non-emergency requests for service and transport.

PLEASE NOTE:

If these patients need to be transported, then refer to the Region III Highly Infectious Disease (HID) Transportation Plan which needs to be followed. Only as a last resort and **AFTER** consultation with the RDMHS, MHOAC, and EMS Medical Director shall local EMS providers transport these high-risk patients.

Patient Assessment Procedure (During epidemic outbreak)

1. Patient assessment begins with scene safety and use of proper personal protective equipment (PPE) on every patient encounter. An initial evaluation from a distance of 6 feet, with as few EMS providers exposed to the Patient/Person Under Investigation (PUI) as possible.
2. The use of standard PPE precautions, including eye protection and nitrile gloves, will be used on every patient contact.
3. To minimize potential exposures from droplet transmission, prehospital personnel shall remain at least Six feet from the patient, while one person asks the “EVD (Ebola Viral Disease) Health Screening Questions” from at least Six (6) feet away.
4. All prehospital providers shall ask the following two (2) “EVD (Ebola Viral Disease) Health Screening Questions,” in order, at the start of every patient contact during epidemic outbreak:

A. Has the patient traveled to or had contact with anyone who has traveled to current epidemic outbreak regions in the last twenty-one (21) days?

B. Does the patient have any of the symptoms listed below?

- a. Fever.
- b. Body aches.
- c. Headache.
- d. Fatigue.
- e. Vomiting and/or diarrhea.
- f. Abdominal pain.
- g. Unexplained hemorrhage.

If the answer to questions 1 and 2 above is yes, then the patient has screened positive for the EVD (Ebola Viral Disease) health screening questions.

5. If a patient has screen positive for the health screening questions, the prehospital provider will immediately:
 - A. Don High Risk PPE, ensuring that all exposed skin is covered as described further in this protocol.
 - B. Ensure other prehospital providers have donned High Risk PPE.
 - C. Reduce unnecessary exposure of patient to others (Responders and citizens).

6. If the patient has screened negative to the health EVD (Ebola Viral Disease) screening questions, continue treating the patient per appropriate treatment protocol(s) and policy(s) as necessary. (Consider ILI Treatment Guideline)
7. In order to reduce potential exposures, the first arriving prehospital provider that determines a patient is positive for the EVD (Ebola Viral Disease) health screening questions shall don high risk PPE and may maintain care of the patient through transfer of care at the hospital.

The use of more than one or two prehospital personnel to provide direct patient care must be clearly necessary.

8. Upon arrival on scene of a PUI, any additional providers will ask the first responding prehospital provider the results of EVD (Ebola Viral Disease) health screening questions, prior to moving within six feet of the patient. If the answers to the EVD (Ebola Viral Disease) Health Screening Questions are positive, only the initial care provider, if possible, shall provide patient care.
9. Every prehospital provider shall ensure that every PUI is asked the EVD (Ebola Viral Disease) Health Screening Questions.
10. Every ambulance transport crew of a PUI of EVD/ILI shall assure that the results of every patient's EVD (Ebola Viral Disease) Health Screening Questions are communicated in the hospital report. The ambulance transport crew shall also document the time of the hospital notification report in their patient care report.
11. Every EMS provider shall document that the patient was asked the EVD Health Screening Questions, the responses provided by the patient, the full name and organization of those who asked the EVD Health Screening Questions and/or those who were advised of the results of the EVD (Ebola Viral Disease) Health Screening Questions in the patient care report.

Routine Patient Treatment Procedure

1. If the patient's EVD (Ebola Viral Disease) Health Screening Questions are positive, the patient is at high risk for Ebola. All prehospital personnel shall take the following actions:
2. All prehospital providers must don high risk PPE, including, but not limited to:
 - A. Surgical hood, extending to the shoulders (exempt if coveralls or suit provides).
 - B. Face shield.
 - C. Eye protection.
 - D. N-95 mask or P-100 particle respirator (mask).
 - E. Impermeable coveralls or suit.
 - F. Impermeable gown.
 - G. Double glove with high cuff (high cuff second glove).
 - H. Have confirmed radio communications capability.
 - I. Leg and shoe coverings (exempt if coveralls or suit provides).
3. No skin shall be showing once a provider is in full High-Risk PPE.
4. Prehospital providers shall designate roles and responsibilities to each provider on scene:
 - A. Safety Officer (Trained Observer):
 - a. This Safety Officer is familiar with the use of high-risk PPE and does not provide any direct patient care.
 - b. They monitor the donning of PPE, ensure safety of responders while engaging in patient care on scene, and monitor the safe doffing of PPE.
 - c. They are to remain separate from the patient by a minimum of three (3) feet.
 - B. Patient Care Leader:

The Patient Care Leader is responsible for providing direct patient care while in full high-risk PPE.
 - C. Patient Care Support:
 - a. The Patient Care Support position supports the patient care leader when a second care provider is needed.
 - b. This person shall don full high-risk PPE.
 - D. Ambulance Operator:
 - a. The Ambulance Operator drives the ambulance to the receiving facility. This person shall not provide any direct care and shall only don standard precautions.
 - b. The Ambulance Operator will remain with the ambulance while on scene of the event and prepare the ambulance prior to the patient being loaded (i.e. activating the exhaust vent, sealing the operator's compartment, etc.).

- c. The operator's compartment of the ambulance shall be separated from the patient care compartment by either closing all connections or separating with fluid impermeable shielding and activating the exhaust vent.
 - d. The Ambulance Operator assumes the role of Safety Officer once the patient is secured in the ambulance at the scene until arriving at the hospital and being relieved by hospital staff.
5. Prehospital providers shall immediately notify the MHOAC, if their patient's EVD (Ebola Viral Disease) Health Screening Questions are positive. Contact shall be made while on-scene over the phone. This information should not be transmitted over any radio channel.
6. The first arriving prehospital providers who have made patient contact and donned the appropriate high-risk PPE shall maintain patient care throughout the transport, to minimize potential provider exposure to the patient.
7. Treat the patient according to the appropriate protocol. Invasive procedures should be withheld unless necessary (e.g. IV placement and Endotracheal Intubation). Base hospital contact shall be made to clarify any clinical questions.
8. While Ebola is transmitted through bodily secretions, prehospital providers must be aware that some procedures such as nebulization treatments, the use of suction devices, and CPAP can aerosolize bodily fluids such as saliva, causing the virus to be transmitted through aerosols. If it is clinically necessary to perform these treatments, always wear High risk PPE
9. Prehospital transport providers shall make Hospital physician, MHOAC and Nor-Cal EMS Duty Officer notification via telephone as soon as practical after determining that patient's EVD (Ebola Viral Disease) Health Screening Questions are positive.
10. Prehospital transport providers shall make plans for utilizing the HID Transport plan, ask the hospital for any special arrival instructions, such as parking location.
11. To reduce the risk of potential exposure, family members or companions shall not be allowed to travel with the patient to the hospital in the ambulance.
12. Only as a last resort after consultation with the RDMHS, MHOAC, and EMS Medical Director shall local EMS providers transport these high-risk patients.

Special Considerations

Presence of Biological Fluids and Positive Health Screening

If a patient has responded positively to the EVD Health Screening Questions and there are bodily fluids present, the risk to the provider is increased. In such cases, the following actions apply in addition to those described above:

1. The presence of biological fluids represents an increased risk to providers. Therefore, the initial provider shall retain patient care only using extreme caution.
2. The Nor-Cal EMS Duty Officer and MHOAC shall be notified, they will consider activating the HID Transport plan as appropriate.
 - A. A specially designed transport ambulance may be dispatched to the scene. This unit shall be requested through MHOAC, Nor-Cal EMS Duty Officer, or the RDHMS.

Monitored Patients

1. Monitored Patients are those patients that are under the supervision of the Public Health Officer but are not necessarily symptomatic for Ebola.
2. In the event that the Public Health Officer orders transfer of a Monitored Patient to a designed hospital. The Nor-Cal EMS Duty Officer shall initiate and support the transfer process.
3. The monitored patient shall be transported to a destination that has been prescribed by the Medical Health Operational Area Coordinator (MHOAC) and Public Health Officer.

Interfacility Transfers

1. Transfers to Designated Regional Ebola Assessment Hospitals.
2. Will utilize the HID Transport plan

Refusal to Seek Care

If a patient meets screening criteria refuses treatment and/or transport, the Incident Commander shall immediately contact the Law Enforcement and the Public Health Officer or MHOAC.

Arrival at Hospital Destination

1. Upon arrival at the hospital, prehospital transport providers shall maintain patient care in the closed ambulance until offload instructions are given to them by the designated EMS Crew Liaison (from the hospital).
2. Prehospital transport providers shall follow all instructions given by the EMS Crew Liaison, until they have completed the turnover of patient care and been relieved.
3. After being in contact with a high-risk patient, prehospital personnel shall only remove PPE after decontamination and when instructed to do so by the EMS Crew Liaison and while under the observation of a Trained Observer, in an area designated by the hospital.
4. The transport ambulance shall be considered out of service and provide any further patient transportation until it has been properly decontaminated in accordance with all applicable state and federal regulations.

Exposure and Potential Exposure

If prehospital provider's exposed skin or mucous membranes come into direct contact with a suspected Ebola patient's blood, body fluids, secretions, or excretions, the prehospital provider should immediately take the following actions:

1. Immediately transfer patient care to a qualified provider in full High-Risk PPE.
2. Wash the affected skin surfaces with soap and water and mucous membranes (e.g., conjunctiva) should be irrigated with a large amount of water or eyewash solution.
3. Report exposure to their direct supervisor and their organization's designated infection control officer, based on their organization's Illness and Injury Prevention Program and Blood Borne Pathogen Protection Program practices.
4. Take whatever steps as directed by their employing organization or health care provider.

Vehicle and Personnel Decontamination

1. The initial prehospital personnel that have entered the scene and do not remain in patient care shall doff PPE under the observation of a trained observer. This may necessitate requesting additional resources at the discretion of the Incident Commander.
2. The Public Health Officer or MHOAC will provide specific guidance to the prehospital provider.
3. This guidance will be determined on a case-by-case basis.
4. This guidance will be the minimum protective actions that crews are expected to follow, based on the latest CDC and Cal-OSHA standards.

Transport Ambulance and Personnel

1. Prehospital transport providers will secure the ambulance and its contents, after the patient transport is complete. This includes placing all used equipment into the vehicle and locking all doors and compartments with the keys inside on the driver's seat. Prehospital care providers shall not re-enter the vehicle and may not allow others to access the ambulance.
2. The Public Health Officer or MHOAC will provide specific guidance to the prehospital transport provider.
3. This guidance will be determined on a case-by-case basis.
4. This guidance will be the minimum protective actions that crews are expected to follow, based on the latest CDC and Cal-OSHA standards.

Equipment

1. The prehospital provider agency is responsible for ensuring that the vehicle and all equipment is decontaminated in accordance with Federal, State, and Local requirements.
2. Provider agencies should consider hiring a medical or hazardous material waste decontamination service to properly clean their vehicles and equipment. Cal-OSHA recommends a professional cleaning company with the ability to clean Level A contaminants disinfect transporting vehicles and equipment.
3. Neither the ambulance nor equipment may be placed back into service until it has been properly decontaminated or replaced.

Required Reporting

1. Each EMS provider agency treating a patient under the provisions of this protocol shall provide copies of the patient care records, and any additional documents or reports that were utilized (ICS 214's etc.).
2. Because of the high risk and unusual nature of these responses. Each response shall be reviewed by the Public Health Officer or MHOAC and the Nor-Cal EMS Medical Director to determine protocol compliance and to assess if any modifications should be made this or related policies in order to ensure provider safety.

