

PEMBERTON TOWNSHIP FIRE DEPARTMENT GENERAL ORDER
Number: 14-008
Cross Reference:
Subject: Interim Suspected Ebola Response Procedure
Effective Date: Immediately
By Order of: Pemberton Township Fire Chief <i>Craig L. Augustoni</i>

Attached is the Burlington County Interim Suspected Ebola Response Procedure. Also in the event we encounter a suspected Ebola patient a Chief Officer shall be requested by the EMS crew to respond to the scene. Captain Jakob has spoken to Lourdes and they will respond out and transport the patient for us if they are available. As we continue to receive updates on this issue and we will keep you advise. If you have any questions or concerns please contact Captain Jakob.

SUBJECT: Interim Suspected Ebola Response Procedure

(In accordance with Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients with Known or Suspected Ebola Virus Disease in the United States - Centers for Disease Control and Prevention- Dated 10-28-14)

DATE: October 29, 2014

PURPOSE: To establish a procedure for screening and transporting suspected Ebola Patients while safeguarding our crews and equipment.

SCOPE: All EMS Personnel

PROCEDURE: Effective immediately, all patients presenting with a fever and/or flu like symptoms EMTs will immediately obtain a travel history at a 3 foot or greater distance prior to making direct contact with patient when Central does not report a positive travel history at the point of dispatch. When Central reports a Patient with a positive travel history and a fever or the EMT determines the patient has a positive travel history with fever the following guideline will be followed:

PSAP/9-1-1/Dispatch

Burlington County Central Communications is screening all 9-1-1 callers who report Fever and/or Flu Like Symptoms for positive travel histories utilizing the State Emergency Medical Dispatch Guide Card. If a patient is determined to have a fever and/or flu like symptoms with a potential positive travel history you will be given these details at the time of dispatch. All responding units will be asked to Level 1 Stage and to contact Central via phone for further details.

Upon Arrival

- Slow Down (Treat this as a unsafe scene until you determine it is safe)
- Don gloves and ensure that you have with you a mask, gown and eye protection (Two Kits in each red jump bag)
- Attempt to talk to person/s through closed doors or by getting the caller's phone number from Central and screening them via cell phone yourself without entering the home or building if possible.
- If unable to perform a medical interrogation from outside, have only one EMT enter after donning gloves, fluid shield mask and gown before entering.
- Maintain a distance of at least 3 feet or greater between you, the suspected sick patient and other occupants. Try not to touch or brush up against anything. Explain to the patient why you are dressed with PPE.

- Ask the following questions:
 - Do you have a fever?
 - What is your temperature?
 - How long have you had the fever?
 - Have they taken any anti-pyretics? (Tylenol, Motrin, etc.)
 - Any Diarrhea, nausea, vomiting and/or Bleeding?
 - Determine if the patient is ambulatory
 - Have you been to West Africa within the last 21 days or had contact with anyone who has? Countries of Concern include:
 - Guinea
 - Liberia
 - Sierra Leone

Negative Travel History:

- Release Level 1 Stage Units
- Place a mask on the patient as appropriate
- Don the appropriate PPE including gloves, mask, eye protection and gown and transport

Positive Travel History:

- Maintain at least a 3 foot distance from the patient and occupants. If outside stay outside , do not enter the residence
- If inside retreat and advise the patient and occupants that additional resources are required to safely transport the patient to the hospital and reassure them that you are not leaving but will be going outside to await some help. Ask occupants to stay away from patients
- Ask the patient and occupants to remain inside until they receive further instructions.
- Establish a Command Post
- Call central by phone and notify them you have a suspected Ebola patient and request:
 - EMS Chief, Deputy Chief and/or Duty Supervisor
 - County EMS Coordinator
 - County Health (Station 156)
 - Duty Medic Chief (Medic 100)
 - Other First Responders per your local protocol
 - Notification to the Nearest Receiving Hospital Emergency Department that you will be transporting a suspected Ebola Patient with a positive travel history and the patients specific symptoms with a 45-60 Minute ETA
 - Incident Commander calls direct by phone
 - Request a second BLS to the scene to remove all hard equipment, not needed inside of the patient compartment of the transporting ambulance into the second arriving ambulance to prevent it from potentially becoming contaminated..

County Health arrives:

- Per protocol, hydration and medical monitoring is to occur before donning of PPE
- Both EMT's will be outfitted by the County Health team with:
 - Sarnex Coated Tyvek Suits (sizes 2X-4X)

- Over Boots
- N95 mask with a full face shield or PAPR
- Gloves – 2 gloves
- Provide patient with a surgical mask, unless the patient requires oxygen, then use a Non-Rebreather mask
- Patient will be asked to don a Tyvek Suit and gloves if possible.
- Prepare patient for transport if feasible, by wrapping patient in impervious sheets to minimize droplet/fluid spread
- Patient will be placed in patient compartment of ambulance with minimal contact by EMTs. Have patient do as much as they can on their own. If patient is ambulatory have them walk to ambulance. If they can sit on the squad bench and do not need the cot let them sit on the squad bench.
- If patient is non-ambulatory and they need to be carried still minimize your patient contact. Utilize a moving device and ensure the patient has a mask on and utilize a disposable plastic blanket and/or body bag to encapsulate the non-ambulatory patient in plastic. Consider utilizing a Yellow RMC Decon Unit on the cot to contain the patient especially if they are vomiting or have diarrhea.
- Turn on the ambulance exhaust vent.
- Command post will advise hospital when ambulance is in route to their location.
- EMS personnel wearing PPE who have cared for the patient must remain in the back of the ambulance and not be the driver.
- EMS agencies may consider sending additional resources (for example, a dedicated driver for the EMS unit who may not need to wear PPE if the patient compartment is isolated from the cab) to eliminate the need for putting on PPE (field-donning) by additional personnel. This driver should not provide any patient care or handling.
- Transport will be a slow priority accompanied with a police unit. An EMS Officer and incident commander will also follow ambulance to the hospital.
- During transportation ALL PPE will remain on responders and a post incident decontamination area will be established at the hospital
- House occupants are to remain in the home until cleared by the Burlington County Health Department. No one is to accompany the patient to the hospital.

Once at hospital:

- Standby in ED parking lot and ED staff will come out to you.
- Deliver patient to ED staff
- Stay in PPE after patient is delivered
- Advise IC, patient has been transferred to ED staff and confirm where the designated decon area is and go directly to that location at Hospital.
- Once the patient is transferred, the crew and ambulance will relocate to the designated decontamination area.

Decon Procedures:

- Each hospital shall provide a decontamination kit for EMS.
- Medic Chief and/or County EMS Coordinator will supervise decontamination procedures
- EMTs will disinfect each other with freshly prepared bleach solution or appropriate EPA registered disinfectant for non-enveloped viruses.
- Upon decontamination with bleach, the ambulance and associated equipment will be disinfected with appropriate EPA registered disinfectant for non-enveloped viruses
- Waste shall be triple bagged and tagged in accordance with Hospital protocols
- EMTs will be properly decontaminated at the Hospital in accordance with existing protocols
- All reports will be made to Qualcare, JIF and/or other Workerscomp Carrier for Potential Ebola Exposure following normal employee exposure reporting.

Media/Public Information

- All media inquiries should be referred to the Burlington County Public Information Office

Continued Readiness

- The Ebola Virus is a Category A Infectious substance subject to the Hazardous Materials Regulation (HMR, 49 CFR Parts 171-180. Based on the Ebola Virus classification, the OSHA Rules (29 CFR 1910.120)for Hazardous Waste Operations and Emergency Response must be adhered to, particularly those sections related to Personal Protective Equipment, Training, Medical Surveillance and Decontamination.
- PPE training and education must become a routine practice from this point forward.
- EMTs need to receive repeated PPE training and have demonstrated competency in donning and doffing of PPE.
- EMS organizations should be prepared to budget for and purchase a supply of PPE for infectious events such as these.
- PPE should be updated and maintained similar to other First Aid and EMS supplies as the standard practice of doing business.