

COUNTY OF SUFFOLK



STEVEN BELLONE
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF HEALTH SERVICES

JAMES L. TOMARKEN, MD, MPH, MBA, MSW
Commissioner

TO: All EMS Providers in Suffolk County
All Ambulance Services in Suffolk County

FROM: Robert Delagi, MA, NREMT-P
Director, EMS & Public Health
Emergency Preparedness

Reddell

DATE: August 11, 2014

RE: **Situational Awareness Bulletin – Ebola Outbreak**

With the increased attention to the Ebola outbreak in West Africa, and in consultation with the Commissioner of Health Services, and other local, state and federal public health officials, the EMS Division is transmitting this situational awareness bulletin to keep you informed and safe. Currently, the Ebola outbreak, ongoing since March 2014, is limited to West Africa, which includes the countries of Guinea, Sierra Leone, Liberia and Nigeria. The current case count is approximately 1,700 individuals, with about 900 of those resulting in death. The risk of transmission of Ebola in the United States is small, however, we should always maintain a vigilant posture as we do for many hazards and threats we encounter in this profession.

Ebola Virus Disease (EVD) is only spread by direct contact with the blood or other potentially infectious body fluids (B-OPIM). High and low risk exposures are described below. Ebola is not spread through the air as is influenza. The transmission mode of EVD is similar to what EMS Providers routinely prepare for when addressing diseases such as Human Immunodeficiency Virus (HIV), and Hepatitis B (HepB).

Generally, a person who contracts the Ebola virus will develop symptoms after about 8-10 days of exposure with a range of 2-21 days. These symptoms include abrupt onset of high fever (>38.6 degrees C or >101.5F), headache, chills, muscle pain, vomiting, diarrhea and abdominal pain, with possible progression to bruising, unexplained hemorrhage, or petechiae, Disseminated Intravascular Coagulation (DIC), hemorrhagic shock and death. Patients can transmit the virus when symptomatic and through later stages of the disease, as well as after death, including during funeral preparations.

General Information

Although unlikely, you may be faced with individuals who are known to have the disease and require transportation to the hospital, or more commonly, transporting patients who are at risk of having the disease.

EMS providers should be alert for suspected patients for Ebola virus infection who have both consistent symptoms and risk factors as follows:

- 1) Clinical criteria, which includes fever of greater than 38.6 degrees Celsius or 101.5 degrees Fahrenheit, and additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage; AND

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S.C. Dept. of Health Services, EMS Division
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2) Epidemiologic risk factors within the past three (3) weeks before the onset of symptoms, such as contact with blood or other body fluids of a patient known to have or suspected to have EVD; residence in—or travel to—an area where EVD transmission is active; or direct handling of bats, rodents, or primates from disease-endemic areas.

Risk Levels

High risk exposure includes any of the following:

- Percutaneous, e.g. the needle stick, or mucous membrane exposure to body fluids of EVD patient;
- Direct care or exposure to body fluids of an EVD patient without appropriate personal protective equipment (PPE);
- Laboratory worker processing body fluids of confirmed EVD patients without appropriate PPE or standard biosafety precautions; and/or
- Participation in funeral rites which include direct exposure to human remains in the geographic area where outbreak is occurring without appropriate PPE.

Low risk exposure includes any of the following:

- Household member or other casual contact¹ with an EVD patient; and/or
- Providing patient care or casual contact¹ without high-risk exposure with EVD patients in health care facilities in EVD outbreak affected countries.

No known exposure includes:

- Persons with no known exposure were present in an EVD outbreak affected country in the past 21 days with no low risk or high risk exposures.

¹-Casual contact is defined as a) being within approximately 3 feet (1 meter) or within the room or care area for a prolonged period of time (e.g., healthcare personnel, household members) while not wearing recommended personal protective equipment (i.e., droplet and contact precautions—see Infection Prevention and Control Recommendations); or b) having direct brief contact (e.g., shaking hands) with an EVD case while not wearing recommended personal protective equipment (i.e., droplet and contact precautions—see Infection Prevention and Control Recommendations). At this time, brief interactions, such as walking by a person or moving through a hospital, do not constitute casual contact.

Assessment of suspected or possible exposure patient

- Initial patient assessments phases for History of Present Illness (HPI) and OPQRSTI/SAMPLE should initially occur from about six (6) feet away from the patient who is considered to be at risk, to ensure proper donning of PPE when indicated;
- HPI questions should include asking about travel history to one of the affected areas; and if there is any close contact with anyone else who traveled to one of the affected areas; and/or
- If the patient or a close contact recently participated in any cultural funeral traditions in the affected areas.

It is just as important to document pertinent negatives as it is positives. EMS agencies should take this opportunity to review their Occupational Exposure to Blood Borne Pathogens Plans, per OSHA’s 1910.1030 requirements, and ensure that Universal Precautions are observed when there is the possibility of coming into contact with B-OPIM on any patient.

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Protective Measures

If the patient meets the criteria of either high or low risk exposure or is a known Ebola infected patient then the following approach should be followed:

- Don fluid-impervious clothing covers, gloves, goggles, and fit-tested N95 mask;
- The use of sharps should be avoided whenever possible, extra care should be taken when using sharps;
- The performance of aerosol-generating procedures should be avoided whenever possible. If performing these procedures, PPE should include respiratory protection (fit-tested N95 or higher mask) and the procedure(s) should be performed mindful of avoiding contact with respiratory secretions;
- Soiled personal protective equipment (PPE) should be laundered in accordance with your agency plan;
- Disposable PPE discarded as red bag waste at the receiving hospital; and
- Caution should also be used during fluid-droplet-producing procedures like positive pressure ventilation, suctioning, and administering nebulized medication.
- *Hospital presentations should be made in all cases where patients exhibit flu-like or contagious disease signs & symptoms well in advance of arrival at the hospital, and should include a transmission that you are transporting a patient with Influenza-Like Illness (ILI), contagious disease symptoms or have risk factors for EDV described above. Depending on local conditions, you may be asked to remain in the ambulance until your patient can be triaged by emergency department staff, or you may be directed to an alternate location in the emergency department to transfer your patient.*
- *Contact the Suffolk County Department of Health Services, Division of Public Health as soon as feasible after completing your hospital transport and transfer of care to emergency department staff by calling 631-854-0333. Calls at night or on weekends/holidays to 631-852-4820 and ask for Health Department Epidemiology staff on call.*
- Decontamination of non-disposable medical equipment and interior surfaces of ambulances should be performed in accordance with standard decontamination procedures using 10% sodium hypochlorite (bleach) solution at 1 part bleach : 10 parts water (1/4 cup bleach : 1 gallon water). Personnel performing decontamination procedures should do so wearing the appropriate personal protective equipment.

Please don't hesitate to call (852-5080) or email robert.delagi@suffolkcountyny.gov if you have any questions or require any additional assistance. We will continue to keep you informed from time to time as the situation evolves.

Websites for additional information:

<https://www.health.ny.gov/professionals/ems/pdf/99-06.pdf>

<http://www.cdc.gov/vhf/ebola/>

<http://www.cdc.gov/vhf/ebola/resources/pdfs/Ebola-FactSheet.pdf>

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