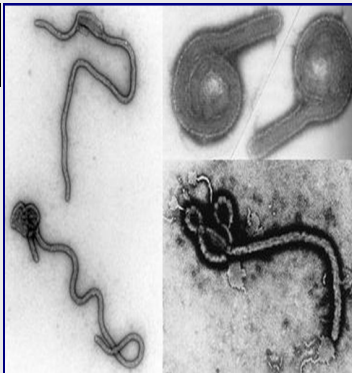


EBOLA

Ebola is a rare and deadly disease. However, according to the CDC, “the 2014 Ebola epidemic is the largest in history.”

Some Facts about Ebola

- ◇ Transmitted through **DIRECT CONTACT** with blood/body fluids
- ◇ **NOT** transmitted through the air
 - *However, droplet precautions must be utilized*
- ◇ Only contagious if symptomatic
- ◇ No cure is available
 - *However, positive outcomes have been noted if treated early*
- ◇ More information can be found at:



Symptoms

- ◇ Fever
- ◇ Severe Headache
- ◇ Muscle Pain
- ◇ Weakness
- ◇ Diarrhea
- ◇ Vomiting
- ◇ Abdominal Pain
- ◇ Unexplained Bleeding/Bruising

Symptoms may appear 2-21 days after exposure with the average being 8-10 days

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

Understanding Case Definition

Person Under Investigation (PUI)

Clinical criteria for a person who has both **risk factors** and **consistent symptoms**

Rick Factors

(within the past 21 days)

- ◇ Contact with blood/body fluids or human remains of a patient known or suspected to have Ebola
- ◇ Residence in -or travel to- an area where Ebola transmission is active
- ◇ Direct handling of bats or non-human primates from disease-endemic areas

Consistent Symptoms

(as listed above)

Probable Case

- A Person Under Investigation (PUI) whose epidemiologic risk factors include high or low risk exposure(s)

Confirmed Case

- A case with laboratory-confirmed diagnostic evidence of Ebola virus infection

Low Risk Exposure

- ◇ Household contact
- ◇ Close contact in healthcare facilities or community settings
 - Close contact is defined as:
 - Being with 3 feet of an Ebola patient or in the patient’s room/care area for prolonged duration without wearing proper PPE
 - Having direct contact without wearing proper PPE

High Risk Exposure

- ◇ Percutaneous (i.e. needle stick) or mucous membrane exposure to blood/body fluids
- ◇ Direct skin contact/exposure to blood/body fluids without proper PPE
- ◇ Processing blood/body fluids without proper PPE or biosafety precautions
- ◇ Direct contact with a dead body with proper PPE in a country with an Ebola outbreak

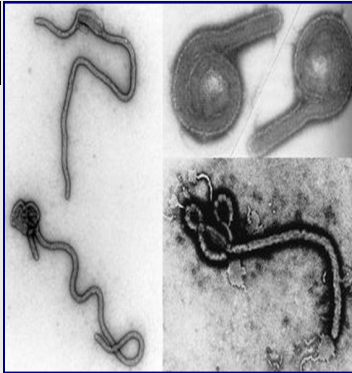
PSAP OPERATIONS

PSAPs are receiving guidance from both the Pennsylvania Emergency Management Agency and the CDC for screening callers

PSAP Guidance

◆ The guidance provided to the PSAPs can be found at:

<http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-emergency-medical-services-systems-911-public-safety-answering-points-management-patients-known-suspected-united-states.html>



EMS Notification

◆ If PSAPs obtain a positive case definition for a PUI, the PSAP will notify the responding EMS unit to contact the PSAP for additional information

Screenings

PSAPs are encouraged to ask the following questions post case entry:

Does the patient have a complaint?

In the past 21 days has the patient been in contact with a known or suspected person with Ebola?

Has the patient traveled outside the United States over the past 30 days?

◆ These questions will be asked with the following EMD protocols:

- 6 - Breathing Problem
- 10 - Chest Pain
- 18 - Headache
- 21 - Hemorrhage (Medical)
- 26 - Sick Person

If a positive indication is received, the PSAP will advise the responding EMS unit to contact Medical Command prior to transport

Additionally, the PSAP will cancel non-essential Emergency Services Personnel

Current list of contrived listed with outbreaks as of (10/28/2014)

- Guinea • Liberia • Sierra Leone
- Mali • Democratic Republic of Congo

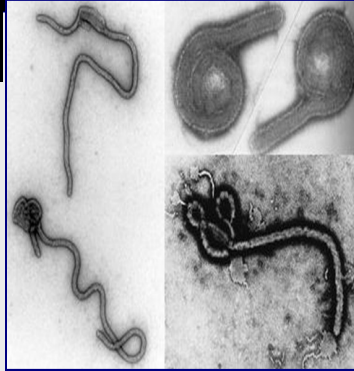


EMS - PRE-RESPONSE ACTIVITIES

EMS Guidance

- ◆ EMS agencies should review the EMS Checklist for Ebola Preparedness located at:

<http://www.cdc.gov/vhf/ebola/pdf/ems-checklist-ebola-preparedness.pdf>



PPE Recommendations

- ◆ EMS agencies should review the CDC PPE recommendations and proper donning and doffing located at:

<http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>

EMS agencies should communicate with their local hospitals now to understand how they will best integrate with their hospitals' response plans for Ebola

EMS - RESPONSE ACTIVITIES

- ◆ If the PSAP advises EMS of a positive PUI, EMS should don appropriate PPE prior to patient contact
- ◆ For a positive PUI, EMS should contact Medical Command prior to transport

If the EMS with NOT advised of a PUI, but determines it during the call, EMS should:

- *Don appropriate PPE*
- *Limit non-essential emergency services*
- *Contact Medical Command prior to transport*

EMS - POST-RESPONSE ACTIVITIES

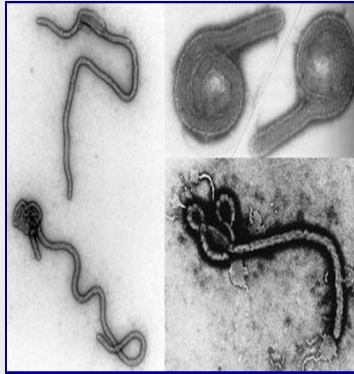
- ◆ EMS will need to decontaminate equipment according to manufacture's guidelines
- ◆ EMS providers will need to communicate the event to the EMS agency's infectious control officer
- ◆ EMS agency should notify the regional EMS council

In the event a patient meets case definition and refuses transport, EMT providers should utilize the **ED & EMS Screening Criteria** located at:

<http://www.ehsf.org/Utility/DbImageHandler.ashx?rowId=1127&imageType=DocumentPDF>

HOSPITALS - MEDICAL COMMAND

Medical Command Physicians should be familiar with their hospital's response plan for Ebola



Medical Command Physicians will discuss with EMS to determine how to safely transport the patient to the facility without creating additional exposure to the facility and community at large

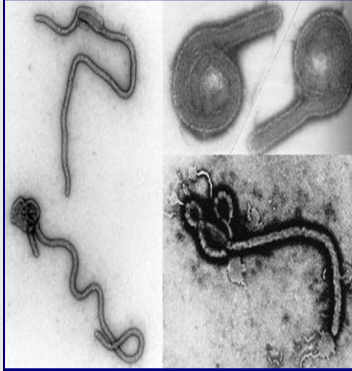
COMMUNITY HEALTH ACTIVITIES

PPE Education

Monitoring of Returning Community Members

- Planning of EMS notification for transport of patients that develop symptoms

ADDITIONAL RESOURCES



- ◇ Center for Disease Control and Prevention
<http://www.cdc.gov/ncidod/dvrd/spb/mnpages/dispages/ebola>
- ◇ World Health Organization
<http://www.who.int/mediacentre/factsheets/fs103/en>
- ◇ Pennsylvania Department of Health
www.health.state.pa.us
- ◇ Association of State and Territorial Health Officials
www.astho.org
- ◇ National Institutes of Health
<http://nih.gov>
- ◇ Emergency Health Services Federation Ebola Resource Page
<http://www.ehsf.org/AboutUs/News/newsdetail.aspx?ID=103>