



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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EMS Practices on Possible Ebola Exposure Patients

Address scene safety:

If Public Safety Access Point (PSAP) call takers advise or initial patient contact suggest that the patient is suspected of having Ebola, Emergency Medical Services (EMS) personnel should don appropriate Personal Protection Equipment (PPE) for suspected cases of Ebola before entering the scene. Appropriate includes:

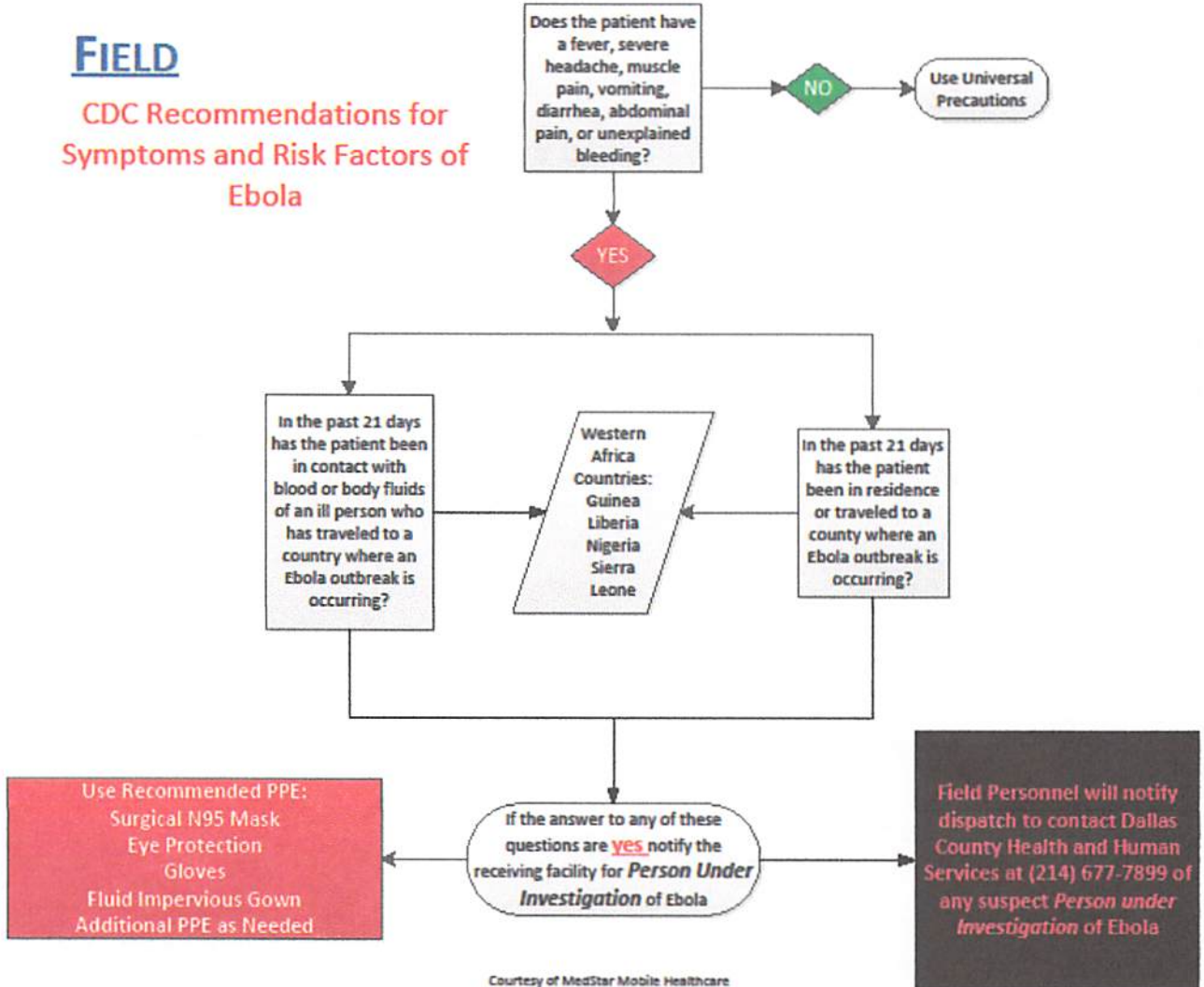
- Gloves
 - Gown (fluid resistant or impermeable)
 - Eye protection (goggles or face shield that fully covers the front and sides of the face)
 - Facemask
 - Additional PPE might be required in certain situations (e.g., large amounts of blood and body fluids present in the environment), including but not limited to double gloving, N-95 Face mask, disposable shoe covers, and leg coverings.
- Keep the patient separated from other persons as much as possible.
 - Minimize EMS staff exposure
 - Use caution when approaching a patient with Ebola. Illness can cause delirium, with erratic behavior that can place EMS personnel at risk of infection, (e.g., flailing or staggering.)
 - If blood, body fluids, secretions, or excretions from a patient with suspected Ebola come into direct contact with the EMS provider's skin or mucous membranes, then the EMS provider should immediately stop working. They should wash the affected skin surfaces with soap and water and report exposure to an occupational health provider or supervisor for follow-up.

Patient Assessment and Transport:

- All patients should be assessed for symptoms of Ebola (Fever, with additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage). If the patient has symptoms of Ebola, then ask the patient about risk factors within the past 3 weeks before the onset of symptoms, including:
 - In the past 21 days, has the patient had contact with blood or body fluids of a patient known to have or suspected to have Ebola;
 - Residence in—or travel to— a West African country such as; Guinea, Nigeria, Sierra Leone and Liberia where an Ebola outbreak is occurring or Direct handling of bats or nonhuman primates from disease-endemic areas.
- Based on the presence of symptoms and risk factors, put on or continue to wear appropriate PPE and follow the scene safety guidelines for suspected case of Ebola.
- If there are no risk factors, proceed with standard EMS care.

If the Patients meets Criteria for Patient Under Investigation for Ebola exposure, contact Dallas County Health and Human Services at (214) 677-7899 and transport to recommended facility. Notify receiving facility as soon as possible to give adequate time for facility preparation.

****SEE ATTACHED ALGORITHM****



Disinfection and Decontamination Procedures/Precautions:

- Wear recommended personal protective equipment (PPE) including, at a minimum, disposable gloves, gown (fluid resistant/ impermeable), eye protection (goggles or face shield), and facemask to protect against direct skin and mucous membrane exposure of cleaning chemicals, contamination, and splashes or spatters during environmental cleaning and disinfection activities.
- Use a U.S. Environmental Protection Agency (EPA)-registered hospital disinfectant with a label claim for a non-enveloped virus (e.g., norovirus, rotavirus, adenovirus, poliovirus) to disinfect environmental surfaces in rooms of patients with suspected or confirmed Ebola virus infection.
- Avoid contamination of reusable porous surfaces that cannot be made single use.
- The Ebola virus is classified as a Category A infectious substance by and regulated by the U.S. Department of Transportation's (DOT) Hazardous Materials Regulations (HMR, 49 C.F.R., Parts 171-180). Any item transported offsite for disposal that is contaminated or suspected of being contaminated with a Category A infectious substance must be packaged and transported in accordance with the HMR. This includes medical equipment, sharps, linens, and used health care products (such as soiled absorbent pads or dressings, kidney-shaped emesis pans, portable toilets, used Personal Protection Equipment (gowns, masks, gloves, goggles, face shields, respirators, booties, etc.) or byproducts of cleaning) contaminated or suspected of being contaminated with a Category A infectious substance.
 - In general, a Category A infectious substance must be triple packed in a:
 - (1) primary watertight receptacle,
 - (2) watertight secondary packaging, and
 - (3) rigid outer packaging.
- If at all possible, Decontamination should be completed at the receiving medical facility and all medical waste and cleaning materials should be left with the medical facility environmental services department for final disposition.

****This Guideline is not meant to supersede local, regional or EMS Service Medical Directors recommendations or protocols.****



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