

To Chelan/Douglas Counties EMS Providers:

RE: Protocol for Caring for Potentially Serious Infections, such as Ebola.

The likelihood of coming into contact with an ill patient due to Ebola virus in Chelan and Douglas Counties is exceedingly low. However, that likelihood is not zero. Furthermore, I think this gives us an opportunity to make sure all providers are aware of proper procedure regarding a highly infectious agent. Obviously, the proper procedure has been a moving target the last few weeks. The CDC has finally come in line with endorsing the procedures employed by those institutions which have great expertise in this area, and more importantly, those institutions have not had any secondary infections. It is important for all EMS providers in Chelan and Douglas Counties to have a clear and consistent plan of action for responding to potentially serious infectious situations.

RiverCom is now screening callers that have compatible symptoms with Ebola infection, which of course are non-specific and could be due to numerous other infectious and non-infectious causes. If they obtain a travel history to West Africa, or contact with a symptomatic patient with Ebola, they will advise responders to contact RiverCom by private line for details. If phone contact cannot be made, dispatch will advise, "patient high likely of infectious circumstances."

Responders should also inquire about travel history in any patient with fever, vomiting, diarrhea, severe headache, or unexplained bleeding. Travel to the West African countries of Sierra Leone, Liberia or Guinea, or contact with a person with confirmed Ebola infection within the last 21 days will trigger PPE precautions.

The PPE protocol must follow the recently released CDC guidelines, which emphasizes 'no skin exposure.' This can be found at the following link, <http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>. Responding agencies must have the recommended PPE outlined in CDC document. **The donning and doffing procedure must be followed utilizing an observer with a checklist who will verbalize each step of the process to help guide the person donning or doffing the PPE.**

Please carefully adhere to the following procedure:

1. Limit the number of providers with patient contact (preferably no more than two). **Responding agencies should coordinate who will make contact with the patient.**
2. All responders should have copies of the CDC recommendations for donning and doffing PPE in a checklist format.
3. Providers must don the PPE exactly as outlined by CDC and will be supervised by another responder who will read through the procedure point by point.
4. If transporting the patient, notify the receiving hospital as early as possible.
5. Frequently disinfect outer gloves with alcohol based hand rub.
6. Following delivery of the patient, remove the PPE exactly as outlined by the CDC, being supervised by a colleague who will read through the procedure point by point.
7. Then, go back to #3 to don PPE so that you can go back into the vehicle to meticulously disinfect. A virucidal disinfectant, active against non-enveloped viruses (such as norovirus), must be used. Consider placing barriers prior to patient transport which will limit the potential surface area of contamination. The vehicle will be out of services for a considerable period of time to be sufficiently disinfected.
8. When completed, return to #5 for removal of PPE.

This protocol will be updated if further information dictates necessary changes.

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