Special Response Protocol - 1

EVD

October 17 2014 Version 2

Date updated	Section updated	Update	Reason

EVD SUSPECT CALL RECEIVED AT 911 or OTHER

Calls received by the London Central Ambulance Communication Centre (CACC) for any patients in the Perth County EMS response area may fall under this protocol will be subject to the following ***EVD Special Response Protocol - 1 (EVD SRP1)*** as ordered by Perth County EMS;

Criteria for Activation of ***EVD Special Response Protocol - 1***;

CACC call takers will be screening callers for symptoms and risk factors of Ebola. Callers should be asked if they, or someone at the incident, have fever greater than 38 degrees Celsius or 101 degrees Fahrenheit, *or if not known a self-report of a fever* and additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained bleeding.

If CACC call takers suspect a caller is reporting symptoms of Ebola, they should screen callers for risk factors within the past 3 weeks (21 days) before onset of symptoms. Risk factors include:

Residence in or travel to a country where an Ebola outbreak is occurring (a list of impacted countries can be accessed at the following link: http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/Pages/EVD_Geographic_Areas_Affected.aspx) or Contact with blood or body fluids of a patient known to have or suspected to have Ebola; Direct handling of bats, rodents, or non-human primates from disease-endemic areas.

If CACC call takers have information alerting them to a person with possible Ebola, they should make sure any first responders and EMS personnel are made confidentially (via landline / cell) aware of the potential for Ebola before the responders arrive on scene.

EVD SRP1 - DEPLOYMENT RESPONSE FOR SUSPECT EBOLA;

1. All suspected EBOLA calls in Perth County will have a modified emergency response.
2. Perth County Paramedics assigned to a possible EBOLA calls will be staged prior to responding.
3. Perth County on duty Commander must be notified prior to dispatching our ambulance to a possible EBOLA address
4. I f fire services fall under tired criteria they will confirm with CACC upon notification if they will respond to EBOLA calls or not and that information will be relayed to Perth EMS.
5. Police may be notified if patient is experiencing agitation, hallucinating or a possible threat to others. Police will follow their PPE procedures for these incidents.
6. Perth County EMS Commander will consider requesting additional resources and or agencies after an assessment of the scene.

EVD SRP1 - ON SCENCE INCIDNET COMMAND ACTIONS;

1. The On Scene Commander role will become the Safety Officer for this incident and will be responsible for the safety of those at the scene along with limiting the chances of cross contaminating people or things.

2. The Safety Officer will notify the caller upon arrival of the scene that the responders must don protective equipment (PPE) prior to entering their residence and not to come out of the house to meet the responders until advised it is safe to do so (if appropriate). Callers will be told that responders will attend to them when they are ready. This notification can be done via phone with CACC assistance if required.
3. If this incident proves to be a possible EBOLA patient when using the *Ebola virus disease (EVD) screening tool for Emergency Medical Services* issued by the province (attached) the Safety Officer will notify the local hospital who will be receiving this patient and ask the CACC to arrange to have one of Perth County spare ambulances sent to the hospital for use later.

EVD SRP1 – ON SITE PARAMEDICPPE DONNING PROCEDURE

1. Paramedics will don the appropriate PPE as directed by the on Scene Commander who will become the Safety Officer for this process. The Safety officer will utilize the *Perth EVD Tracking Sheet and Perth EMS EVD Donning Process* (attached).

2. Paramedics and the Safety Officer will have the following PPE utilized prior to entering the residence;

- ☐ A Tyvek suit with hood
- ☐ Safety glasses
- ☐ N95 mask
- ☐ Tyvek Apron
- ☐ Face shield
- ☐ Two sets of gloves; one set of exam and one set of long cuff
- ☐ Tape
- ☐ Boot Covers

EVD SRP1 – PARAMEDICENTERING RESIDENCE & VEHICLE PREPARATION

1. Paramedics will place and seal their response bags and equipment that may be needed for treatment in clear plastic bags prior to entering a suspect address or treating a suspect Ebola patient. (This will assist in limiting contaminating equipment if not required)
2. When Paramedics enter the residence they will take with them the stretcher and equipment required for assessment and treatment of the patient or if specific direction is received by the Base Hospital Program, Public Health, or the Province. Until specific direction is received Paramedics should limit activities, especially during transport that can increase the risk of exposure to infectious material (e.g., airway management, CPR, blood glucose). Limiting the use of needles and other sharps as much as possible. All needles and sharps should be handled with extreme care and disposed in puncture-proof, sealed containers.
3. If the patient is coughing, provide them with a surgical mask to wear if tolerated. If the patient requires oxygen, a nasal cannula under the mask can be used or an oxygen mask with a filter system should be used (e.g. high concentration / low flow oxygen mask) as appropriate.

4. Do not attempt aerosol generating medical procedures such as nebulized therapy or endotracheal intubation unless absolutely necessary. If patient is in cardiac arrest, provide CPR and bag valve mask (BVM) only (PHO direction)
5. The On-site Safety Officer will ready the vehicle by removing any unnecessary equipment that may become contaminated from bodily fluids and will place it in the front cab or the supervisor vehicle.
5. The Safety Officer will turn on the air or heat in the patient compartment area along with the suction, ventilation and area lighting. (This is to reduce the Paramedics need to touch any buttons or parts of the interior of the vehicle)
4. The Safety Officer will confirm the cupboards are sealed shut along with the sliding window between the cab and the patient compartment area.

EVD SRP1 - REMOVING PATIENT & LOADING THE AMBULANCE

1. Patients will be wrapped up in sheets with their arms and legs inside to prevent them from touching anyone or anything.
2. Paramedics must be mindful that anything they touch after treating a patient with suspect EBOLA (doors, knobs, elevator buttons, walls) may become cross contaminated and should wipe down that surface with an approved disinfectant prior to leaving.
3. The Safety Officer will open the back doors of the ambulance.
4. The patient will be placed in the patient compartment area of the ambulance with <u>both</u> of the treating paramedics. (Removing the need for the driver to have to doff their PPE at site and then re don PPE at hospital)
5. The Safety Officer will observe the patient and Paramedics as they enter the vehicle and will point out any area of the ambulance that they may have touched so it can be immediately wiped down with an approved disinfectant wipe.
6. The Safety Officer will close the doors of the ambulance.
7. The Safety Officer will drive the ambulance to the appropriate Hospital.

EVD SRP1 – PATIENT ARRIVAL AT RECEIVING HOSPITAL

1. The Safety Officer will park the ambulance and enter the ED and confirm that the ED is ready and available to accept the patient and where the patient will be placed.
2. The Safety Officer will return to the ambulance open the rear doors and advise the Paramedics on where they are to take the patient.
3. The Paramedics will place the patient in a bed as assigned by the hospital.
4. The Paramedics will then take the equipment and stretcher back to the ambulance and clean the surfaces that may have been in contact with the patient with an approved disinfectant, prior to placing them back in the ambulance.
5. The Safety Officer will then shut the ambulance doors, (if gross contamination of the vehicle occurred with bodily fluids the doors will be taped shut and caution note attached for expanded decontamination later at our predetermined location).
6. Treating Paramedics and the Safety Officer will then report to the decontamination area at the hospital for the decontamination procedure.

EVD SRP1 – PARAMEDICDECONTAMINATION / DOFFING PPE PROCEDURE

1. I f Paramedics have become ***grossly contaminated*** with bodily fluids they will wipe down the visible contaminated area with approved disinfectant wipes to clean off the area of contaminate. (Spraying off staff members with a bleach solution of 1:10 has raised concern of potentially aerosoling the virus and requires medical officer of health consult).
2. The Safety Officer will instruct Paramedics using our Perth EMS approved *doffing check sheet* along with the *Perth EMS EVD tracking sheet* for step by step guidance during the doffing process.
3. Paramedics will be instructed what is required at each step to assist in limiting any accidental self-contamination during this process.
4. Staff will place all contaminated PPE in a double bag marked bio hazard and place it in the approved waste container.
5. Paramedics will then report for a personal shower prior to returning for duty.

EVD SRP1 – PARAMEDICBACK IN SERVICE PROCDURE

1. Paramedics will book into the spare ambulance if their original ambulance was grossly contaminated which was brought to the hospital (arrange by CACC).
2. If the original Ambulance was grossly contaminated, the Safety Officer will stay in their PPE and will either complete the cleaning process in the ambulance by wiping down the areas that may have been contaminated in the ambulance during transport (walls and seats) or if the vehicle is grossly contaminated by bodily fluids they will move the contaminated vehicle to the pre- approved area for decontamination.
3. A grossly contaminated ambulance will be moved to the pre-approved area for decontamination and the areas that have bodily fluids will be cleaned with approved disinfectant.
4. When the Safety Officer has completed the vehicle decontamination process a crew member will monitor and advise the Safety Officer using the approved check sheet during the doffing process of their PPE. All used PPE will be placed in a double bio hazard bag and put in an approved waste bin.
5. Safety Officer will report to for a personal shower prior to returning for duty.
6. After decontamination the vehicle may sit for 12 hours at room temperature or be placed into service if required.

EVD SRP1 – AMBULANCE DECONTAMINATION PROCEDURE

1. EMS personnel performing cleaning and disinfection should wear recommended PPE (described above) and consider use of additional barriers (e.g., rubber boots or shoe and leg coverings) if the vehicle is grossly contaminated with bodily fluids. Face protection (face shield, mask) should be worn since tasks such as liquid waste disposal can generate splashes.
2. Patient-care surfaces (including stretchers, railings, medical equipment control panels, and adjacent flooring, walls and work surfaces) are likely to become contaminated and should be sprayed and wipe down with approved disinfectant along with any equipment used.

3. Any response bags used will be dismantled and the bags will be laundered using a high temperature setting in our washing machine.
4. When the cleaning is completed and if staff are ***grossly contaminated*** with bodily fluids they will wipe down the visible contaminated area with approved disinfectant wipes to clean off the area of contaminate. (Spraying off staff members with a bleach solution of 1:10 has raised concern of potentially aerosoling the virus and requires medical officer of health consult).

   Note: A blood spill or spill of other body fluid or substance (e.g., feces or vomit) should be managed through removal of bulk spill matter, cleaning the site, and then disinfecting the site. For large spills, a chemical disinfectant with sufficient potency is needed to overcome the tendency of proteins in blood and other body substances to neutralize the disinfectant's active ingredient. An EPA-registered hospital disinfectant with label claims for viruses that share some technical similarities to Ebola (such as, norovirus, rotavirus, adenovirus, poliovirus) and instructions for cleaning and decontaminating surfaces or objects soiled with blood or body fluids should be used according to those instructions. Alternatively, a 1:10 dilution of household bleach (final working concentration of 500 parts per million or 0. 5% hypochlorite solution) that is prepared fresh daily (i.e., within 12 hours) can be used to treat the spill before covering with absorbent material and wiping up. After the bulk waste is wiped up, the surface should be disinfected as described above.

EVD SRP 1- Follow-up reporting measures for EMS personnel after caring for a suspect or confirmed Ebola patient

Paramedics that are exposure to blood, bodily fluids, secretions, or excretions from a patient with suspect or confirmed Ebola should immediately:

1. Stop working and wash the affected skin surfaces with soap and water. Mucous membranes (e.g. conjunctiva) should be irrigated with a large amount of water or eyewash solution
2. Contact the on duty Commander or Safety Officer for assessment and access to post-exposure management services.
3. Receive medical evaluation and follow-up care at the receiving hospital.
4. Continued follow up should include fever monitoring twice daily for 21 days, after the last known exposure. Staff may continue to work while receiving twice daily fever checks, as directed by local, provincial, or federal public health authorities.
5. EMS personnel who develop sudden onset of fever, intense weakness or muscle pains, vomiting, diarrhea, or any signs of hemorrhage after an unprotected exposure (i.e., not wearing recommended PPE at the time of patient contact or through direct contact to blood or body fluids) to a patient with suspected or confirmed Ebola should:
   - Not report to work or immediately stop working and isolate themselves;
   - Notify their supervisor, who should notify their local and the provincial health authorities;
   - Contact Perth County management for information and access to post-exposure management services.

6. All Perth County Staff that have had contact with a suspect or known Ebola patient will have the appropriate documentation file on their behalf. The Duty Commanders and / or the Safety Officer will complete and send to HR and Public Health;
    - ☐ Form 7.1a
    - ☐ WSIB possible exposure
    - ☐ Designated Officer notification form

SRP-1 EVD – Responder Crisis

In the unlikely event that one of our paramedics experiences a medical emergency while attending to an EVD patient the following should occur;

"In development"

References;

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

http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/Pages/Viral-Hemorrhagic- Fevers.aspx

http://app1.unmc.edu/nursing/heroes/pdf/vhfppe/donningBiologicalPPE-EbolaPatients-8.5x11-CC-v1.02.pdf

http://app1.unmc.edu/nursing/heroes/pdf/vhfppe/doffingBiologicalPPE-EbolaPatients-8.5x11-CC-v1.01.pdf

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PARTNERS FOR HEALTH | PARTENAIRES POUR LA SANTÉ

Initial assessment and management of the returning traveller from countries/areas affected by Ebola virus disease for Emergency Medical Services

September 19, 2014

This document is intended to assist in the initial assessment and management of both symptomatic and asymptomatic returning travellers from countries/areas affected by Ebola virus disease. As the risk of Ebola virus disease in Ontario is currently very low, routine screening specifically for Ebola virus disease is not currently recommended. Usual screening practices for your setting should continue. Patients with a recent travel history should be asked about travel to countries/areas affected by Ebola virus disease. Please visit www.publichealthontario.ca/ebola for updated information on Ebola virus disease.

ASSESSMENT

1. TRAVEL HISTORY

In the past 21 days, have you been to any of the following countries/areas?

Note: These countries/areas are current as of September 5, 2014. For updated geographic information, visit the Public Health Ontario website

- Guinea
- Sierra Leone
- Liberia
- Nigeria (Lagos and Port Harcourt)
- Democratic Republic of the Congo (Equateur Province)

YES ☐ **NO** ☐

2. FEVER OR OTHER SYMPTOMS (Note: patients WITHOUT symptoms CANNOT transmit EVD)

Are you feeling unwell with symptoms such as:

• Fever of 38°C (101°F) or greater	Yes ☐ No ☐	• Diarrhea	Yes ☐ No ☐
• Feeling feverish	Yes ☐ No ☐	• Vomiting	Yes ☐ No ☐
• Severe headache	Yes ☐ No ☐	• Sore throat	Yes ☐ No ☐
• Muscle pain	Yes ☐ No ☐	• Stomach pain	Yes ☐ No ☐

YES to ANY of the above ☐ **NO** to ALL of the above ☐

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