



COUNTY OF ORANGE HEALTH CARE AGENCY

HEALTH DISASTER MANAGEMENT EMERGENCY MEDICAL SERVICES

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DATE: October 24, 2014

TO: OCEMS DISTRIBUTION LIST

FROM: SAM J. STRATTON, MD, MPH
ORANGE COUNTY EMS MEDICAL DIRECTOR

SUBJECT: EMS RELATED EBOLA UPDATE # 5

This memorandum provides an overview of the Orange County Emergency Medical Services (OCEMS) Ebola preparedness and response plan. Please refer to the attached EMS Response Framework for more detailed direction.

1. EBOLA CASE DEFINITION (MODIFIED FOR FIELD OPERATION):

Symptom(s): Person presenting with fever (subjective or measured) with or without abdominal pain, vomiting, diarrhea, headache, non-traumatic bleeding, or muscle aches. Note that fever is the primary symptom of interest.

Exposure History: Travel within the **past three weeks** to the African countries of **Liberia**, **Sierra Leon**, or **Guinea**.

If multiple primary Ebola cases begin to be recognized in the U.S., there may be "history of contact with an Ebola victim within three weeks" added to the exposure history, but at this time the symptoms and exposure history stated above are the working case definition for suspected Ebola infection.

2. DISPATCH:

A. OCEMS has issued instructions to 9-1-1 emergency dispatch and ambulance dispatch centers to begin call screening for potential Ebola victims (OCEMS Ebola Update # 3). Using the Ebola case definition, both 9-1-1 Emergency and Non-emergency Ambulance Dispatch Centers are expected to screen calls for "sick persons" to determine if Ebola should be suspected. At a minimum, dispatch determination of reported subjective or measured fever and travel to Ebola risk countries is to be determined.

B. If dispatch determines there is a call that may meet the case definition; field personnel are to be advised to approach the patient in personal protective equipment (PPE).

C. Dispatch centers will report positive call screening incidents to the OCEMS Duty Officer 24/7.

3. ARRIVAL AT SCENE OR FIELD CONTACT WITH A PREVIOUSLY UN-IDENTIFIED SUSPECTED EBOLA VICTIM:

A. Non-Emergency ambulance crews who are on-scene and determine a patient meets Ebola case definition criteria, should withdraw from the patient and vacate the room or structure and elevate the call to 9-1-1.

B. EMS personnel should minimize contact until PPE is donned. If EMS personnel are exposed to body fluids or within six feet of a suspected Ebola victim who is sneezing or coughing, they must immediately remove all clothing, proceed with full body decontamination with copious washing with water and soap, if available, and cover with a clean sheet. Further isolation or follow-up of a contaminated EMS worker will depend on risk of Ebola and blood test for Ebola determination of the primary case. OCEMS policy # 330.96 (attached) provides contact exposure policy details.

C. 9-1-1 Emergency crews should don appropriate PPE equipment and prepare the patient for transport. Base contact is to be made to determine the appropriate EMS Receiving Center. As early as possible, the receiving hospital must be notified of the suspicion for Ebola. At present, special Ebola prepared hospitals have not been identified and suspected Ebola victims are to be transported to the nearest open EMS Receiving Center.

D. Transport should only occur in a transport ambulance prepared with plastic sheeting to isolate the patient compartment.

E. Field EMS crews who identify a suspected Ebola victim must notify Orange County Public Health/Epidemiology (714 834 8180) as soon as possible.

4. PERSONAL PROTECTIVE EQUIPMENT (PPE):

For suspected Ebola cases, OCEMS requires full body PPE without exposure of skin (this is now the latest Center for Disease Control recommendation). It is particularly important to avoid exposure of body fluids or droplets to the eyes, nose, and mouth. EMS personnel must be trained in proper donning and taking off of PPE to avoid cross contamination.

A. Required PPE for suspected Ebola response:

- Water impermeable coverall suit with hood
- Water impermeable shoe/boot covers and leg covering (if not part of coverall suit)
- Goggles
- Face shield (use in combination with goggles)
- N-95 or P-100 respirator
- Two sets of medical gloves (for double gloving)

