CALL-TAKER (9-1-1 + others)

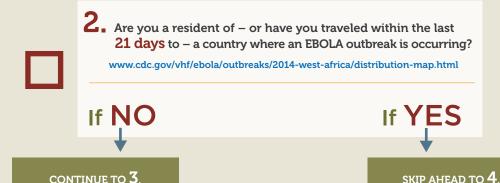
EBOLA SCREENING QUESTIONS

SYMPTOMS

If the caller has flu-like symptoms, please ask the following questions:



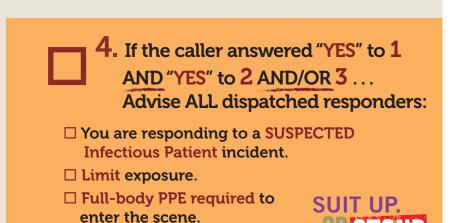
POSSIBLE EXPOSURE (VECTORS)





Normal Response: **Dispatch** Appropriate Responder

CONTINUE TO 4





CDC-recommended PPE:

TWO PAIRS OF SINGLE-USE (DISPOSABLE) NITRILE EXAM GLOVES

AND APRON AND BOOT or SHOE COVERS (SHOE COVERS ACCEPTABLE ONLY IF COVERALLS HAVE INTEGRATED SOCKS)

(All should be single-use [disposable] fluid-resistant or impermeable.

PAPR (WITH FULL FACE SHIELD, HELMET OR HEADPIECE) AND SINGLE-USE (DISPOSABLE) HOOD (IF PAPR IS REUSABLE)

N95 RESPIRATOR AND SINGLE-USE (DISPOSABLE) HOOD AND SINGLE-USE FACE SHIELD (Fully cover front and sides of face.)

Content for this publication is based on the Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients with Known or Suspected Ebola Virus Disease in the United States - October 24, 2014 and the Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting On (Donning) and Removing (Doffing) - October 20, 2014

Revision Date: October 29, 2014







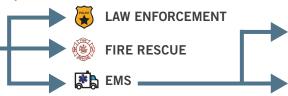




FIRST RESPONDERS

CALL-TAKERS (9-1-1 + others)

- · Ask screening questions.
- Report screening answers to ALL dispatched responders.
- IF call-taker screening determines this is a SUSPECTED Infectious Patient case, provide a unified public safety response.



FIRST RESPONDERS

SUSPECTED Infectious Patient: Call DHH/Office of Public Health/Infectious Disease Epidemiology (ID EPI) Section at

1-800-256-2748

Notify receiving healthcare facility that you are transporting a SUSPECTED Infectious Patient.



LAW ENFORCEMENT



- Secure scene.
- If risk of exposure exists, allow EMS to perform their function.
- If proper PPE is not available:
 - Maintain distance of 3 feet.
- If exposed, STOP work immediately report possible exposure to your supervisor.



- Follow departmental protocols.
- If EMS requires direct assistance with the patient, you MUST put on proper PPE. See below for CDC-RECOMMENDED PPE.
- Ensure post-exposure DECON, including your vehicle if exposed.
- Safely remove PPE if used; follow CDC guidelines for disposal.

FIRE RESCUE



- Secure scene.
- If risk of exposure exists, allow EMS to perform their function.
- If proper PPE is not available:
 - Maintain distance of 3 feet.
- If exposed, STOP work immediately report possible exposure to your supervisor.



- Follow departmental protocols.
- If EMS requires direct assistance with the patient, you MUST put on proper PPE. See below for CDC-RECOMMENDED PPE.
- Ensure post-exposure DECON, including your vehicle if exposed.
- Safely remove PPE if used; follow CDC guidelines for disposal.
- If you are performing EMS functions, follow EMS protocols.

EMS



- Don appropriate PPE prior to entering the scene. See below for CDC-RECOMMENDED PPE.
- Keep patient separated from other persons as much as possible.
- Use caution. Illness can cause delirium or erratic behavior.
- Interview the family.
- If exposed, STOP work immediately report possible exposure to your supervisor.



- Follow departmental protocols.
- If SUSPECTED Infectious Patient, call DHH/Office of Public Health/Infectious Disease Epidemiology (ID EPI) Section at 1-800-256-2748 prior to transport.
- Notify receiving healthcare facility that you are transporting a SUSPECTED Infectious Patient.
- Limit exposure. Limit use of needles. Limit pre-hospital procedures (e.g., intubation, opening or suctioning of airways and/or cardiopulmonary resuscitation) to minimum necessary for essential diagnostic evaluation and medical care.
- Ensure **DECON** of **ambulance** as soon as patient is moved from ambulance to ER.
- Safely remove PPE; follow CDC guidelines for disposal.

Full-body coverage PPE as recommended by the CDC:



TWO PAIRS OF SINGLE-USE
(DISPOSABLE) NITRILE EXAM GLOVES
(At a minimum, outer gloves should have extended cuffs.)

2.



COVERALLS (WITH OR WITHOUT INTEGRATED SOCKS)

AND APRON AND BOOT or SHOE COVERS

(SHOE COVERS ACCEPTABLE ONLY IF COVERALLS HAVE INTEGRATED SOCKS)

(All should be single-use [disposable] fluid-resistant or impermeable.)

3.



PAPR (WITH FULL FACE SHIELD, HELMET OR HEADPIECE) AND SINGLE-USE (DISPOSABLE) HOOD (IF PAPR IS REUSABLE)

N95 RESPIRATOR AND SINGLE-USE (DISPOSABLE) HOOD AND SINGLE-USE FACE SHIELD (Fully cover front and sides of face.)

 Please see Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients with Known or Suspected Ebola Virus Disease in the United States — October 24, 2014 and the Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting On (Donning) and Removing (Doffing) — October 20, 2014 for detailed guidance.

