

GUIDANCE FOR FIRST RESPONDERS

Important Information for All First Responders

At this time, the Connecticut Department of Public Health believes the risk of exposure to first responders in Connecticut to the Ebola virus to be extremely low. As such, the overwhelming majority of response situations will warrant only the usual level of precautions against blood borne pathogen exposure ("Universal Precautions") for which first responders are routinely trained and that are utilized by first responders as part of their routine work on a daily basis. Please refer to your agency's established Exposure Control Plan.

An important distinction: QUARANTINE versus ISOLATION

"Quarantine" consists of the physical separation and confinement of an individual, group of individuals or individuals present within a geographic area that are or are believed to have been exposed to a communicable disease or contamination. Individuals in quarantine do not have an active case of the disease.

"Isolation" consists of the physical separation and confinement of an individual, or a group of individuals, present within a geographic area who are infected with a communicable disease or are contaminated, or whom the commissioner of public health reasonably believes to be infected with a communicable disease or to be contaminated, in order to prevent or limit the transmission of the disease to the general public. Individuals in isolation may have an active case of the disease.

As of October 24, 2014, no individuals in the State of Connecticut are known to have an active case of the disease and that is why no individuals in Connecticut are in isolation.

UNIVERSAL PRECAUTIONS

It is important to remember that individuals can exhibit Ebola-like symptoms due to exposure to other infectious agents such as influenza or the norovirus. Since exposure to any infectious disease is always a workplace safety issue, it is important for all first responders to be familiar with and routinely follow "Universal Precautions" for preventing exposure to any infectious disease. Universal Precautions include:

- Treating any body fluid as if it is infectious;
- Wearing appropriate Personal Protective Equipment (PPE), including impermeable, disposable (i.e., nitrile) gloves and other necessary disposable protective clothing (gowns, face shields, booties, etc.) when exposure to blood or bodily fluids is anticipated;

- Maintaining as much distance as possible when interacting with known or potentially infectious individuals;
- Putting on and taking off (donning and doffing) PPE properly, maintaining the integrity of the PPE, to avoid contaminating skin and clothing;
- Washing your hands vigorously with soap and water (or hand sanitizer $\geq 60\%$ alcohol) after removing gloves, or after close contact with an ill person, or with body fluids or surfaces that may be contaminated;
- Avoiding touching your mouth, eyes, nose, or other mucous membranes with unwashed or gloved hands;
- Disposing of any contaminated PPE, used needles, or other potentially contaminated items in appropriate biohazard bags or sharps containers.

Respiratory protection is not part of routine Universal Precautions and is not necessary unless there is a respiratory hazard (such as coughing or sneezing), or there is anticipated exposure to airborne infectious diseases (such as influenza), or the individual is in isolation. It is important to remember that use of respiratory protection (such as the N95 respirator) requires employers to develop and maintain an OSHA-compliant respiratory protection program, including medical screening, fit testing and worker training prior to distribution and use of respirators in work settings. More information on compliance with the OSHA respiratory protection standard can be found online at <https://www.osha.gov/SLTC/respiratoryprotection/>.

INFORMATION FOR FIRST RESPONDERS **WHEN DEALING WITH A POTENTIAL EXPOSURE TO EBOLA**

The special precautions referred to below are only recommended in cases in which a first responder is called to assist at a scene with an individual known or suspected to have exposure to Ebola virus:

Ebola is spread through the direct contact with an infectious person's blood or body fluids (i.e., urine, feces, vomit, or saliva). Infection can also occur through contact with the blood or body fluids of someone that has died from Ebola. Since Ebola can survive for several days on surfaces, infection can occur as a result of direct contact with objects that contain infectious blood or body fluids (such as needles or bed sheets). A person who is exposed to Ebola virus cannot infect other individuals until symptoms, such as fever, nausea, vomiting or diarrhea begin.

Symptoms of Ebola Virus Disease are similar to many other conditions, and include:

- Fever ($\geq 100.4^{\circ}\text{F}$ or 38.0°C)
- Severe headache
- Muscle pain
- Weakness
- Diarrhea
- Vomiting
- Abdominal (stomach) pain
- Unexplained bleeding or bruising

Symptoms may appear anywhere from 2 to 21 days after exposure to Ebola, but the average is 8 to 10 days. If an individual has not exhibited symptoms after 21 days from exposure, they are not infected by Ebola.

PLEASE NOTE: Since symptoms of Ebola Virus Disease are similar to those associated with many other more common disease conditions, the most important factor to consider in identifying a possible Ebola case is whether the individual is known to have had recent close contact with a person with active Ebola Virus Disease or recent travel to Ebola-endemic areas of West Africa; specifically Guinea, Liberia and Sierra Leone. If neither of these has occurred within the last 21 days, it is highly unlikely that the person exhibiting symptoms has active Ebola Virus Disease.

ADDITIONAL PRECAUTIONS: CONTACT WITH PERSONS THAT ARE KNOWN OR SUSPECTED TO HAVE ACTIVE EBOLA VIRUS DISEASE

The following *special precautions* have been developed by the Centers for Disease Control and Prevention (CDC) and are recommended in cases where a first responder is called to assist at a scene with an individual known or suspected to have previous exposure to Ebola virus and active Ebola Virus Disease.¹ Please note: It is anticipated that Fire and/or Law Enforcement officials may escort but are not usually expected to provide transport of persons to isolation or a medical facility.

1. Isolate the infectious individual away from bystanders and limit direct close contact (i.e. within 6 feet) with the infectious individual as much as possible.
2. Wear recommended personal protective equipment (PPE) at all times when in close proximity to the infectious individual to protect against direct skin and mucous membrane exposure to blood and other bodily fluids.² All use of PPE should be in accordance with applicable OSHA standards. Recommended PPE includes:
 - Impermeable disposable gloves (i.e., nitrile or latex) (double gloving is recommended)
 - Fluid resistant or impermeable disposable gown
 - Eye protection (a face shield that fully covers the front and sides of the face)
 - Disposable N95 respirator (facemask-type) to prevent exposure to airborne droplets, preceded by a medical screening, fit testing and worker training by qualified individuals
 - Additional barriers (i.e., disposable leg covers, disposable shoe covers, double gloving) should be used at response scenes where large amounts of blood or other bodily fluids are present

¹ The current Ebola outbreak in West Africa has been ongoing since March 2014 and has primarily affected Guinea, Liberia and Sierra Leone. It is important to note that there is currently no Ebola outbreak in the US. To date there have been 4 Ebola cases in the US, an index case who had contracted the disease in West Africa, and two other cases in nurses attending that initial case in close contact inside a healthcare facility.

² On October 21, the Centers for Disease Prevention and Control (CDC) recently revised its "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)," and indicated that it is currently revising its "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." As CDC guidance on PPE is revised, Connecticut's Guidance will also be updated as well.

3. Limit activities, especially during transport, which can increase the risk of exposure to infectious material (e.g., airway management, cardiopulmonary resuscitation, use of needles). Phlebotomy, procedures and laboratory testing should be limited to the minimum necessary for essential diagnostic evaluation and medical care.
4. Limit 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.
5. Pre-hospital resuscitation procedures (endotracheal intubation, open suctioning of airways, CPR) frequently result in a large amount of body fluids, such as saliva and vomit. Performing these procedures in a less controlled environment (e.g., moving vehicle) increases risk of exposure for EMS personnel. If conducted, perform these procedures under safer circumstances (e.g., stopped vehicle, hospital destination).
6. Use extreme caution when putting on and taking off (donning and doffing) PPE to avoid touching mucous membranes and contaminating skin and clothing. Appropriate procedures for donning and doffing PPE can be found on line at <http://www.cdc.gov/HAI/prevent/ppe.html> and <http://www.cdc.gov/vhf/ebola/pdf/ppe-poster.pdf>.
7. PPE should be worn upon entry into the scene and continued to be worn until personnel are no longer in contact with the patient;
8. Dispose of all contaminated clothing and other equipment in appropriate containers inside a hospital setting or keep double-bagged inside leak-proof containers or sharps containers and held in a secure location until they can be appropriately disposed;
9. Wash hands vigorously and thoroughly with soap and water after all PPE is removed and disposed.
10. DPH has released an updated Guidance Document on Cleaning and Disinfecting Indoor Spaces that includes specific advice on Ebola (attached.)

COMBATIVE PERSONS AND NON-COMPLIANT PATIENTS

The vast majority of persons with whom law enforcement personnel, fire fighters and emergency services responders come into contact, including persons who are placed in quarantine or isolation, are compliant and will adhere to your directions. In those instances, however, where a person is combative or a patient is non-compliant, customary policy and procedure regarding the use of force applies. Verbal commands should continue to be issued first and any force used be the least restrictive and of the shortest duration possible to address the risk at hand. First responders should be mindful nonetheless; that each form of force may cause additional conditions to occur that may require your attention. As examples, applying a chemical agent is likely to cause the combative person or non-compliant patient to produce tears and mucous and to cough, and any physical struggle to produce sweat. Maintaining a distance of six or more feet whenever possible, having PPE at the ready, washing your hands and other exposed skin vigorously with soap and water immediately after contact, and fully adhering to all of the other Universal Precautions is critical to your safety and wellbeing. NOTE: When the person's first language is not English, communication may be inhibited, efforts to elicit assistance from others who speak that language is encouraged.

NOTE: The decision whether to have a law enforcement presence at the scene rests with the Authority Having Jurisdiction.

RECOMMENDED DISPATCHER CALL SCRIPT

The CDC recommends that 9-1-1 Public Safety Answering Points (PSAPs) and other emergency call centers use modified caller queries about Ebola when they consider that the risk of Ebola may be elevated in their communities (for example, in the event that patients with confirmed Ebola are identified in the area). Communication and collaboration among PSAPs, the EMS system, health care facilities, and the public health system is important for a coordinated response to Ebola. Each 9-1-1 and EMS system should seek the involvement of the Medical Control in their response area to provide appropriate medical oversight.

The following guidelines, based on CDC recommendations, have been reviewed by CT DPH, and are in place at the Department of Emergency Services and Public Protection:

Dispatchers should screen callers consistent with their Emergency Medical Dispatch (EMD) procedures. In addition, questions regarding travel listed below should be added. It is important for dispatchers to also question callers about:

- Recent travel in the last 21 days (particularly travel to Liberia, Sierra Leone, or Guinea in the last 21 days), or
- Contact with a person who has Ebola virus disease, such as having touched someone who is sick with Ebola.

If these travel questions are in the affirmative and these questions if they are not included in the initial screening, also ask whether the person is experiencing the following:

- Fever greater than 100.4F
- Severe headache, muscle pain, vomiting, diarrhea, abdominal pain or unexplained bleeding

Whenever possible, dispatchers should relay this information to first responders before they get to the location so they can put on the correct personal protective equipment (PPE).

If the caller is seeking general information about Ebola, the Dispatcher should refer the caller to www.211ct.org or www.ct.gov/ebola.

RECOMMENDATIONS IF A MUNICIPALITY RECEIVES A QUARANTINE ORDER

Once a quarantine order from the CT DPH has been issued, DPH will also notify the local public health director. The local public health director will notify the municipal Chief Executive Officer (CEO). It is recommended that the CEO convene a municipal Unified Command Team of appropriate partners including the police and fire chiefs and emergency management director to address potential public health, police, fire, EMS, and school issues. It must be recognized that there are confidentiality issues related to the release and collection of certain health-related information. Please contact CT DPH with any questions.

Under Connecticut law, an individual quarantined has:

- The right to consult an attorney;
- The right to a hearing pursuant to Connecticut General Statutes Section 19a-131b, at which the person may be represented by counsel that will be provided at the expense of the state if the person is unable to pay for such counsel; and
- Court fees will be waived if a hearing is requested.

Under Connecticut General Statutes Section 19a-131b, an appeal of the order of quarantine may be initiated in the appropriate Probate Court in the jurisdiction in which the person is quarantined by the person or his/her representative in writing to the Court by means of first class mail, fax machine, or the Internet, requesting a hearing.

BIOMEDICAL INFORMATION

In the event of an Ebola outbreak in Connecticut, the Department of Energy and Environmental Protection (DEEP) has indicated the following:

If there is a case that occurs where Ebola biomedical waste materials are generated, DEEP has identified several facilities in the state where these materials can be brought and safely disposed of.

Below are links to the DEEP Website for lists of permitted Biomedical Contractor resources that can be contacted for cleaning and transportation services if required.

List of licensed spill cleanup contractors

http://www.ct.gov/deep/lib/deep/emergency_response_spill_prevention/licensedspillcontractors.pdf

List of Biomedical transporters

http://www.ct.gov/deep/lib/deep/waste_management_and_disposal/transporters_and_facilities/biomedicalwastetransporters.pdf

Biomedical Waste Frequently Asked Questions

http://www.ct.gov/deep/cwp/view.asp?a=2718&q=325338&deepNav_GID=1646

Biomedical Waste Tracking Form

http://www.ct.gov/deep/lib/deep/waste_management_and_disposal/biomedical_waste/MedWstTrkForm.pdf

SUMMARY

This document has been developed to provide key information regarding the risk of, and appropriate precautions against, exposure to Ebola virus for first responders, including police, fire fighters, emergency medical services (EMS) personnel and other responders working in non-healthcare settings. It incorporates information primarily from the CDC, Connecticut Occupational Safety and Health Administration (CT OSHA), and CT DPH and represents the most current recommendations available at this time. This guidance may change over time in which case, this guidance will be revised and redistributed.

CT DPH is available to provide assistance on a case-by-case both with regard to epidemiological and occupational health issues.

In closing, as of October 24, 2014, the Connecticut Department of Public Health believes the risk of exposure to Ebola virus by first responders in Connecticut to be extremely low. As such, the *overwhelming* majority of response situations will warrant only the usual level of precautions against bloodborne pathogen exposure ("Universal Precautions") for which first responders are routinely trained and are utilized by first responders as part of their routine work on a daily basis.

ADDITIONAL INFORMATION SOURCES

Centers for Disease Control and Prevention (CDC) Ebola Information: <http://www.cdc.gov/vhf/ebola/>

Occupational Safety and Health Administration (OSHA) Ebola Protection for Workers:
<https://www.osha.gov/SLTC/ebola/>

Connecticut Department of Public Health – Ebola Virus Disease Information:
<http://www.ct.gov/dph/cwp/view.asp?a=3115&Q=554408&PM=1>