



# STATE OF CONNECTICUT

## Department of Emergency Services and Public Protection

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### **GUIDELINES FOR DESPP FIRST RESPONDERS TREATING EBOLA PATIENTS**

The recent outbreak of the Ebola virus requires that all first responders take extra precautions to prevent any spread of this disease. The Centers for Disease Control and Prevention (CDC) has provided guidelines for dispatchers, law enforcement, firefighters and EMS personnel. These guidelines are timely and offer the best practices for keeping DESPP personnel safe when handling a patient with suspected Ebola symptoms.

Initial signs and symptoms of Ebola include sudden fever, chills, and muscle aches, with diarrhea, nausea, vomiting, and abdominal pain occurring after about five days. Other symptoms such as chest pain, shortness of breath, headache, or confusion, may also develop. Symptoms may become increasingly severe and may include jaundice (yellow skin), severe weight loss, mental confusion, bleeding inside and outside the body, shock, and multi-organ failure.

First responders play a crucial role in answering calls for help, triaging patients, and providing emergency treatment to patients. The response often requires split-second medical decision-making and interventions with limited information. Frequently, it is impossible to determine patient history before administering emergency care.

The CDC offers these recommendations:

#### **DISPATCHERS**

Dispatchers should screen callers concerned about exposure to Ebola for symptoms and risk factors. They should ask if the patient has a fever greater than 100.4 degrees Fahrenheit and if the patient has additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained bleeding.

When risk of Ebola is elevated in their community, it is important for dispatchers to question callers about:

- 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.

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) before interacting with the patient.

*If the caller is seeking general information about Ebola viral disease, the Dispatcher should refer the caller to United Way 211 by phone by calling 2-1-1 or on line at [www.211ct.org](http://www.211ct.org).*

#### **RESPONDERS**

The CDC urges responders to carry PPE with them at all times; PPE offers the barrier of protection essential to treating a patient. Put on the PPE appropriate for suspected cases of Ebola before entering the scene and:

- Keep the patient separated from other persons as much as possible.
- **Use caution** when approaching a patient with Ebola. Illness can cause delirium, with non-compliant, erratic behavior that can place responders at risk of infection; e.g., flailing or staggering.

- Assess for symptoms of Ebola (see above). If the patient has symptoms of Ebola, ask the patient about risk factors within the past 3 weeks before the onset of symptoms, including:
  - 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.
- Based on the presence of symptoms and risk factors, put on or continue to wear appropriate PPE and follow the safety guidelines for suspected case of Ebola.

First responders can safely treat a patient with suspected or confirmed Ebola by following recommended isolation and infection control procedures. Particular attention should be paid to protecting mucous membranes of the eyes, nose, and mouth from splashes of infectious material, or self-inoculation from soiled gloves. Early recognition and identification of patients with potential Ebola is critical.

### **Personal Protective Equipment (PPE)**

Use of standard, contact and droplet precautions is sufficient for most situations when treating a patient with a suspected case of Ebola as defined above. When responding to a scene with an infected person, personnel should wear:

- Gloves;
- Gown (fluid resistant or impermeable);
- Eye protection (goggles or face shield that fully covers the front and sides of the face); and
- Facemask.
- Additional PPE might be required in certain situations (e.g., large amounts of blood and body fluids present in the environment), including but not limited to double gloving, disposable shoe covers, and leg coverings.

Resuscitation procedures such as endotracheal intubation, open suctioning of airways, and CPR frequently result in a large amount of body fluids, such as saliva and vomit. If blood, body fluids, secretions, or excretions from a patient with suspected Ebola come into direct contact with the first responder's skin or mucous membranes, the responder should immediately *stop* working and wash the affected skin surfaces with soap and water and report exposure to an occupational health provider or supervisor for follow-up.

### **NOTE**

The likelihood of contracting Ebola is extremely low unless a person has direct, unprotected contact with the blood or body fluids (urine, saliva, feces, vomit, sweat, and semen) of a person who is sick with Ebola viral disease.

The guidance provided in this document is based on current knowledge of Ebola. Updates will be posted as needed on the [CDC Ebola webpage](http://www.cdc.gov/vhf/ebola/index.html)(<http://www.cdc.gov/vhf/ebola/index.html>).