



OHIO STATE HIGHWAY PATROL

"OSP-Hub"

INTELLIGENCE UNIT

Issue #: ODEO00001079

Date: October 16th, 2014

COLONEL PAUL PRIDE, SUPERINTENDENT
CAPTAIN BRENDA COLLINS, OSP Hub COMMANDER
Intel email: OSPIntel@dps.state.oh.us

Intel Main Phone: 614/799-6525
Watch Desk 24/7 Contact Phone: 614/799-6633
Fax: 614/799-6519

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AWARENESS: Ebola Preparedness for First Responders

(U//FOUO) Summary: The Ohio Department of Health (ODH) states that the current outbreak of Ebola virus disease (EVD) is the largest in history with more than 8,000 suspected cases and nearly 4,000 case deaths.¹ As of October 14th, 2014 only 2 cases have been identified as being contracted in the United States. Adhering to recommended approaches to properly handling possible and confirmed EVD cases can contribute to minimizing the spread of this disease.

The following information from the Center for Disease Control and Prevention (CDC) has been gathered and compiled by the Analysts of the OSP-HUB Intelligence Unit for the situational awareness of first responders. This document will provide general guidelines from the CDC and the Ohio Department of Health (ODH) pertaining to:

- Information for Law Enforcement - *CDC*
- Response Guidelines for First Responders - *CDC*
- "What you need to know about Ebola" - *ODH*

Please note that the CDC and ODH are the authorities on this communicable disease, and as such are best suited to field questions regarding the protocol or guidelines regarding EDV response:

Centers for Disease Control and Prevention
1-800-232-4636
www.cdc.gov/vhf/ebola

Ohio Department of Health
614-466-3543
www.odh.ohio.gov

(U//FOUO) Information for Law Enforcement

Law enforcement may be required to escort possible patients or test samples between facilities. PPE should be work properly throughout the duration of potential exposure following the guidelines above.² Additionally, law enforcement should remember to change PPE after each encounter and to touch as few items as possible while in PPE to prevent contamination. If concerned that exposure to body fluid has occurred, stop working immediately and wash the affected skin.² Guidelines from the CDC on how to properly disinfect cruisers (patient care surfaces) can be found on page 2 of this document.

¹ Ohio Department of Health (2014, October 10). Retrieved October 16, 2014, from Ebola Virus Disease: <http://www.odh.ohio.gov/en/odhprograms/dis/orbitdis/ebola/Ebola.aspx>

² *Personal Protective Equipment (PPE): Escorts, Secondary Exit Screeners, Law Enforcement.* CDC.Gov.

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AWARENESS: Ebola Preparedness for First Responders

(U//FOUO) Response Guidance for First Responders:

Use of Personal Protective Equipment (PPE)³

- Use a buddy system to don and remove PPE
- Before interacting with potential patients wear gown, facemask, eye protection, and gloves (in that order).
- If exposure to blood or body fluids is likely, additional PPE items to consider are double gloving, disposable shoe covers, and leg coverings.
- Upon conclusion of patient interaction carefully remove PPE, making a concerted effort to avoid contamination of the eyes, mucous membranes or clothing. Reusable PPE should be cleaned and disinfected while disposable PPE should be discarded. Immediately conduct hand hygiene.
- PPE should be changed between handling or touching individuals

Transportation and management of exposed assets

- Recommended PPE (described above) should be worn and consideration should be given to the use of additional barriers (e.g., rubber boots or shoe and leg coverings) if needed. Face protection (facemask with goggles or face shield) should be worn since tasks such as liquid waste disposal can generate splashes.
- 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 cleaned and disinfected after transport.
 - Contaminated reusable patient care equipment should be placed in biohazard bags and labeled for cleaning and disinfection according to agency policies. Reusable equipment should be cleaned and disinfected according to manufacturer's instructions by trained personnel wearing correct PPE. Avoid contamination of reusable porous surfaces that cannot be made single use.
 - Use only a mattress and pillow with plastic or other covering that fluids cannot get through. To reduce exposure among staff to potentially contaminated textiles (cloth products) while laundering, discard all linens, non-fluid-impermeable pillows or mattresses as appropriate.

³ Center for Disease Control and Prevention. (n.d.). Retrieved October 15, 2014, from
Center for Disease Control and Prevention. (n.d.). Retrieved October 15, 2014, from <http://www.cdc.gov/vhf/ebola/pdf/checklist-patients-evaluated-us-evd.pdf>

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AWARENESS: Ebola Preparedness for First Responders

(U//FOUO) Guidance for First Responders (Cont.)

- 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.
 - An EPA-registered hospital disinfectant with label claims for viruses that share some technical similarities to Ebola (such as, norovirus, rotavirus, adenovirus, and poliovirus) and instructions for cleaning and decontaminating surfaces or objects soiled with blood or body fluids should be used according to those instructions. After the bulk waste is wiped up, the surface should be disinfected as described in the bullet above.

The Ebola virus is a Category A infectious substance regulated by the U.S. Department of Transportation's (DOT) Hazardous Materials Regulations (HMR, 49 C.F.R., Parts 171-180).⁴

- Any item transported for disposal that is contaminated or suspected of being contaminated with a Category A infectious substance must be packaged and transported in accordance with the HMR.
- This includes medical equipment, sharps, linens, and used health care products (such as soiled absorbent pads or dressings, kidney-shaped emesis pans, portable toilets, used Personal Protection Equipment [e.g., gowns, masks, gloves, goggles, face shields, respirators, booties] or byproducts of cleaning) contaminated or suspected of being contaminated with a Category A infectious substance.

EMS Personnel Considerations³

- 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 local and state health department

⁴ Centers for Disease Control and Prevention. (2014, October 1). Retrieved October 16, 2014, from Ebola (Ebola Virus Disease): Centers for Disease Control and Prevention. (2014, October 1). Retrieved October 16, 2014, from Ebola (Ebola Virus Disease):

<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>

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AWARENESS: Ebola Preparedness for First Responders

(U//FOUO) Guidance for First Responders (Cont.)

- *Contact occupational health/supervisor for assessment and access to post-exposure management services*
- *Comply with work exclusions until they are deemed no longer infectious to others*
- *EMS personnel with exposure to blood, bodily fluids, secretions, or excretions from a patient with suspected or confirmed Ebola should immediately:*
 - *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*
 - *Contact occupational health/supervisor for assessment and access to post-exposure management services*
 - *Receive medical evaluation and follow-up care, including fever monitoring twice daily for 21 days, after the last known exposure. They may continue to work while receiving twice daily fever checks, based upon EMS agency policy and authorization of local, state, and federal public health authorities.*

Recommendations for 9-1-1 Public Safety Answering Points (PSAPs)⁴

- *It will be important for PSAPs to question callers and determine if anyone at the incident possibly has Ebola. This should be communicated immediately to EMS personnel before arrival and to assign the appropriate EMS resources.*
- *PSAP call takers should consider screening callers for symptoms and risk factors of Ebola.*
 - *Callers should be asked if they, or someone at the incident, have fever of 38.0 degrees Celsius or 100.4 degrees Fahrenheit or greater*
 - *Callers should be screened for additional symptoms to include*
 - *severe headache*
 - *muscle pain*
 - *vomiting, diarrhea*
 - *abdominal pain*
 - *unexplained bleeding.*

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AWARENESS: Ebola Preparedness for First Responders

(U//FOUO) Guidance for First Responders (Cont.)

- If PSAP call takers suspect a caller is reporting symptoms of Ebola, they should screen callers for risk factors within the past 3 weeks before onset of symptoms. Risk factors include:
 - Contact with blood or body fluids of a patient known to have or suspected to have Ebola
 - 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.cdc.gov/vhf/ebola/outbreaks/guinea/index.html>)
 - Direct handling of bats or nonhuman primates from disease-endemic areas.
- If PSAP 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 aware of the potential for Ebola before the responders arrive on scene.
- If responding at an airport or other port of entry to the United States, the PSAP should notify the CDC Quarantine Station for the port of entry. Contact information for CDC Quarantine Stations can be accessed at the following link: <http://www.cdc.gov/quarantine/quarantinestationcontactlistfull.html>

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