

Suspected Highly Infectious Disease

(NCCEP Protocol SC-1)

Introduction

- * Transmission occurs via contact with blood/body fluids of infected individuals including:
 - Blood
 - Breast milk
 - Secretions (saliva/sweat)
 - Semen
 - Urine
 - Vomitus/diarrhea
- * Incubation period is 2 – 21 days (not transmitted prior to onset of symptoms)
- * Symptoms:
 - Abdominal pain
 - Anorexia
 - Bleeding
 - Diarrhea
 - Fever (>100.4°F)
 - Headache
 - Joint and muscle aches
 - Vomiting
 - Weakness
- * Patients with any of the above signs/symptoms should specifically be asked if he/she has traveled to Africa in the past 21-days
 - If positive travel to Africa, specifically ask country(ies) of travel
- * Consider that at-risk countries of travel may change with time
- * Potential highly infectious diseases
 - Ebola – west Africa
 - Lassa – west Africa
 - Marburg – south central Africa
 - MERS (Middle East Respiratory Syndrome) – Arabian Peninsula
 - SARS (Severe Acute Respiratory Syndrome)
 - Nipah Virus – southeast Asia
 - Smallpox
- * Differential diagnosis
 - Bacteremia/septicemia
 - Malaria
 - Meningococcemia
 - Typhoid fever

Basic / Advanced Medical Care

1. EMS personnel should don personal protective equipment (PPE) with any patient with a positive screen (symptoms and travel to Africa in past 21 days) as soon as identified utilizing standard donning procedures for droplet/contact precautions (prior to patient contact if positive screen per CMED):
 - A. Eye protection (goggles / face shield)
 - B. Fluid impervious gown or (Tyvek) full coveralls
 - C. Gloves
 - D. N-95 mask
 - E. Shoe/boot and head covers (if not included with coveralls)
2. Only essential personnel should have any contact with the patient
3. First responder personnel should not have patient contact unless critical intervention / assistance required
4. Surgical mask should be placed on any patient with a positive screen for potential highly infectious disease (symptoms + travel)
 - A. Impermeable sheet should be utilized around patient as barrier between patient and EMS equipment/personnel
5. Care as per appropriate protocol (note advisements in #6 below)
6. Do NOT perform the following procedures
 - A. Aerosolizing procedure (nebulizer treatments, suctioning, CPAP)
 - B. Blood draw
 - C. Endotracheal intubation, BIAD, BVM
 - D. IM medication administration
 - E. IV/IO access
7. If supplemental oxygen is required a non-rebreather mask should be utilized
8. Limit utilized equipment to only essential equipment required for needed patient care
9. If positive screen identified, destination will be limited to **CMC or NHPMC** (based on patient hospital system of preference; if no preference, transport to closest (**CMC or NHPMC**) per mobile mapping data)
 - A. Contact medical control as soon as a patient with a positive screen is identified
 - B. Provide report to attending physician
 - C. Determine specific portal of entry per facility recommendations
 - D. Upon arrival to destination facility do NOT enter the facility
 - E. Crew will be met by hospital staff in the ambulance bay and patient will be transferred from EMS stretcher to hospital bed in the ambulance bay
10. With negative screen provide care as per appropriate protocol and transport per patient destination general triage protocol

Additional Considerations

- * CMED will screen at call-taking (CMED will advise "Signal# PPE" if positive screen)
 - It is imperative that field providers also ask screening questions on scene
- * Transport of patient with suspected highly infectious disease must be reported to Operations Supervisor
 - Highly infectious disease must be reported to local, state, and federal public health authorities
 - Ensure Public health notified of any patient who refuses transport or is pronounced dead on scene (if positive screen for a highly infectious disease)
- * If personnel sustain any exposure to patient blood, body fluids, secretions, or excretions immediately wash affected area with soap and water
 - Discontinue any patient care activities to wash / irrigate the affected site
 - Any mucous membrane exposure should receive copious irrigation
- * Extreme care should be utilized in doffing PPE post transport per standard procedure to ensure no contamination from exposure to used PPE
 - Do not touch outer surface of PPE
 - Do not remove N-95 mask or eye protection prior to gown/coverall removal
- * Appropriate PPE is required during cleaning / disinfecting of any EMS equipment
 - Utilize appropriate approved disinfectant cleansing solution
 - Equipment includes ambulance interior and surfaces exposed to patient contact
- * Following patient care activity utilize standard hand hygiene utilizing soap and water for 30 seconds or alcohol-based hand wash
- * If any personnel exposure occurs notify employee health as soon as feasible following decontamination / cleansing / irrigation of exposure