

Ebola: Recommendations for Firefighters* and Law Enforcement Personnel

Facts about Ebola:

- Ebola is **not** contagious before the person has symptoms.
- Ebola is **not** spread through the air, food, or water.
- Ebola is spread through direct contact (through broken skin or through your eyes, nose, or mouth) with
 - Blood and body fluids (like urine, feces, saliva, vomit, sweat, and semen) of a person who is sick with Ebola.
 - Objects (like needles) that have been contaminated with the blood or body fluids of a person sick with Ebola.

Should first responders encounter a person claiming to have Ebola, they should ask the person:

- Have you traveled to Africa in the last 21 days?
 - If no, it is highly unlikely the person has Ebola.
 - If yes, then ask: Are you sick?

If the answer to both questions is no, the person may be ill, but it is highly unlikely that they have Ebola. If the answer to both questions is yes, first responders should ensure they have full contact information for the person, call for trained EMS, encourage the person to wait to be evaluated by trained medical professionals, and maintain a safe distance of at least 3 feet. The first responder should notify his/her supervisor as well as the local health department in order to obtain further guidance.

Fire and law enforcement officials are encouraged to maintain a safe distance of **at least 3 feet** from any known or suspected Ebola patient. Any contact with suspected or known Ebola patients should be limited to personnel wearing the appropriate personal protective equipment (PPE). These individuals should be trained in properly putting on and taking off the recommended PPE.

Safe work practices for fire fighters and law enforcement when encountering a person known or suspected to have Ebola should include the following:

- Minimize the potential for exposure. Maintain a safe distance of a **minimum of 3 feet** from the patient.
- Limit the number of personnel who come into contact with the patient and restrict non-essential personnel and visitors in the area. Only predetermined specially trained teams should enter a potentially contaminated residence.
- Do not use PPE in a suspected Ebola environment unless you have been trained and are comfortable with its use. Maintain scene safety and wait for EMS personnel with appropriate PPE and training to arrive.
- Monitor the area at all times, and log at a minimum entry and exit of all personnel who enter the area with the suspected or known Ebola patient.
- Assume anyone wearing PPE to be contaminated and stay away.
- In case of exposure:
 - Stop working immediately
 - Immediately wash the affected area with soap and water
 - Notify your supervisor and the local health department

Facts about quarantine enforcement:

- Planning should occur now at the local level between local law enforcement, the local health department, and other local agencies so that each agency knows and understands its role.
- People who might be placed in quarantine will not be experiencing symptoms and are therefore not contagious. Public health will monitor them daily for symptoms.

Local health departments are actively monitoring all North Carolina residents and visitors who have traveled to the affected countries in the last 21 days. First responders should work with their local health department to establish a process to keep up to date on the status of residents under active monitoring.

Local authorities are encouraged to work collaboratively to develop a plan for responding to 9-1-1 calls that involve persons undergoing active monitoring for Ebola due to recent travel to a country with widespread transmission. Planning should include local health departments, Emergency Management, fire departments, and law enforcement. Local authorities should also develop a process for quarantine enforcement and other actions that might be needed to secure the residence of a known or suspected case. Local agencies will be notified if people in their county are under active monitoring by the local health department for Ebola. Agencies working together in advance of a call or response will be crucial to a safe and smooth interaction with the patient.

Public Safety Answering Points (PSAP) should utilize the state recommended Emergency Medical Dispatcher (EMD) protocol or a local EMD protocol that appropriately screens for travel history and fever. If PSAP call takers obtain information alerting them to a person with possible Ebola, they should provide this information to dispatched first responders before the responders arrive on scene. Specific guidance for PSAPs is located at <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>.

Guidance for EMS, hospitals and other patient care providers can be found at <http://www.ncdhhs.gov/ebola/> in the Information for Providers section.

PPE recommendations for hospitals can be found at: <http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>.

* Fire personnel dispatched as a medical first responder should refer to the established jurisdiction EMS protocols for Ebola response and PPE recommendations. Any needs for training should be coordinated with the local jurisdiction EMS agency.