

Ebola Quick Reference Guide for Law Enforcement

A guide for law enforcement personnel who may respond to, or come in contact with, individuals potentially exposed to and/or infected with the Ebola virus.

History – 2014 Ebola outbreak in the western African countries of Liberia, Guinea, and Sierra Leone. The outbreak has been declared over, but 7 “flare-ups” have been identified and contained within Africa since March 2015. Total event case count – 28,652; total deaths – 11,325 (40% fatality rate). In the U.S., there were 11 Ebola cases and 2 fatalities. Only two of the U.S. cases were contracted in the U.S. (Dallas hospital nurses).

Transmission – Ebola is a viral illness and can be transmitted person-to-person through direct contact with blood or body fluids (saliva, vomit, feces, urine, semen, mucous, tears, and/or sweat) of a symptomatic individual, or indirectly through contact with contaminated objects (needles, bandages, medical equipment). Ebola is not an airborne-transmitted disease, but can be spread by droplets expelled during coughing or sneezing by an infected person. *Individuals that are not symptomatic are usually not infectious.*

Symptoms – Symptoms are consistent with the flu. Fever, headaches, nausea, vomiting, diarrhea, stomach pain, unexplained bleeding/bruising. Symptoms may appear 5-10 days after being infected and may take up to 21 days to present. Illness can cause delirium, with erratic behavior that can place officers at risk of infection (e.g., flailing or staggering).

Basic Personal Protective Equipment (PPE)/Protective Actions

- Disposable gloves (wearing two pairs is recommended); disposable face mask or fit-tested N-95 mask; eye protection or face shield, no exposed.
- Avoid direct contact with the individual and body fluids and secretions. *To minimize potential exposure, it may be best to perform the initial screening from at least 3 feet away from the person.*
- Wash hands vigorously with soap and water (or hand sanitizer \geq 60% alcohol) after removing PPE or after close contact with an ill person and/or with body fluids or surfaces that may be contaminated.
- Report potential exposure following department policy/protocol and to public health for follow-up.

Risk Evaluation Questions

- If initial assessment was not conducted by dispatch, responding personnel should attempt to clarify initial suspicions, while using protective action guidelines.
- Have you travelled outside the United States in the past month? Obtain travel history and refer to CDC <http://wwwnc.cdc.gov/travel/notices> for areas of concern for Ebola.
- Have you had contact with anyone that has traveled to countries of concern or contact with an Ebola patient?
- Are you feeling ill? If so, what are your symptoms and for how long have you had them?

If individual is positive for symptoms, and has a positive travel history to impacted countries or exposure to Ebola patient, isolate person in place, maximize distance to person, limit contact with person, and call Utah Department of Health 24/7 Epidemiology Emergency Line (888-374-8824). UDOH Epidemiology will conduct a phone evaluation with the responders, family members and others to determine the risk for Ebola (i.e., “person under investigation for Ebola” or PUI). If the patient is determined to a PUI, UDOH will work with EMS to arrange for safe transport of the patient using universal precautions to a hospital where the patient can be diagnosed and managed. This includes notification of the Gold Cross Ambulance Rapid Response Biocontainment Transport Team to transport individual from original location to a designated Ebola Assessment Hospital. While awaiting transport, continue to isolate the patient in place and ensure that all persons remain at a safe distance from the patient.

If PUI individual is *medically unstable* and requires immediate life-saving attention (CPR, trauma, etc.), use recommended PPE and follow department policy and protocol for performance of life saving interventions. Limit interventions to those needed to stabilize and transport. Communicate clearly with responding EMS agencies all concerns.

Minimize contact and handling of any surfaces, equipment, supplies, or materials that may have come in contact with individual determined to be PUI, UDOH Epidemiology will coordinate with Local Health Departments to arrange for clean-up and transportation of waste materials.

Utah Department of Health Ebola/Special Pathogens Hotline – 1-888-EPI-UTAH (888-374-8824)

Developed by Utah Department of Health, June 2016 using CDC, NIOSH, Illinois Department of Health, and Utah Department of Health Ebola response knowledge resources.

<http://health.utah.gov/epi/diseases/ebola/http://www.cdc.gov/niosh/topics/ebola/pdfs/ebolafactsheetlawenforcement.pdf>

