

# Ebola Virus Disease (EVD)

Guidance for Law Enforcement, First Responders and Corrections:  
*Identification and Risk Reduction of Ebola Exposure*



## Central Florida Intelligence Exchange (CFIX)

Situational Awareness Brief #14-10-47

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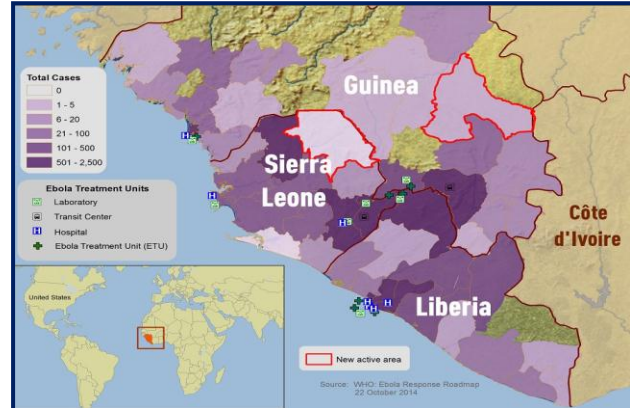
## (U) Ebola Virus Disease (EVD) Guidance for Law Enforcement, First Responders and Corrections

### (U) PURPOSE

(U//FOUO) The purpose of this brief is to provide law enforcement, first responders, corrections officers, and other personnel who interact with the general public, with guidance and protective measures when coming in contact with individuals demonstrating symptoms of the Ebola Virus Disease (EVD). Personnel who become familiar with the identification of possible exposure, proper response protocols and protective measures will be better prepared to respond, secure, transport and decontaminate to prevent further spread of this deadly disease.

### (U) BACKGROUND

(U) According to the Center for Disease Control (CDC), the 2014 Ebola epidemic is the largest in history, affecting multiple countries in West Africa. The CDC is working with other U.S. government agencies, the World Health Organization (WHO), and other domestic and international partners to prevent further spread of the Ebola virus within the United States.<sup>1</sup>



### (U) KEY POINTS

- (U) Law enforcement, first responders, corrections officers, health care providers and personnel who are in close contact with the general public should be familiar with Ebola signs and symptoms, methods of contamination and guidance on handling claims of illness during routine encounters.
- (U) The likelihood of contracting Ebola in the United States is low unless a person has direct unprotected contact with the blood or bodily fluids (like urine, saliva, feces, vomit, sweat, and semen) of a person who is sick with Ebola Virus Disease.
- (U) Law enforcement, first responders, corrections officers, health care providers and personnel who interact with the general public are at higher risk of coming in contact with an infected individual due to the unique challenges and uncontrolled nature of their work environment. These factors may increase the risk of exposure to blood and bodily fluid during an encounter with a combative subject, or from an ambulatory or custodial transport.

<sup>1</sup> CDC – Center for Disease Control and Prevention Official Website - <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/index.html>

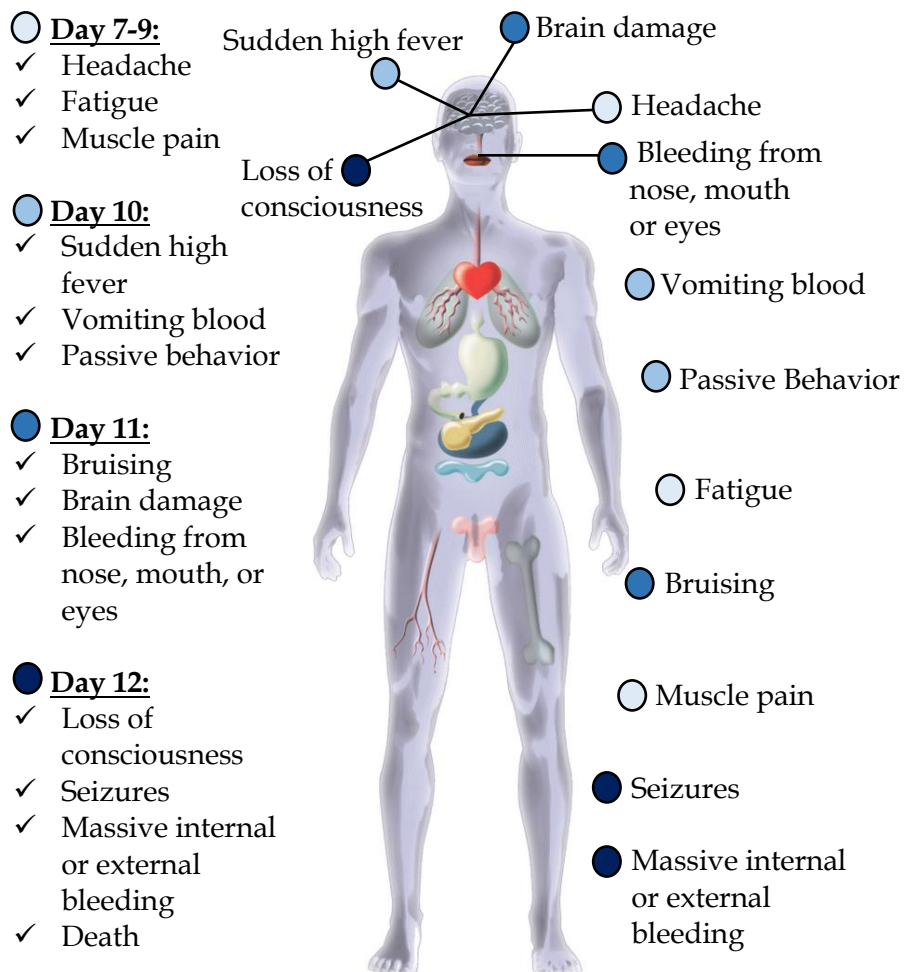
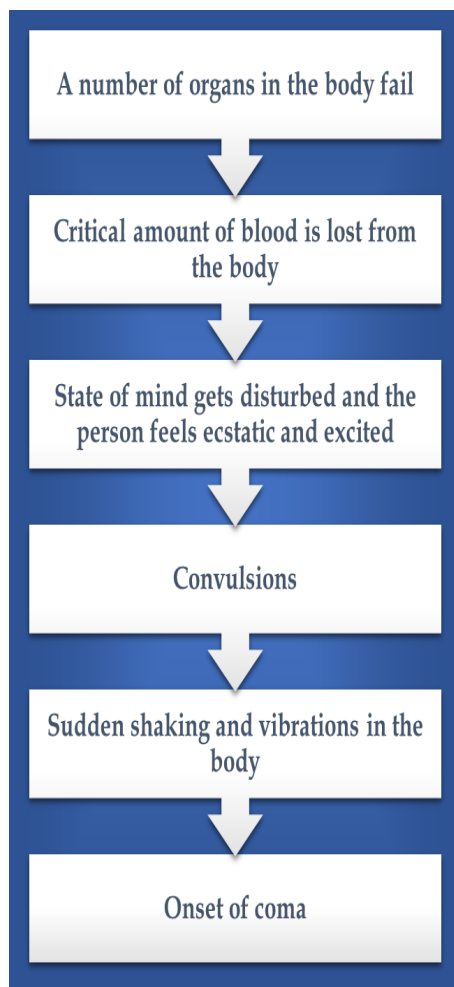
**(U) SIGNS AND SYMPTOMS**

(U) Symptoms of Ebola may appear anywhere from **2 to 21 days after exposure**, although the **average is 8 to 10 days**. Ebola can only be spread to others after symptoms begin<sup>2</sup>.

(U) Ebola can be spread by direct contact (through broken skin or mucous membranes) with a sick person's blood, bodily fluids. The virus also can be spread through contact with objects (like clothes, bedding, needles, syringes/sharps or medical equipment) that have been contaminated with the virus.

(U) Immediate identification of symptoms is critical for personnel who are exposed or come in direct contact with a potentially infectious person.

(U) The Ebola virus is fatal in most cases and the following serious conditions appear once the disease advances in the body:





<sup>2</sup> CDC – Center for Disease Control and Prevention Website - <http://www.cdc.gov/vhf/ebola/outbreaks/preparedness/planning-tips-top10.html>

**(U) RISK REDUCTION & KEY CONSIDERATIONS**

(U//FOUO) As mentioned in the key points, law enforcement, first responders, corrections officers, and personnel who interact with the general public are at a higher risk of coming in contact with an infected individual due to the unique challenges and uncontrolled nature of their work environment.

(U//FOUO) Below is a list of key considerations and response guidance for those in high-risk work environments when encountering individuals suspected of having the Ebola virus:

	<p>(U//FOUO) <b>9-1-1 Public Safety Answering Points (PSAPs)</b> - As first preventers, 9-1-1 call takers play an important role in sizing up a hazardous situation by identifying a potentially contagious caller prior to dispatching units to a request for service. When the risk of Ebola is elevated, it is important for the PSAPs to question the caller about:</p> <ul style="list-style-type: none"> <li>• Residence in, or previous travel to, a country where an Ebola outbreak is occurring (West Africa - Liberia, Guinea, Sierra Leone)</li> <li>• Signs and symptoms of Ebola (such as fever, vomiting, diarrhea)</li> <li>• Other risk factors, such as direct contact with someone who is sick with Ebola</li> </ul> <p>(U//FOUO) Dispatchers should advise responding personnel of this information prior to arriving on scene for situational awareness so they are prepared to respond with the Personal Protective Equipment (PPE) and reduce the risk of additional exposure to themselves and the general public.</p>
	<p>(U//FOUO) <b>Emergency Medical Services (EMS)</b> - EMS personnel should immediately check for symptoms and risk factors for Ebola to assess the possibility of illness and exposure.</p> <p>(U//FOUO) Staff should wear the appropriate protective gear and notify the receiving healthcare facility in advance when they are bringing a patient suspected of having the Ebola virus, so that proper infection control precautions can be taken at the healthcare facility before EMS arrives with the patient.</p> <p>(U//FOUO) Patient-care surfaces (including stretchers, railings, medical equipment control panels, and adjacent flooring, walls and work surfaces), as well as stretcher wheels, brackets, and other areas are likely to become contaminated and should be cleaned and disinfected after each transport.</p>



(U//FOUO) **Law Enforcement Officers (LEO)** - When an arrestee is in custody and reports or exhibits signs and symptoms of the Ebola virus, the LEO should inquire if:

- The arrestee has resided in, or previously traveled to, a country where an Ebola outbreak is occurring (West Africa - Liberia, Guinea, Sierra Leone)
- Subject complains of signs and symptoms of Ebola (such as indicators provided in this guideline; fever, vomiting, diarrhea, etc.)
- Has recently been in direct contact with someone sick with the Ebola virus.

(U//FOUO) If the officer's assessment of the signs and symptoms provided by the arrestee pose a risk of infection, the officer should:

- Drive to a safe/open area;
- Exit the vehicle;
- Leave the arrestee secured inside the vehicle;
- Notify dispatch and a supervisor of the situation;
- Request a hazardous materials team to be sent to their location to handle the situation.

(U//FOUO) LEOs should be informed NOT to take the arrestee to the emergency room or the jail to prevent additional contamination.



(U//FOUO) **Corrections/Intake Facilities** - When an inmate is in custody (booked within the 21 day incubation period) and reports or exhibits signs and symptoms of the Ebola virus, the medical staff should:

- Immediately inform the jail/prison chain of command;
- Inquire if the inmate has recently been in direct contact with someone sick with the Ebola virus;
- Inquire if the inmate resided in, or previously traveled to, a country where an Ebola outbreak is occurring (West Africa - Liberia, Guinea, Sierra Leone);
- Determine if the inmate is non-symptomatic or symptomatic.



(U//FOUO) Inmate meets travel criteria, but is **NOT** symptomatic (non-contagious)

(U//FOUO) Recommendations for jail/prison facility supervisors:

- Send a movement officer in a mask and gloves (PPE) to escort the inmate to a negative airflow isolation cell as a precaution.
- Notify corrections management via chain of command.
- Inmate will be quarantined via medical protocol pre-established by the facility.
- Ensure an incident report is generated.
- Staff should always wear masks and gloves when having any interaction with the inmate.



(U//FOUO) Inmate meets travel criteria, and **IS** symptomatic (possibly contagious)

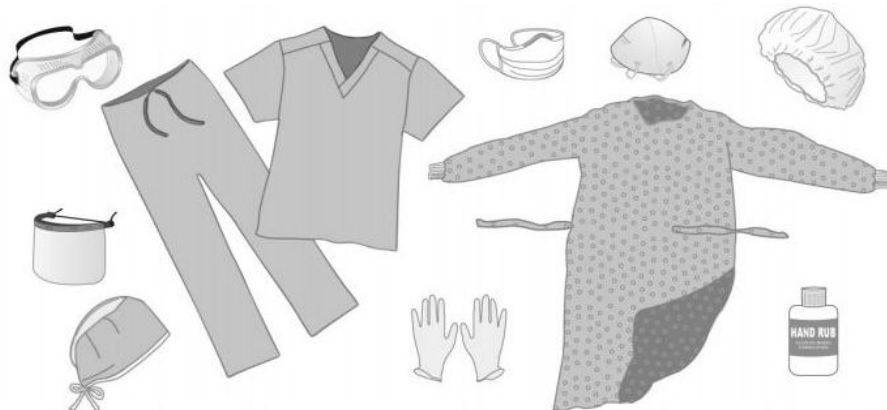
(U//FOUO) Recommendations for jail/prison facility supervisors:

- Notify control to initiate a lockdown of Sally Ports and triage areas:
  - Movement in or out of these areas should be prohibited.
  - Inform entire staff of the lockdown.
- Inform the Command Center of the situation to initiate a department-wide lockdown and request the proper notifications are made for a hazmat response.
- Notify the communications center (PSAP) to ensure the law enforcement agency's command staff is briefed of the situation and the arresting officer is made aware of the possible exposure.
- Consider a secondary booking location and handling procedures.
- Follow guidance from the medical staff and follow the facility's Pandemic Response Plan.
- The hazardous materials team will determine when the scene is clear and decontaminated before returning to normal operations.

**(U) PROTECTIVE MEASURES**

(U) Law enforcement, first responders, corrections officers and other personnel that are exposed to blood, bodily fluids, secretions, or excretions from an individual with suspected or confirmed Ebola should immediately<sup>3</sup>:

- Wash the affected skin surfaces with soap and water.
- Receive a medical evaluation and follow-up care, including fever monitoring twice daily for 21 days, after the last known exposure.
- Personal Protective Equipment (PPE) – According to the CDC guidelines, the proper PPE for Ebola protection includes wearing:
  - ✓ Double gloves and boot covers that are waterproof and go to at least mid-calf or leg covers;
  - ✓ Single-use fluid resistant or impermeable gown that extends to at least mid-calf *or* coverall without integrated hood;
  - ✓ Respirators, including either N95 respirators or powered air purifying respirator (PAPR);
  - ✓ Single-use, full-face shield that is disposable *or* Surgical hoods to ensure complete coverage of the head and neck;
  - ✓ Apron that is waterproof and covers the torso to the level of the mid-calf (and that covers the top of the boots or boot covers) should be used if Ebola patients have vomiting or diarrhea.



<sup>3</sup> CDC – Center for Disease Control and Prevention Website – Protective Measures

**(U) REPORTING NOTICE**

(U//FOUO) Public health officials, fusion liaisons and analysts assigned to fusion centers across the nation are collaboratively exchanging information and maintaining surveillance for the Ebola virus to ensure data is collected, analyzed and shared with emergency response agencies in their local jurisdictions.

(U) CFIX encourages further dissemination of this brief to those with a valid need-to-know within the emergency services, law enforcement, corrections, medical, public safety and fusion center communities. **This brief is not for publication or media release.**

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**(U) ANALYTICAL & RESEARCH CONTRIBUTIONS**



- Orlando Police Department
- CFIX Intelligence Liaison Officer (ILO) - Airport Fire Division
- Orange County Corrections Department - CFIX Fusion Liaison
- Florida Department of Health - CFIX Intelligence Liaison Officer (ILO)
- Center for Disease Control (CDC) - Website (open source)

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The Central Florida Intelligence eXchange (CFIX) is an all-hazards fusion center dedicated to the safety and security of our emergency responders, Intelligence Liaison Officers (ILOs) and fusion partners within Region 5 of the Domestic Security Task Force.

For more information or comments regarding this brief please contact:



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NOTE: This fusion product may contain information that still requires additional research and validation. Any new information will be forwarded as it is identified. The accuracy of this information is based solely on the sources from which it was derived. This information is being provided for first responder situational awareness.