



911 EMS Provider Ebola Virus Disease (EVD) Patient Assessment and Transportation Guidelines for City of Long Beach



**EMERGENCY MEDICAL
SERVICES AGENCY**
LOS ANGELES COUNTY

Medical Dispatch, EMT or Paramedic determines if patient meets suspect EVD case

Symptoms may include: fever, headache, joint and muscle aches, weakness, fatigue, diarrhea, vomiting, stomach pain and lack of appetite, and in some cases, bleeding

AND

Confirmed travel to **Democratic Republic of Congo (DRC)** within 21 days (3 weeks) of symptom onset

If patient meets above case definition:

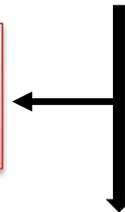
Implement recommended use of PPE against EVD exposure during assessment, transport and treatment

PPE - Any combination of the following to eliminate any skin and mucous membrane exposure:

- | | |
|---|-----------------------|
| Level C splash protection | Full body suit |
| Double gloves | Boots and boot covers |
| Hooded face shield or similar that covers the front and sides of the face | |
| N95 mask (fluid resistant) or APR/PAPR/SCBA respirator | |

IMMEDIATELY consult with Long Beach Public Health (PH) by calling:
Public Health Duty Officer
(562) 570-5537 (24 hour line)

If Long Beach PH determines the patient is NOT a suspect EVD case, follow regular protocols and contact assigned base hospital for medical direction and patient destination, if applicable



If Long Beach PH determines the patient meets EVD case definition,

1. Long Beach PH will notify and consult with Los Angeles County PH (DPH) to request arrangements with designated assessment/treatment facility:
(213) 240-7941 (Monday through Friday 8:00 a.m. to 5:00 p.m.) or
(213) 974-1234 (nights, weekends and holidays)
Ask to speak to the Administrator on Duty (AOD) to report suspected EVD
2. DPH will notify the Los Angeles County EMS Agency's Medical Alert Center (MAC) **(866) 940-4401** to request a High Risk Ambulance
3. The EMS Agency will identify the designated Exclusive Operating Area (EOA) provider and contact their Dispatch Center to request a High Risk Ambulance

Long Beach PH must provide DPH the following information for transportation requests:

1. Patient information (name, gender, history of present illness)
2. Patient pick up location
3. Staging location, if applicable
4. Long Beach PH point of contact information