



## 911 EMS Provider Viral Hemorrhagic Fever (VHF)

(e.g., *Ebola Virus, Marburg Virus, Lassa Fever, etc.*)

### Patient Assessment and Transportation Guidelines



Medical Dispatch, EMT or Paramedic determines if patient meets suspect VHF criteria

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 **endemic location** within 21 days (3 weeks) of symptom onset or **high-risk exposure**

If patient meets the above criteria

#### **Implement PPE to prevent skin and mucous membrane exposure during assessment and treatment**

Don the following **PPE as available**:

- Body - level C splash protection, full body suit, gown
- Hands and feet - double gloves, boots, boot covers
- Face - hooded face shield (front and side coverage) and N95 mask, APR/PAPR/SCBA respirator

**IMMEDIATELY call the Medical Alert Center (MAC) at (866) 940-4401**  
to report a suspected VHF patient\*

**MAC will place the caller in contact with the Department of Public Health (DPH) Administrator on Duty by calling:**  
**(213) 240-7941** (Monday through Friday 8:00 a.m. to 5:00 p.m.) or  
**(213) 974-1234** (nights, weekends, and holidays)

**If DPH determines the patient is NOT a suspected VHF case:**

Follow regular protocols and contact assigned base hospital for medical direction and patient destination, if applicable

*\*Avoid invasive and/or aerosol generating procedures (AGPs) when possible (e.g., vascular access, positive-pressure ventilation, intubation, nebulized treatments). If invasive and/or AGPs are required, don PPE prior, limit the number of personnel involved to the minimum necessary, and avoid exposure to bystanders.*

**If DPH determines the patient is a suspected VHF case:**

1. DPH will make arrangements with the designated Special Pathogen Treatment Center (SPTC)
2. DPH will request a High-Risk Ambulance (HRA) through the MAC

**The MAC must obtain the following information for transportation requests:**

1. Patient information (name, gender, age, DOB, history of present illness)
2. Patient pick up location
3. Staging location, if applicable
4. SPTC destination
5. DPH point of contact information if additional information is needed

Central Dispatch Office (CDO) will identify the designated Exclusive Operating Area (EOA) provider and contact their Dispatch Center to request an HRA.