

Viral Hemorrhagic Fever: Guidance for Emergency Medical Services (EMS)



Preparing to respond to patients suspected of having viral hemorrhagic fever (VHF)



To ensure coordination among 9-1-1, the EMS system, health care facilities, and public health, it is important to educate, train, and exercise with all stakeholders. Each 9-1-1 and EMS system should include an EMS medical director to provide appropriate medical oversight.

Communication to medical facility

When transporting a patient suspected of having VHF, EMS clinicians should notify the receiving health care facility in advance, so that proper infection prevention and control procedures can be implemented before arrival.

Safe work practices and use of personal protective equipment (PPE)

Key safe work practices include avoiding:



Unprotected exposure to blood or body fluids of patients with VHF.



Injuries with contaminated needles or other sharp objects.



Aerosol-generating procedures when possible.

Minimum PPE when caring for clinically stable patients suspected of having VHF without bleeding, vomiting, or diarrhea:



Single-use fluid-resistant gown that extends to at least mid-calf or single-use fluid-resistant coveralls without integrated hood.



Single-use full face shield.



Single-use facemask.



Single-use gloves with extended cuffs. Two pairs of gloves should be worn. At a minimum, outer gloves should have extended cuffs.

When EMS clinicians arrive at the scene:



Immediately check for symptoms and risk factors for Ebola and don PPE appropriate to the situation.



Don PPE before entering a scene and wear until clinicians no longer are in contact with the patient.



Refer to [Guidance on Personal Protective Equipment \(PPE\) in U.S. Healthcare Settings for Confirmed Patients and Clinically Unstable Patients Suspected of Viral Hemorrhagic Fevers](#)

when evaluating and caring for a person who is suspected to have VHF and is exhibiting obvious bleeding, vomiting, or diarrhea; **or** is clinically unstable or will require invasive or aerosol-generating procedures (such as, intubation, suctioning, active resuscitation).

Cleaning and disinfection of EMS transport Vehicles



- ✓ Wear PPE as recommended by CDC when performing cleaning and disinfection where body fluids from the patient are present should
- ✓ Use an EPA-registered hospital disinfectant from List Q or List L to disinfect environmental surfaces in the transporting vehicle and rooms of the patient.
- ✓ Clean and disinfect patient-care surfaces (including stretchers and wheels, railings, door handles, medical equipment control panels, adjacent flooring, walls, and work surfaces), as well as stretcher wheels, brackets, and other areas are likely to become contaminated after each transport.
- ✓ Avoid contamination of reusable porous surfaces not designated as single use.



- ✓ Place contaminated reusable patient care equipment (such as glucometer, blood pressure cuff) in biohazard bags and label for cleaning and disinfection or disposal according to agency policies and manufacturer recommendations. Equipment should be cleaned and disinfected according to manufacturer's instructions by trained personnel wearing correct PPE.
- ✓ Discard used linens and nonfluid-impermeable pillows or mattresses as appropriate at the receiving facility to reduce exposure among staff to potentially contaminated textiles (cloth products) while laundering.
- ✓ Refer to [Handling VHF-Associated Waste for Viral Hemorrhagic Fevers](#) for more information.

Follow-up after care of a patient with VHF

Notify medical director and local or Tribal health department of any accidental exposure to blood or bodily fluids for additional follow-up care recommendations and need for symptom monitoring for 21 days.

