



INTERNAL CHECKLIST

HIGH RISK PATIENT NOTIFICATION CHECKLIST

Effective: October 14, 2014
Replaces: New
Review: November 1, 2017

Resources:

Santa Clara County Prehospital Care Policy 700-S01: Ebola Virus Prevention and Control
Santa Clara County Prehospital Care Policy 700-S09: Infectious Disease Control Measures

Action #	EMS Duty Chief Actions	Time	Initial
1	Upon notification by County Communication or a system provider of a high-risk patient, the following information will be collected:		
	1. Incident Run Number:		
	2. Reporting party name:		
	3. Reporting party agency:		
	4. Reporting party phone number:		
	5. Call location (address and city):		
	6. First Responder identifier:		
	7. First Responder crew names:		
	8. Ambulance identifier:		
	9. Ambulance crew names:		
	10. Current location of non-transporting units:		
	11. Current location and status of ambulance:		
	12. Does the patient have or has had a fever? Yes or No		
	13. Has the patient traveled to any of the following countries: a. Sierra Leone Yes / No b. Guinea Yes / No c. Liberia Yes / No		
	14. Has the patient had contact with anyone who has recently traveled to any of the following countries: a. Sierra Leone Yes / No b. Guinea Yes / No c. Liberia Yes / No		
	15. Additional symptoms, such as: (circle if applicable) a. Body aches b. Headache c. Weakness d. Vomiting e. Unexplained hemorrhage		

	f. Other:		
	16. When did the patient's fever start?		
	17. Hospital destination:		
	18. If the patient is refusing transport, crew is to remain on scene in a safe manner and await further information from the EMS Duty Chief		
	19. What type of PPE was used?		
2	EMS Duty Chief to contact on call County Health Officer and provide information from Action #1		
3	EMS Duty Chief to contact Chief 2 and provide information from Action #1		
4	Duty Chief to contact ambulance supervisor and appropriate agency duty chief and provide initial instructions from the on call County Health Officer		
5	Fill any role or assignment as directed by Chief 2		
6	Conduct follow up and disseminate information as directed by the Health Officer and/or EMS Chief 2		
7	Provide regular updates to EMS Chief 2		
Action #	EMS Chief 2 Actions	Time	Initial
1	Acknowledge receipt of alert and obtain initial report form the EMS Duty Chief		
2	Notify EMS Chief 1 and provide initial information from Action #1		
3	Take actions as necessary to ensure continued stability of the EMS System		
4	Execute any actions and policy changes as directed by EMS Chief 1		
5	Make EMResource/Alert SCC notifications/queries as appropriate		
6	Provide regular updates to EMS Chief 1		
Action #	EMS Chief 1 Actions	Time	Initial
1	Acknowledge receipt of alert and obtain initial report form the EMS Chief 2.		
2	Notify the Health Officer		
3	Develop goals and objectives in conjunction with the County Health Officer.		
4	Provide updates to PHD and county executives		
5	Consider making the following recommendations a. Activate MHOC b. Request Activation of the EOC c. Notification of PHD and County Executives		