

Reference 802

Core Principles: Biohazard Emergencies EBOLA

Rev: 2/18

- Rule #1: EMS responses to suspected Ebola viral disease (EVD) infected patients need to be treated as hazardous materials (HAZMAT) calls.
- The safety of the public and responders, and prevention of the spread of EVD, are the most important priorities on this call.
 - Suspected Ebola patients will be categorized, and referred to, as a “Person Under Investigation” (PUI).
- Rule #2: The management of a PUI must always be weighed against the risk to responders and the public, and interventions should only be rendered when the safety of responders and the public has been relatively assured.
- Rule #3: The most important initial task of EMS is to screen for PUIs to prevent responder exposures.
- Rule #4: When a PUI is identified the EMS response will stop until appropriate PPE and other contagion precautions have been fully implemented, no matter the acuity of the patient.
- The normal time parameters for managing patients no longer apply to patient care.
 - The initial action of responders is to deny access to the patient and to prevent any further exposure to this patient.
- Rule #5: Response to a PUI should be a system response.
- This response should include activating personnel with equipment and expertise for handling EVD patients as well as the decontamination of any providers who have been exposed to this patient.
 - Response should also include early notification to possible receiving hospitals, as well as notification to overhead personnel, NetCom, and public health.
- Rule #6: Responders who have unwittingly been exposed to a PUI immediately become patients.
- Their top priority is to limit this exposure as soon as possible by backing away from the patient.
 - Responders who have been exposed must be decontaminated as soon as possible.
- Rule #7: Management of PUIs should utilize the concepts of hot, warm, and cold zones.
- The hot zone: the area immediately within 3 feet of the patient or when working with fomites that the patient has recently touched or which contain contaminants (body fluids) from the patient.



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- The “warm zone”: area through which the PUI recently passed without directly contaminating any objects.
- The “cold zone”: area that is fully protected from a PUI (safe areas in the hospital, vehicles which have not been used to transport PUIs) or which have been thoroughly decontaminated.

Rule #8: EMS response to PUIs will utilize specifically trained personnel to assist with donning and doffing PPE, and with decontaminating any contaminated or exposed responders or bystanders. Personnel trained in HAZMAT will be utilized for this work.

Rule #9: Medical interventions for PUIs will be limited in order to reduce infectious exposure risk.

- The more symptomatic the PUI is, the greater the infectious risk. The most infectious patients are those with severe disease symptoms, or those who have recently died.
- PUIs presenting with shock, severe bleeding, or cardiorespiratory failure experience 100% mortality despite resuscitative efforts. In confirmed EVD cases with severe symptoms, active pre-hospital resuscitation is not warranted.
- In general BLS care will be the expected standard of care.

Rule #10: Transport destination for PUIs will be determined prior to leaving the scene.

Rule #11: EMS personnel will not transport PUIs into the receiving medical facility.

- Hospital personnel will come out of the hospital and will arrange for transport of the patient into their facility using hospital approved transport devices.

Rule #12: Decontamination of EMS personnel and equipment, and disposal of all hazardous waste, will follow national and local guidelines. Decontamination of EMS personnel will be completed BEFORE doffing PPE in order to greatly reduce the risk of exposure. This will be supervised and monitored by HAZMAT specialists.

Rule #13: All PUIs will immediately be reported to County Public Health.



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