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Guidance for California EMS/Public Safety Personnel:

Management of Patients with Suspected or Confirmed Highly Infectious Disease (HID) Infection (Ebola Virus Disease (EVD), Marburg Virus Disease (MVD), and Other Viral Hemorrhagic Fevers)

Revision Date: May 2026

This information is intended for: Managers of 9-1-1 Public Safety Answering Points (PSAPs), EMS Agencies, EMS systems, law enforcement agencies, fire service agencies, specialized Highly Infectious Disease (HID) transport teams, and individual emergency medical services providers including Emergency Medical Technicians (EMTs), paramedics, and medical first responders.

Purpose: Guidance and model operational recommendations for responding to patients with suspected or confirmed Highly Infectious Disease (HID) infection. For the purposes of this guidance, Highly Infectious Diseases (HIDs) refer to infectious diseases capable of causing severe illness and requiring enhanced infection control precautions during prehospital assessment, treatment, transport, decontamination, waste management, and responder safety operations.

This guidance includes recommendations regarding personal protective equipment (PPE), patient treatment, transport, decontamination, waste management, and responder safety for patients with suspected or confirmed:

- Ebola Virus Disease (EVD)
- Marburg Virus Disease (MVD)
- Other Viral Hemorrhagic Fevers (VHFs)
- Other special pathogens or emerging infectious diseases requiring enhanced infection control precautions.

Intended Use and California Modifications: The Centers for Disease Control and Prevention (CDC) has issued guidance for Emergency Medical Services (EMS) systems regarding the identification, assessment, treatment, and transport of patients with suspected or confirmed Highly Infectious Disease (HID) infection, including Ebola Virus Disease (EVD), Marburg Virus Disease (MVD), and other special pathogens or emerging infectious diseases requiring enhanced infection control precautions.

This document incorporates specific California operational modifications and recommendations developed collaboratively by the California Emergency Medical Services Authority (EMSA), California Department of Public Health (CDPH), Local Emergency Medical Services Agencies (LEMSAs), Medical Health Operational Area Coordinators (MHOACs), Regional Disaster Medical Health Specialists (RDMHS), infectious disease specialists, and EMS subject matter experts to improve application within the California prehospital environment.

This document is intended as operational guidance and does not replace local EMS agency policy, medical direction, public health orders, Cal/OSHA requirements, federal regulations, or current CDC recommendations. EMS agencies, LEMSAs, healthcare facilities, and public safety agencies should continue to coordinate with local, state, and federal public health authorities and follow applicable laws, regulations, and agency-specific policies and procedures.

Additional CDC guidance specific to EMS systems and 9-1-1 Public Safety Answering Points (PSAPs) for management of Viral Hemorrhagic Fever (VHF) patients may be accessed at: https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/emergency-guidance/ems-911.html

Application to EMS Protocol: The elements of this guidance may be applied to modifications in local dispatch, EMS provider, interfacility transport, ambulance decontamination, and specialized Highly Infectious Disease (HID) transportation protocols.

Key Points:

- Highly Infectious Diseases (HIDs), including Ebola Virus Disease (EVD) and Marburg Virus Disease (MVD), are severe infectious diseases requiring strict infection control precautions and careful operational planning.
- Transmission of Ebola and other Viral Hemorrhagic Fevers (VHFs) primarily occurs through direct contact with blood or body fluids (including urine, saliva, feces, vomit, sweat, and other secretions) of symptomatic infected patients through contact with broken skin, mucous membranes, or contaminated sharps.
- The likelihood of contracting Ebola or similar VHFs is extremely low unless a person has direct unprotected contact with blood or body fluids of a symptomatic infected patient.
- EMS and public safety personnel should rapidly assess patients for symptoms and potential exposure history including:
    - Recent travel
    - Exposure to known or suspected HID patients
    - Residence in or travel to areas experiencing outbreaks
    - Contact with contaminated environments, animals, or materials associated with specific special pathogens
- HID patients should be operationally categorized as either:
    - Dry HID Patients
    - Wet HID Patients
- Wet HID patients present significantly increased contamination and occupational exposure risks and may require enhanced PPE, specialized transport resources, and expanded decontamination procedures.

- PSAP personnel should relay potential HID exposure concerns to responding personnel prior to arrival on scene so appropriate Personal Protective Equipment (PPE) can be donned before patient contact.
- EMS personnel should use appropriate infection control precautions and notify receiving healthcare facilities as early as possible when transporting suspected or confirmed HID patients.
- If responding at an airport, seaport, or other port of entry into the United States, the PSAP or responding agency should coordinate with the applicable CDC Quarantine Station, local public health authorities, and airport or port emergency management personnel.
- Ambulance decontamination, waste management, and safe PPE donning and doffing procedures are critical components of HID response operations.
- Specialized HID transportation resources may be necessary for patients with severe symptoms, copious body fluids, aerosol-generating procedures, or prolonged transport times.

Updates regarding special pathogens and emerging infectious diseases will be issued by EMSA, CDPH, CDC, or local public health authorities as needed. This information complements existing infection control guidance and recommendations for healthcare personnel and healthcare facilities managing suspected or confirmed HID patients.

Background: Highly Infectious Diseases (HIDs), including Ebola Virus Disease (EVD), Marburg Virus Disease (MVD), and other Viral Hemorrhagic Fevers (VHFs), continue to present significant operational and public health challenges worldwide. International travel, global disease transmission, and emerging infectious disease outbreaks increase the possibility of patients with suspected or confirmed HID infection presenting within the United States healthcare and EMS systems.

Transmission of Ebola and similar VHFs primarily occurs through direct contact with blood or body fluids of symptomatic infected patients, including urine, saliva, feces, vomit, sweat, semen, and other secretions, through exposure to broken skin, mucous membranes, contaminated sharps, or contaminated equipment. Certain special pathogens may also involve additional exposure concerns including aerosol-generating procedures, contaminated environments, or animal exposures.

Initial signs and symptoms of HID infections are frequently nonspecific and may include fever, chills, weakness, fatigue, headache, and muscle aches. As illness progresses, patients may develop vomiting, diarrhea, abdominal pain, respiratory distress, altered mental status, bleeding, shock, and multi-organ failure. Many HID symptoms initially resemble more common illnesses, making early identification challenging in the prehospital environment.

The incubation period for Ebola Virus Disease ranges from 2 to 21 days following exposure, most commonly between 8 to 10 days. Patients without symptoms are generally not considered contagious. Prevention of disease transmission includes strict adherence to infection control measures and avoidance of unprotected exposure to blood or body fluids of infected patients.

Emergency Medical Services (EMS) personnel, public safety personnel, and other first responders play a critical role in the early identification, isolation, treatment, and transportation of patients with suspected or confirmed HID infection. Unlike patient care provided in controlled healthcare environments, prehospital patient care frequently occurs in uncontrolled settings with limited information, confined treatment spaces, rapid operational decision-making, and increased risk of environmental contamination and occupational exposure.

Additionally, ambulance transport environments may significantly increase occupational exposure risk during management of patients with vomiting, diarrhea, bleeding, aerosol-generating procedures, or severe illness. Coordination among 9-1-1 Public Safety Answering Points (PSAPs), EMS agencies, fire and law enforcement agencies, healthcare facilities, Local Emergency Medical Services Agencies (LEMSAs), Medical Health Operational Area Coordinators (MHOACs), local public health departments, the California Department of Public Health (CDPH), and the California Emergency Medical Services Authority (EMSA) is critical during suspected or confirmed HID events.

Current CDC case definitions and disease-specific guidance should be referenced during suspected HID events and may be updated as outbreak conditions evolve.

Recommendations for 9-1-1 Public Safety Answering Points (PSAPs): Local EMS authorities may authorize PSAPs and other emergency call centers to utilize modified caller questioning and screening procedures related to Highly Infectious Diseases (HIDs), including Ebola Virus Disease (EVD), Marburg Virus Disease (MVD), and other special pathogens requiring enhanced infection control precautions. Local EMS medical directors should coordinate with Local Emergency Medical Services Agencies (LEMSAs), local public health departments, and dispatch centers to review existing emergency medical dispatch procedures as appropriate.

Given the time-sensitive nature of emergency medical dispatch operations and the frequently nonspecific presentation of HID symptoms, PSAP personnel should utilize practical screening approaches focused on identifying potential exposure risks while minimizing delays in emergency response activation.

PSAP call takers should consider screening callers reporting fever, vomiting, diarrhea, unexplained bleeding, severe weakness, respiratory distress, or other concerning infectious disease symptoms for potential exposure risk factors including:

- Recent international travel
- Exposure to known or suspected HID patients
- Residence in or travel to areas experiencing outbreaks
- Contact with potentially contaminated environments, animals, or materials associated with special pathogens

If PSAP personnel identify information concerning for possible HID infection, responding EMS personnel, fire personnel, law enforcement personnel, and other first responders should be confidentially notified of the potential exposure concern prior to arrival on scene whenever feasible so appropriate Personal Protective Equipment (PPE) precautions may be initiated before patient contact.

If the incident involves an airport, seaport, or other port of entry into the United States, the PSAP or responding agency should coordinate with the appropriate CDC Quarantine Station, airport or port authorities, local public health officials, and other applicable agencies as appropriate.

Current outbreak information, CDC case definitions, and disease-specific screening guidance should be monitored through CDC, CDPH, EMSA, and local public health channels as outbreak conditions and public health recommendations evolve.

Recommendations for EMS and Medical First Responders:

For the purposes of this section, "EMS personnel" means pre-hospital EMS, law enforcement and fire service first responders.

Patient Assessment: EMS personnel should not rely solely on PSAP screening to identify potential HID patients due to time constraints, incomplete patient history, language barriers, cultural differences, and the frequently nonspecific presentation of HID symptoms. Patients or family members may not initially report fever or infectious disease concerns, and many HID symptoms may initially resemble more common illnesses.

During patient assessment and management, EMS personnel should evaluate for both symptoms and potential exposure risk factors associated with Highly Infectious Diseases (HIDs). Symptoms may include fever, weakness, fatigue, headache, muscle aches, vomiting, diarrhea, abdominal pain, respiratory distress, altered mental status, or unexplained bleeding.

EMS personnel should assess for potential exposure risk factors including:

- Recent international travel
- Exposure to known or suspected HID patients
- Residence in or travel to areas experiencing outbreaks
- Contact with contaminated environments, animals, or materials associated with special pathogens

Based on the patient's symptoms and exposure history, EMS personnel should operationally categorize suspected HID patients as either a "Dry HID Patient" or "Wet HID Patient" to assist with determining appropriate PPE, transport considerations, decontamination requirements, and operational safety precautions.

A Dry HID Patient is generally defined as a patient without vomiting, diarrhea, bleeding, copious secretions, or aerosol-generating procedures. These patients typically present a lower environmental contamination and occupational exposure risk, although appropriate infection control precautions and PPE remain necessary.

A Wet HID Patient is generally defined as a patient with vomiting, diarrhea, bleeding, copious secretions, respiratory compromise requiring aerosol-generating procedures, or severe illness likely to result in significant body fluid exposure or environmental contamination. Wet HID patients present substantially increased occupational exposure and contamination risks and may require enhanced PPE, specialized transport considerations, expanded decontamination procedures, and additional operational controls.

Based on the patient's symptoms and operational classification, EMS personnel should don or continue to wear appropriate Personal Protective Equipment (PPE) and follow applicable scene safety and infection control precautions for suspected HID patients. If no significant exposure risk factors are identified, providers should proceed with standard EMS patient care practices and local protocols. Additional risk assessment and public health evaluation may occur at the receiving healthcare facility.

Scene Safety: If PSAP personnel advise responding units of potential HID concerns prior to arrival, EMS personnel should don the PPE appropriate for suspected HID patients before entering the scene whenever feasible. Personnel should attempt to keep the patient separated from other individuals as much as operationally possible and minimize the number of responders making direct patient contact.

EMS personnel should use caution when approaching patients with suspected HID infection. Severe illness, hypoxia, fever, or altered mental status may result in confusion, agitation, delirium, or erratic behavior that may increase occupational exposure risk to responding personnel.

Responders should consider limiting scene access, controlling bystander movement, and coordinating with law enforcement, public health personnel, airport authorities, or other responding agencies when operationally indicated to reduce unnecessary exposure risk and maintain scene control during suspected or confirmed HID incidents.

Whenever operationally feasible, responders should consider establishing:

- Hot Zone
- Warm Zone
- Cold Zone

to assist with scene control, contamination reduction, and PPE management during higher-risk incidents involving significant body fluids, aerosol-generating procedures, or critically ill patients.

Patient Treatment:

Highly Infectious Diseases (HIDs), including Ebola Virus Disease (EVD) and Marburg Virus Disease (MVD), may cause dehydration, shock, respiratory compromise, bleeding, altered mental status, and multi-organ failure. Hypoxia may result from altered mental status, airway contamination from vomit or blood, pulmonary compromise, or severe systemic illness.

Prehospital treatment of suspected or confirmed HID patients is primarily supportive. EMS personnel should focus on maintaining provider safety while providing medically necessary patient care and minimizing unnecessary exposure to blood, body fluids, secretions, and contaminated environments.

For Dry HID Patients, routine supportive care interventions may generally be performed while maintaining appropriate infection control precautions and PPE. These interventions may include oxygen administration, cardiac monitoring, intravenous access when medically necessary, and fluid resuscitation as clinically indicated.

Wet HID Patients present significantly increased occupational exposure and environmental contamination risks due to vomiting, diarrhea, bleeding, copious secretions, or aerosol-generating procedures. Treatment of Wet HID Patients should emphasize minimizing personnel exposure, limiting unnecessary procedures, and utilizing enhanced PPE and operational controls.

Airway management, suctioning, nebulizer treatments, cardiopulmonary resuscitation, and other aerosol-generating procedures should be avoided whenever possible due to increased exposure risk. If these procedures are medically necessary, EMS personnel should utilize the highest level of respiratory and barrier protection available and minimize the number of personnel directly involved in patient care. Whenever operationally feasible, higher-risk procedures should be performed in a controlled environment or with the ambulance stopped to reduce occupational exposure risk.

Phlebotomy, invasive procedures, and laboratory specimen collection should be limited to the minimum necessary for essential patient care and operational needs. All needles and sharps should be handled with extreme caution and immediately disposed of in puncture-resistant sharps containers. EMS personnel should minimize the use of sharps whenever clinically appropriate.

During transport, EMS personnel should minimize unnecessary movement within the patient compartment, reduce contamination of equipment and surfaces whenever possible, and maintain separation between contaminated and clean areas of the ambulance. Early notification to the receiving healthcare facility should occur as soon as possible to allow preparation for patient arrival and infection control measures.

Additional CDC clinical treatment guidance for Viral Hemorrhagic Fevers (VHFs) may be accessed at:
https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/clinical-care/index.html

Infection Control:

EMS personnel can safely manage patients with suspected or confirmed HID infection through strict adherence to recommended infection control precautions, including standard, care when indicated based on the suspected pathogen, patient presentation, and procedures being performed.

Particular attention should be paid to protecting the eyes, nose, mouth, exposed skin, and mucous membranes from splashes, droplets, contaminated gloves, contaminated equipment, and environmental contamination. EMS personnel should avoid touching their face, adjusting PPE in contaminated areas, or performing unnecessary contact with potentially contaminated surfaces.

Enhanced infection control precautions should be strongly considered for Wet HID Patients, aerosol-generating procedures, prolonged transport times, or incidents involving significant contamination or multiple personnel exposures.

Additional CDC infection prevention and control recommendations for Viral Hemorrhagic Fevers (VHFs) may be accessed at:
https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/infection-control/index.html

Use of Personal Protective Equipment (PPE)

EMS personnel can safely manage patients with suspected or confirmed Highly Infectious Disease (HID) infection through strict adherence to recommended infection control precautions and appropriate use of Personal Protective Equipment (PPE). Selection of PPE should be based on the patient's symptoms, operational classification as a Dry or Wet HID Patient, anticipated procedures, environmental conditions, transport considerations, and the likelihood of exposure to blood, body fluids, secretions, or aerosol-generating procedures.

Consistent with current CDC, CDPH, and Cal/OSHA guidance, EMSA recommends the use of respiratory protection during the assessment, treatment, and transport of suspected or confirmed Viral Hemorrhagic Fever (VHF) patients, including clinically stable patients, due to the potential for rapid patient deterioration and the possibility of unplanned aerosol-generating procedures. Additional guidance regarding PPE for clinically unstable VHF patients and aerosol-generating procedures may be accessed through the CDC at: https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/guidance/ppe-clinically-unstable.html

Additional CDPH guidance regarding PPE for Viral Hemorrhagic Fevers may be accessed at: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/CDPH-PPE-Guidance-for-Viral-Hemorrhagic-Fevers.aspx

For operational consistency, EMSA recommends categorizing PPE into three general operational levels based on patient condition and exposure risk.

Level 1 PPE — Initial Screening

Level 1 PPE is intended for initial patient assessment and situations where there is no anticipated exposure to blood, body fluids, or significant contamination. Level 1 PPE generally includes:

- Gloves
- Surgical mask
- Eye protection
- Isolation gown

Level 2 PPE — Dry HID Patient

Level 2 PPE is intended for management and transport of Dry HID Patients who are not actively vomiting, bleeding, or producing copious secretions. Level 2 PPE generally includes:

- Impermeable gown or Tyvek suit
- Double gloves
- Fit-tested N95 respirator or PAPR
- Eye protection
- Boot covers

*Dry/clinically stable" patient, including PPE that covers all surfaces of the body, including the head and neck, coverings for the eyes, mouth, nose, and skin. The hair must be completely enclosed; eye/face protection should be with a face shield (not goggles**)**; gown needs to extend to at least mid-calf; outer gloves need to have extended cuff.

Level 3 PPE — Wet HID Patient

Level 3 PPE is intended for management of Wet HID Patients or incidents involving significant body fluid exposure, aerosol-generating procedures, or severe contamination risk. Level 3 PPE generally includes:

- PAPR preferred
- Fully impermeable suit
- Double gloves
- Head covering
- Neck covering
- Impermeable boot or shoe coverings

*Wet/clinically unstable patient, including a PAPR (required) with full cowl or hood; coverall should have integrated feet; apron covering torso to mid-calf; outer gloves need to have extended cuff.

Agencies should strongly consider the use of trained observers or buddy systems during PPE donning, doffing, and high-risk patient care operations involving suspected or confirmed HID patients. Trained observers may assist with identifying PPE breaches, reducing self-contamination risk, monitoring responder safety, and ensuring adherence to agency PPE procedures and infection control practices.

Prehospital resuscitation procedures including endotracheal intubation, open airway suctioning, nebulizer administration, cardiopulmonary resuscitation, bag-valve-mask ventilation, or other aerosol-generating procedures may substantially increase occupational exposure risk due to aerosolization and contamination from blood, vomit, saliva, secretions, or other body fluids. When operationally feasible, these procedures should be performed under safer and more controlled conditions, including with the ambulance stopped or upon arrival at an appropriate healthcare facility.

During aerosol-generating procedures or management of Wet HID Patients, EMS personnel shall utilize PAPR for respiratory protection.

Additional PPE may be required in situations involving large amounts of blood or body fluids, prolonged patient contact, extended transport times, significant environmental contamination, or operational conditions resulting in increased splash or aerosol exposure risk. EMS personnel should also consider the operational limitations associated with prolonged PPE use including fatigue, heat stress, communication difficulties, impaired visibility, and reduced dexterity.

If blood, body fluids, secretions, or excretions from a suspected or confirmed HID patient come into direct contact with an EMS provider's skin, eyes, nose, mouth, or mucous membranes, the EMS provider should immediately stop patient care activities when safe to do so, wash affected skin surfaces with soap and water, irrigate exposed mucous membranes, and report the exposure to their supervisor and occupational health representative for evaluation and follow-up.

PPE should be donned prior to patient contact whenever feasible and remain in place until personnel are no longer exposed to the patient, contaminated equipment, contaminated surfaces, or potentially infectious materials. PPE removal should occur carefully and methodically to avoid self-contamination of the eyes, mucous membranes, skin, or clothing. Agencies should strongly consider utilizing trained observers or safety officers during donning and doffing procedures for higher-risk incidents, Wet HID Patients, prolonged operations, or any operation involving enhanced PPE.

Disposable PPE should be disposed of in accordance with applicable medical waste and infectious waste regulations. Reusable PPE and equipment should be cleaned and disinfected according to manufacturer recommendations and agency policies. Hand hygiene should be performed immediately after PPE removal and whenever contamination is suspected.

EMS Transfer of Patient Care to a Healthcare Facility

EMS agencies should consider removing an ambulance or transport vehicle from service following transport of a suspected or confirmed Wet HID Patient, or any patient resulting in significant contamination of the patient compartment, until appropriate decontamination and disinfection procedures can be completed. The decision to remove a vehicle from service should be based on the level of contamination, patient presentation, procedures performed, and operational risk assessment.

EMS personnel should notify the receiving healthcare facility as early as possible when transporting a suspected or confirmed HID patient so that appropriate infection control precautions, isolation procedures, staffing considerations, and receiving preparations can be implemented prior to patient arrival.

LEMSAs, EMS agencies, MHOAC programs, public health authorities, and receiving healthcare facilities should coordinate regarding appropriate transport destinations, transport modalities, and utilization of specialized HID transportation resources when operationally indicated based on patient condition, contamination risk, transport duration, and regional capabilities.

Certain patients or operational situations may require utilization of specialized Highly Infectious Disease (HID) transport teams with enhanced PPE, specialized training, advanced decontamination capability, dedicated transport equipment, or extended operational support capability. Consideration for specialized transport resources may be appropriate for Wet HID Patients, prolonged transport durations, aerosol-generating procedures, high-consequence pathogens, or incidents involving significant contamination risk.

Whenever possible, notification should include:

- Suspected disease or exposure concern

- Dry versus Wet HID Patient classification
- Patient condition
- Procedures performed
- Estimated time of arrival
- Any known exposure or contamination concerns

Upon arrival at the receiving healthcare facility, EMS personnel should minimize unnecessary movement of the patient through the facility and follow local hospital infection control procedures and direction from receiving staff. Transfer of patient care should occur in a controlled manner designed to minimize contamination of personnel, equipment, and healthcare environments.

Healthcare facilities capable of implementing appropriate infection control precautions, patient isolation procedures, and coordination with public health authorities are capable of safely evaluating and managing suspected HID patients. Specialized assessment hospitals, treatment centers, or designated biocontainment facilities may be utilized based on patient condition, disease severity, regional planning considerations, and public health guidance.

Following patient transfer, EMS personnel should coordinate vehicle decontamination, waste management, exposure reporting, and return-to-service procedures in accordance with agency policy and applicable public health guidance.

Cleaning EMS Transport Vehicles after Transporting a Patient with Suspected or Confirmed Highly Infectious Disease (HID)

The following are general guidelines for cleaning, disinfecting, and maintaining EMS transport vehicles and equipment after transporting a patient with suspected or confirmed Highly Infectious Disease (HID) infection.

EMS personnel performing vehicle cleaning and disinfection should wear appropriate PPE based on the level of contamination, patient classification, and anticipated exposure risk. Personnel should consider the use of additional barriers including disposable shoe or boot coverings, leg coverings, impermeable gowns or suits, and enhanced respiratory protection when operationally indicated. Face and eye protection should be worn during decontamination activities that may generate splashes, aerosols, or contact with contaminated fluids.

Transport vehicles used for Wet HID Patients or incidents involving significant contamination should be considered potentially contaminated until decontamination procedures are completed. Agencies should strongly consider temporarily removing contaminated vehicles from service until cleaning, disinfection, waste disposal, and operational safety assessments are completed.

When operationally feasible, ambulance patient compartments should be ventilated during and following transport and decontamination operations to assist with reduction of airborne contaminants, odors, heat stress, and chemical disinfectant exposure during cleaning procedures.

Patient care surfaces and equipment including stretchers, railings, seats, walls, floors, monitor controls, work surfaces, storage compartments, and medical equipment are likely to become contaminated during transport and should be cleaned and disinfected following transport. Personnel should minimize cross contamination between clean and contaminated areas of the vehicle during decontamination operations.

Blood spills or spills involving vomit, feces, respiratory secretions, or other body fluids should be managed through removal of bulk contaminated material, cleaning of the affected surface, and appropriate disinfection using EPA-registered disinfectants, at the links like below should be used for decontamination. Agencies should follow manufacturer recommendations regarding disinfectant concentration, application methods, compatibility with ambulance surfaces and equipment, and required contact times. Freshly prepared bleach solutions may be used in accordance with agency policy and applicable safety guidance.

Large spills or incidents involving extensive contamination may require enhanced PPE, additional disinfectant concentrations, expanded decontamination procedures, or specialized hazardous materials consultation depending on the operational circumstances and pathogen involved.

Contaminated reusable patient care equipment should be placed in appropriately labeled biohazard containers or bags and cleaned and disinfected according to manufacturer recommendations and agency policy by personnel wearing appropriate PPE. Agencies should avoid use of porous or difficult-to-decontaminate equipment whenever possible during HID operations.

Mattresses, pillows, linens, straps, or other materials not capable of adequate disinfection should be treated and disposed of as regulated medical waste in accordance with applicable regulations and agency policy. Whenever possible, EMS agencies should utilize fluid-impermeable coverings and equipment during HID transport operations to reduce contamination and simplify decontamination procedures.

Agencies should also consider operational factors associated with prolonged or large-scale HID incidents including:

- Vehicle downtime
- PPE resupply
- Waste storage and disposal
- Crew rehabilitation
- Heat stress
- Decontamination staffing
- Vehicle rotation and fleet sustainability

Following completion of decontamination procedures, agencies should ensure the vehicle is safe for return to service in accordance with agency policy, public health guidance, and applicable infection control recommendations.

Disinfectants for Emerging Viral Pathogens (EVPs): List Q
https://www.epa.gov/pesticide-registration/disinfectants-emerging-viral-pathogens-evps-list-q

EPA List L disinfectants approved for use against Ebola Virus may be accessed at:
https://www.epa.gov/pesticide-registration/list-l-disinfectants-use-against-ebola-virus

Occupational Follow-Up and Reporting Measures by EMS Personnel after Caring for a Suspected or Confirmed Highly Infectious Disease (HID) Patient

EMS personnel should be aware of the occupational follow-up, reporting, monitoring, and exposure management measures that may be required after caring for a patient with suspected or confirmed Highly Infectious Disease (HID) infection. EMS agencies should coordinate with occupational health programs, Local Emergency Medical Services Agencies (LEMSAs), local public health departments, Medical Health Operational Area Coordinators (MHOACs), the California Department of Public Health (CDPH), and the California Emergency Medical Services Authority (EMSA) as appropriate during potential exposure investigations or monitoring activities.

EMS agencies should develop policies and procedures addressing monitoring, reporting, evaluation, and management of EMS personnel potentially exposed to HID patients or contaminated materials during patient assessment, treatment, transport, decontamination, or waste handling operations. Agencies should also develop non-punitive and flexible sick leave policies consistent with public health guidance to support personnel reporting symptoms, exposures, or illness concerns without discouraging reporting or evaluation.

Exposure reporting should occur regardless of perceived exposure severity. Even seemingly minor breaches in PPE, contamination events, or unprotected contact with potentially infectious materials should be promptly reported and evaluated in accordance with agency policy and applicable public health guidance.

All personnel involved in HID operations, including EMS personnel, contracted personnel, decontamination personnel, vehicle maintenance personnel, and other support staff, should be educated regarding exposure reporting procedures, occupational health processes, symptom monitoring requirements, and agency sick leave policies.

EMS personnel experiencing unprotected exposure to blood, body fluids, secretions, excretions, contaminated sharps, contaminated equipment, or potentially infectious materials from a suspected or confirmed HID patient should immediately:

- Stop patient care activities when safe to do so
- Wash affected skin surfaces thoroughly with soap and water
- Irrigate exposed mucous membranes with water or eyewash solution
- Notify their supervisor and occupational health representative
- Initiate exposure evaluation and follow-up procedures

Potentially exposed personnel may require medical evaluation, symptom monitoring, work restrictions, public health follow-up, or other monitoring measures based on the suspected pathogen, exposure type, PPE used, and applicable public health guidance. Monitoring periods and restrictions may vary depending on the pathogen involved and current CDC or CDPH recommendations.

EMS personnel developing fever, weakness, fatigue, vomiting, diarrhea, respiratory symptoms, unexplained bleeding, or other concerning infectious disease symptoms following a known or suspected HID exposure should immediately:

- Not report to work or immediately stop working
- Isolate themselves from others
- Notify their supervisor and occupational health representative
- Contact local public health authorities as directed
- Seek medical evaluation and follow applicable public health guidance

Personnel should comply with all applicable monitoring requirements, work restrictions, return-to-work criteria, and public health recommendations until medically cleared and determined to no longer present an infectious risk to others.

EMS agencies should maintain documentation of exposures, personnel involved, PPE utilized, decontamination measures performed, and operational activities associated with suspected or confirmed HID incidents in accordance with agency policy and applicable regulatory requirements.

Additional CDC public health management guidance for personnel with suspected or confirmed VHF exposure may be accessed at: https://www.cdc.gov/viral-hemorrhagic-fevers/php/public-health-strategy/people-with-suspected-or-confirmed-vhf-or-high-risk.html

References

CDC Infection Prevention and Control Recommendations for Viral Hemorrhagic Fevers (VHFs)
https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/infection-control/index.html

• California Department of Public Health (CDPH) PPE Guidance for Viral Hemorrhagic Fevers
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/CDPH-PPE-Guidance-for-Viral-Hemorrhagic-Fevers.aspx

• CDC PPE Guidance for Clinically Unstable Viral Hemorrhagic Fever (VHF) Patients
https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/guidance/ppe-clinically-unstable.html

• CDC Clinical Treatment of Viral Hemorrhagic Fevers (VHFs)
https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/clinical-care/index.html

• U.S. Environmental Protection Agency (EPA) List L Disinfectants for Use Against Ebola Virus
https://www.epa.gov/pesticide-registration/list-l-disinfectants-use-against-ebola-virus

• CDC Public Health Management of People with Suspected or Confirmed Viral Hemorrhagic Fever (VHF) or High-Risk Exposure
https://www.cdc.gov/viral-hemorrhagic-fevers/php/public-health-strategy/people-with-suspected-or-confirmed-vhf-or-high-risk.html

• CDC Interim Guidance for EMS Systems and 9-1-1 Public Safety Answering Points
https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/emergency-guidance/ems-911.html

• NETEC EMS Strategies for Ebola
https://netec.org/2022/08/22/ems-strategies-for-ebola/