Contaminated Patient

Purpose: This protocol is intended to protect responding EMS providers, hospital personnel and the community from the possibility of contamination.

1. **Identification of the Contaminated Patient**
   A. Use all your senses. Suspect hazardous material situation if you:
      a. **See** containers, labels or placards, or a location suggesting a hazardous substance
      b. **Hear** explosions, or reports of possible contamination, pre-arrival or on scene
      c. **Smell** unusual odors – be suspicious

Pre-Medical Control
MFR/EMT/SPECIALIST/PARAMEDIC

1. If contamination of a patient is suspected, the local fire or public safety department must be informed of the hazardous material situation.
2. The responding EMS agencies must prevent further contamination to themselves or others. Determine if any contaminated patients have already left the scene and promptly notify the hospital(s).
3. The responding EMS agency must not spread any contamination outside the response area until the responding fire or public safety department incident commander, or appropriate designee, has confirmed that decontamination is complete. Contaminated patients will not be transported out of the decontamination area until field decontamination is complete.
4. EMS responders will not enter a known contaminated area without proper personal protective equipment, training, and direction by incident command.
5. Invasive patient care procedures (IV, OPA, NPA, ET, Combitube, King Airway) should not begin until decontamination of the patient is confirmed or until personal protective equipment is in place.
6. Prior to transport of a decontaminated patient, on-line medical control will be contacted to assure the patient is transported to a facility equipped to handle the specific needs of the patient.
7. Once the scene Incident Commander, or the appropriate designee, has confirmed that the patient is decontaminated, the responding EMS agency may transport the patient to the designated facility.