Infection Control

Purpose: To provide EMS personnel with a guideline for minimizing the risk of cross contamination and for the prevention of exposure to communicable disease.

NOTE: Any information obtained or exchanged regarding communicable disease exposures must be handled with strict confidentiality.

1. Standard Precautions and Body Substance Isolation (BSI)
   A. Purpose: To prevent the transmission of all bloodborne pathogens that are spread by blood, tears, sweat, saliva, sputum, gastric secretions, urine, feces, CSF, amniotic fluid, semen, and breast milk.
   B. Rationale: Since medical history and examination cannot reliably identify all patients infected with HIV, or other bloodborne pathogens, blood and body fluid precautions shall be consistently used for **all** patients. This approach, previously recommended by the CDC, shall be used in the care of **all** patients. This is especially important in the emergency care settings in which the risk of blood or body fluids exposure is increased and the infection status of the patient is usually unknown.
      a. Standard Precautions/BSI shall be done for **every** patient if contact with their blood or body fluid is possible, regardless of whether a diagnosis is known or not. This includes but is not limited to starting IVs, intubation, suctioning, caring for trauma patients, or assisting with OB/GYN emergencies.
   C. Procedures:
      a. **Handwashing** shall be done before and after contact with patients regardless of whether or not gloves were used. Hands contaminated with blood or body fluids shall be washed as soon as possible after the incident.
      b. Nonsterile **disposable gloves** shall be worn if contact with blood or body fluids may occur. Gloves shall be changed in-between patients and not used repeatedly.
      c. **Outerwear** (example: gown, tyvek suit, turnout gear) shall be worn if soiling clothing with blood or body fluids may occur. The protection shall be impervious to blood or body fluids particularly in the chest and arm areas.
      d. **Face Protection** (including eye protection) shall be worn if aerosolization of blood or body fluids may occur (examples of when to wear include: suctioning, insertion of endotracheal tubes, patient who is coughing excessively and certain invasive procedures).
      e. **Mouth-to-mouth** resuscitation: CDC recommends that EMS personnel refrain from having direct contact with patients whenever possible, and that adjunctive aids be carried and

utilized. These adjunctive aids include pocket masks, face shields or use of BVM.

f. **Contaminated Articles:** Bag all **non-disposable** articles soiled with blood or body fluids and handle according to agency procedures. Wear gloves when handling soiled articles. Bloody or soiled non-disposable articles shall be decontaminated prior to being placed back into service. Refer to manufacturer's recommendations for proper cleaning and disinfecting. **Non-disposable** equipment shall be **decontaminated** appropriately prior to reusing. Bloody or soiled **disposable** equipment shall be carefully bagged and discarded.

g. **Drug/IV Bags** shall be inspected and all contaminated waste removed prior to bag exchange. If the bag is contaminated, it must be spot cleaned or laundered prior to being placed back into service.

h. **Linens** soiled with blood or body fluids shall be placed in appropriately marked container. Gloves shall be worn when handling soiled linens.

i. **Needles and syringes** shall be disposed of in a rigid, puncture-resistant container. Any grossly contaminated container, or one that is within 1" of the top, should be disposed of appropriately.

j. **Blood spills** shall be cleaned up promptly with a solution of 5.25% sodium hypochlorite (household bleach) diluted 1:10 with water or other FDA approved disinfectant. Wear gloves when cleaning up such spills.

k. **Routine cleaning** of vehicles and equipment shall be done. Cleaning and disinfecting solutions and procedures shall be developed by provider agencies following manufacturer's guidelines and CDC recommendations.

D. Respiratory Isolation

a. In the event of a suspected or confirmed TB patient, an appropriate HEPA mask must be worn, in accordance with MIOSHA regulations.

b. Decontamination of equipment and vehicle after exposure to a patient with a known or suspect respiratory route of transmission shall be carried out following manufacturer's recommendations and CDC guidelines or as described in the text Infection Control Procedures for Pre-Hospital Care Providers.

2. Radio Communications

Anytime the unit and/or dispatcher is made aware of the potential for any communicable disease, that information should be communicated in a format that ensures that patient confidentiality is adhered to.

3. EMS Personnel Exposure to a Communicable Disease

A. Definition of a Reportable Exposure
   a. Contaminated needle or sharp instrument puncture
   b. Blood/body fluid splash into mucous membrane including mouth, nose, and eye
   c. Blood/body fluid splash into non-intact skin area

B. Cooperating Hospitals' Responsibilities
   a. Each cooperating hospital in the Medical Control region will designate an infection control contact to serve as liaison(s) with the staff of medical control and all EMS agencies for the purpose of communicating information about infectious patients or potential exposures.
   b. Hospitals, upon learning that any patient has a reportable infectious or communicable disease, will check the patient chart to determine if any EMS agencies were involved with the patient prior to hospitalization. When determined that EMS may have had contact with the patient, designated individual will notify the EMS agency for further follow-up and complete the required State forms.
   c. Hospitals, when requested to do so, will obtain lab tests and results on source patients when exposure to a pre-hospital provider has occurred
      1. Hospitals will report the results of testing on the "MDCH Request for HIV/HBV Testing Form" and return to the address indicated on the form.
   d. Hospitals will notify transporting agencies at the time a transfer is scheduled if any infection potential exists with the patient and the precautions necessary (standard precautions and/or mask).

C. Pre-hospital Agency Responsibilities
   a. Each pre-hospital provider agency will be responsible for assuring that their personnel, trainees and students are familiar with infection control procedures, epidemiology, modes of transmission and means of preventing transmission of communicable disease per CDC guidelines and MIOSHA regulations.
   b. Each pre-hospital provider agency will be responsible for supplying personnel with the appropriate personal protective equipment.
   c. It is recommended that each pre-hospital provider agency ensures adequate immunizations per CDC Immunization Guidelines for Health Care Workers.

D. Follow-up Care/Counseling
   a. Follow-up care and counseling of exposed personnel shall be the responsibility of the pre-hospital provider agency and shall be carried out without delay upon notification of exposure.

E. Summary of EMS Personnel Post-Exposure Procedures
   a. Wash exposed area very well.
   b. Affected personnel may notify ED staff of potential exposure, but ED staff may choose not to test patient until potential exposure confirmed by Medical Control.
   c. Notify agency supervisor of possible exposure.
   d. Fill out "MDCH Request for HIV/HBV Testing Form" and forward to Medical Control.
   e. Supervisor contacts Medical Control to request source patient testing.
   f. Medical Control contacts hospital personnel to request source patient testing.
   g. Provider obtains exposure evaluation and counseling.
   h. Medical Control reviews HIV/HBV Testing Form for completeness and forwards to hospital infection control office.
   i. Hospital infection control office returns form with tests results to EMS agency supervisor.

Resource: The Infection Control for Pre-Hospital Care Providers, 1993, will serve as a resource text for situation involving suspected or known infectious patients.