

GUIDELINES FOR PREVENTING DISEASE TRANSMISSION

I. PROTECTING EMS PERSONNEL AND PATIENTS

Standard Precautions and use of Personal Protective Equipment (PPE) for all patient contact is recommended to minimize infectious disease transmission to EMS System responders.

A. The following precautions represent prudent practice and should be utilized:

1. Wash hands or use antiseptic hand cleaner before and after patient care, before applying gloves and as soon as gloves are removed, on returning to the station, after cleaning or decontaminating equipment, after using the restroom, and before preparing food.
2. Routine use of appropriate PPE during patient care, invasive procedures, and when handling equipment contaminated with blood or other body fluids.
3. Extraordinary care should be used to prevent parenteral exposures from needles and other sharp instruments. After use, needles, disposable syringes, and other sharp instruments should be disposed of by placing them in puncture resistant containers. Needles should not be recapped. If it is absolutely necessary to recap a needle, the one hand technique should be used.
4. Appropriate barrier precautions should be used when cleaning, disinfecting, or disposing of contaminated equipment, supplies, and ambulance surfaces.
5. Healthcare workers who have any areas of open skin from any cause shall have these areas covered with a moisture proof covering prior to any patient contact.
6. Wear an N95 mask, gloves, and eye protection when examining and caring for patients with signs and symptoms of a respiratory infection, fever, or flu-like symptoms (temperature range 100°F or greater, runny nose, cough, sneezing, and bodily aches).
7. Cover the mouth and nose of a potentially infectious patient with a tissue when the patient is coughing and properly dispose of used tissues. Use a surgical mask on the coughing patient when tolerated and appropriate. Providers should wash their hands after contact with respiratory secretions or droplets.
8. To reduce the risk of disease transmission, when possible, minimize the number of crew members caring for the patient.
9. Flush eyes or mucous membranes with large amounts of water or saline if exposed to blood or body fluids.
10. Use pocket masks or bag valve masks for ventilation.
11. It is recommended that EMS personnel have appropriate immunizations or knowledge of prior illness to the following: hepatitis B, measles, mumps, rubella, pertussis/whooping cough, chicken pox, tetanus, diphtheria, and polio.

II. CARE OF AMBULANCE AND EQUIPMENT

1. Equipment and ambulance surfaces contaminated with blood or other body fluids, regardless of infectious status, should be cleaned in compliance with OSHA 1910.1030 standards.

III. EXPOSURES

- A. All parenteral exposures, (needle sticks or cuts) mucous membrane exposures (splashes in eyes or mouth), or cutaneous exposure involving blood or non-intact skin to blood or body fluids from any patient should be reported to the EMS personnel's immediate supervisor as soon as possible.

When significant exposures have occurred, the involved EMS provider(s) should be evaluated by a physician **at the same Emergency Department where the source patient was transported.**

- B. EMS personnel exposed to the following infectious diseases should report the exposure to their employers as soon as possible.

Diseases routinely transmitted by contact or body fluid exposures	Diseases routinely transmitted through aerosolized airborne means	Diseases routinely transmitted through aerosolized droplet means	Diseases caused by agents potentially used for bioterrorism or biological warfare
Anthrax, cutaneous (<i>Bacillus anthracis</i>)	Measles (Rubeola virus)	Diphtheria (<i>Corynebacterium diphtheriae</i>)	These diseases include those caused by any transmissible agent included in the HHS Select Agents List
Hepatitis B (HBV)	Tuberculosis (<i>Mycobacterium tuberculosis</i>)—infectious pulmonary or laryngeal disease; or extrapulmonary (draining lesion)	Novel influenza A viruses as defined by the Council of State and Territorial Epidemiologists (CSTE)	
Hepatitis C (HCV)	Varicella disease (<i>Varicella zoster</i> virus)—chickenpox, disseminated zoster	Meningococcal disease (<i>Neisseria meningitidis</i>)	
Human immunodeficiency virus (HIV)		Mumps (Mumps virus)	
Rabies (Rabies virus)		Pertussis (<i>Bordetella pertussis</i>)	
Vaccinia (Vaccinia virus)		Plague, pneumonic (<i>Yersinia pestis</i>)	
Viral hemorrhagic fevers (Lassa, Marburg, Ebola, Crimean-Congo, and other viruses yet to be identified)		Rubella (German measles; Rubella virus)	

Adapted from National Institute for Occupational Safety and Health. List of potential life-threatening diseases.

C. NOTIFICATION OF EXPOSURE

If a medical facility makes a determination that the EMS provider has been exposed to an infectious disease listed above, the medical facility shall, in writing, notify the provider's designated infection control officer (DICO).

- D. Each ambulance service provider shall have a policy addressing infectious disease exposures. The policy will accompany each ambulance service provider's letter of participation, will be reviewed by the EMSMD or designee every two years and will be submitted as part of the EMS System Plan to the Illinois Department of Public Health (IDPH).

Informational References:

<https://www.cdc.gov/niosh/topics/ryanwhite/>

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