

SAEMS PREHOSPITAL PROTOCOLS

INFECTION CONTROL FOR EMS PROVIDERS

The following guidelines have been developed to standardize EMS infection control prevention and education.

- I. The standard of practice for patient contact should emphasize body substance isolation and, as appropriate, respiratory isolation procedures.
- II. Each EMS provider agency shall be responsible for their personnel meeting OSHA standards in infection control screening, tracking, training, and equipment procedures to prevent cross contamination of infection during treatment, transport, or transfer of patient care.

Each provider's field procedures shall account for:

- A. Those activities where risk of exposure should be considered, including, but not limited to:
 1. Respiratory diagnosis, intubation /suctioning /mouth to barrier device, bacterial meningitis, and communicable diseases;
 2. Blood and body fluid contamination, such as: blood on broken skin, CSF, and blood/body fluids splash into mucous membrane of mouth and/or eyes;
 3. Closed environment for an extended timeframe including a patient with a productive cough;
 4. Disaster situations: i.e., flood interrupting sewer lines or environmental exposures;
 5. Community-wide awareness of spreading infectious disease, e.g. measles.
- B. Equipment and Training Considerations consistent with national standards
- III. Reporting of concern for exposure/contamination shall include the use of Infection Control Practitioners (ICP) at each health care institution and Infection Control Officers (ICO) as identified, at each EMS provider agency.

IV. Infectious Disease Notification (IDN) Procedure

- A. Immediately notify the ICO and EMS provider agency supervisor of the exposure.
- B. Form availability
 1. A three copy NCR IDN form for potential infectious disease notification will be printed by the Southern Arizona Emergency Medical Services (SAEMS) and made available to its EMS provider agencies and hospitals.
 2. The IDN Forms will be available in each Base Hospital's Emergency Department (ED) and with the designated ICO's/units of each EMS provider agency.

C. Initiating the form

1. Following initial treatment/ cleansing/ decontamination efforts, EMS personnel will fill out the form on each patient contact in which Body Substance Isolations (BSI) were broken and a potential exposure occurred. The top copy (white) will be submitted to the receiving Charge Nurse to forward to the health care institutions' ICP. The middle copy (yellow) will be submitted to the reporting personnel's ICO and the bottom copy (pink) is to be kept by the exposed employee.

If an exposure occurs on a patient in the field, during which resuscitation efforts are withdrawn, and the case goes directly to the Office of Medical Examiner (OME), the agency ICO will forward the top copy (white) to OME.

2. If the ICP becomes aware of a potential exposure, they should generate a form and forward it through the designated ICO of the EMS provider agency or communicate directly with them.

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D. Follow-Up

1. Following the ICP's investigation of the patient incident, a copy of the IDN form received by the ICP will be returned to the agency's designated ICO, complete with any further recommendations or comments.
2. Original forms will be maintained in the ICP's file.
3. Each EMS provider agency will be responsible for completing their own feedback loop to the affected EMS personnel through the agencies' ICO.

V. Disposal of Used/Contaminated Equipment/Supplies

- A. All prehospital personnel shall observe disposal guidelines at all times without exception.
- B. All used disposable equipment and supplies which have come into direct or indirect contact with a patient shall be placed in properly designated contaminated waste receptacles at the receiving facility, or at the provider's base of operations.
- C. All used or exposed needles shall be placed in specially designed and accepted sharps containers immediately after treatment. Containers shall be located both in transport vehicles and at receiving facilities. Disposal of sharps containers by EMS personnel shall be determined by base hospital contract provision