

Infection Control

Universal Infection control precautions will be utilized on all patients, as appropriate, per OSHA directives.

Routine infection control precautions for potential contact with blood or infectious material include:

- Gloves (wear gloves prior to ANY contact with patient)
- Hand hygiene
 - Hand washing before and after patient contact is imperative. If hands come in contact with blood or other biohazardous material, immediately wash with Cal Stat solution or equivalent.
 - Wash hands with alcohol-based solution upon entering and exiting EMS units.
- Eye protection (sealed eye protection or safety glasses if available)
- Gown (as indicated)
- For [endotracheal intubation](#), suctioning, and [bag valve mask assisted ventilation](#), full-face shield is required (or N95 and sealed eye protection).
- Providers should wear PPE until post-transport cleaning of all surfaces (including front and rear of vehicle) with an appropriate disinfectant is complete. Exception: Remove PPE used on scene before getting into front of emergency unit to drive to hospital.
- Be sure to use correct technique to don and doff PPE
- Contaminated sharps will not be recapped, bent, or broken. They will be discarded intact immediately after use into a needle disposal box.
- Safer medical devices, when available, will be used according to manufacturer guidelines and per departmental policy
- All blood spills and other biohazard spills will be cleaned up with Virex or equivalent
- After patient encounter, re-use of provider N95 mask is permitted per CDC guidelines. Mask must remain dry, clean, with no evidence of contamination. Mask should be stored in paper bag to keep clean.

If a service is notified of a potential infectious disease exposure, it is incumbent on that service to notify other responding agencies' supervisory staff (AAS Operations Supervisor and/or Fire Department Battalion Commander) of the exposure as soon as possible so that appropriate in-house occupational medicine exposure guidelines may be implemented.

All patients with a cough will be fitted with a surgical mask and screened for possible influenza or TB infection.

- An influenza-screening test will help identify patients at increased risk of active influenza infection. Besides fever >100° F, most infected patients will typically complain of:
 - Cough, myalgia, and headache
 - Sore throat and congestion may also be present
 - Nausea and vomiting are commonly reported among children
- If influenza is suspected, obtain a full set of vital signs, including O2 sat and temperature. (Fever may be absent in the elderly, young children, and patients with underlying chronic illnesses.) Perform lung exam. Make note of any rales/rhonchi. Look for signs of increased work of breathing.
- Providers will wear a protective mask, either surgical or N95, while caring for patients with positive influenza screening exam. All secretions in these patients will be considered infectious. Notify receiving hospital ASAP to allow for early consideration of respiratory isolation.
- Optimize internal vehicle ventilation.

In the event of an influenza pandemic:

- Assume all patients with cough are infected with the influenza virus. In order to mitigate exposure, patient care responsibility should be delegated to one paramedic and another EMT of lesser training (if available). Only aforementioned personnel shall initiate patient contact and perform patient care. Other personnel should await instructions at their vehicle. Should additional resources be needed, attending personnel may call for them.
- In order to minimize the spread of infection, providers should not shake hands without wearing gloves.
- If known or suspected exposure to the pandemic flu strain takes place, advise supervisor per departmental policy.
- Annual influenza vaccine is strongly recommended for all EMS providers.

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Tuberculosis:

TB Screening test will help identify patients at increased risk of active TB infection

Categorizing TB:

- Assessing patient has cough AND:
 - Has a known history of active TB or has spent time with a person diagnosed with TB
 - Is homeless
 - Has a diagnosis of AIDS
 - Has recently been in prison
 - Has lived in high endemic area (most countries in Latin America and the Caribbean, Africa, Asia, Russia, and Eastern Europe)
 - Consider TB in all patient with hemoptysis and in coughing patients with night sweats and recent weight loss.
- Precautions:
 - If the above listed high-risk population answers yes to any of the following: weight loss, night sweats, fever, bloody sputum, cough more than 2 months, provider is strongly advised to wear N95 respirator mask while caring for these patients.
 - All secretions in these patients will be considered infectious. Notify receiving hospital ASAP to allow for early consideration of respiratory isolation.
 - Optimize internal vehicle ventilation