

Infection Control Policy

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.

I. This policy is to be used in conjunction with each agency's exposure control plans for blood-borne pathogens and airborne illnesses, and any supplemental infection control policies.

II. Universal Precautions and Body Substance Isolation (BSI)

A. Purpose: To utilize a method of infection prevention that treats all human bodily fluids as infectious material, capable of transmitting disease.

1. **Potentially infectious materials:** Semen, vaginal secretions, amniotic fluid, cerebrospinal fluid, peritoneal fluid, pleural fluid, pericardial fluid, synovial fluid, respiratory droplets, sputum and/or any body fluid that is visibly contaminated with blood.
2. **Universal 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, nebulizer administration or assisting with OB/GYN emergencies.

B. Procedures:

1. Hand hygiene:

a. Hand washing shall occur:

- i. When hands are visibly dirty or contaminated with proteinaceous material, or are visibly soiled with blood or other bodily fluids.
- ii. If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands.
- iii. Before direct contact with patients and after patient contacts.
- iv. Before donning sterile gloves: ETT suctioning.
- v. Before invasive procedures such as peripheral IV insertion, needle-cricothyrotomy and intubation.
- vi. After removing gloves.
- vii. Before eating and after bathroom use.
- viii. Antimicrobial wipes may be used but are not as effective as alcohol based hand rubs or washing hands with antimicrobial soap and water.

2. **Personal protective equipment (PPE)** will be utilized according to agency policies and procedures. PPE should be readily accessible and available in appropriate sizes.

3. **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 by the EMS agency personnel.

C. Respiratory Isolation

1. In the event of a suspected or confirmed TB patient, an N95 or HEPA mask should be worn, in accordance with the agency's Exposure Control Plan for Tuberculosis.
2. In the event of suspected meningitis, measles, small pox, chicken pox (varicella zoster) or disease known, or suspected, to be transferred via airborne or droplet medium, an N-95 mask should be placed on the patient. If, due to decreased LOC or respiratory distress, the patient is unable to tolerate an N-95, staff must wear N-95

masks, use the power-vent and mask the patient with, at minimum, a surgical mask prior to entry into the hospital.

D. Hygiene

1. Visibly contaminated gloves must be changed between each patient in emergent situations.
2. Gloves must be changed between each patient in non-emergent situations.
3. Nail care recommendations, see company specific policy:
 - a. Keep natural nail tips less than ¼ inch long
 - b. Artificial nails or nail extenders should not be worn when having direct contact with potentially high-risk patients.
4. See company specific policy relating to general personal hygiene.
5. Gloves must be removed and hands cleaned before entering a hospital when possible. If not possible, care must be taken to avoid touching hospital equipment or surfaces prior to removing gloves and sanitizing hands.

III. Radio Communications

- A. Anytime the unit and/or dispatcher is made aware of the potential for HIV/AIDS, or any other communicable disease, that information should be communicated in a format that ensures that patient confidentiality is adhered to. Use the following statements for radio traffic/pager:
- "Utilize universal precautions or body substance isolation." (BSI)
 - "Utilize AFB precautions." (Acid Fast Bacilli = tuberculosis)

IV. EMS Personnel Exposure to a Communicable Disease

A. Definition of a Blood-borne Exposure

1. Contaminated Needle or sharp instrument puncture
2. Blood/body fluid splashes into mucous membrane including mouth, nose, and eye(s).
3. Blood/body fluid splash into non-intact skin area

B. EMS Personnel Post Exposure Procedure

1. If personnel's skin is punctured with a contaminated needle or sharp instrument, or you experience a blood/body fluid splash, wash the substance off immediately.
 - a. Notify the transporting ambulance service of the exposure and ensure that they agree to inform the hospital of the exposure. If a transporting service, notify the charge nurse at the hospital that there was an exposure.
2. If the exposure meets any of the exposure definitions above:
 - a. Fill out an employee report of injury and notify your supervisor. Supervisor shall ensure that the MDCH "First Responder Request for HIV/HBV Testing of Emergent Patient" form (DCH form) is completed by the exposed employee and forwarded to the designated Infection Control Liaison and to KCEMS. Forms may be downloaded from www.kcems.org

Note: Ensure that the name of the source patient is **NOT** written on the exposure report form (DCH form). Doing so is a violation of statute. The source patient name may be listed on a separate sheet of paper and may be sent with the exposure form.

- b. Notify the designated Infection Control Liaison by contacting MedCom at (616) 391-5319. Notification should occur AS SOON AS POSSIBLE. **Leave contact information.** MedCom will notify the appropriate Infection Control Liaison and they will contact you back.

- c. If you do not receive a call back within 15 minutes, contact MedCom again, they will ensure that contact is made with another Infection Control Liaison.
- d. The Infection Control Liaison will contact the appropriate hospital designee and provide additional follow-up as is necessary.
- e. Ensure that the boxes for HIV and Hepatitis B are checked and write in Hepatitis C.
- f. Fax a copy of the exposure form to the Infection Control Liaison at the fax number they provide to you and also to KCEMS at 451-8462. The original form should be kept by the agency of the exposed individual.
- g. No copies of the exposure form should be left with Emergency Department staff. The Infection Control Liaison will provide a copy of the completed form, along with supplemental forms, to the hospital Infection Control Department.
- h. Quick test results will be called to the designated Infection Control Liaison for the department of the exposed individual (your department). Results will not be provided directly to the exposed individual.
- i. If the reported exposure is determined to be a reasonably valid exposure, the exposed individual will need to follow up with the agency/department occupational medicine service for testing and post exposure counseling and prophylaxis, when needed.
- j. Source test results will be mailed to the agency/physician designated in the "send results to" section of the form.
- k. Ensure that the "Other Health Professional" box is checked and that the name and address of your agency/department Infection Control/Health & Safety Liaison is listed. This will ensure that test results are sent to your agency for record keeping and legal reasons.

C. Infection Control Liaison (ICL) Responsibilities upon Notification of a Potential Exposure to Infectious Disease

1. Verify exposure has occurred with involved EMS personnel. (R325.70002)
2. Contact appropriate hospital designee to request source testing is done.
3. Notify the hospital Infection Control Nurse of source testing request and forward the MDCH Request for HIV/HBV form to that office.
4. Upon obtaining notification of possible exposure to EMS personnel, the ICL will assist the hospital in notifying the ICL of the involved EMS agency of the need for follow up related to the discovery of a communicable disease.

D. Hospital Responsibilities

1. Each hospital in the KCEMS region will designate an infection control practitioner(s) to serve as liaison(s) with the ICL designated by KCEMS and all EMS agencies for the purpose of communicating information about infectious patients or potential exposures.
2. Hospitals, upon learning that any patient has an infectious or communicable disease, will check the patient chart to determine if any EMS agencies were involved with the patient prior to hospitalization. When it is determined that EMS may have had contact with the patient, the designated individual will notify the EMS agency (or will notify KCEMS (451-8438)) for further follow-up, and will complete the required MDCH forms.
3. Hospitals, when requested to do so, will obtain lab tests and results on source patients when a prehospital worker has had an exposure.
 - a. Hospitals will report the results of testing on the "MDCH First Responder Request for HIV/HBV Testing of Emergency Patient" form and return to the address(es) indicated on the form.

4. Hospitals will notify transporting agencies at the time a transfer is scheduled if any infection potential exists with the patient and the precautions necessary. (Universal precautions and/or mask)

E. Prehospital Agency Responsibilities

1. Each agency/department in the KCEMS region will designate an infection control practitioner(s) to serve as liaison(s) with the staff of KCEMS, or KCEMS designee, and all hospitals for the purpose of communicating information about infectious patients or potential exposures.
2. Each prehospital 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.
3. Each Prehospital Provider Agency will be responsible for supplying personnel with the appropriate personal protective equipment.
4. It is recommended that each prehospital provider agency ensure adequate immunizations per CDC Immunization Guidelines for Health Care Workers.

F. Follow-up Care/Counseling

1. Follow-up care and counseling of exposed personnel shall be the responsibility of the prehospital provider agency and shall be carried out without delay upon notification of exposure. (R325.70001 – 325.70018)

G. Summary of EMS Personnel Post-Exposure Procedure

1. Wash exposed area very well.
2. Affected personnel may notify ED staff of potential exposure, but ED staff may choose not to test patient until potential exposure confirmed by KCEMS designated ICL.
3. Notify agency supervisor of possible exposure.
3. Supervisor contacts MedCom to report exposure and request source patient testing
4. Fill out MDCH "First Responder Request for HIV/HBV Testing of Emergent Patient" form and forward (FAX) to ICL and KCEMS. (451-8462)
5. The original form must be turned in to the agency ICL of the exposed provider.
6. The KCEMS designated ICL contacts hospital personnel to request source patient testing.
8. Provider obtains exposure evaluation and counseling.
9. KCEMS designated ICL reviews HIV/HBV Testing Form for completeness and forwards to hospital infection control office.
10. Hospital representative contacts the ICL from the agency of the exposed individual with Quick test results within one hour. If contact is not received within the hour, contact should be made with the KCEMS designated ICL (by contacting them directly or by calling MedCom) for additional follow up.
11. Hospital infection control officer returns form with test results to EMS agency ICO. (Infection Control Officer)
12. If ordered, test results of HIV quick-tests are only released to the agency ICO or designee (supervisor). In the event that contact cannot be made with the designated representative, contact MedCom for additional contacts.
13. Prophylactic treatment may be recommended based on source patient test results.