

INFECTION CONTROL FOR EMS PERSONNEL

ADMINISTRATIVE 1.17

In accordance with the Arizona Hospital Association, these 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 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.
- III. Each provider's field procedures shall account for
 - A. Those activities where risk of exposure should be considered, including:
 1. Respiratory diagnosis - intubation/suctioning/mouth to mouth, bacterial meningitis, communicable diseases
 2. Blood and body fluid contamination. Identify what an exposure will be: blood on broken skin, bloody/body fluids, CSF splash onto mucous membrane of mouth, eyes.
 3. Closed environment for extended time frame Exposure: productive coughing
 4. Disaster situations: i.e., flood interrupting sewer lines, environmental exposures
 5. Awareness of "what's going around" in the community
 - B. Equipment and Training Considerations consistent with national standards
- IV. Reporting of concern for exposure/contamination shall include the use of the infection control practitioners (ICP) in each health care institution & infection control officers, as identified, in each agency.
- V. PROCEDURAL FLOW OF EMS PERSONNEL INFECTION CONTROL NOTIFICATION
 - A. Immediately notify the Infection Control Officer and agency supervisor of the exposure.
 - B. Form availability
 1. A 3-copy NCR form for potential infectious disease notification will be printed by the Regional EMS agency and made available to its providers.
 2. The Infection Control Notification Forms (ICN form) will be available in each Base Hospital's Emergency Department and with the designated Infection Control Officers/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 Universal Precautions were broken and a potential exposure occurred. The last copy of the ICN form will be submitted to the provider agency's designated Infection Control Officer, and the top two (2) copies will be forwarded by the reporting EMS personnel's infection control officer to the health care institution's ICP or coroner.
 2. If the ICP becomes aware of a potential exposure, they should generate a form and forward it through the designated IC officer of the EMS provider agency.
 - D. Follow-Up

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

VI. 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 provisions.
- D. Failure to utilize proper disposal methods or containers by prehospital personnel shall result in a recommendation of remedial action to the employing agency. Failure by the employing agency to correct infractions shall result in a formal grievance to the agency and/or PC/TEMSC.

EFFECTIVE 12/93 REVISED 3/99

INFECTIOUS DISEASE NOTIFICATION (IDN) INSTRUCTIONS

A. FORM AVAILABILITY

1. A 3 copy NCR form for potential Infectious Disease Notification will be printed by the Regional EMS agency and made available to its providers.
2. The Infectious Disease Notification (IDN) forms will be available in each Base Hospital's Emergency Department and from the supervisor/units of each EMS provider agency.

B. INITIATING THE FORM

1. The IDN form will be used when a potential exposure occurs, i.e., contact with blood or body fluid via open wounds, splash or needlestick, or transport of a patient with a respiratory disease that may be transmitted by airborne or droplet exposure. After initial treatment, cleansing or decontamination efforts (when applicable), the following steps should be taken:
 - For possible exposure to bloodborne diseases, the Prehospital Provider will notify the appropriate hospital staff of the exposure so that follow-up on the source patient can be completed (see page 1, section E).
 - The Prehospital Provider will fill out the first page of the IDN form **COMPLETELY**.
 - The white/top copy of the IDN form will be sent to the hospital's Infection Control Practitioner (ICP) or to the medical examiner.
 - The yellow/second copy of the IDN form will be submitted to the provider agency supervisor or Infection Control/Designated Officer.
 - The pink/last copy of the IDN form is to be kept by the Prehospital Provider(s) who experienced the exposure.
2. If the ICP becomes aware of a potential exposure, they should generate an IDN form and forward it through the hospital's Prehospital Manager or the Supervisor or Infection Control/Designated Officer of the EMS provider agency.

C. FOLLOW-UP

1. The ICP will notify the EMS provider agency's Supervisor or Infection Control/Designated Officer by phone within 48 hours of review. Written notification will follow.
2. Original forms will be maintained in the ICP's file.
3. Each agency will be responsible for completing the feedback loop to the affected EMS personnel.

INFECTIOUS DISEASE NOTIFICATION FORM

Date of Exposure: ___/___/___ Time of Exposure: _____
Date of Report: ___/___/___ Time of Report: _____

A. Patient Information: Hospital: _____
Patient Name: _____ Medical Record #: _____
Incident #: _____ Incident Address: _____

B. Signs/Symptoms present during transport (describe): _____

C. Suspected Causative Agent (Communicable Disease): _____

D. Describe the Exposure:

- 1) Personal Protective Devices Worn: _____
2) Mode of Transmission: Airborne Droplet Contact OR
Portal of Entry: Needlestick (describe): _____
Splash (describe): _____
Other (describe): _____
3) Duration of Risk: Hours: _____ Minutes: _____
4) Initial Treatment (describe): _____

E. EMS Exposure Follow-up for Bloodborne Diseases:

- 1) Name of Hospital Staff Member Notified: _____
2) Source Patient Blood Forwarded to Lab: YES, by whom: _____
NO UNABLE TO OBTAIN SAMPLE UNKNOWN
3) HIV Consent Signed by Source Patient:
YES REFUSED UNABLE TO SIGN UNKNOWN

G. Employee's Infection Control/Designated Officer Name and Phone Number:

Provider Agency Involved:

- 1) _____ Init. _____
2) _____ Init. _____

Units Involved:

- 1) _____
2) _____

Personnel Exposed:

- 1) _____ Cert.# _____
2) _____ Cert.# _____
3) _____ Cert.# _____
4) _____ Cert.# _____
5) _____ Cert.# _____
6) _____ Cert.# _____

Reported by: _____ Cert.# _____
Received by: _____
Employee's Signature: _____ Date: ___/___/___
Address: _____ Phone: _____

Arizona Law (A.R.S. § 36-664 [F]) prohibits redisclosure of confidential communicable disease related information to others, except as permitted by law.