

Blood Borne Pathogens

Assume that all bodily fluids and tissues are potentially infectious with pathogens and must protect themselves accordingly by use of appropriate Body Substance Isolation (BSI) and approved procedures.

Transmission of pathogens has been shown to occur when infected blood or Other Potentially Infectious Materials (OPIM) enter another individual's body through skin, mucous membrane, or parenteral contact.

Screen symptomatic patients for out of country travel within the past 21 days or close contact with another symptomatic individual who has recently traveled out of the country. If possible, determine where patient or contacts have recently traveled. Provide early notification to receiving hospital.

Body Substance Isolation (BSI) Procedures.

- BSI procedures include using protective barriers (such as gloves, masks, goggles, etc.), thorough hand washing, and proper use and disposal of needles and other sharp instruments.
- Centers for Disease Control and Prevention Guidelines for hand hygiene include:
 - When hands are visibly dirty, contaminated, or soiled, wash with non-antimicrobial or antimicrobial soap and water.
 - If hands are not visibly soiled, use an alcohol-based hand sanitizer for routinely decontaminating hands.
- Personnel with any open wounds should refrain from all direct patient care and from handling patient-care equipment, unless they can ensure complete isolation of these lesions and protection against seepage.
- Personnel who are potentially at risk of coming into contact with blood or OPIM are encouraged to obtain appropriate vaccines to decrease the likelihood of transmission.

Body Substance Exposure - Procedures and Considerations

- Personnel with blood borne pathogen exposure should immediately flush exposed area or wash with an approved solution. At a minimum, use warm water and soap.
- If skin integrity is broken, the area cover area with a sterile dressing.

Policy Continues 

 Policy Continued***Airborne Pathogens***

Assume that all patients who present with respiratory distress, cough, fever, or rash are potentially infectious with airborne pathogens and must protect themselves accordingly by use of appropriate Airborne Personal Protective Equipment (APPE), Body Substance Isolation (BSI), and approved procedures.

Screen symptomatic patients for out of country travel within the past 21 days, or close contact with another symptomatic individual who has recently traveled out of the country. If possible, determine where patient or contacts have recently traveled. Provide early notification to receiving hospital.

Airborne Personal Protective Equipment (APPE)

- Preferred APPE for EMS personnel is an N95 mask, to be worn whenever patient is suspected of having any communicable respiratory disease.
- N95 mask should be properly sized for each individual provider, having been previously determined through an annual fit-test procedure.
- A surgical mask should also be placed on suspect patients, if tolerated. If oxygen therapy is indicated, a surgical mask should be placed over the oxygen mask to block pathogen release. Close monitoring of the patient's respiratory status and effort will be required.

Airborne Procedures and Considerations

- Provide early notification to receiving hospital so hospital may enact its respective airborne pathogen procedures.
- Limit number of personnel in contact with suspected patients to reduce potential exposure to others.
- Limit procedures that may result in the spread of suspected pathogen, (e.g., nebulizer treatments), if feasible.
- Utilize additional HEPA filtration on equipment, (e.g., BVM or suction), if available.
- Exchange of fresh air into the patient compartment is recommended during transport.

 Policy Continues

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Enteric Pathogens

- Emergency medical services personnel should assume that patients who present with gastrointestinal illnesses accompanied by nausea, vomiting and/or diarrhea are potentially infectious with enteric pathogens and must protect themselves accordingly by use of appropriate contact and droplet precautions and approved procedures.
- Screen symptomatic patients for recent antibiotic use or contact with others who have had Clostridia Difficile or Noro Virus. Provide early notification to receiving hospital.

Decontamination and Follow-up

- In addition to accepted procedures for cleaning and disinfecting surfaces and equipment with approved solutions and for the proper disposal of contaminated items, the use of fresh air ventilation should be incorporated (e.g., open all doors and windows to allow fresh air after arrival at the hospital).
- In the case of suspected enteric pathogen contamination, personnel should clean all areas of patient contact with cleaners that are effective against E. coli, Noro Virus or C. Difficile. This should be clearly stated on the cleaner label, as most products do NOT effectively kill the pathogen. See The Centers for Disease Control and Preventions (Guideline for Disinfection and Sterilization in Health Care Facilities) If the patient was actively vomiting during transport to the hospital, surfaces in close proximity to the patient should also be cleaned.
- All personnel in contact with the patient should wash their hands thoroughly with warm water and an approved hand-cleansing solution. When soap and water are not immediately available, a hand sanitizer containing 60% isopropyl alcohol is recommended as an interim step until thorough hand washing is possible.
- Contaminated clothing should not be brought home by the employee for laundering, but laundered in a department provided washer or by other uniform cleaning arrangements.
- Ambulances equipped with airborne pathogen filtration systems should be cleaned and maintained in accordance with the manufacturer's guidelines.



- As soon as possible following any suspected exposures, EMS provider should complete all appropriate documentation as identified in service department's specific policies, including Worker Compensation Notice of Accidental Injury or Occupational Disease 8aWCA form and the Emergency Response/Public Safety Worker Incident Report Form.