

INFECTION CONTROL

PURPOSE

The purpose of this section is to promote safe and effective care to all patients by reducing the opportunity for growth and spread of pathogens, using principles of asepsis and isolation techniques.

Although the equipment, vehicles and surroundings associated with the prehospital care team are kept as clean and germ-free as possible, it is often difficult to maintain a high degree of asepsis due to exposure to great numbers of patients, all of whom carry a large spectrum of organisms. Some of these organisms are harmless, while others pose a definite threat to the patient and the people concerned with their care.

In addition to the variety of individuals with whom we have contact, we often find it necessary to expose equipment and ourselves to a wide variety of environments, many of which contain pathogens that are potentially hazardous and of whose presence we are essentially unaware.

For these reasons, we feel it necessary to take the greatest care in preventing the spread of infectious agents to ourselves and to others with whom we come in contact.

DEFINITIONS TO BE APPLIED TO THIS POLICY

BLOOD OR BODY SUBSTANCE EXPOSURE: A blood or body substance exposure includes any of the following:

- Parenteral – scratch, cut, puncture or abrasion from a contaminated needle, razor, scalpel or other sharp objects; human bites that break the skin
- Mucous Membrane – eye, nose or mouth splashed, sprayed or splattered with blood or other potentially infectious body substances
- Skin – contact of chapped, abraded, open or inflamed skin with blood or other body substances; contact between ungloved hand or unprotected skin and large amounts of blood

CONTAGIOUS OR INFECTIOUS DISEASE: as defined by the Public Health Council

EMERGENCY CARE WORKER:

- An emergency medical service worker – Basic EMT, Advanced EMT or Paramedic
- A firefighter employed by a political subdivision
- A voluntary firefighter, emergency operator or rescue operator
- A peace officer, sheriff, state highway patrol person, member of an organized police department or township police force
- An employee of a private organization that renders rescue services, emergency medical care or emergency medical transportation to accident victims and persons suffering serious illness or injury

HEALTH CARE WORKER: An individual who provides diagnostic, evaluative or treatment services

INFORMED CONSENT AND COUNSELING: HIV tests may only be performed if, prior to the test, informed consent is obtained by the physician ordering the test

Consent shall be in writing, using the form "CONSENT FOR HIV TESTING". The patient must also be given an oral explanation that the test is voluntary and consent may be withdrawn anytime before the individual leaves the premises where the blood is drawn.

Exceptions to the informed consent for HIV testing include:

- A medical emergency, when the test results are medically necessary to avoid or minimize an immediate danger to the health or safety of the individual tested or another individual.
- For research purposes when the identity of the individual cannot be determined
- Organ donation, if the test is medically necessary to insure that the body part is acceptable for its intended use.
- When the test is performed on a person incarcerated in a penal institution under the control of the Department of Rehabilitation and Correction, if the head of the institution has determined, based on good cause, that a test is necessary.
- When the physician, in the exercise of professional judgment, determines the test to be medically necessary for providing diagnosis and treatment to the individual being tested and the individual or parent/guardian has given consent for medical treatment.
- When the test is performed on a patient after the Chairman of the Infection Control Committee determines that a health care or emergency services worker has sustained a significant blood or body fluids exposure and the patient has refused to be tested.
- When the test is ordered by a court in connection with a criminal investigation.

PATIENT: Person, whether alive or dead, who has been treated, handled or transported for medical care by an emergency worker.

STANDARD INFECTION CONTROL PRECAUTIONS

Since it is often not possible to know when an individual may be infected with a blood-borne or body substance agent, the consistent use of protective barriers and practices for avoiding exposure to potentially infected blood and body fluids is the most reliable method for minimizing transmission risks.

This approach is referred to as STANDARD PRECAUTIONS. It has been advocated by the Centers for Disease Control (CDC) and is currently mandated by the Occupational Safety and Health Administration (OSHA). STANDARD PRECAUTIONS emphasizes the need for all health care workers to consider all patients as potentially infected with blood-borne or body substance agents.

STANDARD PRECAUTIONS for this protocol shall include:

- EDUCATION - for all new employees, as well as system-wide update at least annually
- GLOVES - when there is potential exposure to blood or body fluids
- HANDWASHING - immediately following any accidental contamination with blood or body fluids and after patient contact
- MASKS and PROTECTIVE EYE WEAR - if there is potential aerosolization or splattering

- SHARPS DISPOSAL - in rigid, puncture resistant, leak-proof containers which are color-coded or labeled
- RESUSCITATION - using mouth-to-mask resuscitation devices or manual resuscitation bag
- WASTE REMOVAL - items contaminated with blood or body fluid from any patient are collected in impervious, red bags with biological hazard symbol and disposed of appropriately
- BLOOD SPECIMENS - from patients shall be bagged, labeled with biological hazard symbol, sealed and placed in the proper location for transport to the lab

| |
|---------------------------------------------------------------------------------------------------------------------------------|
| RECOMMENDED PERSONAL PROTECTION EQUIPMENT FOR WORKER PROTECTION AGAINST TRANSMISSION OF INFECTION IN PREHOSPITAL SETTING |
|---------------------------------------------------------------------------------------------------------------------------------|

SKILLS AND/OR PROCEDURES

| TASK / ACTIVITY | GLOVES | GOWN | MASK | GOGGLES | RESPIRATOR |
|--------------------------------------|--------|------|------|---------|------------|
| Bleeding Control – spurting | YES | YES | YES | YES | NO |
| Bleeding Control – minimal | YES | NO | NO | NO | NO |
| Childbirth | YES | YES | YES | YES | NO |
| Blood Draws | YES | NO | NO | NO | NO |
| Starting IV / IO | YES | NO | NO | NO | NO |
| Intubation | YES | NO | NO | YES | YES |
| Suctioning – oral/nasal | YES | NO | NO | YES | YES |
| Manual Clearing of Airway | YES | NO | NO | YES | YES |
| Handling / Cleaning soiled equipment | YES | YES | NO | NO | NO |
| Giving Injection | YES | NO | NO | NO | NO |
| Rectal Temperature | YES | NO | NO | NO | NO |

CONTAGIOUS DISEASES

| DISEASE | GLOVES | GOWN | MASK | GOGGLES | RESPIRATOR |
|------------------------|--------|------|------|---------|------------|
| Tuberculosis | NO | NO | NO | NO | YES |
| Chicken Pox / Shingles | YES | YES | NO | NO | YES |
| Meningitis | NO | NO | NO | NO | YES |
| Whooping Cough | NO | NO | NO | NO | YES |

REQUEST FOR EXPOSURE FOLLOW-UP AND RELEASE OF INFORMATION TO EMERGENCY CARE WORKER

An emergency care worker who believes they have suffered significant exposure through contact with a patient may request to be notified of the results of any test performed on the patient to determine the presence of a contagious or infectious disease.

The request shall be submitted to the EMS Coordinator or any Emergency Department nurse manager at the time of the exposure using a report form specific to that facility.

Any emergency care worker who reports a work-related exposure will receive confidential medical evaluation and follow-up that will include:

- Evaluation and documentation of how the exposure occurred
- If possible, source individual's blood tested for HBV, HIV, SGPT and results made available to the worker. The worker will be made aware of applicable laws and regulations concerning disclosure of identity and infectious status of a source individual.
- Exposed worker's blood collected and tested. The worker may refuse blood collection and/or testing. If HIV testing is refused, the blood is stored in the lab for 90 days, during which time the employee may choose to have the blood tested.
- Post-exposure prophylaxis as recommended by current CDC guidelines
- Counseling concerning precautions to take after the exposure incident
- Information on potential illnesses to be alert for and who to report illnesses

EXPOSURE INVESTIGATION

The EMS Coordinator and the exposed worker document the circumstances of the exposure incident on an incident report form. This information, along with data from the exposure reports, is evaluated and used as a basis for preventative measures and counseling of emergency care workers.

EXPOSURE CONTROL PROGRAM

All EMS services must have in place a written infection exposure control program in accordance with current established guidelines of the Occupational Safety and Health Administration's (OSHA) 29 CFR 1910.1030 regulation for Bloodborne Pathogens.

Each service shall designate an infection control liaison with whom the hospital can work in regard to this section of the protocol.

CONTAGIOUS DISEASE NOTIFICATION

The Infection Control nurse will notify the EMS Coordinator of any contagious disease as listed in 3701-3-02.2 of the Ohio Administrative Code. The EMS Coordinator will notify the emergency care worker and their supervisor within two days, followed with written notification within three days.

Notification shall include:

- Name of the disease
- Disease signs and symptoms
- Date of exposure
- Incubation period
- Mode of transmission
- Medical precautions necessary to prevent transmission to other persons
- Appropriate prophylaxis, treatment and counseling for the disease

This notification shall NOT include the name of the patient or diseased person.

If the information is not available because the patient has been transferred, the EMS Coordinator will assist the emergency care worker in locating the patient and securing the requested information from the health care facility that treated or is treating the patient.

If the patient has died, the EMS Coordinator will give the emergency care worker the name and address of the coroner who received the patient.

Additional measures may be taken to notify emergency care workers of possible exposure to a contagious disease as long as the confidentiality of the information is maintained.

Section 3701-3-02.2 of the Ohio Administrative Code allows an emergency medical services worker to ask a health care facility or coroner to notify them of the results of tests for certain diseases if the worker believes that he or she had a significant exposure through contact with a patient. The diseases subject to this procedure are contagious or infectious diseases that the public health council, by rule, has specified as reasonably likely to be transmitted by air or blood during normal course of an emergency medical services worker's duties.

The diseases listed in paragraph two (2) of this rule are specified for purposes of Section 3701.248 of the Ohio Revised Code. The following diseases are specified as reasonably likely to be transmitted by air or blood during the normal course of an emergency medical worker's duties:

- | | |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| *Crimean-Congo Hemorrhagic Fever | *Leishmaniasis, visceral (Kala-Azar) |
| *Diphtheria | *Leptospirosis |
| *Ebola-Marburg virus infection | *Listeriosis Pneumonia |
| *Fifth Disease (Human parvovirus infection) | *Measles (Rubeola) |
| *Hansen's Disease (Leprosy) | *Meningococcal infection (Neisseria meningitidis) |
| *Acute/Chronic Hepatitis B Virus infection | *Mumps (Infectious Parotitis) |
| *Acute/Chronic Hepatitis C Virus Infection | *Pneumonic Plague (Yersinia Pestis) |
| *Infection with Delta Hepatitis virus | *Rabies |
| *Human Immunodeficiency (HIV) infection, including Acquired Immunodeficiency Syndrome (AIDS) and AIDS-related illnesses | *Rubella (German measles) |
| *Infection with Human T-lymphotropic Virus (HTLV-1 and HTLV-2) | *Tuberculosis |
| *Lassa Fever | *Varicella (Herpes Zoster) infection, including chicken pox, disseminated varicella, varicella pneumonia and shingles |