



North Region EMS System

Policy Section #	Patient Care	
	PC 108	Date 3/2020
Title	Infectious Disease: Disinfection, Exposure, Follow-up	
Page	1 of 4	

Purpose To provide guidelines for preventing occupational disease transmission.

- Policy**
- 1) EMS personnel and patient protection
 - a. EMS personnel shall take reasonable precautions to prevent exposure to pathogens and acquiring infectious diseases from patients.
 - b. Patients shall be reasonably protected from acquiring infections from equipment used in EMS care.
 - c. Personal protective equipment (PPE) shall be available on all EMS response vehicles. The size, quantity, and type of equipment provided by the employer shall be sufficient to supply all employees expected to respond to an incident.
 - d. Universal precautions are standard of care and should be used with all patients.
 - i. Wash hands after patient contact, regardless of glove use.
 - ii. Alcohol based waterless hand sanitizers should be available for use in the field, and hands should be washed with soap and water when facilities are available.
 - iii. Use appropriate PPE during patient care when touching non-intact skin/blood/body fluids, invasive procedures, and handling materials contaminated with blood/body fluids.
 - iv. Masks and protective eyewear/face shield shall be worn when working within six feet of a patient suspected of having a disease transmitted by droplets, and during procedures that may generate droplets or a spray of blood/ body fluids to prevent exposure of mucous membranes of the eyes, nose, and mouth.
 - v. Fluid repellent gowns/apron shall be worn during procedures that may generate blood/body fluid splash.
 - vi. Gloves must be changed after contact with each patient and when moving from patient compartment to passenger compartment of vehicles.
 - e. When transporting a patient suspected of having an infectious disease transmissible via air (measles, SARS, tuberculosis, varicella), personnel within six feet of patient should at minimum wear a properly sized N-95 mask and eye protection. The patient should wear a surgical mask.
 - f. Extra care should be used to prevent exposures from needles and sharp objects, including ampules and lancets.
 - i. After use, immediately place needle or other sharp instrument in puncture resistant container. Avoid recapping needle; if absolutely necessary, use one hand technique. Sharps containers shall be readily available at point of care and in ambulance. Never pass a needle from one person to another.



North Region EMS System

Policy Section #	Patient Care	
	PC 108	Date 3/2020
Title	Infectious Disease: Disinfection, Exposure, Follow-up	
Page	2 of 4	

- g. EMS providers with any area of open skin, shall cover the area with moisture proof covering prior to patient contact.
- h. EMS personnel are advised to have immunity, via vaccination or prior illness, to: influenza, hepatitis B, measles, mumps, rubella, pertussis, varicella, tetanus, diphtheria, and polio, in addition to annual TB screening.
- i. Appropriate barrier precautions should be used when cleaning, disinfecting, or disposing of contaminated materials.

2) Ambulance and EMS equipment

- a. Each EMS provider agency shall have a policy addressing infection control, cleaning and disinfecting of vehicles and EMS equipment. The policy will accompany provider's letter of participation, will be reviewed by the EMS-MD or designee and submitted as part of the EMS System Plan to the Illinois Department of Public Health. The EMS System Resource Hospital staff will be available to assist in the development/revision of policies.

3) Exposures

- a. Each EMS provider agency shall have a policy addressing infection control prevention and exposures. This policy will include the names and contact information for the provider agencies designated infection control officer (DICO). The policy will accompany provider's letter of participation, will be reviewed by the EMS-MD or designee and submitted as part of the EMS System Plan to the Illinois Department of Public Health. The EMS System Resource Hospital staff will be available to assist in the development/revision of policies.
- b. All parenteral (e.g., needlestick, cut), mucous membrane (e.g., eyes or mouth), or non-intact skin exposure to blood/body fluids from any patient should be reported to the EMS personnel's DICO as soon as possible.
 - i. Upon request, the EMS System Resource Hospital will perform source patient testing on patients brought to NMLFH or NMGL-FEC in accordance with Ryan White Act.
- c. EMS personnel exposed to measles, mumps, rubella, varicella, herpes zoster, tuberculosis, meningitis, herpes simplex, diphtheria, rabies, anthrax, cholera, plague, polio, hepatitis B or C, typhus, smallpox, AIDS/HIV infection should report the exposure to their employers designated infection control officer (DICO) as soon as possible.

4) Post exposure notification



North Region EMS System

Policy Section #	Patient Care	
	PC 108	Date 3/2020
Title	Infectious Disease: Disinfection, Exposure, Follow-up	
Page	3 of 4	

- a. In accordance with IDPH Hospital Licensing Requirements Section 250.725, the EMS System Resource Hospital will notify police officers and EMS personnel who have provided, or are about to provide, care to a patient diagnosed as having the following diseases: rubella (including congenital rubella syndrome), measles, tuberculosis, invasive meningococcal infections (meningitis or meningococemia), mumps, chickenpox, herpes simplex, diphtheria, rabies (human rabies), anthrax, cholera, plague, polio (poliomyelitis), hepatitis B, typhus (louse-borne), smallpox, hepatitis non-A, non-B, acquired immunodeficiency syndrome, AIDS-related complex, human immunodeficiency virus infection.
- b. Letter notification will be sent to the provider agency within 72 hours after the hospital receives actual knowledge of a confirmed diagnosis of any of the diseases listed above, other than AIDS, ARC or HIC infection, of any patient who has been transported to the hospital by police officers or EMS personnel.
- c. In the case of a confirmed diagnosis of AIDS, ARC, or HIV infection, the hospital shall send a letter of notification to the emergency services provider agency within 72 hours only if one or both of the following conditions exist: police officers or EMS personnel have indicated on the ambulance run sheet that a reasonable possibility exists they had blood/body fluid contact with the patient, or the hospital has reason to know of a possible exposure of the police officers or EMS personnel to the blood/body fluids of the patient.
- d. Letters of notification shall be sent to the designated contact at the emergency services provider agency listed on the ambulance run sheet and shall include at least the following information: names of police officers, EMS personnel, and other crew members listed on ambulance run sheet; patient's diagnosed disease; date patient was transported; statement information shall be maintained as a confidential medical record; and statement that upon receipt of the notification letter, the provider agency shall contact all personnel involved in the prehospital or interhospital care and transport of the patient. Such notification letters shall not include the name of the patient or any patient-identifying information.
- e. Upon discharge of a patient with a communicable disease listed above, or below, to ambulance personnel, the hospital shall notify the personnel of appropriate precautions against the disease, but shall not identify the name of the disease: typhoid fever, amebiasis, shigellosis, salmonellosis, giardiasis, hepatitis A.

References

<https://www.cdc.gov/niosh/topics/ryanwhite/default.html>
<https://www.cdc.gov/niosh/topics/ryanwhite/pdfs/RyanWhiteActof2009.pdf>



North Region EMS System

Policy
Section
#

Patient Care

PC 108

Date 3/2020

Title

**Infectious Disease:
Disinfection, Exposure, Follow-up**

Page

4 of 4

https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=10051&p_table=STANDARDS

https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=directives&p_id=2570

<ftp://www.ilga.gov/JCAR/AdminCode/056/056003500E07000R.html>

https://www.ems.gov/pdf/workforce/Guide_Infection_Prevention_EMS.pdf

<http://www.dgprofessionals.com/seavival/infection%20control%20guidance%20for%20ems%20providers%20chicago%20ems%202012.pdf>

<ftp://www.ilga.gov/JCAR/AdminCode/077/077002500G07250R.html>

<https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>

Evert Gerritsen
EMS System Administrator/Coordinator

Michael I. Peters, MD
EMS Medical Director

Written 6/2017
Reviewed/Revised 8/2023
IDPH Approval 9/07/2023
Effective 9/07/2023