

INFECTION CONTROL / BODY SUBSTANCE ISOLATION GUIDELINES

Criteria:

- A. These guidelines should be used whenever contact with patient body substances is anticipated and/or when cleaning areas or equipment contaminated with blood or other body fluids.
- B. Your patients may have communicable diseases without you knowing it; therefore, these guidelines should be followed for care of all patients.

System Requirements:

- A. These guidelines provide general information related to body substance isolation and the use of universal precautions. These guidelines are not designed to supersede an EMS agency's infection control policy [as required by EMS Act regulation 28 § 1005.10 (I)], but this general information may augment the agency's policy.
- B. These guidelines do not comprehensively cover all possible situations, and EMS practitioner judgment should be used when the EMS agency's infection control policy does not provide specific direction.

Procedure:

A. All patients:

1. Wear gloves on all calls where contact with blood or body fluid (including wound drainage, urine, vomit, feces, diarrhea, saliva, nasal discharge) is anticipated or when handling items or equipment that may be contaminated with blood or other body fluids.
2. Wash your hands often and after every call. Wash hands even after using gloves:
 - a. Use hot water with soap and wash for 15 seconds before rinsing and drying.
 - b. If water is not available, use alcohol or a hand-cleaning germicide.
3. Keep all open cuts and abrasions covered with adhesive bandages that repel liquids. (e.g. cover with commercial occlusive dressings or medical gloves)
4. Use goggles or glasses when spraying or splashing of body fluids is possible. (e.g. spitting or arterial bleed). As soon as possible, the EMS practitioner should wash face, neck and any other body surfaces exposed or potentially exposed to splashed body fluids.
5. Use pocket masks with filters/ one-way valves or bag-valve-masks when ventilating a patient.
6. If an EMS practitioner has an exposure to blood or body fluids¹, the practitioner must follow the agency's infection control policy and the incident must be immediately reported to the agency infection control officer as required. EMS practitioners who have had an exposure² should be evaluated as soon as possible, since antiviral prophylactic treatment that decreases the chance of HIV infection must be initiated within hours to be most effective. In most cases, it is best to be evaluated at a medical facility, preferably the facility that treated the patient (donor of the blood or body fluids), as soon as possible after the exposure.
7. Preventing exposure to respiratory diseases:
 - a. Respiratory precautions should be used when caring for any patient with a known or suspected infectious disease that is transmitted by respiratory droplets. (e.g. tuberculosis, influenza, or SARS)
 - b. HEPA mask (N-95 or better), gowns, goggles and gloves should be worn during patient contact.
 - c. A mask should be placed upon the patient if his/her respiratory condition permits.

- d. Notify receiving facility of patient's condition so appropriate isolation room can be prepared.
8. Thoroughly clean and disinfect equipment after each use following agency guidelines that are consistent with Center for Disease Control recommendations.
9. Place all disposable equipment and contaminated trash in a clearly marked plastic red Biohazard bag and dispose of appropriately.
 - a. Contaminated uniforms and clothing should be removed, placed in an appropriately marked red Biohazard bag and laundered / decontaminated.
 - b. All needles and sharps must be disposed of in a sharps receptacle unit and disposed of appropriately.

Notes:

1. At-risk exposure is defined as "a percutaneous injury (e.g. needle stick or cut with a sharp object) or contact of mucous membrane or non-intact skin (e.g. exposed skin that is chapped, abraded, or afflicted with dermatitis) with blood, tissue or other body fluids that are potentially infectious." Other "potentially" infectious materials (risk of transmission is unknown) are CSF (cerebral spinal fluid), synovial, pleural, peritoneal, pericardial and amniotic fluid, semen and vaginal secretions. Feces, nasal secretions, saliva, sputum, sweat, tears, urine and vomitus are not considered potentially infectious unless they contain blood.