

EDGEFIELD COUNTY EMS EXPOSURE AND INFECTION CONTROL PLAN

POLICY AND PROCEDURES

2018

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INFECTION PREVENTION AND CONTROL GUIDANCE FOR EMS

- INTRODUCTION
- EMERGENCY MEDICAL SERVICES (EMS) PROVIDERS PLAY AN IMPORTANT ROLE IN THE PREVENTION AND CONTROL OF INFECTIONS.
- EMS PROVIDERS ARE AT THE FRONT LINE OF MEDICAL CARE AND HAVE A HIGH RISK OF EXPOSURE TO PATIENTS WITH KNOWN OR UNKNOWN INFECTIOUS DISEASES OR GERMS. THE EMERGENCE OF ANTIMICROBIAL-RESISTANT BACTERIA SUCH AS METHICILLIN-RESISTANT *STAPHYLOCOCCUS AUREUS* (MRSA) AND VANCOMYCIN –RESISTANT *ENTEROCOCCUS* (VRE), ALONG WITH GROWING CONCERNS REGARDING THE SPREAD OF *CLOSTRIDIUM DIFFICILE* (C.DIFF) AND VIRUSES, ARE MAJOR PROBLEMS FACING ALL HEALTHCARE PROVIDERS, INCLUDING EMS PROVIDERS.

INFECTION PREVENTION AND CONTROL GUIDANCE FOR EMS

- THIS DOCUMENT IS A RESOURCE DESIGNED TO HELP EDGEFIELD COUNTY EMS PROVIDERS UNDERSTAND THE IMPORTANCE OF INFECTION PREVENTION AND CONTROL IN THEIR DAILY ROUTINES AND WORK ENVIRONMENT.
- RECOMMENDATIONS FOR AMBULANCE CLEANING AND DISINFECTION
- EMS PROVIDER VACCINATION AND TESTING RECOMMENDATIONS
- INFECTION PREVENTION AND CONTROL RECOMMENDATIONS FOR EMS PATIENT HAND-OFFS.

STANDARD PRECAUTIONS

- STANDARD PRECAUTIONS INCLUDE:
- HAND HYGIENE, PLUS GLOVES, GOWN, FACE SHIELD/EYE PROTECTION AS INDICATED BY PATIENT CARE ACTIVITIES AND RISK OF EXPOSURE TO BLOOD/BODY FLUIDS.
- DROPLET PRECAUTIONS: (SURGICAL MASK) SHOULD BE USED FOR ALL DIRECT PATIENT CARE ACTIVITIES.
- IF PATIENT IS SUSPECT FOR INFLUENZA VIRUS, (STANDARD PLUS DROPLET) PRECAUTIONS SHOULD BE USED IN THE CARE OF ACUTE FEBRILE RESPIRATORY ILLNESS.

STANDARD PRECAUTIONS

- AIRBORNE PRECAUTIONS
- SURGICAL MASK FOR EMS/ FIRE: THREE(3) FOOT DISTANCE
- IF TASK GENERATES SPLASH/ SPRAY USE EYE PROTECTION
- AEROSOL –GENERATING PROCEDURES SHOULD BE AVOIDED DURING TRANSPORT, UNLESS MEDICALLY ESSENTIAL. WHEN MEDICALLY ESSENTIAL, ALL EMS PERSONNEL ENGAGED IN AEROSOL GENERATING ACTIVITIES SHOULD OBSERVE AIRBORNE PRECAUTIONS.
- (ENDOTRACHEAL INTUBATION, AND RESUSCITATION INVOLVING EMERGENCY INTUBATION OR CARDIO PULMONARY RESUSCITATION) SHOULD FOLLOW AIRBORNE PRECAUTIONS: DISPOSABLE NON –STERILE GLOVES, EYE PROTECTION, (GOGGLES, EYE SHIELDS) AND GOWN ALONG WITH STANDARD PRECAUTIONS.

INFECTION CONTROL FOR PATIENTS

- PLACE A SURGICAL MASK ON THE PATIENT
- IF THIS IS NOT POSSIBLE, HAVE THE PATIENT COVER MOUTH/ NOSE WITH A TISSUE WHEN COUGHING OR USE ANOTHER PRACTICAL METHOD TO CONTAIN COUGH.
- NOTE: SMALL FACEMASKS ARE AVAILABLE THAT CAN BE WORN BY CHILDREN, BUT IT MAY BE PROBLEMATIC FOR CHILDREN TO WEAR THEM CORRECTLY AND CONSISTENTLY. MOREOVER, NO FACEMASK HAVE BEEN CLEARED BY THE FDA SPECIFICALLY FOR USE BY CHILDREN.

VENTILATION

- ADEQUATE VENTILATION IS IMPORTANT. IF YOU MUST TRANSPORT THE PATIENT WITH ACUTE FEBRILE RESPIRATORY ILLNESS, KEEP THE WINDOWS OF YOUR VEHICLE OPEN (IF FEASIBLE) AND SET THE HEATING AND AIR-CONDITIONING SYSTEMS ON A NON-RECIRCULATING CYCLE.
- **NOTIFY THE RECEIVING HEALTHCARE FACILITY** SO THAT APPROPRIATE INFECTION CONTROL PRECAUTIONS MAY BE TAKEN PRIOR TO PATIENT ARRIVAL.
- FOLLOW CDC'S INTERIM GUIDELINES FOR CLEANING EMERGENCY MEDICAL SERVICE (EMS) TRANSPORT VEHICLES AT:
- WWW.PANDEMICFLU.GOV/PLAN/HEALTHCARE/CLEANING_EMS.HTML

RYAN WHITE NOTIFICATION

- REQUIREMENTS
- The US Center for Disease Control (CDC) recently published updates to the Federal Register with regard to the Ryan White statute which covers notification procedures for medical facilities regarding exposure of emergency response employees (EREs) to potentially life-threatening infectious diseases.
- SEC. 2695A requires a medical facility to notify the Designated Officer of the ERE's who transported the patient with an airborne and/or blood borne infectious disease "as soon as is practicable, but not later than 48 hours after the determination is made."

RYAN WHITE NOTIFICATION

- The law also permits the Designated Officer to follow-up with medical facilities when an ERE is concerned about a potential exposure and requires the medical facility to provide written notification about the exposure.
- The final notice of potentially life-threatening infectious diseases, including emerging infectious diseases, to which EREs may be exposed in responding to emergencies (including a specification of those infectious diseases that are routinely transmitted through airborne or aerosolized means); guidelines describing circumstances in which employees may be exposed to these diseases; and guidelines describing the manner in which medical facilities should make determinations about exposures which became effective December 2, 2011.
- See also:
- <http://www.cdc.gov/niosh/topics/ryanwhite/> for more information regarding notification procedures.

TRAVEL HISTORY

- TRAVEL HISTORY ON PATIENT ASSESSMENT
- RESPIRATORY
- SEPSIS/INDWELLING DEVICES
- MEDICAL TOURISM: OVERSEAS SURGERIES
- TRAVEL HISTORY SHOULD NOW BE A ROUTINE ASSESSMENT QUESTION

IMMUNIZATIONS/ VACCINATIONS

- RECOMMENDED:
- HEPATITIS B VACCINE (REQUIRED BY EDGEFIELD COUNTY EMS)
- TB TESTING: (REQUIRED BY EDGEFIELD COUNTY EMS)
- INFLUENZA VACCINE: (REQUIRED BY EDGEFIELD COUNTY EMS)
- TDAP BOOSTER X 1
- MMR
- CHICKEN POX: UNABLE TO DOCUMENT IMMUNITY. VACCINATE:
- MUST HAVE PROOF IN WRITING
- AS PART OF THE HEALTHCARE TEAM, YOU NEED TO BE PROTECTED. THEN AN EXPOSURE ISSUE BECOMES A NON ISSUE.
- PAID OR VOLUNTEER

IMMUNIZATIONS/VACCINATIONS

- NEW SHINGLES VACCINE:
- SHINGRIX
- MORE EFFECTIVE IN INITIAL STUDIES
- PERSONS 50 AND OLDER SHOULD GET VACCINATION, INCLUDING THOSE WHO HAVE SHINGLES BEFORE.

IMMUNIZATIONS/ VACCINATIONS

- IF STATUS IS UNKNOWN OR NOT ABLE TO OBTAIN RECORDS
- NO NEED TO TITER
- JUST VACCINATE
- HOSPITALS ARE NOW WANTING PROOF OF T-DAP AND FLU VACCINATIONS

HBV INFECTION

- HBV INFECTION RATE- UNITED STATES
- UNIVERSAL VACCINATION
- HEALTHCARE WORKER INFECTION INFREQUENT/ RARE
- HBV PROTECTION
- PERSONS WHO RESPOND ARE PROTECTED FOR > 22 YEARS.
- HBV VACCINE: NEW REQUIREMENT
- TRAINEES MUST COMPLETE ALL THREE (3) DOSES BEFORE BEING PLACED AT RISK
- ANYONE WHO DOES NOT VACCINATE CHILDREN WILL HAVE TO HOME SCHOOL.

HBV INFECTION

- JANUARY 2018 – NO CHANGES IN POST EXPOSURE FOLLOW UP FROM 2013
- NO NEED FOR ROUTINE PERIODIC TITERS TO BE PERFORMED.
- NO TITERS ON HIRE

- NFPA 1582: OCCUPATIONAL GROUPS
- NEW VACCINE: HEPLISAV-3
- 2 DOSES OVER 1 MONTH
- 90 TO 100% \$100.00

HCV INFECTION

- HCV SURVIVAL ON SURFACES
- UP TO 16 HOURS AT ROOM TEMPERATURE OUTSIDE THE BODY BUT NO LONGER THAN 4 DAYS
- TRANSMISSION:
- STRAWS USED FOR DRUGS
- TATTOOING
- RAZORS/ TOOTHBRUSHES
- MEDICAL EQUIPMENT IN THE HEALTH CARE SETTING

HCV INFECTION

- TRANSMISSION:
- VERTICAL TRANSMISSION
- INFECTED MOTHER TO INFANT
- 6% OF INFANTS BORN TO HCV POSITIVE ARE INFECTED
- WOMEN OF CHIL BEARING YEARS SHOULD BE TESTED AND IF POSITIVE TREATED BEFORE BECOMING PREGNANT.

HCV INFECTION

- CDC – TESTING BABY BOOMERS
- PERSONS BORN BETWEEN 1945 -1965 SHOULD BE TESTED FOR HCV.
- MAY- TESTING MONTH
- RISK SCREENING MISSED 50% OF CASES
- SCREENING ALSO FOR:
- TATTOOS –FROM UNREGULATED SETTINGS
- POST EXPOSURE
- NEED FOR RE-TREATMENT FOR UNKNOWN CASE OF HEPATITIS C
- NO CHARGE: COVERED BY MEDICARE, MEDICAID AND PRIVATE INSURANCE

HCV INFECTION

- NEW RAPID HCV TEST– STANDARD OF CARE
- ORAQUICK HCV
- FDA APPROVED
- TAKES 20 MINUTES
- NO LAB EQUIPMENT REQUIRED
- VERY ACCURATE -99.8%
- WAIVER GRANTED 11/28/2011
- SCREENS FOR MULTIPLE GENOTYPES
- HOSPITAL NOT TESTING = OSHA VIOLATION

HCV INFECTION

- CDC GUIDELINES FOR LABS
- RAPID HCV – IF POSITIVE
- CONFIRM WITH HCV-RNA (VIRAL LOAD)
- REMINDER:
- IF YOU ARE EXPOSED TO A HEPATITIS C PATIENT, YOU SHOULD HAVE A BLOOD TEST IN 3 WEEKS
- HCV - -RNA (BLOOD TEST)
- COST \$65.00 -\$100.00

HCV INFECTION

- HEPATITIS EARLY TREATMENT
- HCV-RNA POSITIVE BEGIN TREATMENT
- *8 TO 12 WEEKS

- HEPATITIS C CAN BE CURED

POST EXPOSURE

- IF THE SOURCE PATIENT IS NEGATIVE WITH RAPID TESTING = NO FURTHER TESTING OF HEALTH-CARE WORKER
- THERE IS NO WINDOW PHASE OF TESTING!
- NEGATIVE MEANS NEGATIVE
- THERE ARE NO LEVELS OF EXPOSURE

SOURCE IS POSITIVE

- TEST EMPLOYEE BASELINE
- REPEAT AT SIX (6) WEEKS

- REPEAT AT FOUR(4) MONTHS USING RAPID TEST

- ED PHYSICIANS AND PEP
- CONTACT THE PEPLINE
- 888-448-4911

NEW TATTOOS

- CONSIDERED NON – INTACT SKIN
- NEED TO BE COVERED WITH A DRESSING UNTIL HEALED
- AVERAGE HEALING TIME IS 7 -14 DAYS

- DEPENDING ON SIZE AND LOCATION CAN BE UP TO 1 MONTH

- LARGE TATTOOS: UP TO 1 MONTH

- EXTRA LARGE TATTOOS: PLACED ON WORK RESTRICTION

SYPHILIS CASES

- PART OF POST EXPOSURE TESTING
- POST EXPOSURE FOLLOW UP IF SOURCE IS HIV POSITIVE
- MORE TESTING UNDER NEW SEXUALLY TRANSMITTED DISEASE (STD) GUIDELINES
- RISK GROUPS:
 - MEN WHO HAVE SEX WITH MEN
 - INMATES
 - HIV INFECTION
 - INJECTION DRUG PARTNERS
 - SEX WORKERS
 - SENIOR COMMUNITIES

SYPHILIS CASES

- UNIVERSAL SYPHILIS SCREENING SHOULD BE CONDUCTED ON THE BASIS OF THE LOCAL AREA & PREVALENCE OF SYPHILIS, (CDC, STD GUIDELINES)



DECLINATION FORMS

- DOES NOT REMOVE EMPLOYEE RIGHTS
- THEY DOCUMENT THAT THE EMPLOYER HAS MET HIS / HER RESPONSIBILITY

POINT OF CARE TESTING

- RAPID TESTING ON SITE OR AT THE BEDSIDE BY TRAINED PERSONNEL
- IMPROVE PATIENT OUTCOMES
- DECREASES INAPPROPRIATE ANTIBIOTIC USE

POINT OF CARE TESTING

- RAPID TESTS AVAILABLE:
- HIV
- HCV
- SYPHILIS
- STREP A
- STD'S
- LYME DISEASE
- INFLUENZA A & B
- HERPES SIMPLEX

TUBERCULOSIS

- GOAL TO ELIMINATE –WORLDWIDE BY 2035
- STATES WITH HIGHEST CASES:
- CALIFORNIA
- TEXAS
- NEW YORK
- FLORIDA
- MULTI- DRUG RESISTANT TB: 84% IN FOREIGN –BORN PERSONS
- XDR-TB- 2 CASES REPORTED IN 2007 (4) IN FOREIGN –BORN PERSONS
- BOTH ARE TREATABLE



TUBERCULOSIS

- DECREASE IN TB CASES
- NATIONAL AND GLOBAL DECREASE DUE TO:
- DIRECT OBSERVED THERAPY

DEPARTMENT RISK FOR TB ASSESSMENT

- LOW RISK
- TRANSPORTED LESS THAN THREE (3) TB PATIENTS
- MEDIUM RISK:
- TRANSPORTED MORE THAN THREE (3) TB PATIENTS

TB BLOOD TEST

- QFT-G (IN-TUBE)
- FDA APPROVED –OCTOBER 2007
- LESS TIME CONSUMING TO PERFORM
- MORE ACCURATE
- COST EFFECTIVE- \$33.67

TSPOT -TB

SECOND BLOOD TEST AVAILABLE FOR TB TESTING

FDA APPROVED

COST – APPROXIMATELY \$45.59

SHORT TERM COURSE OF TREATMENT FOR LATENT TB

- NEW 12 DOSE REGIMEN FOR LATENT TB INFECTION (POSITIVE TEST)
- RIFAPENTINE AND INH ONCE A WEEK FOR TWELVE (12) WEEKS
- NO ALCOHOL

POST EXPOSURE ISSUES

- REMINDER
- TESTING BEGINS WITH THE SOURCE PATIENT
- NO NEED TO HAVE BLOOD DRAWN IMMEDIATELY– IF AT ALL
- FIRE/ EMS FOLLOWS RYAN WHITE LAW AND OSHA – NOT HOSPITAL POLICY

DEPARTMENT FLU VACCINE PARTICIPATION

- 2018
- PERCENTAGE =

VACCINES/ OPTIONS

- VACCINE FOR 2018-2019
 - A-MICHIGAN /H1N1
 - A- SINGAPORE /H3N2
 - B- COLORADO
-
- QUADRIVALENT FLU MIST OR INFECTION:
 - A H1N1 /MICHIGAN
 - A- HONG KONG /H3N2
 - B/PHUKET
 - B/BRISBANE

VACCINE

- NEW
- FLUCELAX
- NO THIMEROSOL OR ANTIBIOTICS
- NOT EGG BASED
- OVER 65 VACCINE
- FLUZONE HIGH DOSE
- 4 TIMES THE AMOUNT OF ANTIGEN
- QUADRIVALENT

VACCINE

- NEW FLU VACCINE
- FLUBLOK
- NO VIRUS
- NO EGGS USED IN PRODUCTION
- NO ANTIBIOTICS/MERCURY
- DNA TECHNOLOGY
- NO LATEX
- NOW FOR ALL PERSONS 18 AND OLDER

EMPLOYEES WITH ALLERGIES

- ACCOMMODATION WITH NEW VACCINE
- DEPARTMENT SHOULD DECIDE WHICH VACCINE THEY WANT OFFERED TO STAFF
- IMPROVE PARTICIPATION RATES

- FLU VACCINE EMS PARTICIPATION:
- LOWER THAN ANY OTHER HCW GROUP IN THREE (3) STUDIES

- START VACCINE MID SEPTEMBER- COMPLETE BY OCTOBER 1, 2018

WORK RESTRICTION

- RESTRICT ILL WORKERS FROM THE WORKPLACE
- USE SICK TIME
- PROTECT CO-WORKERS
- PROTECT PATIENTS
- ENFORCED BY OSHA
- MUST BE FREE OF FEVER FOR TWENTY FOUR (24) HOURS WITHOUT THE USE OF MEDICATION TO BREAK THE FEVER BEFORE RETURNING TO WORK.

HEALTH CARE WORKER DUTY

- TO PROTECT PATIENT FROM INFECTION
- TO PROTECT YOURSELF
- TO PROTECT CO-WORKERS

TRANSMISSION BASED PRECAUTIONS

- IN ADDITION TO STANDARD PRECAUTIONS
- CONTACT PRECAUTIONS
- DROPLET PRECAUTIONS
- AIRBORNE PRECAUTIONS

CONTACT PRECAUTIONS

- WEAR GLOVES
- GOWN?
- CLEAN AND DISINFECT ALL CONTACT ITEMS: INCLUSIVE
- BLOOD PRESSURE CUFF
- STETHOSCOPE
- GLUCOMETER
- SpO₂
- CARDIAC MONITOR/ CABLES
- STRETCHER

CONTACT PRECAUTIONS

- USE FOR PATIENTS WITH:
- NOROVIRUS
- MULTI-DRUG RESISTANT ORGANISMS
- SKIN AND WOUND INFECTIONS
- HEAD LICE
- EBOLA

MRSA EXPOSURE C-DIFF

- THERE IS NO RECOMMENDED FOLLOW UP OR TREATMENT NEEDED FOR EXPOSURE TO MRSA OR VRE, C-DIFF OR CRE
- REMINDER:
- FOR C-DIFF AND NOROVIRUS A CHLORINE-BASED CLEANING AGENT IS NEEDED.
- HAND WASHING POST CARE OF PATIENT WITH C-DIFF IS WARM WATER AND SOAP.
- WATERLESS AGENT IS NOT EFFECTIVE

CRE- NEW RESISTANT ORGANISM

- HIGH MORTALITY RATE
- DIFFICULT TO TREAT
- CONTACT PRECAUTIONS
- NOT ACQUIRED BY HEALTHY PEOPLE

CRE- NEW RESISTANT ORGANISM

- QUESTION
- HAVE YOU BEEN HOSPITALIZED OUTSIDE OF THE UNITED STATES OVERNIGHT IN THE PAST SIX (6) MONTHS
- TRAVEL HISTORY AGAIN VERY IMPORTANT

DROPLET PRECAUTIONS

- STANDARD PRECAUTIONS
- SURGICAL MASK USE- PATIENT WITHIN THREE (3) FEET
- PATIENT CANNOT WEAR MASK
- EMPLOYEE WEARS MASK

DROPLET PRECAUTIONS

- APPROPRIATE FOR:
- INFLUENZA
- PERTUSSIS
- MENINGITIS
- MUMPS
- EBOLA
- NO RESPIRATORS NEEDED ON VEHICLES:
- AIR EXCHANGE RATE IN EMS UNITS IS EVERY 90 TO 120 SECONDS

PREVENTION

- PLACE SURGICAL MASK ON PATIENT
- IF CAN NOT PLACE ON PATIENT, PLACE MASK ON YOURSELF
- GOOD HANDWASHING
- USE GOOD AIRFLOW IN VEHICLE



REMEMBER

- **EVEN THE MOST ELABORATE PPE REQUIRES THE PROPER REMOVAL**

EBOLA= DROPLET AND CONTACT PRECAUTIONS

- COMBINATION OF PRECAUTIONS FOR SOME DISEASES

AIRBORNE PRECAUTIONS

- STANDARD PRECAUTIONS
- SURGICAL MASK FOR EMS/FIRE USE
- THREE (3) FOOT DISTANCE
- IF TASK GENERATES SPLASH/SPRAY USE EYE PROTECTION

AIRBORNE DISEASES

- CHICKENPOX
- MEASLES
- TUBERCULOSIS

PPE-DOWNGRADED FOR EBOLA

- CDC GUIDELINES –DECEMBER 2, 2014
- JANUARY , 2015
- SEPTEMBER 2015

- EMS /FIRE DO NOT FOLLOW HOSPITAL GUIDELINES
- EBOLA VACCINE TRIAL IN GUINEA SHOWS 100%
- MERK-ZEBOV
- EFFECTIVE IN 10 DAYS AFTER ADMINISTRATION

COMPLIANCE MONITORING

- EVERYONE NEEDS TO CHECK FOR COMPLIANCE
- CLEANING OF VEHICLES AND EQUIPMENT
- HAND WASHING
- COMPLETE A COMPLIANCE MONITORING FORM:
- FORMS REQUIRED TO BE AVAILABLE FOR OSHA TO INSPECT UPON REQUEST

ZIKA VIRUS INFECTION

- MOSQUITO BORNE FLAVIVIRUS
- PRIMARILY TRANSMITTED BY **ANDES AEGYPTI MOSQUITOES**
- **INFECTION IS ASYMPTOMATIC IN AN ESTIMATED 80% OF CASES**
- **BITE MOSTLY DURING THE DAYLIGHT HOURS.**
- **IF INFECTED, YOU WILL GET OVER IT AND WILL NOT GET IT AGAIN.**

COUNTRIES WITH CASES

- BRAZIL, COLUMBIA, EL SALVADOR, FRENCH GUIANA, GUATEMALA, HAITI, PUERTO RICO, HONDURAD, MARTINIQUE, MEXICO, PANAMA, PARAGUAY, SURINAME, VENEZUELA.
- PRESENT IS THIRTY (30) UNITED STATES.
- ACQUIRED OUTSIDE THE US AND BROUGHT IN.

MODE OF TRANSMISSION

- MOSQUITO BITE
- BLOOD
- SEXUAL CONTACT (RARE)
- INFECTED MOTHER TO CHILD

ZIKA SYMPTOMS

- ABOUT 1 IN 5 PEOPLE INFECTED WITH ZIKA VIRUS BECOME SYMPTOMATIC:
- ACUTE ONSET OF FEVER WITH MACULOPAPULAR RASH
- ARTHRALGIA
- CONJUNCTIVITIS
- MYALGIA
- HEADACHE
- CLINICAL ILLNESS IS USUALLY MILD WITH SYMPTOMS LASTING FOR SEVERAL DAYS TO A WEEK.

ZIKA VIRUS

- A POSSIBLE ASSOCIATION BETWEEN MATERNAL ZIKA VIRUS INFECTION AND ADVERSE FETAL OUTCOMES, SUCH AS CONGENITAL MICROCEPHALY, AS WELL AS A POSSIBLE ASSOCIATION WITH GUILLIAN-BARRE SYNDROME.
- PREVENTION: WOMEN WHO ARE PREGNANT
- UPDATED GUIDELINES INCLUDE A NEW RECOMMENDATION TO OFFER SEROLOGIC TESTING TO ASYMPTOMATIC PREGNANT WOMEN (WOMEN WHO DO NOT REPORT CLINICAL ILLNESS CONSISTENT WITH ZIKA VIRUS DISEASE) WHO HAVE TRAVELED TO AREAS WITH ON-GOING TRANSMISSION OF ZIKA VIRUS.
- TESTING SHOULD BE OFFERED BETWEEN TWO (2) AND TWELVE (12) WEEKS AFTER PREGNANT WOMEN RETURN FROM TRAVEL TO AREAS WITH ON-GOING ZIKA VIRUS TRANSMISSION

WOMEN CHILD BEARING AGE

- ADVISORY APPLIES TO WOMEN OF CHILD BEARING AGE, INCLUDING OLYMPIC ATHLETES, TRAVELING TO LATIN AMERICA AND CARIBBEAN COUNTRIES.
- PREGNANT WOMEN WHO CANNOT POSTPONE THEIR TRAVEL SHOULD TALK TO THEIR DOCTOR FIRST AND TAKE PRECAUTIONS TO AVOID MOSQUITO BITES.
- THESE PRECAUTIONS ALSO APPLY TO WOMEN TRYING TO BECOME PREGNANT OR WHO ARE THINKING ABOUT BECOMING PREGNANT, BECAUSE THE VIRUS LINGERS IN THE BODY FOR AS LONG AS TWO (2) WEEKS AFTER INFECTION.

PREVENTION -MEN

- IF THERE HAS BEEN TRAVEL TO AN AREA WITH ACTIVE ZIKA VIRUS TRANSMISSION
- CONSIDER USING A CONDOM OR ABSTINENCE IF YOUR PARTNER IS PREGNANT
- THE DURATION OF PERSISTENCE OF ZIKA VIRUS IN SEMEN REMAINS UNKNOWN

TREATMENT

- ANTIVIRAL TREATMENT IS NOT CURRENTLY AVAILABLE FOR ZIKA VIRUS DISEASE:
- TREATMENT IS SUPPORTIVE AND INCLUDES REST, FLUIDS, AND ANALGESIC AND ANTIPYRETIC MEDICATIONS
- ASPIRIN AND OTHER NONSTEROIDAL ANTI-INFLAMMATORY MEDICATIONS SHOULD BE AVOIDED
- PREGNANT WOMEN WITH FEVER SHOULD BE TREATED WITH ACETAMINOPHEN

BASIC GUIDELINES

- **PREVENTION AND CONTROL OF THE SPREAD OF INFECTIOUS DISEASES ARE ROUTINELY IMPLEMENTED BY THE EMS PROVIDER**
- **SOURCES:**
- **OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)**
- **STANDARD 29 CFR 1910.1030**
- ***OCCUPATIONAL EXPOSURE TO BLOOD BORNE PATHOGENS***
- ***WWW.OSHA.GOV/OSHAWEB/OWADISP.SHOW DOCUMENT? P TABLE =STANDARDS&P ID=10051***

BASIC GUIDELINES

- **CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)**
- **BLOOD BORNE INFECTIOUS DISEASES**
- **HIV/AIDS, HEPATITIS B, HEPATITIS C**
- **WWW.CDC.GOV/NIOSH/TOPICS/BBP/**

BASIC GUIDELINES

- **CDC “GUIDELINES FOR PREVENTING THE TRANSMISSION OF MYCOBACTERIUM TUBERCULOSIS IN HEALTH CARE SETTING**
- **WWW.CDC.GOV/MMWR/PREVIEW/MMWRHTML/RR5417a1.HTM?S_CID=RR5417a1 e**
- **WORLD HEALTH ORGANIZATION (WHO) STANDARD PRECAUTIONS IN HEALTHCARE**
- **[WWW.WHO.INT/CSR/RESOURCES/PUBLICATIONS/EPR AM2 E7.PDF](http://WWW.WHO.INT/CSR/RESOURCES/PUBLICATIONS/EPR_AM2_E7.PDF)**

AMBULANCE CLEANING AND DISINFECTION

- **ITEMS OR SURFACES THAT HAVE BEEN EXPOSED TO PATIENT'S SKIN, BLOOD, OR BODY FLUIDS ARE CONSIDERED CONTAMINATED:**
- **IN ORDER TO PREVENT THE SPREAD OF INFECTIONS IN THE PRE-HOSPITAL ENVIRONMENT, IT IS ESSENTIAL THAT PATIENT CARE ITEMS THAT COME INTO CONTACT WITH SKIN AND/OR MUCOUS MEMBRANES AND ENVIRONMENTAL SURFACES ARE CLEANED AND DISINFECTED AFTER EACH PATIENT CONTACT.**
- **TRASH CANS ARE ALSO TO BE EMPTIED AFTER EACH PATIENT:**

AMBULANCE CLEANING AND DISINFECTION

- **PATIENT CARE ITEMS AND SURFACES THAT CAN CONTRIBUTE TO THE SPREAD OF INFECTION:**
- **STETHOSCOPE • LARYNGOSCOPE BLADES**
- **BLOOD PRESSURE CUFFS • RADIOS • DOOR HANDLES**
- **MONITORS • SHELVES • STRETCHERS, BACKBOARDS AND IMMOBILIZATION DEVICES**
- **OTHER ITEMS AND SURFACES IN THE AMBULANCE OR TRANSPORT VEHICLE**

AMBULANCE CLEANING AND DISINFECTION

- CLEANING IS DEFINED AS THE PHYSICAL REMOVAL OF FOREIGN AND ORGANIC MATERIALS SUCH AS BLOOD, BODY FLUIDS, AND DISEASE CAUSING MICROORGANISMS OR GERMS FROM A SURFACE OR OBJECT. **CLEANING PHYSICALLY REMOVES, BUT DOES NOT KILL, GERMS.** CLEANING IS ACCOMPLISHED BY USING WATER, DETERGENTS, AND A SCRUBBING ACTION. THE KEY TO CLEANING IS THE USE OF FRICTION TO REMOVE DEBRIS AND REDUCE PRESENCE OF GERMS.

AMBULANCE CLEANING AND DISINFECTION

- DISINFECTION IS THE PROCESS USED TO KILL AND PREVENT THE GROWTH OF GERMS ON OBJECTS AND SURFACES.
- DISINFECTION IS ACCOMPLISHED THROUGH THE USE OF CHEMICAL PRODUCTS REGULATED BY THE U.S. ENVIRONMENTAL PROTECTION AGENCY (EPA).
- **DISINFECTANTS SHOULD ONLY BE USED AFTER ITEMS HAVE BEEN THOROUGHLY CLEANED.**

AMBULANCE CLEANING AND DISINFECTION

- **CLEANING AND DISINFECTION IS A TWO (2) STEP PROCESS.**
- **FOLLOWING CLEANING, THE DISINFECTANT SHOULD BE APPLIED OR RE-APPLIED AND ALLOWED TO REMAIN ON THE SURFACE FOR THE FULL CONTACT TIME (**ONE (1) FULL MINUTE**). CONTACT TIME , OR KILL TIME, IS THE LENGTH OF TIME THAT THE DISINFECTANT MUST REMAIN ON THE SURFACE OR OBJECT.**

RECOMMENDATIONS FOR AMBULANCE CLEANING AND DISINFECTION

- 1. VISIBLE BLOOD AND OTHER ITEMS SHOULD BE REMOVED FROM THE ITEM OR SURFACE BEFORE DISINFECTANT IS APPLIED.
- 2. CLEANING AND DISINFECTION SHOULD BE DONE AS SOON AS POSSIBLE AFTER THE ITEMS AND SURFACES HAVE BEEN USED. DISINFECTANTS SHOULD BE USED ACCORDING TO ESTABLISHED GUIDELINES.
- ADHERE TO ANY SAFETY PRECAUTIONS OR OTHER RECOMMENDATIONS AS DIRECTED (ALLOWING ADEQUATE VENTILATION IN CONFINED AREAS AND PROPER DISPOSAL). GLOVES MUST BE WORN WHILE USING DISINFECTANTS.
- IMMEDIATELY PERFORM HAND HYGIENE PER CDC GUIDELINES AFTER REMOVING GLOVES.

RECOMMENDATIONS FOR AMBULANCE CLEANING AND DISINFECTION

- 3. CONTAMINATED **REUSABLE** PATIENT CARE DEVICES AND EQUIPMENT SHOULD BE PLACED IN CLEARLY MARKED BIOHAZARD BAGS FOR APPROPRIATE CLEANING AND DISINFECTION.
- 4. **DISPOSABLE EQUIPMENT AND CONTAMINATED LINES** SHOULD BE APPROPRIATELY BAGGED AND DISPOSED OF AT THE RECEIVING HOSPITAL, PER THE HOSPITAL POLICIES.

RECOMMENDATIONS FOR AMBULANCE CLEANING AND DISINFECTION

- **5. FREQUENTLY TOUCHED SURFACES IN PATIENT CARE COMPARTMENTS**
- (INCLUDING STRETCHERS, RAILINGS, MEDICAL EQUIPMENT CONTROL PANELS, ADJACENT FLOORING, WALLS, CEILINGS AND WORK SURFACES, DOOR HANDLES, RADIOS, KEYBOARDS, AND CELL PHONES) THAT BECOME DIRECTLY CONTAMINATED WITH RESPIRATORY SECRETIONS AND OTHER BODY FLUIDS DURING PATIENT CARE, OR INDIRECTLY BY TOUCHING THE SURFACES WITH GLOVED HANDS, SHOULD BE CLEANED AND THEN DISINFECTED USING AN EPA-APPROVED DISINFECTANT IN ACORDANCE WITH ESTABLISHED GUIDELINES.
- ENSURE THAT THE DISINFECTANT IS APPLIED TO THE SURFACE FOR THE FULL CONTACT TIME, OR KILL TIME.

RECOMMENDATIONS FOR AMBULANCE CLEANING AND DISINFECTION

- **6. NON-PATIENT –CARE AREAS OF THE VEHICLE**
- **EXAMPLE:** DRIVER'S COMPARTMENT, MAY BECOME INDIRECTLY CONTAMINATED. PERSONNEL SHOULD BE PARTICULARLY VIGILANT TO AVOID CONTAMINATING ENVIRONMENTAL SURFACES NOT DIRECTLY RELATED TO PATIENT CARE (**STERING WHEELS, LIGHT SWITCHES, GEAR SHIFTS, ETC.**)
- **REMOVE GLOVES AFTER PATIENT CONTACT AND BEFORE DRIVING!!!!**
- IF THE SURFACES IN THE DRIVER'S COMPARTMENT BECOME CONTAMINATED, CLEAN AND DISINFECT ACCORDING TO THE VEHICLE'S MANUFACTURER'S RECOMMENDATIONS.

RECOMMENDATIONS FOR FREQUENCY OF AMBULANCE CLEANING AND DISINFECTION

- **1. HIGH –RISK SURFACES**
- **SURFACES THAT ARE FREQUENTLY TOUCHED WITH HANDS (BOTH GLOVED AND UNGLOVED) REQUIRE CLEANING AND DISINFECTION BETWEEN EVERY PATIENT ENCOUNTER**
- **▶ STRETCHERS/ RAILINGS ▶ STETHOSCOPES ▶ WORK SURFACES**
- **▶ DOOR HANDLES ▶ MONITORING EQUIPMENT AND CONTROL PANELS**
- **▶ COMPUTER KEYBOARDS ▶ RADIOS ▶ STEERING WHEELS ▶ LIGHT SWITCHES**

RECOMMENDATIONS FOR FREQUENCY OF AMBULANCE CLEANING AND DISINFECTION

- **LOW RISK SURFACES**
- **SURFACES THAT HAVE MINIMAL CONTACT WITH HANDS REQUIRE CLEANING ON A REGULAR BASIS OR WHEN CONTAMINATION OCCURS:**
- **▶ FLOORS ▶ CEILINGS ▶ CABINETS ▶ WALLS ▶ WINDOWS**
- **PROVIDERS SHOULD ALWAYS WIPE DOWN EQUIPMENT, CAREFULLY FOCUSING ON ITEMS USED FOR PATIENT CARE AND ITEMS IN CONTACT WITH PATIENT DURING CARE.**

SPECIAL PRECAUTIONS AND RECOMMENDATIONS

- **ROUTINE CLEANING AND DISINFECTION MAY NOT BE ADEQUATE TO REMOVE SOME GERMS, PARTICULARLY CLOSTRIDIUM DIFFICILE –SPECIALIZED CLEANING AND DISINFECTION PRACTICES ARE REQUIRED TO REMOVE C.DIFF FROM SURFACES AND PATIENT CARE ITEMS. C-DIFF. IS A SPORE FORMING BACTERIA THAT CAUSES SEVERE DIARRHEA. THIS BACTERIA IS RESISTANT TO GERMICIDAL CHEMICALS AND CAN PERSIST IN TH ENVIRONMENT FOR MONTHS.**
- **AMBULANCE COMPANIES THAT FREQUENTLY TRANSPORT PATIENTS TO AND FROM NURSING HOMES AND LONG TERM CARE FACILITIES ARE AT AN INCREASED RISK FOR EXPOSURE TO C.DIFF.**

SPECIAL PRECAUTIONS AND RECOMMENDATIONS

- **NOROVIRUS**
- A GROUP OF VIRUSES THAT CAUSE ACUTE GASTROENTERITIS IN HUMANS. NOROVIRUSES ARE EXTREMELY CONTAGIOUS AND EASILY TRANSMITTED BY DIRECT PERSON TO PERSON CONTACT; BY TRANSFER OF THE VIRUS AFTER TOUCHING CONTAMINATED MATERIALS AND SURFACES; VIA DROPLETS FROM VOMITUS.
- **NOROVIRUSES CAN SURVIVRE IN THE ENVIRONMENT FOR AT LEAST 12 DAYS**

SPECIAL PRECAUTIONS AND RECOMMENDATIONS

- **IT IS RECOMMENDED THAT ONLY STANDARD BLEACH, NORMAL 1:10 WITH WATER, IS USED TO DISINFECT OBJECTS AND SURFACES CONTAMINATED WITH C.DIFF AND THE NOROVIRUS.**
- **STANDARD BLEACH IS AVAILABLE IN READY TO USE WIPES OR SPRAYS**

RECOMMENDED AMBULANCE CLEANING AND DISINFECTION PRODUCTS

PRODUCT	USES	ADVANTAGES	DISADVANTAGES
ALCOHOLS (70-95%)	EXTERNAL SURFACES OF SOME EQUIPMENT (STETHOSCOPES,PULSE OXIMETERS)	NON TOXIC LOW COST RAPID ACTION NO RESIDUE	EVAPORATES QUICKLY, NOT AN IDEAL SURFACE DISINFECTANT HIGHLY FLAMMABLE HARMFUL TO PLASTIC, SILICONE, AND RUBBER DEACTIVATED BY ORGANIC MATERIAL (SURFACE MUST BE CLEANED PRIOR TO USE)

SPECIAL PRECAUTIONS AND RECOMMENDATIONS

PRODUCT	USES	ADVANTAGES	DISADVANTAGES
STANDARD BLEACH NORMAL DILUTION 1:10	EXTERNAL SURFACES BLOOD SPILLS	LOW COST RAPID ACTION READILY AVAILABLE IN READY TO USE WIPES AND SPRAYS SPORICIDAL AND VIRUCIDAL (EFFECTIVE AGAINST C.DIFF AND NOROVIRUS)	HARMFUL TO METALS DEACTIVATED BY ORGANIC MATERIAL (SURFACE MUST BE CLEANED PRIOR TO USE) IRRITANT TO SKIN AND MUCOUS MEMBRANES ONCE DILUTED, MUST BE USED WITHIN 24 HOURS STAINS CLOTHING

SPECIAL PRECAUTIONS AND RECOMMENDATIONS

PRODUCT	USES	ADVANTAGES	DISADVANTAGES
HYROGEN PEROXIDE (0.5%)	EXTERNAL SURFACES OF SOME EQUIPMENT FLOORS, WALLS AND FURNISHINGS	SAFE FOR THE ENVIRONMENT NON TOXIC RAPID ACTION ACTIVE IN THE PRESENCE OF ORGANIC MATERIALS AVAILABLE IN WIPES AND LIQUID EXCELLENT CLEANING ABILITY DUE TO ITS DETERGENT PROPERTIES	HARMFUL TO COPPER, ZINC, BRASS, ACRYLICS, AND ALUMINUM LEAVES A VISIBLE RESIDUE

SPECIAL PRECAUTIONS AND RECOMMENDATIONS

PRODUCT	USES	ADVANTAGES	DISADVANTAGES
QUATERNARY AMMONIUM COMPOUNDS (QUATS)	FLOORS, WALLS, AND FURNISHINGS BLOOD SPILLS, PRIOR TO DISINFECTION	NON TOXIC NON CORROSIVE GOOD CLEANING ABILITY DUE TO ITS DETERGENT PROPERTIES	CANNOT BE USED TO DISINFECT MEDICAL INSTRUMENTS LIMITED USE AS A DISINFECTANT BECAUSE OF ITS NARROW MICROBIAL SPECTRUM

EMS PROVIDER VACCINATION AND TESTING RECOMMENDATIONS

- **ACCORDING TO THE CDC, HEALTHCARE PERSONNEL ARE DEFINED AS INDIVIDUALS WORKING IN HEALTHCARE SETTINGS WITH POTENTIAL FOR EXPOSURE TO PATIENTS AND/ OR INFECTIOUS MATERIALS INCLUDING BLOOD AND BODY FLUIDS, CONTAMINATED MEDICAL SUPPLIES AND EQUIPMENT, CONTAMINATED ENVIRONMENTAL SURFACES, OR CONTAMINATED AIR.**
- **HEALTHCARE PERSONNEL INCLUDE (BUT NOT LIMITED TO) PHYSICIANS, NURSES, NURSING ASSISTANTS, THERAPISTS, TECHNICIANS, AND**
- **EMERGENCY MEDICAL SERVICE PERSONNEL**

EMS PROVIDER VACCINATION AND TESTING RECOMMENDATIONS

- **DUE TO FREQUENT CONTACT WITH MANY PATIENTS, EMS PROVIDERS ARE AT A RISK OF EXPOSURE TO , AND POSSIBLE SPREAD OF VACCINE-PREVENTABLE DISEASES. EMPLOYERS AND HEALTHCARE PERSONNEL HAVE A SHARED RESPONSIBILITY TO PREVENT OCCUPATIONALLY ACQUIRED INFECTIONS AND AVOID CAUSING HARM TO PATIENTS, THEMSELVES, AND THEIR FAMILIES BY TAKING REASONABLE PRECAUTIONS TO PREVENT THE SPREAD OF VACCINE – PREVENTABLE DISEASES**

EMS PROVIDER VACCINATION AND TESTING RECOMMENDATIONS

- **BASED ON RECOMMENDATIONS FROM THE CDC AND THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (AICP)**
- **HEALTHCARE PERSONNEL, INCLUDING EMS PROVIDERS, ARE CONSIDERED TO BE AT SUBSTANTIAL RISK FOR AND SHOULD BE VACCINATED AGAINST**
 - **▶ HEPATITIS B ▶ SEASONAL FLU ▶ MEASLES ▶ MUMPS ▶ RUBELLA**
 - **▶ PERTUSSIS ▶ VARICELLA**
- **THE OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) AND THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) ALSO SUPPORT THESE RECOMMENDATIONS**

UNDERTANDING THE IMPORTANCE OF VACCINES

- **VACCINES ARE CONTINUALLY MONITORED FOR SAFETY, AND LIKE ANY MEDICATION, VACCINES CAN CAUSE SIDE EFFECTS. MOST SIDE EFFECTS ARE MINOR (A SORE ARM, OR A LOW-GRADE FEVER) AND RESOLVE WITHIN A FEW DAYS.**
- **DUE TO CONTACT WITH PATIENTS, IT IS IMPERATIVE THAT EMS PROVIDERS PARTICIPATE IN A COMPREHENSIVE IMMUNIZATION AND TB SCREENING REGIMEN.**
- **FOR MORE INFORMATION:**
- **WWW.CDC.GOV/VACCINES/**
- **WWW.VACCINEINFORMATION.ORG/BENEFITS.ASP**

RECOMMENDED VACCINATIONS FOR EMS PROVIDERS

DISEASE	DISEASE AND TRANSMISSION INFORMATION	IMMUNIZATION SCHEDULE	ADDITIONAL INFORMATION
HEPATITIS B	HIGHLY INFECTIOUS VIRUS, TRANSMITTED THROUGH EXPOSURE TO INFECTED BLOOD OR BODY FLUIDS	SERIES OF THREE (3) DOSES TRAINEES MUST HAVE COMPLETED THE THREE (3) DOSE SERIES PRIOR TO BEING PLACED AT RISK	•EMS PERSONNEL ARE AT A HIGH RISK FOR EXPOSURE TO THIS VIRUS ••OSHA MANDATES THAT THIS VACCINE BE OFFERED TO ALL HEALTHCARE PERSONNEL AT THE EMPLOYER'S EXPENSE

RECOMMENDED VACCINATIONS FOR EMS PROVIDERS

DISEASE	DISEASE AND TRANSMISSION INFORMATION	IMMUNIZATION SCHEDULE	ADDITIONAL INFORMATION
INFLUENZA	INFLUENZA CAN CAUSE OUTBREAKS OF SEVERE RESPIRATORY ILLNESS AND DEATH TRANSMITTED BY RESPIRATORY DROPLETS AND AIRBORNE SPREAD	ANNUALLY (USUALLY IN THE FALL MONTHS)	-EMS PERSONNEL HAVE THE ABILITY TO TRANSMIT THIS VIRUS TO POPULATIONS WITH A HIGH RISK FOR COMPLICATIONS DUE TO INFLUENZA (INDIVIDUALS WITH CHRONIC MEDICAL CONDITIONS, INFANTS, CHILDREN, SENIORS AND PREGNANT WOMEN)

RECOMMENDED VACCINATIONS FOR EMS PROVIDERS

DISEASE	DISEASE AND TRANSMISSION INFORMATION	IMMUNIZATION SCHEDULE	ADDITIONAL INFORMATION
MEASLES, MUMPS, AND RUBELLA (MMR)	<p><u>MEASLES:</u> HIGHLY CONTAGIOUS RASH ILLNESS TRANSMITTED BY RESPIRATORY DROPLETS AND AIRBORNE SPREAD</p> <p><u>MUMPS:</u> ACUTE VIRAL INFECTION CHARACTERIZED BY FEVER AND INFLAMMATION OF THE SALIVARY GLANDS</p> <p><u>RUBELLA:</u> A VIRAL DISEASE CHARACTERIZED BY A RASH AND LOW-GRADE FEVER</p>	<p>SERIES OF TWO (2) DOSES</p>	<ul style="list-style-type: none"> ▪ ALL THREE (3) VACCINES ARE COMBINED INTO ONE PRODUCT, WHICH IS REFERRED TO AS THE MMR VACCINATION ▪ DUE TO AN INCREASED OPPORTUNITY FOR EXPOSURE, EMS PERSONNEL ARE AT A HIGHER RISK THAN THE GENERAL POPULATION ▪ ONE PRIMARY CONCERN IS THE EFFECT THE RUBELLA VIRUS CAN HAVE ON AN UNBORN FETUS

RECOMMENDED VACCINATIONS FOR EMS PROVIDERS

DISEASE	DISEASE AND TRANSMISSION INFORMATION	IMMUNIZATION SCHEDULE	ADDITIONAL INFORMATION
PERTUSSIS	PERTUSSIS (WHOOPING COUGH): HIGHLY CONTAGIOUS BACTERIAL INFECTION TRANSMITTED BY DIRECT CONTACT WITH RESPIRATORY DROPLETS AND AIRBORNE SPREAD	EVERY ADULT SHOULD RECEIVE ONE DOSE AND A BOOSTER EVERY TEN (10) YEARS	<ul style="list-style-type: none">▪ THE PERTUSSIS VACCINE IS TYPICALLY COMBINED WITH THE DIPHTHERIA AND TETANUS VACCINES INTO ONE PRODUCT▪ DUE TO AN INCREASED OPPORTUNITY FOR EXPOSURE, EMS PERSONNEL ARE AT A HIGHER RISK THAN THE GENERAL POPULATION.▪ INFANTS AND CHILDREN HAVE THE GREATEST RISK FOR COMPLICATIONS DUE TO PERTUSSIS.

RECOMMENDED VACCINATIONS FOR EMS PROVIDERS

DISEASE	DISEASE AND TRANSMISSION INFORMATION	IMMUNIZATION SCHEDULE	ADDITIONAL INFORMATION
VARICELLA	HIGHLY INFECTIOUS DISEASE TRANSMITTED BY DIRECT CONTACT AND AIRBORNE SPREAD COMMONLY KNOWN AS THE CHICKENPOX	SERIES OF TWO (2) DOSES	DUE TO AN INCREASED OPPROTUNITY FOR EXPOSURE, EMS PERSONNEL ARE AT A HIGHER RISK THAN THE GENERAL POPULATION FOR BECOMING INFECTED WITH THE VARICELLA VIRUS

TUBERCULOSIS SCREENING GUIDELINES FOR EMS PROVIDERS

- **TUBERCULOSIS (TB) IS CAUSED BY A BACTERIA THAT PRIMARILY ATTACKS THE LUNGS. TB IS SPREAD THROUGH THE AIR FROM ONE PERSON TO ANOTHER. TB BACTERIA ARE PUT INTO THE AIR WHEN A PERSON WITH ACTIVE TB COUGHS, SNEEZES , OR SPEAKS.**
 - PEOPLE NEARBY CAN BREATHE IN THIS BACTERIA AND BECOME INFECTED.**
- **TB CAN BE FATAL WITHOUT PROPER TREATMENT**
- **TB IS THE SECOND MOST COMMON CAUSE OF DEATH FROM INFECTIOUS DISEASE IN THE WORLD AFTER HIV/AIDS (CDC) 2012**

TUBERCULOSIS SCREENING GUIDELINES FOR EMS PROVIDERS

- **EMS PERSONNEL ARE AT RISK FOR EXPOSURE TO TB. PARTICIPATION IN A COMPREHENSIVE TB SCREENING PROGRAM IS RECOMMENDED. (REQUIRED AT EDGEFIELD COUNTY EMS).**
- **SINCE EMS PERSONNEL WILL BE, EXPOSED TO INDIVIDUALS WITH TB, THE FOLLOWING SCREENING AND EDUCATION PROCEDURES SHOULD BE APPLIED.**
- **1. EMS PERSONNEL RECEIVE A BASLINE TB SCREENING UPON HIRE**
- **2. NO FURTHER TESTING REQUIRED(UNLESS) EXPOSED TO AN ACTIVE TB PATIENT, THEN AT THE TIME OF THE EXPOSURE AND TEN (10) TO TWELVE (12) WEEKS AFTER EXPOSURE.**
- **ANNUAL TB TESTING WILL THEN BE NECESSARY.**

TUBERCULOSIS SCREENING GUIDELINES FOR EMS PROVIDERS

- **THE TB RISK ASSESSMENT MUST BE CONDUCTED BY A QUALIFIED INDIVIDUAL, USING EPIDEMIOLOGIC SURVEILLANCE DATA OBTAINED FROM THE LOCAL OR STATE HEALTH TB – CONTROL PROGRAMS**
- **ADDITIONAL INFORMATION:**
- **WWW.CDC.GOV/MMWR/PREVIEW/MMWRTHML/5417A1.HTM**

INFECTION PREVENTION AND CONTROL RECOMMENDATIONS FOR EMS PATIENT HAND-OFFS

- **PATIENT HAND-OFF, OR THE TRANSFER OF PATIENT CARE FROM ONE HEALTHCARE PROVIDER TO ANOTHER, IS ONE OF THE MOST IMPORTANT ELEMENTS OF SUCCESSFUL CARE FOR PATIENTS WITH SERIOUS ILLNESSES.**
- **THE PRIMARY OBJECTIVE OF A HAND-OFF IS TO PROVIDE ACCURATE INFORMATION ABOUT A PATIENT'S CARE, TREATMENT, AND CURRENT CONDITIONS.**
- **OFTEN TIMES, INFORMATION REGARDING A PATIENT'S ISOLATION STATUS IS NOT ADEQUATELY CONVEYED DURING PATIENT HAND-OFF PROCEDURES BETWEEN EMS PROVIDERS AND FACILITY STAFF.**

INFECTION PREVENTION AND CONTROL RECOMMENDATIONS FOR EMS PATIENT HAND-OFFS

- **EMS PROVIDERS SHOULD DETERMINE IF THE PATIENT IS ON ISOLATION PRECAUTIONS PRIOR TO PATIENT CONTACT:**
- **MAKE ALL ATTEMPTS TO GET AS MUCH INFORMATION AS POSSIBLE FROM FAMILY AND OR STAFF OF THE FACILITY(S)**
- **INFORMATION REGARDING THE FOLLOWING SYMPTOMS:**
- **▶ COUGH ▶ VOMITING ▶ OPEN WOUNDS ▶ DIARRHEA ▶ RASHES ▶ FEVER**
- **SPECIAL ISOLATION PRECAUTIONS AND THE RECOMMENDED PERSONAL PROTECTION EQUIPMENT (PPE)**
- **WHEN TRANSPORTING A PATIENT WITH A SUSPECTED OR CONFIRMED INFECTION, EMS PROVIDERS SHOULD ALWAYS CONVEY THAT INFORMATION TO THE RECEIVING FACILITY UPON ARRIVAL.**

COMPLIANCE MONITORING

- OSHA REQUIRED:
- GENERAL DUTY CLAUSE – SECTION 5 (B)
- EACH EMPLOYEE SHALL COMPLY WITH OCCUPATIONAL SAFETY AND HEALTH STANDARDS AND ALL RULES, REGULATIONS, AND ORDERS PURSUANT TO THIS ACT WHICH ARE APPLICABLE TO HIS OR HER OWN ACTIONS AND CONDUCT.

EXPOSURE UPDATES

- POST EXPOSURE REMINDER:
- TESTING BEGINS WITH THE SOURCE PATIENT
- NO NEED FOR YOU TO HAVE BLOOD DRAWN IMMEDIATELY- IF AT ALL

BBP AND HUMAN BITES

- NO DOCUMENTED CASES OF TRANSMISSION 1993-20111
- POSSIBLE RISK –HBV BUT UNIVERSAL VACCINATION

TIME FRAME FOR OFFERING PEP FOR HIV EXPOSURE

- EXTENDED – WITHIN 72 HOURS

NO ANTIBACTERIALS

- TRICLOSAN
- FDA STATEMENT:
- FDA IS ISSUING A FINAL RULE UNDER WHICH OTC CONSUMER ANTISEPTIC WASH PRODUCTS (INCLUDING LIQUID, FOAM, GEL HAND SOAPS, AND BODY WASHES) CONTAINING THE MAJORITY OF THE ANTIBACTERIAL ACTIVE INGREDIENTS- INCLUDING TRICLOSAN AND TRICLOCARBON – WILL NO LONGER BE ABLE TO BE MARKETED.

APPENDIX A: CHECKLIST FOR CLEANING AND DISINFECTION OF AN AMBULANCE

CLEANING FOLLOWING EACH PATIENT CONTACT

COMPLETED	ACTION
<input type="checkbox"/>	PLACE POTENTIAL INFECTED MEDICAL WASTE IN A CLEARLY MARKED BIOHAZARD WASTE RECEPTACLE OR BAG PER OSHA STANDARDS
<input type="checkbox"/>	CAREFULLY DISPOSE OF SHARPS INTO A SHARPS CONTAINER
<input type="checkbox"/>	CLEAN AND DISINFECT ALL EQUIPMENT USED DURING THE PATIENT ENCOUNTER FOLLOWING AGENCY'S POLICIES
<input type="checkbox"/>	CLEAN AND DISINFECT THE CAB AND PATIENT COMPARTMENT AS REQUIRED
<input type="checkbox"/>	RESTOCK VEHICLE AS REQUIRED
<input type="checkbox"/>	IF THE VEHICLE IS HEAVILY CONTAMINATED, IT SHOULD BE TAKEN OUT OF SERVICE AND CLEANED FOLLOWING THE AGENCY'S POLICIES

APPENDIX A: CHECKLIST FOR CLEANING AND DISINFECTION OF AN AMBULANCE

ROUTINE SCHEDULED CLEANING	
COMPLETED	ACTION- PATIENT COMPARTMENT
<input type="checkbox"/>	REMOVE ALL EQUIPMENT AND SWEEP OUT THE COMPARTMENT; CLEAN AND DISINFECT
<input type="checkbox"/>	REMOVE STRETCHERS, CLEAN AND DISINFECT ALL COMPONENTS INCLUDING MATTRESS AND BELTS
<input type="checkbox"/>	REMOVE WALL SUCTION; CLEAN AND DISINFECT
<input type="checkbox"/>	REMOVE THE CONTENTS OF THE CABINETS AND SHELVES; CLEAN AND DISINFECT ALL SURFACES
<input type="checkbox"/>	CLEAN, DISINFECT AND DRY ALL HARD SURFACE ITEMS BEFORE RETURNING THEM TO THE CABINET OR SHELF; INSPECT FOR DAMAGE AND EXPIRATION DATES; REPAIR, REPLACE AS NEEDED
<input type="checkbox"/>	SWEEP, VACUUM, CLEAN AND DISINFECT FLOOR
<input type="checkbox"/>	CLEAN AND DISINFECT ALL CHAIRS, BENCH SEATS, AND SEAT BELTS
<input type="checkbox"/>	CLEAN AND DISINFECT ALL INTERIOR SURFACES, INCLUDING CEILING AND WALLS
<input type="checkbox"/>	EMPTY, CLEAN AND DISINFECT WASTE CONTAINERS (EMPTY AFTER EVERY PATIENT CONTACT)
<input type="checkbox"/>	CLEAN INTERIOR WINDOWS

APPENDIX A: CHECKLIST FOR CLEANING AND DISINFECTION OF AN AMBULANCE

COMPLETED	ACTION- DRIVER'S COMPARTMENT
<input type="checkbox"/>	REMOVE ALL EQUIPMENT FROM THE FRONT OF THE VEHICLE
<input type="checkbox"/>	CLEAN AND VACUUM FLOOR (IF CARPETED) WIPE DOWN OR MOP IF OTHER TYPE OF FLOORING
<input type="checkbox"/>	CLEAN AND DISINFECT ALL INTERIOR SURFACES, INCLUDING WALLS, DOORS, RADIO EQUIPMENT, WINDOWS AND DASHBOARD.
<input type="checkbox"/>	

APPENDIX B

CLEANING STANDARDS FOR AMBULANCE EQUIPMENT

- **ACCORDING TO OSHA STANDARDS, EVERY EMS AGENCY IS REQUIRED TO HAVE AN EXPOSURE CONTROL PLAN FOR THEIR EMS PROVIDER. THIS PLAN MUST CLEARLY STATE HOW THE EMS VEHICLE AND EACH PIECE OF EQUIPMENT IS TO BE CLEANED, INCLUDING THE BRAND NAME OF THE CLEANING PRODUCTS TO BE USED, AND HOW OFTEN IT IS TO BE CLEANED. (2012)**
- **CLEANING PRODUCTS: 3M**
- **GENERAL PURPOSE CLEANER CONCENTRATE**
- **QUAT: DISINFECTANT CLEANER CONCENTRATE**
- **GLASS CLEANER AND PROTECTANT**
- **SOLD BY 3M COMMERCIAL SOLUTIONS DIVISION**
- **[WWW. 3M.COM/FACILITY](http://WWW.3M.COM/FACILITY)**

APPENDIX B

CLEANING STANDARDS FOR AMBULANCE EQUIPMENT

VEHICLE EQUIPMENT – PATIENT CONTACT

EQUIPMENT	STANDARD	CLEANING FREQUENCY	ADDITIONAL CONSIDERATIONS
STRETCHERS	ALL PARTS SHOULD BE VISIBLY CLEAN WITH NO BLOOD, BODY SUBSTANCES, DUST, DIRT, DEBRIS, OR SPILLAGES	AFTER EVERY PATIENT USE	
SPINE BOARDS/ HEAD BLOCKS	ALL PARTS SHOULD BE VISIBLY CLEAN WITH NO BLOOD, BODY SUBSTANCES, DUST, DIRT, DEBRIS, OR SPILLAGES	AFTER EVERY PATIENT USE	

APPENDIX B

CLEANING STANDARDS FOR AMBULANCE EQUIPMENT

VEHICLE EQUIPMENT- PATIENT CONTACT			
EQUIPMENT	STANDARD	CLEANING FREQUENCY	ADDITIONAL CONSIDERATIONS
TRANSPORT CHAIR AND OTHER TRANSFER EQUIPMENT	ALL PARTS SHOULD BE VISIBLY CLEAN WITH NO BLOOD, BODY SUBSTANCES, DUST, DIRT, DEBRIS, OR SPILLAGES	AFTER EVERY PATIENT USE	
ALL REUSABLE MEDICAL EQUIPMENT (CARDIAC MONITOR/ DEFIBRILLATOR RESUSCITATION EQUIPMENT)	ALL PARTS SHOULD BE VISIBLY CLEAN WITH NO BLOOD, BODY SUBSTANCES, DUST, DIRT, DEBRIS, OR SPILLAGES	AFTER EVERY PATIENT USE	
STRETCHER MATTRESSES	SHOULD BE VISIBLY CLEAN WITH NO BLOOD, BODY SUBSTANCES, DUST, DIRT, DEBRIS, OR SPILLAGES	AFTER EVERY PATIENT USE	

APPENDIX B

CLEANING STANDARDS FOR AMBULANCE EQUIPMENT

VEHICLE EQUIPMENT – PATIENT CONTACT			
EQUIPMENT	STANDARD	CLEANING FREQUENCY	ADDITIONAL CONSIDERATIONS
PILLOWS	SHOULD BE VISIBLY CLEAN WITH NO BLOOD, BODY SUBSTANCES, DUST, DIRT, DEBRIS, OR SPILLAGES	AFTER EVERY PATIENT USE	
LINENS	SHOULD BE VISIBLY CLEAN WITH NO BLOOD, BODY SUBSTANCES, DUST, DIRT, DEBRIS, OR SPILLAGES	AFTER EVERY PATIENT USE	
PASSENGER SEAT-UPHOLSTERED	ALL PARTS INCLUDING SEATBELTS AND UNDERNEATH, SHOULD BE VISIBLY CLEAN WITH NO BLOOD, BODY SUBSTANCES, DUST, DIRT, STAINS, OR SPILLAGES	AFTER EVERY PATIENT USE	<ul style="list-style-type: none"> ● REPLACE SEATBELTS IF HEAVILY CONTAMINATED WITH BLOOD OR BODY FLUIDS ● TORN OR DAMAGED SEAT COVERS SHOULD BE REPLACED ● VACUUM AND/OR SHAMPOO IF NECESSARY

APPENDIX B

CLEANING STANDARDS FOR AMBULANCE EQUIPMENT

VEHICLE EQUIPMENT- PATIENT CONTACT			
EQUIPMENT	STANDARD	CLEANING FREQUENCY	ADDITIONAL CONSIDERATIONS
PASSENGER SEAT-VINYL	COVER SHOULD BE DAMAGE FREE ALL PARTS, INCLUDING SEATBELTS AND UNDERNEATH, SHOULD BE VISIBLY CLEAN WITH NO BLOOD, BODY SUBSTANCES, DUST, DIRT, STAINS, OR SPILLAGES	AFTER EVERY USE	REPLACE SEATBELTS IF HEAVILY CONTAMINATED WITH BLOOD OR BODY FLUIDS TORN OR DAMAGED SEAT COVERS SHOULD BE REPLACED
MEDICAL GAS EQUIPMENT	ALL PARTS INCLUDING THE VALVE AND CYLINDER, SHOULD BE VISIBLY CLEAN WITH NO BLOOD, BODY SUBSTANCES, DUST, DIRT, DEBRIS, OR SPILLAGES	AFTER EVERY USE	REPLACE SINGLE-USE ITEMS AFTER EACH USE
COMPUTER EQUIPMENT	ALL PARTS SHOULD BE VISIBLY CLEAN WITH NO BLOOD, BODY SUBSTANCES, DUST, DIRT, DEBRIS, OR SPILLAGES	DAILY AND AFTER EVERY USE, ESPECIALLY IF USED WHILE TREATING THE PATIENT	

APPENDIX B

CLEANING STANDARDS FOR AMBULANCE EQUIPMENT

VEHICLE EQUIPMENT – NON PATIENT CONTACT			
EQUIPMENT	STANDARD	CLEANING FREQUENCY	ADDITIONAL CONSIDERATIONS
RESPONSE KITS AND BAGS	ALL SURFACES, INCLUDING THE UNDERSIDE, SHOULD BE VISIBLY CLEAN WITH NO BLOOD, BODY SUBSTANCES, DUST OR DIRT	BAGS REGULARLY TAKEN INTO PATIENT CARE AREAS MUST BE WIPED CLEAN AFTER EVERY USE, WITH SPECIAL ATTENTION GIVEN IF CONTAMINATED WITH BLOOD OR BODY FLUID <ul style="list-style-type: none"> ● HEAVILY USED BAGS SHOULD BE LAUNDERED WEEKLY OR MONTHLY ● LESSER USED BAGS SHOULD BE CLEANED EVERY OTHER MONTH 	ALL BAGS PLACED ON AMBULANCES SHOULD BE MADE OF WIPEABLE MATERIAL ANY BAG HEAVILY CONTAMINATED WITH BLOOD OR BODY FLUIDS SHOULD BE DISPOSED OF.

APPENDIX B

CLEANING STANDARDS FOR AMBULANCE EQUIPMENT

VEHICLE EQUIPMENT- NON-PATIENT CONTACT			
EQUIPMENT	STANDARD	CLEANING FREQUENCY	ADDITIONAL CONSIDERATIONS
HAND SETS (RADIOS AND MOBILE PHONES)	ALL PARTS SHOULD BE VISIBLY CLEAN WITH NO BLOOD, BODY SUBSTANCES, DUST, DIRT, DEBRIS, OR SPILLAGES	DAILY AND WHEN CONTAMINATED	
SHARPS CONTAINER	THE EXTERNAL SURFACES SHOULD BE VISIBLY CLEAN WITH NO BLOOD, BODY SUBSTANCES, DUST, DIRT, DEBRIS, OR SPILLAGES	WEEKLY OR WHEN CONTAMINATED	REPLACE WHEN CONTENTS REACH THE FILL LINE. ● SECURE LID AND DISPOSE OF IN THE BIOHAZARD BOX LOCATED IN THE BAY.

NOTE: THE BIOHAZARD BOX IN THE BAY IS TO BE PROPERLY FILLED AND SEALED AS PER STERICYCLE GUIDELINES: SEE INSTRUCTIONS ON BOX AND ATTACH PROVIDED LABELS TO THE SIDE OF THE BOX.

APPENDIX B CLEANING STANDARDS FOR AMBULANCE EQUIPMENT

VEHICLE- INTERNAL AND EXTERNAL FIXED FEATURES

EQUIPMENT	STANDARD	CLEANING FREQUENCY	ADDITIONAL CONSIDERATIONS
OVERALL APPEARANCE EXTERIOR	THE VEHICLE SHOULD BE CLEAN AT ALL TIMES. ANY PRESENCE OF BLOOD OR BODY SUBSTANCES IS UNACCEPTABLE	ROUTINE CLEANING SHOULD BE PERFORMED DAILY, OR AS NECESSARY DUE TO WEATHER CONDITIONS	IF OPERATIONAL PRESSURES PREVENT THROUGH CLEANING OF THE EXTERIOR, THE MINIMUM CLEANING STANDARDS TO COMPLY WITH HEALTH AND SAFETY LAWS SHOULD BE MET. (WINDOWS, REFLECTORS, MIRRORS, AND LICENSE PLATES)

APPENDIX B

CLEANING STANDARDS FOR AMBULANCE EQUIPMENT

VEHICLE –INTERNAL AND EXTERNAL FIXED FEATURES			
EQUIPMENT	STANDARD	CLEANING FREQUENCY	ADDITIONAL CONSIDERATIONS
OVERALL APPEARANCE INTERIOR	<p>THE AREA SHOULD BE TIDY, ORDERED, AND UNCLUTTERED, WITH WELL MAINTAINED FURNITURE APPROPRIATE FOR THE AREA BEING USED</p> <p>ANY PRESENCE OF BLOOD OR BODY SUBSTANCES IS UN-ACCEPTABLE</p>	CLEAN BETWEEN PATIENTS, DAILY, AND DEEP -CLEAN WEEKLY	<ul style="list-style-type: none"> ●CLEAN ALL SURFACES IN CONTACT WITH THE PATIENT AND THAT MAY HAVE BEEN CONTAMINATED ●CREWS SHOULD ROUTINELY CLEAN THE VEHICLE FLOOR ● REMOVE ALL DETACHABLE EQUIPMENT AND CONSUMABLES

APPENDIX B

CLEANING STANDARDS FOR AMBULANCE EQUIPMENT

VEHICLE –INTERNAL AND EXTERNAL FIXED FEATURES			
EQUIPMENT	STANDARD	CLEANING FREQUENCY	ADDITIONAL CONSIDERATIONS
CEILING	ALL SURFACES SHOULD BE VISIBLY CLEAN WITH NO BLOOD, BODY SUBSTANCES, DUST, DIRT, DEBRIS OR SPILLAGE	WEEKLY	IF CONTAMINATED, CLEAN AS SOON AS POSSIBLE
CABINETS, DRAWERS, AND SHELVES	ALL PARTS, INCLUDING THE INTERIOR, SHOULD BE VISIBLY CLEAN WITH NO BLOOD, BODY SUBSTANCES, DUST, DIRT, DEBRIS OR SPILLAGES	WEEKLY	IF CONTAMINATED, CLEAN AS SOON AS POSSIBLE
PRODUCT DISPENSERS	ALL PARTS OF THE DISPENSER, INCLUDING THE UNDERSIDE, SHOULD BE VISIBLY CLEAN WITH NO BLOOD, BODY SUBSTANCES, DUST, DIRT, DEBRIS, OR SPILLAGES	DAILY OR AS SOON AS POSSIBLE, IF CONTAMINATED	LIQUID DISPENSER NOZZLES SHOULD BE FREE OF PRODUCT BUILDUP, AND THE SURROUNDING AREAS SHOULD BE FREE FROM SPLASHES OF THE PRODUCT.

APPENDIX B

CLEANING STANDARDS FOR AMBULANCE EQUIPMENT

VEHICLE-INTERNAL AND EXTERNAL FIXED FEATURES			
EQUIPMENT	STANDARD	CLEANING FREQUENCY	ADDITIONAL CONSIDERATIONS
ELECTRICAL SWITCHES, SOCKETS, AND THERMOSTATS	ALL SURFACES, INCLUDING THE UNDERSIDES, SHOULD BE VISIBLY CLEAN WITH NO BLOOD, BODY SUBSTANCES, DUST, DIRT, DEBRIS, OR ADHESIVE TAPE	WEEKLY OR AS SOON AS POSSIBLE, IF CONTAMINATED	
EQUIPMENT BRACKETS	ALL PARTS OF THE BRACKET, INCLUDING THE UNDERSIDES, SHOULD BE VISIBLY CLEAN WITH NO BLOOD, BODY SUBSTANCES, DUST OR DIRT	WEEKLY OR AS SOON AS POSSIBLE, IF CONTAMINATED	

APPENDIX B CLEANING STANDARDS FOR AMBULANCE EQUIPMENT

VEHICLE –INTERNAL AND EXTERNAL FIXED FEATURES

EQUIPMENT	STANDARD	CLEANING FREQUENCY	ADDITIONAL CONSIDERATIONS
FIRE EXTINGUISHER	ALL SURFACES, INCLUDING THE UNDERSIDE, SHOULD BE VISIBLY CLEAN WITH NO BLOOD, BODY SUBSTANCES, DUST OR DIRT	WEEKLY OR AS SOON AS POSSIBLE, IF CONTAMINATED	
FLOOR	THE ENTIRE FLOOR, INCLUDING ALL EDGES, CORNERS, AND MAIN FLOOR SPACES, SHOULD BE VISIBLY CLEAN WITH NO BLOOD, BODY SUBSTANCES, DUST, DIRT, DEBRIS, STAINS OR SPILLAGES	DAILY AND WHEN HEAVILY SOILED OR CONTAMINATED WITH BLOOD AND /OR BODY FLUIDS	

APPENDIX B

CLEANING STANDARDS FOR AMBULANCE EQUIPMENT

VEHICLE –INTERNAL AND EXTERNAL FIXED FEATURES			
EQUIPMENT	STANDARD	CLEANING FREQUENCY	ADDITIONAL CONSIDERATIONS
FLOOR MOUNTED STRETCHER LOCKING DEVICE / CHAIR MOUNTING	ALL SURFACES, INCLUDING THE UNDERSIDES, SHOULD BE VISIBLY CLEAN WITH NO BLOOD, BODY SUBSTANCES, DUST, DIRT OR DEBRIS	WEEKLY OR AS SOON AS POSSIBLE IF CONTAMINATED	
HAND RAILS	ALL PARTS OF THE RAIL, INCLUDING THE UNDERSIDE SHOULD BE VISIBLY CLEAN WITH NO BLOOD, BODY SUBSTANCES, DUST, DIRT, STAINS, OR SPILLAGES	CLEAN RAILS THAT HAVE BEEN TOUCHED AFTER EVERY PATIENT CLEAN RAILS WEEKLY	

APPENDIX B CLEANING STANDARDS FOR AMBULANCE EQUIPMENT

VEHICLE –INTERNAL AND EXTERNAL FIXED FEATURES

EQUIPMENT	STANDARD	CLEANING FREQUENCY	ADDITIONAL CONSIDERATIONS
HEATING / VENTILATION GRILLS	THE EXTERNAL PART OF THE GRILL SHOULD BE VISIBLY CLEAN WITH NO BLOOD, BODY SUBSTANCES, DUST, DIRT, OR DEBRIS	WEEKLY OR AS SOON AS POSSIBLE, IF CONTAMINATED	

APPENDIX B

CLEANING STANDARDS FOR AMBULANCE EQUIPMENT

VEHICLE-INTERNAL AND EXTERNAL FIXED FEATURES

EQUIPMENT	STANDARD	CLEANING FREQUENCY	ADDITIONAL CONSIDERATIONS
WALLS	ALL WALL SURFACES SHOULD BE VISIBLY CLEAN WITH NO BLOOD, BODY SUBSTANCES, DUST, DIRT, ADHESIVE TAPE, OR SPILLAGES	WEEKLY OR AS SOON AS POSSIBLE , IF CONTAMINATED	
WINDOWS	ALL INTERIOR GLAZED SURFACES SHOULD BE VISIBLY CLEAN AND SMEAR FREE WITH NO BLOOD, BODY SUBSTANCES, DUST, DIRT, DEBRIS, ADHESIVE TAPE, OR SPILLAGES	WEEKLY OR AS SOON AS POSSIBLE , IF CONTAMINATED	

APPENDIX B

CLEANING STANDARDS FOR AMBULANCE EQUIPMENT

VEHICLE-INTERIOR AND EXTERIOR FIXED FEATURES			
EQUIPMENT	STANDARD	CLEANING FREQUENCY	ADDITIONAL CONSIDERATIONS
WORK SURFACES	ALL SURFACES SHOULD BE VISIBLY CLEAN WITH NO BLOOD, BODY SUBSTANCES, DUST, DIRT, STAINS, OR SPILLAGES	AFTER EVERY PATIENT	
WASTE RECEPTACLES	THE WASTE RECEPTACLE, INCLUDING THE LID, SHOULD BE VISIBLY CLEAN AND SMEAR FREE WITH NO BLOOD, BODY SUBSTANCES, DUST, DIRT, STAINS, OR SPILLAGES	DAILY OR AS SOON AS POSSIBLE, IF CONTAMINATED	TRASH TO BE EMPTIED AFTER EVERY PATIENT CONTACT. DO NOT ALLOW TRASH TO ACCUMULATE.

APPENDIX C: PATIENT ISOLATION GUIDE FOR EMS TRANSPORT

PATIENT ISOLATION GUIDE FOR EMS TRANSPORT			
ACTIONS TO TAKE	CONTACT PRECAUTIONS	DROPLET PRECAUTIONS	AIRBORNE PRECAUTIONS
ALL PERSONS ENTERING ROOM (HEALTHCARE WORKERS AND PARENTS/ VISITORS	HAND HYGIENE GOWN GLOVES	HAND HYGIENE MASK	HAND HYGIENE MASK

APPENDIX C: PATIENT ISOLATION GUIDE FOR EMS TRANSPORT

PATIENT ISOLATION GUIDE FOR EMS TRANSPORT			
ACTIONS TO TAKE	CONTACT PRECAUTIONS	DROPLET PRECAUTIONS	AIRBORNE PRECAUTIONS
PATIENT IN PREPARATION FOR TRANSPORT AND DURING TRANSPORT	CLEAN PATIENT GOWN CLEAN SHEET (NOT THE SHEET FROM THE BED)	CLEAN PATIENT GOWN CLEAN SHEET (NOT THE SHEET OFF THE BED) MASK (COVER PATIENT'S MOUTH AND NOSE WITH SHEET IF UNABLE TO WEAR A MASK; CAN BE REMOVED IN THE AMBULANCE)	CLEAN PATIENT GOWN CLEAN SHEET (NOT THE SHEET OFF THE BED) MASK (PROCEDURAL MASK, OR COVER PATIENT'S MOUTH/ NOSE WITH SHEET IF UNABLE TO WEAR A MASK; CAN BE REMOVED IN THE AMBULANCE)
HEALTHCARE WORKER (DURING TRANSPORT)	HAND HYGIENE USE GLOVES FOR PATIENT CONTACT	HAND HYGIENE WEAR MASK IF PATIENT UNMASKED	HAND HYGIENE WEAR MASK IF PATIENT UNMASKED

APPENDIX C: PATIENT ISOLATION GUIDE FOR EMS TRANSPORT

PATIENT ISOLATION GUIDE FOR EMS TRANSPORT			
ACTIONS TO TAKE	CONTACT PRECAUTIONS	DROPLET PRECAUTIONS	AIRBORNE PRECAUTIONS
FAMILY	ASK TO WASH OR GEL HANDS; NO NEED TO WEAR ANY EQUIPMENT		
ALL PERSONS ENETRING ROOM AT DESTINATION (HEALTHCARE WORKERS AND PARENTS/ VISITORS)	HAND HYGIENE	HAND HYGIENE	HAND HYGIENE
INFECTION PREVENTION AND CONTROL STAFF OF THE FACILITY SHOULD ASSIST WITH DIRECTIONS FOR C.DIFF, NOROVIRUS OR PERTUSSIS	GOWN	MASK	MASK
CALL INFECTION PREVENTION AND CONTROL WITH ANY QUESTIONS	GLOVES		

APPENDIX D: INFECTION AND PREVENTION TRANSPORT TOOL

• PATIENT NAME: (PLEASE PRINT) _____ DATE: _____

• ISOLATION PRECAUTIONS •

CONTACT (GOWN/GLOVES)

AIRBORNE (MASK)

DROPLET (PROCEDURE MASK)

NO ISOLATION PRECAUTIONS

EMS STATION(S) CLEANING SCHEDULE

STATION INFECTION CONTROL			
PROCEDURE	CLEANING FREQUENCY	PROCEDURE	CLEANING FREQUENCY
CLEAN BATHROOM	DAILY OR AS NEEDED DEEP CLEAN ON SUNDAY AND THURSDAY	DUST FURNITURE	MINIMUM OF TWICE A WEEK SUNDAY AND THURSDAY
SWEEP	DAILY OR AS NEEDED DEEP CLEAN ON SUNDAY AND THURSDAY	VACUUM FLOORS	DAILY OR AS NEEDED DEEP CLEAN ON SUNDAY AND THURSDAY
MOP	DAILY OR AS NEEDED DEEP CLEAN ON SUNDAY AND THURSDAY	EMPTY TRASH RECEPTACLES	DAILY OR AS NEEDED

EMS STATION(S) CLEANING SCHEDULE

STATION INFECTION CONTROL		
PROCEDURE	CLEANING FREQUENCY	ADDITIONAL CONSIDERATIONS
WASH DISHES	DAILY OR AS NEEDED BETWEEN MEALS PUT DISHES AWAY AT END OF SHIFT	
CLEAN COUNTERTOPS	DAILY OR AS NEEDED	
CLEAN STOVE	WEEKLY OR AS NEEDED	
CLEAN REFRIGERATOR	WEEKLY OR AS NEEDED	TAKE ANY FOOD NOT EATEN DURING SHIFT HOME DO NOT EAT FOOD THAT IS NOT YOURS UNLESS PERMISSION HAS BEEN GIVEN TO DO SO.
CLEAN MICROWAVE	WEEKLY OR AS NEEDED	

SUMMARY

- **THIS EXPOSURE AND INFECTION CONTROL GUIDE IS SUBJECT TO CHANGE AND WILL BE UPDATED TO REFLECT THE LATEST CHANGES TO OSHA GUIDELINES AS THE NEED TO UPDATE ARISES.**
- **IT MAY NOT BE ALL INCLUSIVE OF EVERY KNOWN ASPECT OF EXPOSURE AND INFECTION CONTROL.**
- **IT IS THE RESPONSIBILITY OF EVERY EMPLOYEE OF EDGEFIELD COUNTY EMS TO ASSIST IN MAKING SURE THAT WE REMAIN COMPLIANT WITH THE GUIDELINES THAT HAVE BEEN SET FORTH BY THE OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION.**