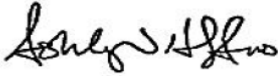


Methodist Health Services Corporation UnityPoint Health- Proctor EMS	Page # 1 of 5	Section:	Policy #: 13
	Approved by: 		Date: 02/2019 Review by: 2/2020
	Supersedes: Date Revised: 6/2017, 2/2019		
	Primary Responsible Parties: Dr. Ashley N. Huff Secondary Responsible Parties:		
	Joint Commission Standard:		
SUBJECT: INFECTIOUS DISEASE CONTROL			

I. POLICY:
Infectious Disease Control

II. PURPOSE AND STANDARD:
The following procedure has been established in accordance with the Illinois State Statutes, Centers for Disease Control recommendations and OSHA standards. All Proctor Hospital EMS System agencies should have a specific exposure control program and post exposure plan as required by [OSHA regulations \(29 CFR 1910.1030\)](#).

III. POLICY SCOPE: Departmental

IV. GENERAL INFORMATION:

A. Protective Measures

1. Utilization of personal protective equipment (PPE) during all patient contacts is an effective means of avoiding exposure to body fluids. EMS personnel should follow appropriate PPE standard precautions.
2. Thorough hand washing should be accomplished immediately after each patient contact or handling of potential infectious vectors.
3. EMS System Agencies are responsible to provide annual training in Standard Precautions, Transmission Based Precautions and the Agency’s Exposure Control Plan as required by [OSHA regulations \(29 CFR 1910.1030\)](#).
4. EMS personnel should consult their agency’s exposure control plan for specific guidelines in the type of PPE.

B. Exposure

1. An exposure incident has occurred when, as a result of the performance of an EMS provider's duty, the provider's eyes, mouth, mucous membrane or area of non-intact skin has come in contact with body fluids or other potentially infectious vector. This includes parenteral contact with blood or other potentially infectious materials.
2. If EMS personnel treating and/or transporting a patient are directly exposed to a patient's body fluids or infectious vector, the provider(s) should immediately report the incident. This includes notifying the EMS provider's supervisor, obtaining the *Peoria Hospitals Communicable Disease Incident Form*, notify the receiving hospital of the exposure and following post exposure procedures.

C. Post Exposure Management

After an exposure has occurred:

1. Thoroughly cleanse the exposed area with soap and water immediately.
2. The eyes and/or mouth of the provider should be thoroughly rinsed with water if exposed.
3. Immediately seek treatment at the emergency department where the source patient was transported. If the source patient was not transported to an emergency department, treatment should be sought at a local hospital (emergency department).
4. Complete the *Peoria Hospitals Communicable Disease Incident Form*. The completed form should be sealed in an envelope addressed with the words "Attention Infection Control" and be left with the emergency department charge nurse. The charge nurse will forward the envelope to the infection control department. The EMS provider should also provide a copy to his/her supervisor and to the EMS Office within 24 hours.
5. A request should be made for consent to test the source patient's blood for HBV/HCV/HIV infectivity. If consent is granted, a blood sample shall be drawn and results of testing documented. Testing is not necessary if the source patient is known to be infected with HBV or HIV.
6. Results of tests performed on the source patient shall be made available to the exposed EMS provider's private or occupational physician while maintaining confidentiality of all persons involved.

7. The exposed EMS provider will be given the opportunity for a blood specimen collection and testing to determine baseline assessment for HBSAB/HIV. If the EMS provider does not wish to be tested, the blood sample must be maintained for 90 days. The EMS provider may consent to testing at any time within that period.
8. The EMS provider should follow-up with his/her private or occupational physician and the provider should be advised of available post-exposure counseling.
9. All findings or diagnosis shall remain confidential.

Questions concerning exposure control program requirements or post exposure procedures should be directed to the EMS provider's supervisor, training officer or infection control department.

D. Notification of Ambulance Personnel Exposed to Communicable Disease

1. If a patient is suspected to have, or is diagnosed with a reportable communicable disease, a copy of the ambulance patient care report will be forwarded to Infection Control Department as soon as possible by the receiving hospital emergency department supervisor. Whenever a patient is diagnosed with one of the diseases specified in item 3, the chart will be reviewed to determine if the patient was transported to the hospital, or during this admission, by EMS and the Infection Control Department will be notified.
2. The Infection Control Department will maintain a log and file. If any patients treated and/or transported by EMS providers are diagnosed as having one of the specified diseases, the designated EMS provider(s) will be notified by the Infection Control Department within seventy-two (72) hours after the confirmed diagnosis is known as required by Hospital Licensing Requirements ([Section 250.725 Notification of Emergency Personnel](#))
3. Specified diseases requiring notification of EMS personnel by the Infection Control Department include:
 - a. Acquired Immunodeficiency Syndrome (AIDS)
 - b. AIDS-Related Complex (ARC)*
 - c. Anthrax
 - d. Chickenpox
 - e. Cholera
 - f. Diphtheria
 - g. Ebola
 - h. Hepatitis B
 - i. Hepatitis non-A, non-B

- j. Herpes simplex
- k. Human Immunodeficiency Virus (HIV) infection*
- l. Measles
- m. Meningococcal infections
- n. Mumps
- o. Plague
- p. Polio
- q. Rabies (human)
- r. Rubella
- s. Severe Acute Respiratory Syndrome (SARS)
- t. Smallpox
- u. Tuberculosis (TB)
- v. Typhus

***For confirmed diagnosis of AIDS or HIV, the letter of notification will not be sent unless emergency personnel have specifically indicated to the receiving hospital that they may have had blood or body substance exposure.**

Notification of Ambulance Personnel Exposed to Communicable Disease (continued)

4. When a hospital patient with a listed communicable disease is to be transported by ambulance personnel, the hospital staff sending the patient shall inform the ambulance personnel of any precautions to be taken to protect against exposure to disease. If a significant exposure occurs, the ambulance personnel shall immediately report the incident as indicated above.
5. The [Hospital Licensing Act](#) requires any information received in the notification process be handled in accordance with confidentiality policies and procedures.

**Clinical Syndromes Requiring the Use of Controls (including PPE)
Pending Diagnosis**

Acute diarrhea and/or vomiting of suspected infectious etiology:	GLOVES, GOWN if skin or clothing will come into direct contact with the patient or the patient’s environment and for pediatrics and incontinent/noncompliant adults
Acute respiratory infection, undiagnosed:	FACIAL PROTECTION, GLOVES, GOWN if skin or clothing will come into direct contact with the patient or the patient’s environment
Respiratory infection with risk factors and symptoms suggestive of Tuberculosis:	FIT-TESTED N95 RESPIRATOR (or similar), NEGATIVE PRESSURE ROOM
Suspected meningitis and/or sepsis with petechial rash:	FACIAL PROTECTION
Undiagnosed rash without fever:	GLOVES
Rash suggestive of varicella or measles:	Only immune staff to interact with patient
Abscess or draining wound that cannot be contained:	GLOVES, GOWN if skin or clothing will come into direct contact with the patient