

	Department Name Address	ALS	Paramedic
		Revision #	
		Implementation Date	
Protocol	1.0.2 Exposure_Control – All Levels	Last Reviewed/Update Date	
Author / Owner		Medical Director	

Ambulances will be following the Occupational Safety and Health Administration's (OSHA) standards to limit occupational exposure to blood and other potentially infectious materials since any exposure could result in transmissions of blood borne pathogens which could lead to disease or death. Each member of the staff will receive training at least annually about the information contained in this plan and will be expected to follow the procedures outlined and use the equipment provided. Any questions should be referred to management.

1. POTENTIAL INFECTIOUS PLACES AND/OR MATERIALS

- a. Semen
- b. vaginal secretions
- c. cerebrospinal fluid
- d. synovial fluid
- e. pleural fluid
- f. pericardial fluid
- g. peritoneal fluid
- h. amniotic fluid
- i. saliva
- j. any body fluid visually contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids
- k. any unfixed tissue or organs other than intact from a human (living or dead) and HIV cells or tissue cultures

****All personnel working on ambulance crews and first responders are at risk for exposure to blood and bodily fluids.**

2. Possible areas in the work place that could be contaminated with blood borne pathogens:

- a. Every call could be potential for contamination therefore it is mandatory that all safety precautions be taken when doing patient care (universal blood precautions).
- b. Cleaning inside patient care area of ambulance, safety precautions must be followed (universal blood precautions).
- c. When cleaning any patient care equipment, safety precautions must be followed (universal blood precautions).

3. Personal Protective Equipment that will be provided:

- a. Non-sterile latex free gloves.
- b. Gowns
- c. Goggles

- d. Masks
- e. Sharp disposal system
- f. Fluid absorbent, dust pan and whisk broom
- g. Small Zip Lock® bags
- h. Hand cleaner

4. Universal Precautions

- a. Non-sterile gloves will be used when handling body fluids, secretions and excretions as well as articles contaminated with them. Gloves shall be worn when in contact with mucous membranes and non-intact skin.
- b. Hands shall be washed immediately if they are in contact with blood or body fluids and after completion of each call. Hand sanitizer is a waterless product located in all rigs for times when soap and water washing are not available. Wash your hands with soap and water as soon as you get the opportunity after using the approved hand sanitizer.
- c. Gown if soiling is anticipated with blood and/or body fluids, secretions or excretions.
- d. Goggles, if splashing of blood and/or body fluids is anticipated.
- e. Mask, if sustained contact with patient who is coughing extensively, for intubated patients being suctioned or if splashing of blood and/or body fluids is anticipated.
- f. Dispose of sharps in receptacles. Only recap needles by using one hand to hold the base of the needle as you slide it back into the protective cap. Do not stick your hand or fingers in a sharps container or place garbage in a sharps container.
- g. Do not eat, drink, smoke, apply makeup or lip balm or adjust contact lenses in the patient compartment of the ambulance.

5. HBV Immunizations

- a. The service will provide Hepatitis B Immunizations to all team members.
- b. The service will also provide annual education on precautionary measures, epidemiology, modes of transmission and prevention of HIV/HBV.
- c. Immunizations should be started within ten (10) working days of employment, unless the team member refuses, or has medical documentation that states that the team member does not need the immunization.

6. Types of significant exposure:

- a. Contact with your non-intact skin i.e., rash, lesion, open/healing wound, etc.
- b. Contact with your eyes.
- c. Contact with your mouth, nose, or mucous membranes.
- d. Puncture or penetration of your skin by any contaminated object.

7. Non significant exposures:

- a. Contact with intact skin.
- b. Contact with clothing that does not soak through.

8. Steps to follow when exposed to body secretions:

- a. Fill out an incident report to include: (a) name of patient; (b) any precautions that were taken at time of injury.
- b. Fill out an exposure form at the hospital.
- c. Wait for report that will tell you if you need to be tested.
- d. If testing is needed, contact your supervisor.
- e. Copies of all reports must be kept on file at the facility. (These files will be kept confidential).
- f. If you test positive for HIV or HBV you can go to the hospital for counseling. All testing should be done as soon as possible or within 24 hours of the exposure.
- g. Any time contact is made with a patient with a communicable disease, notify the operations supervisor so he/she can contact other responders.

9. Instructions for Exposed Materials:

- a. Contaminated disposable items will be placed in a red garbage bag in the ambulance or at the hospital.
- b. Reusable equipment will be disinfected. Laryngoscope blades and stylettes shall be cleaned with soap and water, placed in approved cleaner for ten (10) minutes, and washed with soap and water again.
- c. Soiled linen shall be placed in red bags. Normal bed linen can go to the cleaners.
- d. Contaminated clothing shall be placed in red bags and taken to the cleaners. Do not take visibly contaminated clothing home to be washed.

10. Ambulance Decontamination

- a. In the event the ambulance is used to transport a patient with a known communicable disease, or the ambulance becomes contaminated with blood or bodily fluid, the unit will be taken out of service after the transport to be cleaned.
- b. Materials to use for cleaning:
 - i. Spray cleaner – example is Hepacide® and BH38
 - ii. Sani Wipes®
 - iii. Towels
 - iv. Gloves
 - v. Chlorasorb
 - vi. Broom and dustpan
- c. Procedures for cleaning:
 - i. Spray all surfaces then wipe.
 - ii. Remove all linen and place in the red garbage bags.
 - iii. Use Chlorasorb® or other fluid absorbent if needed to clean up large or small amounts of blood, vomit, urine, etc.
 - iv. After each call the ambulance shall be inspected for bodily fluids and general contaminants. If you suspect contamination, Hepacide® or other cleaner shall be used to disinfect the soiled areas. BH38 may be used for general cleaning.
- d. High Level Decontamination: Hepacide®
 - i. Should be done once per month, and will be total ambulance decontamination.

- ii. Any time bodily fluids cause a biohazard in the unit, the area or equipment will be decontaminated.
- e. Low Level Cleaning: BH-38
 - i. General cleaning of the unit of soil or as needed.

Medical Director's Signature

Date

Disclaimer:

The protocols have been developed by the North Dakota Department of Health are meant to be used as general guidance for developing protocols for individual emergency medical services agencies. These sample protocols are not meant to be medical or legal advice; nor do they establish standards of care. Each emergency medical services agency must tailor protocols based on their specific needs or capabilities. Local medical directors must be consulted with and approve any protocol(s) prior to becoming operational in an emergency medical services agency. directors must be consulted with and approve any protocol(s) prior to becoming operational in an emergency medical services agency. The North Dakota Department of Health make no representation on the accuracy of information contained herein and accepts no liability for any loss or damage arising from any content error or omission.