WELL-BEING OF THE EMS PROVIDER

Infectious Disease Control Policy

The following procedure has been established in accordance with the Illinois State Statutes, Centers for Disease Control recommendations and OSHA standards. All Memorial EMS System agencies should have a specific exposure control program and post exposure plan.

Protective Measures

1. Utilization of body substance isolation gear during all patient contacts is an effective means of avoiding exposure to body fluids. EMS personnel should don protective gear prior to entering a scene or situation that may increase the risk of exposure to body fluids or other infectious agents.

2. Thorough hand washing should be accomplished immediately after each patient contact or handling of potential infectious vectors.

3. EMS personnel should consult their agency's exposure control program for specific guidelines in the type of protective gear to be worn.

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 and following post exposure procedures. The ability to appropriately respond to the incident is significantly reduced if the incident is not reported upon arrival at the receiving facility.

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 notify the supervisor of the emergency department where the source patient was transported. If the source patient was not transported to an emergency department, treatment should be based on unidentified source patient practices.

Infectious Disease Control Policy

4. Complete applicable forms either *Exposure Report Form for Allied Health Professionals* via Memorial Intranet or *Communicable Disease Incident Form* if Intranet option not available at destination. The completed forms should be auto submitted to the EMS Office or left with the emergency department charge nurse in a sealed envelope for the EMS Office. 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. Unless emergency treatment is required for associated injuries along with the exposure. Evaluation in the emergency room can be replaced with the employer's occupational health provider. Occupational health providers are on call 24/7/365.

8. 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.

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.

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/EMS Office within seventy-two (72) hours after the confirmed diagnosis is known.

Infectious Disease Control Policy

3. Specified diseases requiring notification of EMS personnel by the Infection Control Department include:

- Acquired Immunodeficiency Syndrome (AIDS)*
- AIDS-Related Complex (ARC)*
- Anthrax
- Chickenpox
- Cholera
- Diphtheria
- Hepatitis B
- Hepatitis non-A, non-B
- Herpes simplex
- Human Immunodeficiency Virus (HIV) infection*
- Measles
- Meningococcal infections
- Mumps
- Plague
- Polio
- Rabies (human)
- Rubella
- Severe Acute Respiratory Syndrome (SARS)
- Smallpox
- Tuberculosis (TB)
- Typhus

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

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.

6. Every agency should establish a designated person to assist in the process should an exposure occur.

7. At all times vehicles and equipment should be maintained in a clean, disinfected and ready to use condition. This should be done after every call, regardless of perceived need based on patient condition.

Infectious Disease Control Policy

COMMUNICABLE DISEASE INCIDENT FORM
Use only if electronic form cannot be utilized.

Exposed emergency personnel providing care:

☐ Police ☐ Firefighter/First Responder ☐ EMT/Paramedic/PHRN

☐ Other: _____

Name of EMS Provider Exposed: _____

Home Address: _____

City/State/Zip Code: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Name of Agency: _____ Run #: _____

Name of Supervisor: _____Phone #: _____

Patient's Name: _____ Date/Time of Transport: _____

Type of Significant Exposure (Circle):

Parenteral (e.g. needle stick) Mucous membranes (e.g. eyes, mouth)

Significant skin exposure to blood, urine, saliva, bile, semen, vomit (e.g. open sores, cuts)

Other (explain): _____

Additional Comments:

_____

_____

_____

Post Exposure Procedure

1. Immediately notify your supervisor.
2. Notify the emergency department charge nurse when you arrive at the hospital with the patient.
3. Complete this form and make two (2) copies.
4. **Place the original in an envelope, seal and write "Attention Infection Control" on the front of the envelope.**
5. Give the sealed envelope to the emergency department charge nurse that the patient was transported to.
6. Provide your supervisor with a copy.
7. Forward a copy to the EMS Office within 24 hours.

Latex Allergy Policy

A latex allergy is recognized as a significant problem for specific patients and healthcare workers. There are two (2) types:

- **Systemic** – Immediate reaction (within 15 minutes). Symptoms include generalized rash, wheezing, dyspnea, laryngeal edema, bronchospasm, tachycardia, angioedema, hypotension and cardiac arrest.

- **Delayed** – Delayed reaction (6 to 48 hours). Symptoms include contact dermatitis such as local itching, edema, erythema (redness), blisters, drying patches, crushing & thickening of the skin, and dermatitis that spreads beyond the skin initially exposed to the latex.

Persons at risk include patients with spina bifida, patients with urogenital abnormalities, workers with industrial exposures to latex, healthcare workers, persons with multiple surgeries, persons with frequent urinary procedures and persons with a history of predisposition to allergies.

Suspected Latex Allergy

1. Assess for suspected latex sensitivity by asking the following:

   "*Do you react to rubber bands or balloons? Describe.*"

2. Initiate interventions for *Known Latex Sensitivity* if the latex sensitivity screen response suggests a latex hypersensitivity.

3. Notify the receiving hospital of suspected latex hypersensitivity.

4. Follow orders as per the *Allergic/Anaphylactic Reaction Protocol*.

Known Latex Allergy

1. Obtain a patient history and ask the patient to describe their symptoms of latex hypersensitivity.

2. Monitor the following signs and symptoms:

   - Itching eyes
   - Feeling of faintness
   - Hypotension
   - Bronchospasm/Wheezing
   - Nausea/Vomiting
   - Abdominal cramping
   - Facial edema

Latex Allergy Policy

Known Latex Allergy (continued)

- Flushing
- Urticaria
- Shortness of breath
- Generalized itching
- Tachycardia
- Feeling of impending doom

3. Notify the receiving hospital of known latex sensitivity.

4. Follow orders as per the *Allergic/Anaphylactic Reaction Protocol*.

5. Remove all loose latex items (*e.g.* gloves, tourniquets, etc.) and place in a closed compartment or exterior storage panel.

6. Utilize available latex-free supplies when preparing to care for or transport the latex-sensitive patient. The latex-free supplies must be on the ambulance (or other apparatus) and readily available.

7. Cover the mattress of the cot with a sheet so that no areas of the mattress are exposed.

8. DO NOT administer any medications through latex IV ports.

9. Wrap all tubing containing latex in kling before coming into contact with the patient (*e.g.* stethoscope tubing, BP cuff tubing, etc.).

Substance Abuse Policy (Including Marijuana)

The Memorial EMS System considers substance abuse (drug and/or alcohol dependency) to be a health problem and will assist any System provider who becomes dependent on drugs and/or alcohol. The System, and ultimately our patients, will suffer the adverse effects of having a prehospital care provider whose work performance and attendance are below acceptable standards. Any employee whose substance abuse problems jeopardize the safety of patients, co-workers or bystanders shall be deemed "unfit to work". Any prehospital care provider involved in the Memorial EMS System who voluntarily requests assistance with a personal substance abuse problem will be referred to the EMS Medical Director for assessment and referral for treatment when necessary.

Testing for Drugs & Alcohol

The Memorial EMS System does not require employees to submit to blood and/or urine testing for drugs and/or alcohol as a routine part of their employment physical examination. However, individual agencies may require testing as part of the application process.

Any prehospital care provider may contact the EMS Medical Director (or his/her designee) if he/she has reasonable cause to suspect that a co-worker is under the influence of drugs (including Marijuana) and/or alcohol while on duty. The EMS Medical Director may choose to require the System provider to submit to a blood alcohol test and/or blood/urine toxicology screening. The cost of this testing procedure may be billed to the provider's agency, or in the case of a student, the requesting agency. Disputes related to billing of drug testing should not delay the procedure(s).

1. If a System provider who is required to submit to testing for drugs and/or alcohol refuses to cooperate, he/she will be subject to disciplinary action for insubordination (up to and including termination from the System).

2. Anyone caught tampering with, or attempting to tamper with his/her test specimen (or the specimen of any other prehospital care provider) will be subject to immediate termination from the System.

3. If any of the test results are positive, the EMS Medical Director will interview the provider. The EMS Medical Director will consult with the provider's agency to determine if referral to an assistance program shall occur.

    - The **first** occurrence will result in a referral of the prehospital care provider to the appropriate assistance program and the provider will be subject to disciplinary action as determined by the EMS Medical Director in consultation with the provider's agency/employer.
    - The **second** occurrence will result in disciplinary action as determined by the EMS Medical Director in consultation with the provider's agency/employer and may result in suspension of the provider's license and/or System certification.

Substance Abuse Policy (Including Marijuana)

Testing for Drugs & Alcohol (continued)

- The progress of employees with substance abuse problems who have been referred to an assistance program will be closely monitored by their agency/employer and the EMS Medical Director. The provider must successfully complete the entire required rehabilitative program and maintain the preventative course of conduct prescribed by the assistance program. He/she must attend the appropriate after-care program(s) and provide verification of compliance with the program requirements, including additional drug testing as determined by the EMS Medical Director and the agency/employer.

4. If the test results are negative, a conference with the EMS Medical Director and the provider's agency/employer will be held to determine what future action, if any, will be taken.

5. If the prehospital care provider refuses to correct his/her health problems, he/she shall be subject to disciplinary action that pertains to all System providers who cannot, or are not, performing their job duties and responsibilities at acceptable levels.

The use, sale, purchase, transfer, theft or possession of an illegal drug is a violation of the law. *Illegal drug* means any drug which is (a) not legally obtainable or (b) legally obtainable but has not been legally obtained. The term *illegal drug* includes prescription drugs not legally obtained and prescription drugs legally obtained but not being used for prescribed purposes. Anyone in violation will be referred to law enforcement, licensing and/or credentialing agencies when appropriate.

Mental Health Assistance and Critical Incident Stress Management Team

EMS providers face a number of challenges that can compromise their mental health and well-being. These include both acute stress after critical incidents, and chronic stress associated with day-to-day EMS work. Mental health assistance information (if needed) is always available through the MEMS office. For the more acutely stressful incidents, the *Critical Incident Stress Management Team* is an important resource in assisting personnel that are coping with these experiences.

1. EMS providers of the Memorial EMS System involved in an unusually stressful incident can contact the *Critical Incident Stress Management Team.*

2. The CISM team members have specialized training in providing pre-incident education, on-scene support services, defusing, demobilization, formal debriefings, one-on-one debriefings, follow-up services and specialty briefings.

3. Debriefings and stress management services are most effective when conducted within 72 hours of the incident.

4. The CISM Team Coordinator may be reached via Sangamon County Central Dispatch at 217-753-6666 or the Memorial EMS office at 217-788-3973

5. Trainings for CISM team members will be held as interest and availability exists in order to build a regional pool of volunteers who can assist in such situations.