

Communicable Disease Protocol

UPDATES

2007

Communicable Disease Protocol

Summary of Changes

Added Language

- Contact with blood or body fluids or other potentially infective material.
- Reference to the MDCH form number.

Communicable Disease Protocol

The EMS provider must recognize that any patient that presents with one of the following:

- a skin rash
- open wounds
- blood or other body fluids
- a respiratory illness that produces cough and/or sputum
- jaundice
- stiff neck
- glandular swelling
- severe diarrhea

may be potentially infectious, and must take the necessary precautions to avoid exposure. These precautions include following this protocol.

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Exposure Defined:

An exposure is determined to be contact with blood or bodily fluids or other potentially infective material to any breach of the skin by cut, needle stick, absorption or open wound, splash to the eyes, nose or mouth, inhaled, and any other parenteral route.

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Reporting Exposures:

Police, Fire or EMS personnel who, in the performance of their duty, sustain a needle stick, mucous membrane or open wound exposure to blood or other potentially infectious material (OPIM) may request, under Public Act 368 and 419, that the patient be tested for HIV/Hepatitis B and C surface antigen. The exposed individual shall make the request on a Michigan Department of Community Health Form #### *This form number has been changed*. The exposed individual should also report the exposure in accordance with their employer's policies and procedures.

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Pre-Radio

MFR/EMT/SPECIALIST/PARMEDIC

If a patient presents with one of the following symptom complexes, then follow the remainder of this protocol.

- Fever > 100.5 F AND headache or malaise or myalgia, OR stiff neck, jaundice, glandular swelling, bleeding from nose and/or mouth, severe diarrhea, cough, shortness of breath or difficulty breathing.
- Pustular, papular or vesicular rash distributed over the body in the same stage of development (trunk, face, arms or legs) preceded by fever AND rash progressing over days (not weeks or months) AND patient appears ill.

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- Consider the patient to be both airborne and contact contagious crew will don the following PPE:
 - N95 or higher protective mask/respiratory protection
 - Gloves
 - Goggles or face shield

DO NOT REMOVE protective equipment during patient transport.

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MECHANICALLY VENTILATED PATIENTS

- Mechanical ventilators for potentially contagious patient transports must provide HEPA filtration of airflow exhaust.
- EMS providers should consult their ventilator equipment manufacturer to confirm appropriate filtration capability and the effect of filtration on positive pressure ventilation.
- BIPAP, CPAP and nebulizers should be avoided if possible because of increased spread of disease when used.

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CLEANING AND DISINFECTION

Cleaning and Disinfection after transporting a potentially contagious patient must be done immediately and prior to transporting additional patients. Contaminated non-reusable equipment should be placed in biohazard bags and disposed of at hospital. Contaminated reusable patient care equipment should be placed in biohazard bags and labeled for cleaning and disinfection. Reusable equipment should be cleaned and disinfected according to manufacture's instruction.

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INTERFACILITY TRANSFERS

- Follow the above pre-radio precautions for inter-facility transfers.
- Prior to transporting the patient the receiving facility should be notified and given ETA for patient arrival allowing them time to prepare to receive this patient.
- Clarify with receiving facility the appropriate entrance and route inside the hospital to be used once crew has arrived at the receiving facility.
- All unnecessary items should be removed from the vehicle to avoid contamination.
- All transport personnel will wear the following PPE:
 - N-95 (or higher) protective mask/ respiratory protection
 - Gloves
 - Goggles or face shield
 - Gown
 - Shoe Covers

DO NOT REMOVE protective equipment during patient transport.

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- Drape/Cover interior of patient compartment and stretcher (utilizing plastic or disposable sheets with plastic backing)
- Isolate patient:
 - Place disposable surgical mask on patient
 - Cover patient with linen sheet to reduce chance of contaminating objects in area.

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- All PPE and linens will be placed in an impervious biohazard plastic bag upon arrival at the receiving destination and disposed of in accordance with the direction from the hospital personnel.
- The ambulance(s)/transport vehicle will not be used to transport other patients (or for any other use) until it is decontaminated using the current CDC guidelines for decontamination.
- Patient cohorting may occur if resources are exhausted and patients are grouped with the same disease. Cohorting should only be utilized as a last resort.

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NOTE: When applicable all non-vaccinated EMS personnel should be vaccinated within 24 hours following potential exposure.