**PURPOSE:**

Exposure of Pre-hospital emergency personnel to emergency victims may, on occasion, present risks for contracting a communicable Infectious disease.

Patients at higher risk for communicable infectious diseases tend to use emergency services at a higher rate than the general population. All emergency victims, therefore, present a potential risk to all care providers. EMS personnel may be at risk for bloodborne pathogens (e.g. HIV, Hepatitis), pathogens transmitted by direct contact (e.g. Multi-Drug Resistant Organisms), pathogens transmitted by respiratory droplets (e.g. upper respiratory infections, influenza, pneumonia, Tuberculosis), and more.

The purpose of the following policy is to outline infection prevention strategies and exposure follow-up for EMS personnel.

**PROCEDURES:**

1. Standard Precautions should be followed at all times when caring for patients. See IC 220.0 for more details.
   1. Eating, drinking, storing food/drinks, and activities that involve touching one’s face or mouth should be avoided where there is a risk of occupational exposure to blood or body fluids.
2. If patient has confirmed or suspected communicable diseases, emergency personnel should use appropriate personal protective equipment (PPE) that is available in transport vehicles and/or helicopters as per policy IC 220.0 Standard Precautions or IC 301.0 Isolation Precautions.
3. EMS personnel should perform hand hygiene according to IC 212.0 Hand Hygiene.
4. Transport vehicles and equipment should be disinfected between patient use as per IC 716.0 Cleaning Disinfection.

Exposure of Transportation personnel

If there is a suspected or confirmed bloodborne pathogen or communicable disease exposure:

1. The exposed personnel will notify their employer immediately and follow the agency Occupational Health policy.
2. Contracted helicopter pilots and Emergency Medical Technicians (EMTs) are treated under CHLA Employee Exposure Plan and seen by Employee Health Service (refer to IC – 601.0 Management of Blood Borne Pathogen Exposure and IC – 602.0 Employee Exposures). Follow-up actions shall be documented and confidential records shall be maintained by Employee Health Services.
   1. Infection Prevention and Control and Employee Health shall be informed of exposure incidents.
3. If EMS personnel may have been involved in an exposure to a patient determined to have a communicable disease requiring prophylaxis or follow-up testing, Infection Prevention will notify the EMS agency and/or transferring hospital as soon as possible for notification and follow-up testing or prophylaxis recommendations.
4. The exposed individual may need to be restricted from work depending on the type of communicable disease. See IC – 602.0 Employee Exposures for more details.

**REFERENCES:**

1. CA Health and Safety Code. Section 1797.188, Jan. 15, 2011
2. APIC Guide to Infection Prevention in Emergency Medical Services. 2013. <https://www.ems.gov/pdf/workforce/Guide_Infection_Prevention_EMS.pdf>
3. Occupational Safety and Health Administration Bloodborne Pathogens Standard 29 CFR 1910.1030. 2011.
4. [IC - 220.0 Standard Precaution](https://secure.compliance360.com/ext/X3KDa6v-hs9dKHU_HZRYVA==)
5. [IC - 301.0 Isolation Precautions](https://secure.compliance360.com/ext/mm6tHCeTkBJnrTC5o9DuWQ==)
6. [IC – 601.0 Management of Blood Borne Pathogen Exposure](https://secure.compliance360.com/ext/xgh0FfaFvgk8ryqHU6yk9g==)
7. [IC – 602.0 Employee Exposures](https://secure.compliance360.com/ext/gc8lXGjBmyTG3RnT-aFRlA==)
8. [IC - 716.0 Cleaning Disinfection](https://secure.compliance360.com/ext/ciPTgl3Ye85hzUVa4rAyaA==)

**POLICY OWNER:**

*Director, Infection Prevention and Control*