

SINGAPORE CIVIL DEFENCE FORCE

DEALING WITH INJURIES OR ILLNESS OF CREW MEMBER WHILE ON DUTY SCDF-EMS-SOP-020

1. AIM

- 1.1 This SOP spelt out the guidelines on dealing with situations where a crew member is injured or falls ill while on duty.

2. DETAILS

- 2.1 While on duty, ambulance crew are to observe safety at all times. Duty begins at the beginning till end of shift for frontline personnel and office hours for staff personnel.
- 2.2 Accidents or injuries may occur at any time during duty. While some can be avoided, others may be unforeseen. EMS personnel are to adhere to the guidelines specified below if they or other *approved person/s on attachment gets injured during the course of performing their duty. (*as specified in EMS-SOP-001 HANDING AND TAKING OVER OF DUTY FOR SCDF EMS CREW).
- 2.3 General Injuries
- 2.3.1 If an ambulance crew or person on attachment is injured while turning out for call but have not arrived scene:
- 2.3.1.1 assessment to be made by crew leader or EMT as to whether the injury is serious enough that it may hinder continuing for the call;
- 2.3.1.2 If the injury is serious enough, the crew leader or EMT regular is to inform Ops Centre of situation and request for off run;
- 2.3.1.3 Ambulance is then to proceed to nearest hospital for the injured person to get treatment;
- 2.3.1.4 If the injured person is the EMT driver and injury is substantial that he is unable to drive, crew leader is to request for an ambulance;
- 2.3.1.5 Station CFS and Ambulance DO is to be informed to make arrangement to retrieve the ambulance.

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- 2.3.2 If the ambulance crew is attending to patient or en-route to hospital:
 - 2.3.2.1 one of the crew members is injured and injury is substantial/serious, the crew leader or EMT is to inform Ops Centre and continue to proceed to hospital;
 - 2.3.2.2 once arrive at hospital, patient is to be handed over to hospital staff, while injured person seek consultation;
 - 2.3.2.3 if due to the injury, the ambulance is unable to continue the journey to hospital, crew leader or EMT is to request for another ambulance *via Ops Centre*. To the best ability of the crew, the patient should still be attended to until the case is handed over to the next ambulance.
- 2.3.3 Once back at Fire Station, CFSs, Station Paramedic OICs, Division EMS and Ambulance Duty Officer need to be informed and SIR (Special Incident Report) has to be submitted within 24 hours from the time of incident:
 - 2.3.3.1 Incident recorded down in station EMS occurrence book;
 - 2.3.3.2 For cases involving PAOs, their respective Operations Manager need to be informed by the PAO crew;
- 2.4 Needlestick Injuries and/or Blood and Body Fluid Exposure
 - 2.4.1 Occupational exposure of broken skin to body fluids (including urine, stool, mucus from nose, sweat, vomitus, tears) that are visibly contaminated with blood and the improper use of needles and sharps represent the major cause of accidents involving potential exposure to blood-borne diseases.
 - 2.4.2 This risk of exposure can be reduced with the use of protective barriers such as gloves, gowns, masks and eye shield and proper handling of sharps and needles.
 - 2.4.3 General precautions
 - 2.4.3.1 Ensure that all existing cuts or lesions of the personnel are covered with a waterproof dressing.
 - 2.4.3.2 Always wear gloves during patient contact.
 - 2.4.3.3 Change gloves after each use.

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- 2.4.3.4 Wash/disinfect hands immediately after removing gloves.
- 2.4.3.5 Put on masks and protective eyewear, such as goggles or a face shield if there is a reasonable concern of exposure.
- 2.4.3.6 Don on disposable gowns or aprons if performing procedures that are puts personnel at risk of exposure to splashes of infectious body fluids, including blood or tissue discharges.
- 2.4.3.7 Ensure correct device has been selected for the task, and as far as practicable that a sharp with a safety device is used.
- 2.4.3.8 Needles should not be re-sheath after use.
- 2.4.3.9 Establish that a biohazard container is available to dispose of any sharps at the point of use. Never start a procedure without having a facility available to dispose of sharps or any biohazard objects.
- 2.4.3.10 Do not allow biohazard container to become more than two thirds full. It is the responsibility of all on duty to ensure this and use a new box when required.
- 2.4.3.11 Refrain from shaking the biohazard container contents down. Needles and sharps may slip out of the box causing injury.
- 2.4.3.12 Place biohazard container away from public access areas and at a suitable height away from the work surface level.
- 2.4.3.13 Concentrate on the task at hand when handling sharps and needles.
- 2.4.3.14 Never leave a used needle or sharps unattended. Dispose of needles and sharps safely before undertaking another task.
- 2.4.4 Unless it is deemed unsafe, EMS ambulance personnel should aim to complete all IV and IM procedures at scene (guided by existing EMS Medical Protocols). This will reduce the risk of needlestick injuries in a moving ambulance.
 - 2.4.4.1 All EMS personnel are to adhere to the following procedures when handling needles & sharps:
 - a. Do inform the patient before injecting them.

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- b. Place biohazard container close to the person performing the procedure to minimize movement.
- c. Do not pass exposed needles or sharps.
- d. Needles & sharps should only be prepared into a clean kidney dish.
- e. For IV cannulas, always engage the safety mechanism after each successful IV cannulation or failed attempt.
- f. Do not recap needles;
- g. Do not bend, break or cut hypodermic needles before disposal;
- h. Sharps and needles are to be immediately disposed into biohazard sharps container after each procedure.

2.4.5 Where a sharp object or needle that pricked the ambulance crew member was not previously in contact with any other persons, to apply necessary treatment or dressing as stipulated in paras 2.3.1 and 2.3.2.

2.4.6 If the sharp object or needle have penetrated a patient and then subsequently pricked one of the ambulance crew member, or the crew member had been exposed to the patient's blood:

2.4.6.1 To wash the affected area with soap and water, and apply dressing if necessary.

2.4.6.2 When at hospital after handing over patient to hospital staff:

2.4.6.2.1 Contact SCDF Control Room and Ambulance DO to request off-running the ambulance to seek treatment for the needlestick injury/blood exposure.

2.4.6.2.2 The injured crew member to register at P3 counter and inform that it is either:

i) a needlestick injury

or

ii) a blood and body fluid exposure

2.4.6.2.3 To inform the hospital staff that crew is part of SCDF EMS turnout.

2.4.6.2.4 Provide details of patient to hospital staff.

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- 2.4.6.2.5 The hospital will utilise a test-kit to collect a blood sample for testing of HIV/ Hepatitis.
- 2.4.6.2.6 Based on the test-results, the hospital will initiate post-exposure prophylaxis if it is deemed necessary. (If the post-exposure prophylaxis is not available at the initial receiving hospital, the personnel will request for a memo and a copy of the test results from the ED doctor and to immediately proceed to next-nearest ED for this treatment).
- 2.4.6.2.7 The affected personnel will then be given subsequent hospital appointment dates for similar tests 3 months and 6 months from date of injury.

2.4.6.3 Upon arrival at base:

- 2.4.6.3.1 A SIR of the incident accompanied with a Blood and Body Fluid Exposure Incident Log (Annex K) has to be submitted within 24 hours of the incident with the details of the incident, details of the patient information (if available) and any procedures done at the hospital (as stated in paras 2.4.6.2.5 thru 2.4.6.2.7).
- 2.4.6.3.2 Incident recorded down in station EMS Occurrence Book.
- 2.4.6.3.3 For cases involving PAOs, their respective Operations Manager need to be informed by the PAO crew.

2.4.6.4 CFS, EMS OIC, Division EMS, Ambulance DO and Medical Department AD EMS Readiness need to be immediately informed. If the incident involves a patient with a known history of HIV/Hepatitis, EBSC should also be alerted so that the affected personnel can be appropriately engaged.

2.4.6.5 Station EMS OIC are to forward a copy of the SIR report accompanied with the Blood and Body Fluid Exposure Incident Log (Annex K) to SCDF HQ Medical Centre for their records. They are to also update the medical centre on the date of the next hospital appointment for the affected officer.

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- 2.4.6.6 Station EMS OIC is to keep track of any follow-up on subsequent hospital appointments or HIV/Hepatitis tests and ensure that the personnel reports promptly for them.
- 2.4.6.7 At each hospital appointment or test date, the affected personnel are to request for a medical report and/or doctor's memo addressed to HQ SCDF Medical Centre.
- 2.4.6.8 The personnel concerned has to report to HQ SCDF Medical Centre for a follow-up with SCDF Medical Officer and also to submit all relevant medical reports/test results and the doctor's memo within 1 week from:
- i) the day of the incident
 - ii) the day of each appointment/tests
- 2.4.6.9 Upon evaluating the personnel's medical reports/test results and doctor's memo, HQ SCDF Medical Centre will then file these medical documents into the personnel's medical docket and recommend on any required follow-up actions with the relevant departments.
- 2.4.6.10 Division EMS are to track all cases of Needlestick Injuries and/or Blood and Body Fluid Exposure and do a monthly submission of the SIRs and accompanying Blood and Body Fluid Exposure Incident Log (Annex K) to HQ Medical Department (EMS Readiness).
- 2.4.6.11 HQ Medical Department (EMS Readiness) will collate the monthly submissions from all units for a continual risk management evaluation and forward this information to the Home Team Medical Services Division (HTMSD) for their records.
- 2.4.7 The billing for all hospital visits and tests described above will be borne by SCDF for all EMS personnel and *approved person/s on attachment (*as specified in EMS-SOP-001 HANDING AND TAKING OVER OF DUTY FOR SCDF EMS CREW).
- 2.4.8 All details regarding the incident and results of tests are confidential and not to be discussed openly. Email correspondents are to include only authorised officers.

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3. EFFECTIVE DATE

- 3.1 This procedure shall take effect from 1st July 2019 and shall remain in force unless amended and/or revoked by Director, Emergency Medical Services, HQ SCDF.