

Iowa County, Iowa  
Policy Manual

Title: Infection Control Plan	Reference #: AMB 1057
Section: Departmental	Date Effective/Revised: 9/22/2022
Department (s): Ambulance	Approved By: EMS Director

## Policy

It is the policy of Iowa County Emergency Medical Services:

- To regard all patient contacts as potentially infectious;
- To assure that each Emergency Services Provider (ESP) will observe Standard Precautions when dealing with the public. Transmission Based Precautions will be employed as necessary to manage body fluids and other potentially infectious material;
- To provide members of the service with the necessary training and testing of personal protective equipment (PPE) needed for protection from communicable disease;
- To regard all medical information as confidential;
- To encourage ESPs to maintain an up-to-date vaccination status for preventable diseases as recommended by the Center of Disease Control (CDC) guidelines;
- To assure post exposure procedures be followed;
- To assure proper decontamination/cleaning of the ambulance;
- To assure proper decontamination/cleaning of the equipment; and
- To assure proper disposal of equipment and supplies.

## Scope

All employees and volunteers of the following organizations:

Iowa County Ambulance Service  
Iowa County Rescue  
Amana First Responders  
Ladora First Responders  
Millersburg First Responders  
North English First Responders  
Victor First Responders  
Williamsburg First Responders

## Purpose

Emergency Services Providers perform their duties in unpredictable situations with an increased potential for exposure to infectious disease. It is the purpose of this policy to provide a guideline, that when adhered to offers an effective means to reduce the risk of exposure for the ESP and the patient alike. Precautions delineated in this policy are intended to assist the ESP in the delivery of safe care for each patient encountered and to evaluate and report possible exposure to communicable disease as prescribed by Iowa Administrative Code 641.11.23.

Title: Infection Control Plan	Reference #: AMB 1057
Section: Departmental	Date Effective/Revised: 9/22/2022
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## Prevention and Control of Infection

Standard Precautions & Transmission Based Precautions were developed by the Centers for Disease Control and Prevention (CDC) and Healthcare Infection Control Practices Advisory Committee (HICPAC) to minimize the risk of exposure and transmission of a given infectious disease. These practices are defined in the following sections and are adapted for use in an Emergency Medical Services context. All body substances should be treated as if they are potentially infectious and personal protective equipment should be utilized as required by the situation to prevent transmission.

### Exposure Risk Reduction

Utilization of Standard Precautions, anticipation of the risk of exposure and appropriate use of Personal Protective Equipment (PPE) are the most important measures to decrease the risk of exposure. It is recommended that each ESP maintain a current status for vaccine preventable diseases.

### Personal Protective Equipment

ESP will be equipped with or have ready access to the following Personal Protective Equipment (PPE), non-latex gloves, shielded face masks or safety goggles, disposable gowns, surgical masks, and N-95 respirators. Equipment and supplies designated by the manufacturer as single use or disposable will not be reused and must be disposed of.

### Modes of Transmission

Transmission of infectious disease can be reasonably anticipated during the provision of emergency care, rescue and body recovery/removal. Modes of transmission include:

- **Direct/Indirect Contact transmission** occurs when an infectious disease is spread through direct skin to skin contact with an infected person or through touching objects that have been in contact with the infected person.
- **Airborne transmission** occurs when a person breathes in very small respiratory particles that become airborne when an infected person coughs, sneezes, sings or talks.
- **Droplet transmission** takes place when respiratory droplets carrying infectious pathogens transmit infection when they travel directly from the respiratory tract of the infectious individual to susceptible mucosal surfaces of the recipient, generally over short distances (3 feet or less). Droplets are generated when the infected person coughs, sneezes, talks or sings. Procedures such as suctioning, endotracheal intubation, and cardiopulmonary resuscitation (CPR) also produce respiratory droplets.
- **Vector borne transmission** occurs via a bite from an infected insect or animal.

Iowa County, Iowa  
Policy Manual

Title: Infection Control Plan	Reference #: AMB 1057
Section: Departmental	Date Effective/Revised: 9/22/2022
Department (s): Ambulance	Approved By: EMS Director

### Standard Precautions

Standard precautions include adherence to each of the following components:

- **Hand Hygiene:** The single most important intervention employed to prevent infection is hand hygiene. Hands should be washed with soap and water when visibly soiled if at all possible. Alcohol gel and or wipes are acceptable if hands are not visibly soiled. Hand hygiene should be completed before and after every patient contact regardless of the use of gloves.
- **Respiratory Etiquette** includes coughing/sneezing into one's sleeve, covering the mouth/nose with a tissue and prompt disposal of used tissues, placing a surgical mask on a patient with a respiratory illness and hand hygiene after contact with respiratory secretions.
- **Gloves** should be utilized if contact with blood or body fluids or contaminated items such as linen or surfaces are anticipated.
- **Gowns** should be worn to protect clothing if the ESP anticipates exposure to blood or body fluids during the provision of care or when contact precautions are needed.
- **Mask/Goggles** (face mask with shield or surgical mask with goggles) should be utilized during procedures that may generate respiratory secretions or create splash of blood or body fluids
- **Sharps** – Activate the safety feature & disposed of in puncture proof containers. **DO NOT BEND, BREAK OR RECAP NEEDLES.**
- **All Linens** are considered contaminated and should be removed & bagged while wearing gloves. Supplies that are grossly contaminated with blood should be placed in a Bio/hazard bag and disposed of at the hospital according to the hospital policy.
- **Open Areas in Skin** – Cover with an appropriate dressing prior to assignment. Dressings should be changed as necessary during the shift.
- **DO NOT RESPOND IF SICK.** If the member has a fever, if they have been on antibiotics for less than 48 hours for a communicable disease or if they have open wounds or draining lesions that *cannot* be completely covered/contained by a dressing they should not report for service. This practice prevents peers and patients from exposure to said illness.

### Transmission-Based Precautions

In addition to Standard Precautions, Transmission-Based Precautions are used for all patients with specific diseases or pathogens to contain highly transmissible and/or epidemiologically important agents and are based on the mode of transmission of the specific pathogen.

Transmission-based Precautions include Contact, Droplet and Airborne or may include a combination of these based on transmission mode.

**Contact Precautions** are used for diseases transmitted by contact with the patient or the patient's environment.

Iowa County, Iowa  
Policy Manual

Title: Infection Control Plan	Reference #: AMB 1057
Section: Departmental	Date Effective/Revised: 9/22/2022
Department (s): Ambulance	Approved By: EMS Director

- **Example Diseases:** Excessive wound drainage, MRSA, VRE, C.difficile, norovirus, RSV, other suspected infectious diarrhea, and head lice/body lice/scabies.
- **Personal Protective Equipment (PPE):** A gown and gloves should be worn during all interactions involving contact with the patient or the patient's environment. Don PPE upon entry to the patient's home and discard before leaving the delivery location.
- **Patient Transport:** Cover or contain potentially infectious body fluids or wounds before transport.
- **Environmental Measures:** All surfaces touched by the patient or ESP must be disinfected after transport. A general disinfectant is used for most situations. Meticulous environmental cleaning and use of products with a C-difficile inactivation label claim combined with strict hand hygiene and appropriate laundry practices are recommended to decrease transmission of C-difficile.

**Droplet Precautions** prevent transmission of diseases caused by large respiratory droplets (larger than 5 microns in size).

- **Example Diseases:** Neisseria Meningitidis, mumps, mycoplasma, streptococcal and many other causes of pneumonia, parvovirus, pertussis, pneumonic plague, rhinovirus, rubella, seasonal influenza, and streptococcal pharyngitis.
- **Personal Protective Equipment:** A surgical mask should be worn. Handle items contaminated with respiratory secretions (e.g., tissues, handkerchiefs) with gloves. Change PPE between patients. If the patient is unable to control secretions, a gown may also be necessary.
- **Patient Transport:** The patient should wear a surgical mask and follow respiratory hygiene and cough etiquette during transport. Once the patient is masked, the patient transporter does not need to wear a surgical mask.
- **Environmental Measures:** Disinfection of all surfaces touched by the patient or within 3 feet of the patient is required. A general disinfectant is used for most situations.

**Airborne Precautions** are used to prevent transmission of infectious organisms that remain suspended in the air for long periods of time (small particle residue [5 microns or smaller in size] of droplets) and may travel great distances.

- **Example Diseases:** Measles, monkeypox, TB (suspected or confirmed pulmonary or laryngeal), and varicella(chickenpox).
- **Personal Protective Equipment:** Appropriate respirators include N-95 masks or PAPRs, gowns and gloves.
- **Patient Transport:** During transport, place a surgical mask on the patient and instruct him/her to observe respiratory hygiene and cough etiquette. Cover patient skin lesions with clean bandages and/or clean linens (if applicable). Patients who are intubated should be ventilated with a bag-valve device or ventilator equipped with a HEPA filter on exhalation port.

Iowa County, Iowa  
Policy Manual

Title: Infection Control Plan	Reference #: AMB 1057
Section: Departmental	Date Effective/Revised: 9/22/2022
Department (s): Ambulance	Approved By: EMS Director

- **Environmental Measures:** Routine cleaning is standard. Consider having the patient compartment exhaust vent on high and isolating the driver compartment from the patient compartment. Medical equipment making patient contact should be cleaned and disinfected before use on another patient.
- **Personal Restrictions:** Restrict susceptible healthcare workers from transporting patients known or suspected to have measles (rubella), chickenpox or disseminated zoster (varicella zoster virus), and smallpox if other immune healthcare workers are available.

**Special Respiratory Precautions** are used to prevent against inhalation of infectious aerosols (infectious agents that remain infectious over long distances when suspended in the air) as well as impermeable barrier to reduce spread of highly pathogenic viruses and via fomites during direct patient care activities.

- **Example Diseases:** Severe acute respiratory syndrome (SARS), MERS, novel influenza strains (e.g. H7N9), and smallpox.
- **Personal Protective Equipment:** N-95 masks or PAPRs, disposable face shield or goggles, gowns, gloves, and shoe covers.
- **Patient Transport:** During transport, place a surgical mask on the patient and instruct him/her to observe respiratory hygiene and cough etiquette. Exercise caution when performing aerosol-producing procedures. Only perform if medically necessary and cannot be postponed.
- **Environmental Measures:** Patient compartment exhaust vent should be on high and the driver compartment isolated from the patient compartment. The driver compartment ventilation fan should be set to high without recirculation. Vehicle operator should wear an N95 mask if the patient compartment cannot be isolated. All surfaces and any medical equipment making patient contact should be disinfected.

**EVD/VHF Precautions** are used to provide maximal impermeable barrier and respiratory protection against highly pathogenic VHF viruses.

- **Example Diseases:** Ebola Virus Disease (EVD), Marburg virus, Lassa fever, and Crimean-Congo fever.
- **Personal Protective Equipment:** Gloves, gown or coveralls, face shield, surgical mask, hood, and boot covers. All body surfaces should be covered.
- **Patient Transport:** Isolate the driver compartment. Ask the patient to wear a surgical mask if they can tolerate. Exercise caution when performing aerosol-producing procedures. Only perform if medically necessary and cannot be postponed. Consider specialized EVD ambulance transport: **Area Ambulance, Cedar Rapids; Medic EMS, Davenport; and Iowa EMS Alliance (West DSM EMS), West Des Moines.**
- **Environmental Measures:** Establish a secure location for decontamination. Decontamination staff must be in appropriate PPE. Disinfect all bags, cabinets, and any unprotected equipment with hospital grade disinfectant. The unit should stay out of

Iowa County, Iowa  
Policy Manual

Title: Infection Control Plan	Reference #: AMB 1057
Section: Departmental	Date Effective/Revised: 9/22/2022
Department (s): Ambulance	Approved By: EMS Director

service until approved by the EMS Director. Additional disinfection steps may be necessary.

### Post Exposure Procedures

Immediate action at the scene: Wash skin affected immediately with germicidal soap or soap and water. If mucous membranes are exposed, flush with water immediately. Remove contaminated clothing and package and tag as “BIOHAZARD” to avoid additional exposures.

Report all incidents involving any significant exposure **IMMEDIATELY** to the EMS officer in charge and to the Emergency Room Staff. Depending on the type of significant exposure, time may be of the essence so immediate treatment should be sought. It is important that you follow the receiving hospital’s procedure for testing following a significant exposure.

In Iowa, a process has been developed to conduct testing to identify if contagious or infectious disease may have been transmitted to a responder. Iowa Administrative Code 641.11.23 “Exposures in non-clinical settings” outlines processes, notifications, and protections provided to the responder and the source person. <https://www.legis.iowa.gov/docs/iac/rule/12-11-2013.641.11.23.pdf>

If a responder has a significant exposure to blood or other body fluids while providing emergency assistance, the following steps should be followed:

1. The responder will file a significant exposure report (Infectious Disease Exposure Report Form) as soon as reasonably possible following the exposure with the infection control, occupation health or other designated office at the facility to which the person was transported and/or treated. The form is available at all Iowa hospitals.
2. The hospital, clinic, or other health care facility that the source person is transported and/or treated will conduct testing for blood borne infectious diseases on the source person and the responder.
3. If it is determined that a source patient has a contagious or infectious disease, the hospital, clinic, or other health care facility performing the test shall notify the responder. The notification shall advise the responder of possible exposure to a particular contagious or infectious disease and recommend medical attention.

Discuss with your designated physician your exposure situation. This should take place soon after the exposure. Follow your physician’s recommendation for treatment, testing, and behavior modifications. Be sure to have your physician contact the receiving physician or facility to request testing of the patient. Remember that all information is confidential. Complete all paperwork requested by your agency to ensure any potential benefits.

Before returning to your work site or home, make sure that you have decontaminated yourself and your clothing to assure that no cross contamination occurs.

Iowa County, Iowa  
Policy Manual

Title: Infection Control Plan	Reference #: AMB 1057
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Department (s): Ambulance	Approved By: EMS Director

If the responder's clothing or skin have become contaminated request the following when arriving at the hospital:

1. To be allowed to take a shower;
2. A bio/hazard bag to place contaminated clothing & disposal if necessary; and
3. Scrubs or other clothing to be worn home.

### **DECONTAMINATION OF AMBULANCE EQUIPMENT**

The following procedure will be followed when decontaminating the ambulance and ambulance equipment:

1. GLOVES will be worn throughout the cleaning process.
2. EMERGENCY UNIT will be cleaned monthly or more frequently as needed.
3. INFECTIOUS WASTE BAG (Bio/Hazard) should be given to the hospitals to dispose of according to their policy.
4. DISPOSABLE EQUIPMENT will be used *only once* and thrown away.
5. COT will be cleaned with disinfectant and the sheets, blankets, and pillowcase will be changed after each run.
6. SUCTION EQUIPMENT will be disposed of and replaced after each use.
7. PATIENT TRANSPORT/TRANSFER EQUIPMENT that includes the KED, scoop stretcher and other devices will be sprayed with a disinfectant.
8. THE PATIENT CARE SUPPLY KITS will be emptied and cleaned with soap and water or as instructed by the manufacturer. Use a disinfectant solution on the nylon equipment bags.
9. DO NOT USE BLEACH ON NYLON EQUIPMENT. Let bag air dry before packing equipment into the kit. Dispose of any trauma supplies that have exceeded their expiration date or usefulness.

### **DISPOSAL OF CONTAMINATED EQUIPMENT AND SUPPLIES:**

1. Contaminated equipment, clothing and supplies will be double-bagged in a biohazard bag and left with the receiving hospital for disposal.
2. All general supplies used in cleaning the ambulance or equipment that has not been exposed to blood or air contamination may be placed in the trash container or poured into the drainage system.

**ALL CONTAMINATED EQUIPMENT, CLOTHING OR BEDDING WILL BE  
DISPOSED OF BY THE RECEIVING HOSPITAL. THE DISPOSAL OF  
CONTAMINATED SUPPLIES WILL BE DONE ACCORDING TO THE RECEIVING  
HOSPITAL'S POLICY.**

Iowa County, Iowa  
Policy Manual

Title: Infection Control Plan	Reference #: AMB 1057
Section: Departmental	Date Effective/Revised: 9/22/2022
Department (s): Ambulance	Approved By: EMS Director

**References**

EMS Infectious Disease Playbook – Iowa  
EMS Sample Infection Control Policy - Nebraska



Iowa County, Iowa  
Policy Manual

Title: Infection Control Plan	Reference #: AMB 1057
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**APPENDIX A**

**CLEANING INSTRUCTIONS  
FOR AMBULANCE AND EQUIPMENT**

**CLEANING KEY**

Each of the following cleaning procedures is numbered. The number found under “Recommended Cleaning Procedure” corresponds to the suggested cleaning procedure found in the list of Suggested Cleaning Procedures.

Suggested Cleaning Procedures

1. DISPOSE OF ARTICLE
2. CLEAN WITH DETERGENT
3. CLEAN WITH DISINFECTANT OR BLEACH AND WATER SOLUTION
4. CLEAN WITH A HIGH-LEVEL DISINFECTANT (STERILIZATION OF EQUIPMENT)
5. LAUNDRY WITH SOAP AND HOT WATER

<b><u>ARTICLE</u></b>	<b><u>RECOMMENDED CLEANING PROCEDURE</u></b>
Airway	1
Blood pressure cuffs	2 or 3
Backboards	2 or 3
Bulb syringe	1
Cannulas, masks, one-way valves	1
Cervical collars	1, 2 or 3
Dressing and paper products	1
Non-specified equipment, supply boxes	3
Electronic equipment	3
Emesis basin	1
Protective eyewear	1 or 2
Gloves (latex, vinyl, etc.)	1
Gloves (protective, non-disposable)	2 or 5
Linens	1 or 5
Face masks (PPE)	1
Flashlights, penlights	1, 3, or 4
Pocket masks	1
Protective equipment (bunker gear, etc.)	5
Regulators and tanks	2
Restraints	1, 4, or 5
Resuscitators (BVM)	1
Scissors	3
Spinal immobilization devices	3
Splints	2 or 3

Iowa County, Iowa  
Policy Manual

Title: Infection Control Plan	Reference #: AMB 1057
Section: Departmental	Date Effective/Revised: 9/22/2022
Department (s): Ambulance	Approved By: EMS Director

Stethoscope	2 or 3
Stretcher	3
Suction catheters	1
Suction unit and collecting containers	1
Uniforms, clothing	5
Ambulance interior and floors	3