

TITLE: COMMUNICABLE DISEASES	SECTION: LAND AMBULANCE
DATE: June 22, 2001	POLICY NO.: KDSB-LAS-V1-12
APPROVED BY: Resolution No. 2001-102	REVISED: March 31, 2007 Res. No. 2008-150 - October 2, 2008

1. Policy Statement

To ensure health and safety of themselves and others, ambulance staff will follow the guidelines provided by the Ministry of Health related to communicable disease in the *Infection Prevention and Control Best Practices Manual for Land Paramedics* as well as the *Ambulance Service Patient Care and Transportation Standards* and adhere to the following procedures in cases of known or suspected communicable diseases.

2. Definitions

Communicable Disease

An illness due to a specific infectious agent which arises through the spread of that agent and/or its toxic products from a reservoir to a susceptible host. Communicable diseases are listed in Regulation 161/84 under the Health Promotion and Protection Act.

Decontamination

The destruction of infectious agents outside of the body by chemical or physical means.

3. Patient Contact Procedures

3.1 **Routine Precautions** as defined in the *Infection Prevention and Control Best Practices Manual for Land Paramedics* must be employed in all patient contact situations and ambulance staff will assume all body fluids are potentially contaminated with infectious disease causing agents. Urine, feces and vomit collected from the patient should be delivered with the patient to the receiving facility.

3.2 Ambulance staff will place a patient known or suspected to have a communicable disease (based on dispatch information, patient interview and assessment) in one of the following groups and implement the appropriate **additional precautions** per the *Infection Prevention and Control Best Practices Manual for Land Paramedics*:

3.3 At the earliest notice that a patient may transmit a communicable disease, the ambulance will be prepared as follows;

Disease Group

Airborne, Droplet and Contact Precautions Indicated

- Notify dispatch if, based on patient interview and assessment, a communicable disease is suspected.
- Make ready plastic bags for equipment disposal.

Airborne or Droplet Precautions Indicated

- Turn on the patient compartment exhaust

3.4 Ambulance staff must don appropriate Personal Protective Equipment (PPE) in accordance with the *Infection Prevention and Control Best Practices Manual for Land Paramedics* as well as the guidelines established in the *Ambulance Service Patient Care and Transportation Standards* and change or remove PPE as dictated by the aforementioned document.

TITLE: COMMUNICABLE DISEASES

SECTION: LAND AMBULANCE

NOTE: If, after a call is complete it is determined that appropriate PPE was not donned or that there may have been a compromise in the integrity of the barrier ambulance staff must don a clean uniform. The contaminated uniform must be laundered at the hospital or using laundry facilities at the ambulance station as available and appropriate.

3.5 Ambulance staff will ensure that all equipment and supplies that become contaminated with blood or body fluids are double bagged until they can be cleaned or disposed of in accordance with policy *KDSB-LAS-V-14; Disposal of Biomedical Waste*.

3.6 Hand Hygiene

- i) Even if gloves are worn, ambulance staff must wash their hands thoroughly following patient contact. Hands will be well lathered and washed and paper towels will be used to turn off the faucets to prevent recontamination per the *Infection Prevention and Control Best Practices Manual for Land Paramedics*. If it is not possible to wash hands immediately, use of an approved alcohol-based solution must be used to disinfect hands prior to subsequent patient contact.
- ii) Hand hygiene is an essential component of routine precautions and required in the following circumstances per the *Ambulance Service Patient Care and Transportation Standards*;
 - a. before and after each patient contact
 - b. after contact with blood or body fluids, secretions, excretions, items known or considered likely to be contaminated with secretions, etc.
 - c. before contact with the EMA's or Paramedic's face
 - d. before and after decontamination of equipment and vehicles
 - e. immediately after removing gloves or other protective equipment

4. Post Call Procedures

4.1 After delivery of the patient, dispatch will be advised of the time required for clean-up and disinfection. Vehicles and ambulance staff will immediately proceed to clean up at the closest most appropriate location. Unless otherwise arranged, attending ambulance staff is responsible. Guidelines established in the *Infection Prevention and Control Best Practices Manual for Land Paramedics* must be followed throughout the cleaning and disinfection of the vehicle and equipment. In addition the following procedures must be applied;

- a) If airborne or droplet precautions were required, the patient compartment exhaust must be activated for a minimum of five minutes.
- b) Wash soiled areas of the ambulance with soap and hot water. Follow up by washing all surfaces contacted by the patient or ambulance staff with a cold chemical disinfectant (see list below) that is suitable for use against blood or body fluid borne diseases such as hepatitis and H.I.V.
- c) Use brushes and disposable towels to clean corners and less accessible areas. Allow to soak for 10 minutes before removing excess disinfectant with clean, dry, absorbent towels.
- d) Soak brushes in the above noted disinfectant for 30 minutes, rinse with hot water and air dry.
- e) If spillage has occurred on carpeted or upholstered areas, these areas are to be scrubbed again with a cold chemical disinfectant solution (listed below). Once the area has been dried it needs to be vacuumed and the dust collected should be disposed of with other biomedical waste.

CAUTION: Do not recontaminate cleaned areas with used rags or protective clothing.

TITLE: COMMUNICABLE DISEASES

SECTION: LAND AMBULANCE

- f) Wearing disposable gloves, disassemble equipment before cleaning. Soak smooth, hard surfaced objects, polyethylene tubing/catheters and hinged instruments in one of the listed cold chemical disinfectants for 30 minutes. Wearing disposable gloves, remove residues with water, rinse and air dry.

NOTE: Rubber items will not withstand soaking in gluteraldehydes and must be disinfected in another appropriate cold chemical disinfectant. Sodium hypochlorite should not be used on metal objects or fixtures as it promotes rusting and corrosion if not rinsed off completely and dried. Both sodium hypochlorite and gluteraldehyde solutions may fog or discolour clear plastic or acrylic objects.

Cold Chemical Disinfectants

Sodium Hypochlorite (household bleach) 1:10 Solution 20 – 40 minutes

2% gluteraldehyde (cidex) 30 minutes

Environ solution (used on all surfaces) 10 minutes

- 4.2 KDSB policy LAS-V-14 *Disposal of Biomedical Waste and Contaminated Equipment* outlines the procedure for the disposal of contaminated supplies during the vehicle cleaning process. Environmental control procedures related to bio-hazardous material outlined in the *Infection Prevention and Control Best Practices Manual for Land Paramedics* must also be applied.

5. Transportation of Communicable Disease Patients Without Prior Notification and/or Precautions

- 5.1 Notify the Service Manager/designate and dispatch. Complete an incident report describing the circumstances relating to the call and the nature of the communicable disease case encountered and how the crew became aware of the communicable disease case. Identify to dispatch, the vehicle used for transport of the infectious patient.
- 5.2 Conduct clean-up procedure if a thorough routine clean-up has not subsequently taken place.
- 5.3 Seek and follow the advice provided by the notifying hospital. In the absence of advice or direction from a hospital, the local Medical Officer of Health should be consulted for advice and direction.