Communicable Disease

Purpose: **This is written to provide general guidelines for the treatment and transport of a patient with a known or suspected communicable disease.**

NOTE: The EMS provider must recognize that any patient that presents with one of the following may be potentially infectious, and must take the necessary precautions to avoid secondary exposure. These precautions include following this protocol.

- a skin rash
- open wounds
- blood or other body fluids
- a respiratory illness that produces cough and/or sputum

Exposure Defined:
An exposure is determined to be 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.

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 or 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 J427 **(MDCII Form J427).** The exposed individual should also report the exposure in accordance with their employer's policies and procedures.

Follow appropriate infection control procedures.

MRF/EMT/SPECIALIST/PARAMEDIC
Pre-Radio

1. If a patient presents with one of the following symptom complexes, then follow the remainder of this protocol.
   A. Fever > 100.5 F AND headache or malaise or myalgia, AND cough or shortness of breath or difficulty breathing.
   B. 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.

2. Consider the patient to be both airborne and contact contagious. Crew will don the following PPE:
   A. N95 or higher protective mask/respiratory protection
   B. Gloves
   C. Goggles or face shield

DO NOT REMOVE protective equipment during patient transport.

3. Follow General Pre-Hospital Care Protocols (oxygen delivery with non-rebreather facemasks may be used for patient; however, nebulizer use should be avoided if possible because of increase spread of disease).

4. Positive pressure ventilation should be performed using a resuscitation bag-valve mask. If available, one equipped to provide HEPA or equivalent filtration of expired air should be used. Also see the section in this protocol “Mechanically Ventilated Patients".

5. Patient should wear a paper surgical mask to reduce droplet production, if tolerated.

6. Notify the receiving facility, prior to transport, of the patient's condition to facilitate preparation of the facility and institution of appropriate infection control procedures.

7. Hands must be washed or disinfected with a waterless hand sanitizer immediately after removal of gloves. Hand hygiene is of primary importance for all personnel working with patients.

8. Vehicles that have separate driver and patient compartments and can provide separate ventilation to these areas are preferred for patient transportation. If a vehicle without separate compartments and ventilation must be used, the outside air vents in the driver compartment should be turned on at the highest setting during transport of patient to provide relative negative pressure in the patient care compartment.

9. Patients should also be encouraged to use hand sanitizers.

10. Unless critical, do not allow additional passengers to travel with the patient in the ambulance.

11. All PPE and linens will be placed in an impervious biohazard plastic bag upon arrival at destination and disposed of in accordance with the direction from the hospital personnel.

MECHANICALLY VENTILATED PATIENTS

EMT/SPECIALIST/PARAMEDIC

1. Mechanical ventilators for potentially contagious patient transports must provide HEPA filtration of airflow exhaust.

2. EMS providers should consult their ventilator equipment manufacturer to confirm appropriate filtration capability and the effect of filtration on positive pressure ventilation.

3. BIPAP, CPAP and nebulizers should be avoided if possible because of increased spread of disease when used.

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 according to manufacture's instruction.

INTERFACILITY TRANSFERS

1. Follow the above precautions for inter-facility transfers.

2. Prior to transporting the patient, the receiving facility should be notified and given and ETA for patient arrival allowing them time to prepare to receive this patient.

3. Clarify with receiving facility the appropriate entrance and route inside the hospital to be used once crew has arrived at the receiving facility.

4. All unnecessary equipment items should be removed from the vehicle to avoid contamination.

5. All transport personnel will wear the following PPE:
   A. Gloves
   B. Gown
   C. Shoe Covers
   D. N-95 (or higher) protective mask

6. Drape/cover interior of patient compartment and stretcher (utilizing plastic or disposable sheets with plastic backing).

7. Isolate the patient:
   A. Place disposable surgical mask on patient
   B. Cover patient with linen sheet to reduce chance of contaminating objects in area.

8. All PPE and linens will be placed in an impervious biohazard plastic bag upon arrival the receiving destination and disposed of in accordance with the direction from the hospital personnel.

9. The ambulance(s)/transport vehicle will not be used to transport other patients (or for any other use) until it is decontaminated using the CDC guidelines for decontamination.
   A. Patient cohorting may occur if resources are exhausted and patients are grouped with same disease. Cohorting should only be utilized as a last resort.

NOTE: All non-vaccinated EMS personnel should be vaccinated (when applicable) within 24 hours following potential exposure