

**Manitoulin-Sudbury District Services Board
POLICY & PROCEDURES MANUAL**

Section: G. Emergency Medical Services	Effective Date: Dec. 22, 2014
Topic: 8. Occupational Health & Safety	Replaces: March 1, 2010
Subject: 6.3 Care and Transportation of Communicable Disease Cases	
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PURPOSE

To establish a defined policy and procedure for EMAs/Paramedics to:

- 1) To protect from personal infection and transmission of communicable diseases, and;
- 2) To prevent transmission of communicable disease from one patient to another.

APPLICATION

Paramedics, Management

PROCEDURE

- 1) Manitoulin-Sudbury DSB EMS has designated the **Deputy Chief** as the Communicable Disease Officer.
- 2) Manitoulin-Sudbury DSB EMS shall ensure that:
 - a) Employees are aware of current communicable disease risks, and
 - b) Appropriate measure(s) are employed by staff to protect themselves and patients from transmission of communicable disease between employees and patients, and
 - c) Each Paramedic takes appropriate infection control and occupational health measures to prevent transmission of all infectious agents to and from themselves and does not knowingly expose themselves or their patients to any communicable disease in the course of their work. Employees, who are exhibiting an acute symptomatic illness that may be infectious in origin, should not be involved in the assessment of or direct delivery of care to a patient.
- 3) In keeping with the principles of good patient care, each Paramedic shall utilize standard practices and additional precautions to limit the potential for disease transmission
- 4) Where a Paramedic is placed in a situation of reasonable chance of being exposed to a body fluid of another person, the Paramedic shall:
 - a) wear gloves that meet or exceed the requirements of the Provincial Equipment Standards for Ontario Ambulance Services, and
 - b) if a splash is anticipated, use protective eyewear that meets or exceeds the requirements of the Provincial Equipment Standards for Ontario Ambulance Services.
- 5) Where a Paramedic is placed in a situation of reasonable chance of being exposed to any person who may be infected with a communicable disease transmitted by the airborne route, the Paramedic will wear a respirator that

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meets or exceeds the requirements of the Provincial Equipment Standards for Ontario Ambulance Services (**N95**).

- a) Use of the **N95** respirator must be according to the manufacturer's instructions, respirator must be of the proper size as indicated through a fit testing program and a "seal check" must be done each time a respirator mask is donned.
 - b) The Paramedic must ensure that facial hair is groomed **at all times while on-duty** in a way that a seal can be maintained and will contact their Field Superintendent if they have a significant weight gain or loss, undergo reconstructive/cosmetic facial surgery or dental surgery that may have altered facial shape, or experienced severe facial scarring in the seal area since fit testing may be required to ensure a proper fit.
- 6) Those Paramedics who have not been immunized for Influenza shall on each ambulance call involving a patient at risk wear an N95 mask, gloves, and gown, to limit potential for influenza transmission.
- 7) Patients at risk include but are not limited to:
- a) Adults and children with chronic cardiac or pulmonary disorders that are severe enough to require regular medical follow up or hospital care
 - b) Residents of Nursing Homes and Chronic Care Facilities
 - c) Adults and children with chronic conditions, such as diabetes mellitus and other metabolic diseases, cancer, immunodeficiency, immunosuppression, renal disease, anemia, and hemoglobinopathy
 - d) People 65 years or older
 - e) Healthy children aged 6 months to 23 months
 - f) Children and adolescents with conditions treated for long periods with acetylsalicylic acid
- 8) In an emergency situation and where no other qualified paramedic is available to provide service during a declared influenza outbreak in such specified geographic area or facility, a paramedic who has not been vaccinated against influenza, or who has not been taking antiviral medication immediately prior to the time at which the paramedic is to provide service, will not be allowed to provide patient care in that area or facility unless the paramedic wears on each call: gloves, mask, eye protection; and, for any patient where there is significant risk of being splashed by body fluids also wears on each call a long-sleeved gown/coveralls.

Paramedic/Student Immunization

- 9) Each paramedic (**or paramedic student, prior to commencing any clinical experience within the service**) must hold and provide to the employer a valid certificate signed by a physician that: states that the, paramedic **or paramedic student** is immunized against each of the diseases set out in

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- a) Table 1 – Part A; **OR**
- b) states that,
 - i) such immunization is medically contraindicated,
 - ii) there is laboratory evidence of immunity (applicable only for Varicella [Chickenpox], Measles, Mumps, Rubella and Hepatitis B), or
 - iii) there is medically documented diagnosis or verification of history (applicable only for Varicella [Chickenpox]).

Where a Paramedic has cause to believe that he or she has been exposed to a communicable disease, he or she shall:

- 1) Immediately (after transfer of care or as soon as possible thereafter) consult with the receiving physician regarding prophylactic treatments, base line blood tests, to inquire if a Form 1 - Physician Reportⁱ is required and to obtain clearance to return to active duty or if quarantine is required.
- 2) Consider completing Form 2 - Applicant Reportⁱⁱ (Mandatory blood testing of respondent application)ⁱⁱⁱ in conjunction with the Form 1 - Physician Report.
- 3) Report the suspected exposure and the status of the medical authorization to return to active duty to the Duty Officer and follow their directions,
- 4) Complete an Incident Report and a Possible Exposure to Communicable Disease Report relating to such exposure by the end of the shift in which the exposure occurred or at the earliest opportunity thereafter as per this manual.
- 5) Follow up with medical care as directed by the receiving and/or family physician.

Where a Paramedic may have been Potentially Exposed or has been exposed to Ebola Virus Disease (EVD) or EVD type illness.

- 1) Follow-up of paramedics is conducted by the employer and local public health units. The employer shall ensure that the local public health unit is notified of any Paramedic involved in the management of a patient with suspected or confirmed EVD.
- 2) The notice of occupational illness requirements of Section 52 (2) of the *Occupational Health and Safety Act* will be adhered to by employers when advised by, or on behalf of a worker that the worker has an occupational illness or that a claim in respect of an occupational illness has been filed with the Workplace Safety and Insurance Board by or on behalf of the worker.
- 3) All EVD exposures shall also be reported to the Joint Health and Safety Committee (JHSC).
- 4) Paramedics with percutaneous or mucocutaneous exposures to blood, body fluids, secretions, or excretions from a patient with suspected EVD shall:

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- a) Stop working.
 - b) Immediately wash the affected skin surfaces with soap and water (if not possible, use ABHR). For mucous membrane splashes (e.g., conjunctiva) irrigate with copious amounts of water or eyewash solution.
 - c) Immediately notify the ambulance communication centre or Ornge Communication Centre for a second response.
 - d) Notify the Manitoulin-Sudbury DSB – EMS Duty Officer and Communicable Disease Officer.
 - e) Comply with employer-provided arrangements for transportation to decontamination area.
 - f) Address the exposure (for example, if the exposure was a result of a breach of the PPE, the breach should be addressed).
 - g) Follow up with the employer and an appropriate health care provider for post-exposure assessment and management for blood-borne pathogens as per this policy.
 - h) Note that the sequence of steps may require adjustment depending on the circumstances at the time of exposure.
- 5) Paramedics who have been caring for or exposed to an EVD patient, and subsequently develop fever (greater than 38 degrees Celsius) or other symptoms consistent with EVD and within 21 days of last known exposure, shall:
- a) Not report to work or immediately stop working and isolate self from others.
 - b) Notify their employer and local public health unit for further direction.
 - c) Seek prompt medical evaluation and testing as clinically indicated.
 - d) Comply with work exclusion recommended by their local public health unit (PHU) until they are deemed no longer infectious to others.
- 6) For asymptomatic paramedics who had an unprotected exposure (e.g., not wearing recommended PPE at the time of patient contact or through direct contact to blood or body fluids) to a patient with EVD
- a) Receive medical assessment and follow-up care including fever monitoring and monitoring for other symptoms compatible with EVD twice daily for 21 days after the last known exposure.
 - b) The PHU will conduct daily monitoring for 21 days from the last exposure.
 - c) Do not have any patient contact for 21 days following the unprotected exposure. Other proposed activities (which cannot consist of patient care) will be reviewed by public health.
- 7) Asymptomatic paramedics with no unprotected exposure but who have cared for a patient with confirmed EVD (e.g., wearing recommended PPE and with

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no breach) should be referred to the PHU for individualized assessment and support

- 8) Manitoulin-Sudbury DSB EMS management will monitor and enforce a local disinfection procedure regarding vehicles and equipment to be used on a regular basis and to be used when vehicles and equipment are exposed to a person with a suspected or confirmed communicable disease.
- 9) Whenever a patient with a suspected or known communicable disease is transported by ambulance, staff and management shall ensure, when appropriate^{iv}, that the:
 - a) Ambulance is removed from service, and
 - b) The ambulance is disinfected before the vehicle is re-used, and
 - c) Any equipment contacted or contaminated by the patient is disinfected, according to current guidelines, before being re-used.
- 10) Special cleaning procedures have been enacted for EVD or EVD type illnesses (Policy G.8.6.4)**
- 11) In order to minimize the likelihood of cross-contamination in all cases of communicable disease, the Paramedic shall make every reasonable effort to wash their hands, immediately after contact with the patient, or with the patient's excretions, secretions, blood or body fluids, has been concluded.
- 12) When an Paramedic is unable to wash their hands after patient contact has been concluded, he or she shall^v:
 - a) Use an approved antiseptic hand cleaner as appropriate, following the manufacturer's instructions, and
 - b) Wash their hands with soap and warm water as soon as possible.
- 13) Special donning/doffing/hand washing procedures have been enacted for EVD or EVD type illnesses (Policy G.8.6.4)**

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Table 1

Part A	
Disease	Schedule
Tetanus Diphtheria	Primary series (3 doses) if unimmunized Tetanus diphtheria (Td) booster doses every 10 years
Polio	Primary series (3 doses) if previously unimmunized or unknown polio immunization history
Pertussis	1 single dose of tetanus diphtheria acellular pertussis (Tdap) vaccine regardless of age if not previously received in adulthood
Varicella (Chickenpox)	2 doses if no evidence of immunity
Measles	2 doses if no evidence of immunity regardless of age
Mumps	2 doses if no evidence of immunity
Rubella	1 single dose if no evidence of immunity
Hepatitis B	2 – 4 age appropriate doses and serologic testing within 1 to 6 months after completing the series.
Part B	
No communicable diseases are prescribed	For communicable disease management requirements please refer to the document entitled " <i>Patient Care and Transportation Standards</i> ", published by the Ministry, as that document may be amended from time to time.

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REFERENCE

Emergency Health Services - Ministry of Health (Current Version), Patient Care and Transportation Standards, Crown printer of Ontario

Manitoulin-Sudbury District Services Board, *Disinfecting of Vehicles and Patient Care Equipment*, 2004, Policy & Procedures G.6.2.

Manitoulin-Sudbury District Services Board, EVD and EVD Type Illnesses 2014, Policy & Procedures G.6.3.4

Emergency Health Services Branch, 2007, *Infection prevention Control, Best Practices Manual for Land Ambulance Paramedics*, Ministry Of Health and Long Term Care

Manitoulin-Sudbury District Services Board, 2004, *Communicable Diseases*

Emergency Health Services Branch, *Influenza Educational Review*, Ministry Of Health and Long Term Care

Provincial Infectious Diseases Advisory Committee, 2007, *Routine Practices And Additional Precautions In All Health Care Settings*, Ministry Of Health and Long Term Care

i Form 1 – Physician Report [http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/AttachDocsPublish/008-11-001E~1/\\$File/008-11-001E.pdf](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/AttachDocsPublish/008-11-001E~1/$File/008-11-001E.pdf)

ii Form 2 – Applicant Report, [http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/AttachDocsPublish/008-11-002E~1/\\$File/008-11-002E.pdf](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/AttachDocsPublish/008-11-002E~1/$File/008-11-002E.pdf)

iii The Mandatory Blood Testing Act (MBTA) allows individuals to apply to a medical officer of health to have a blood sample of another person analyzed if he or she came into contact with a bodily substance of another person.

iv Refer to Health Canada document: Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care – Revision of Isolation and Precaution Techniques (July 1999)

v Refer to Health Canada document: Infection Control Guidelines – Hand Washing, Cleaning, Disinfection and Sterilization in Health Care (Dec. 1998)