

 Rainy River District Social Services Administration Board	SECTION: Land Ambulance
	POLICY TITLE: Transportation of Communicable Disease Cases
ORIGINAL DATE: July, 2006	POLICY AREA: Operations
REVISION DATE: August, 2016	POLICY NO: LA – 4.1
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Policy

The Rainy River District Social Services Administration Board (RRDSSAB) ensures that Land Ambulance personnel assist in preventing personal infection and transmission of communicable diseases through close contact, and from one patient to another, within the following:

- a) *Ontario Regulation 257/00, General, as amended;*
- b) *Patient Care and Transportation Standards, as amended;*
- c) *Ambulance Service Communicable Disease Standards, as amended, and*
- d) *Provincial Equipment Standards for Ontario Ambulance Services, as amended.*

Procedure

1. The Deputy Chief(s) are responsible to ensure that:
 - a) appropriate measures are taken by staff to protect themselves and patients from transmission of communicable disease between employees and patients;
 - b) each Paramedic, Emergency Medical Attendant (EMA), and authorized students are immunized against each of the diseases set out in **Table 1**, OR provide documentation that such immunization is medically contraindicated; there is laboratory proof of immunity (applicable only for Varicella (Chickenpox), Measles, Mumps, Rubella and Hepatitis B); or there is medically documented history (applicable for Varicella (Chickenpox) only); is free from all communicable diseases set out in **Table 2** (none prescribed); and
 - c) each Paramedic, EMA or student 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 diseases in the course of their employment. Employees who are exhibiting an acute symptomatic illness, which may be infectious in origin, should not be involved in the assessment of, or direct delivery of, care to a patient.

- d) in keeping with the principles of good patient care, each Paramedic or EMA will utilize standard practice and additional precautions to limit the potential for disease transmission.
- e) where a Paramedic or EMA is placed in a situation of reasonable chance of being exposed to a body fluid of another person, the Paramedic or EMA will:
 - i) wear gloves that meet or exceed the requirements of the *Provincial Equipment Standards for Ontario Ambulance Services*; and
 - ii) if a splash is anticipated, use protective eyewear that meets or exceeds the requirements of the *Provincial Equipment Standards for Ontario Ambulance Services*.
- f) Where a Paramedic or EMA 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 or EMA will:
 - i) wear a respirator that meets or exceeds the requirements of the *Provincial Equipment Standards for Ontario Ambulance Services*; and
 - ii) ensure that adequate supplies and equipment used in the prevention of communicable diseases are readily and easily accessible to ambulance staff and meet the *Provincial Equipment Standards for Ontario Ambulance Services*.

2. Where a Paramedic or EMA has reasonable cause to believe that he or she has been exposed to a communicable disease, he or she will:
 - a) report the suspected exposure to the Duty Officer;
 - b) follow the instruction of the Duty Officer; and
 - c) complete a *Land Ambulance Incident Report*, per Policy *LA-3.2: Incident Reports, and an Exposure Report* relating to such exposure by the end of the shift in which the exposure occurred, or at the earliest opportunity thereafter.

3. If a Paramedic or EMA is instructed by the Duty Officer or designate to consult a Physician regarding a suspected and/or confirmed exposure to a communicable disease, the Paramedic or EMA:
 - a) will follow direction from the Physician respecting contact with patients, etc; and
 - b) will only return to work when medically cleared by a Physician.

The Duty Officer will notify the Chief of Paramedic Services (PS).

4. The Deputy Chief(s) monitors and enforces Policy *LA-4.2: Contagious Case Decontamination* to be used when vehicles and equipment are exposed to a person with a suspected or confirmed communicable disease, as identified in **Table 1**.
5. Per the Health Canada document: *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care (2012)*, whenever a patient with a suspected or known communicable disease is transported by Ambulance, the Deputy Chief(s) ensures that:
 - a) the ambulance is removed from service;
 - b) the ambulance is disinfected before the vehicle is re-used;
 - c) any equipment contacted or contaminated by the patient is disinfected and sterilized, as appropriate, before being re-used: and;
 - d) single use equipment is disposed of appropriately per Policy *LA -4.6 Vehicle and Equipment Cleaning*.
6. In order to minimize the likelihood of cross-contamination, the Paramedic or EMA makes every reasonable effort to wash their hands, according to recommended public health guidelines, immediately after contact with the patient, or with the patient's excretions, secretions, blood or body fluids, once concluded.
7. When a Paramedic or EMA is unable to wash their hands after patient contact has been concluded, he or she will, per the Health Canada document: *Infection Control Guidelines – Hand Washing, Cleaning, Disinfection and Sterilization in Health Care* (Dec. 1998):
 - a) use an approved antiseptic hand cleaner as appropriate, following the manufacturer's instructions; and

- b) wash their hands with soap and water as soon as possible.

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.