

## ASPR TRACIE Technical Assistance

On June 22, 2017 ASPR TRACIE hosted the *EMS and Infectious Diseases: Challenges and Resources for Provider Protection* webinar. The PowerPoint presentation is now available on ASPR TRACIE at: <https://asprtracie.hhs.gov/documents/ems-and-infectious-diseases-challenges-and-resources-for-provider-protection-508.pdf>.

The EMS Infectious Disease Playbook described during the webinar is available at <https://asprtracie.hhs.gov/documents/aspr-tracie-transport-playbook-508.pdf>.

The title page of the PowerPoint presentation also links to the speaker bios and webinar recording. You will be asked to enter your name and email address prior to accessing the recording.

This document provides an excerpt of the questions posed and answers provided (Q&A) during or after the webinar. Please note that this is not an exhaustive list of all the questions asked, but rather a sample of questions that may be beneficial to our stakeholders. Please review the webinar recording to hear the entire Q&A portion.

**The answers provided in this document are for informational purposes only. You should refer to your local protocols, policies, and procedures and defer to your medical director for guidance on specific circumstances.**

### Q&A:

1. **Question:** How do you handle law enforcement equipment which has not been previously sanitized (possibly contaminating EMS environment/equipment) and is just routinely handed back to law enforcement without sanitizing, creating a cross-contamination possibility to the next "customer"?

**Answer:** As a matter of practice, you should clean any piece of equipment that comes into contact with a patient, whether grossly contaminated or not. The EMS Infectious Disease Playbook recommends the use of an Environmental Protection Agency (EPA)-registered hospital disinfectant in a manner consistent with the product labeling. See page 2-13 of the Playbook for an example and a reference.

2. **Question:** What are some recommendations with handling surfaces that an infected patient may have touched (such as a handle) that a first responder then touches before utilizing PPE?

**Answer:** As a matter of practice, EMS providers should implement standard precautions, which includes putting on gloves, prior to entering a residence or touching a door knob, knowing that contamination may occur at any point during the patient encounter. Ideally, through questioning at the time of dispatch, EMS providers would have advance information about the signs and symptoms a patient is experiencing and can modify their precautions to avoid contact with deposited infectious body fluids.

3. **Question:** What is the accepted measures for the treatment of the rig after an infectious disease has been identified? Mumps? C.diff? TB? Is there a proactive rig treatment for hot spots?

**Answer:** General guidance on decontamination and disinfection of the ambulance can be found in the Playbook. For example:

- Any visibly soiled surface must first be decontaminated using an EPA-registered hospital disinfectant according to directions on the label.
- Disinfect all potentially contaminated/high touch surface, including the stretcher, with an EPA-registered hospital disinfectant according to directions on the label.

This reference for Selected EPA Registered Disinfectants can be found in the Playbook and here: <https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants>.

4. **Question:** Is there a good resource for EMS PPE guidance (quick reference protocol?) based on patient presentation?

**Answer:** We believe that the EMS Infectious Disease Playbook can serve as a quick reference guide for determining levels of precautions based on patient presentation.

5. **Question:** Any work being done to extend the expiration of expensive rarely used PPE?

**Answer:** To learn the most up-to-date information, we recommend you contact the National Personal Protective Technology Laboratory of the National Institute for Occupational Safety and Health at CDC. You can view information at <https://www.cdc.gov/niosh/npptl/PPEConcerns.html> or email them directly via [PPEConcerns@cdc.gov](mailto:PPEConcerns@cdc.gov).

6. **Question:** Is the Zika virus a Bloodborne Disease?

**Answer:** Zika is primarily a mosquito-borne infection; however, there have been cases of exposure through other routes, including blood and semen. Please see this joint guidance from CDC and OSHA about worker protection from exposure to Zika: <https://www.cdc.gov/media/releases/2016/s0422-interim-guidance-zika.html>.

7. **Question:** What suggestions do you have for tracking EMS/EMT exposures?

**Answer:** Active surveillance of EMS professionals who have transported a Person Under Investigation or a patient confirmed to have a serious contagious disease (like Ebola) can be coordinated with your county and state health department in coordination with your EMS medical director. For more routine tracking of occupational exposures, refer to your occupational health professionals. It is important for EMS services to have a consistent mechanism for tracking exposures with all hospitals that receive patients. Part of this involves a close relationship between hospital infection prevention and control and the EMS operations personnel who may be contacted 24/7 to receive information about a potential exposure for usual (e.g., TB, meningitis, etc.) as well as unusual infections.

8. **Question:** Are safety glasses now being considered universal BSI PPE (i.e. PPE to be worn on every call)?

**Answer:** Protection for the eyes, nose, and mouth by using a mask and goggles, or face shield alone, is necessary when it is likely that there will be a splash or spray of any respiratory secretions or other body fluids as defined in Standard Precautions. There is no recommendation that eye protection be worn for every patient encounter for the purpose of infection control. Data on the risk of ocular transmission of respiratory pathogens such as influenza is not conclusive but is strongly suggestive, and providers should consider wearing eye protection more often when they don a mask. Further, consistent use of eye protection by EMS personnel reduces threats of saliva and blood splash exposures. Eye exposures are the most common EMS body fluid exposures in most systems and consistent use of eye protection can reduce these problematic and expensive situations.

9. **Question:** Do you have suggestions for how to address patient home safety in order to control the spread of infectious disease (e.g., community partners need to be identified in order to help stem any spread of pathogens to others; valuable decontamination services have been identified)?

**Answer:** One example of community measures to prevent transmission of an infectious disease is the materials developed for seasonal influenza available at <https://www.cdc.gov/flu/protect/stopgerms.htm>.