

New Jersey Emergency Medical Services Infection Control Guidelines:

Applicability:

All New Jersey Emergency Medical Services (EMS) Agencies, including but not limited to, licensed, non-licensed, non-affiliated, volunteer, municipal, fire, first aid, first responder, rescue, dispatch, hospital, corporate and private agencies and/or their agents.

Background:

Numerous scientific studies have shown that ambulances and other patient transport vehicles typically exhibit pathogenic micro-organism contamination, and may be a reservoir in the transmission of potentially serious infections to patients and EMS providers. There is evidence that EMS providers have a higher prevalence of Methicillin-resistant *Staphylococcus aureus* (MRSA) colonization, and other pathogens, than the general population. This can be a risk to patients and can be recognized as an occupational hazard to providers.

Statement:

The Department of Health recognizes that a commitment by EMS Agencies and the individual EMS providers to promote a safe and healthy environment is essential. Such an environment is possible only when each agency, volunteer, employee and student is cognizant of their responsibility to promote and adhere to infection control best practices.

The Department has determined that a focused effort, which includes the establishment and enforcement of evidence based Infection Control guidelines within all EMS agencies is necessary to reduce and combat the risks of infectious disease and illness to EMS providers, their families, agencies, patients, and the public at large.

Discussion:

The presence of clinically relevant pathogen contamination found in numerous studies suggests current practices relating to the disinfection of ambulances is inadequate. This represents a potential risk of infection for providers and their patients. It is critical to implement improved infection control and prevention protocols to resolve this issue.

Emergency medical providers have a high potential for exposure to infectious diseases such as MRSA not only through patient and hospital contacts but also in the station environment where MRSA was isolated with the highest frequency on couches and desks. Although the true health significance of these exposures is unknown, improved infection control practices, such as routine handwashing, cleaning and surface disinfection, are warranted to reduce MRSA and other infectious disease exposures.

Considering the national and international experience in the study of pre-hospital infection control it is likely that many EMS agencies will need to develop and enforce procedures and policies to affect staff attitudes and practices to adequately address the environmental infection control issues with which all agencies are confronted.

Policy:

All EMS agencies should develop and implement evidence based policies and procedures, in consultation with subject matter experts, which address at a minimum:

- The routine, shift by shift cleaning and disinfection of ambulance and station, including:
 - Patient compartment surfaces
 - Stretcher
 - Lifting and moving equipment
 - Drivers compartment
 - Exterior vehicle door handles
 - Radios, microphones and other communications equipment
 - Clipboards
 - Computer surfaces
 - All patient care electronic devices
 - Personal equipment including stethoscopes, shears and penlights
 - Staff areas
- Patient contacted and cross contaminated items between patients. Examples include:
 - Lifting and moving equipment
 - Stethoscopes, shears and penlights
 - Documentation equipment
 - Durable medical equipment: (e.g. laryngoscope handle)
- Glove removal before driving, radio use, clipboard/computer use, etc.
- Cleaning/disinfecting uniforms prior to reporting for duty
- Wearing PPE as applicable
- Frequent and routine hand hygiene
- Non-reuse of single patient use items
- Sharps management
- Blood Borne Pathogens
- Linen changes
- Dirty linen isolation
- Additional Agency Responsibilities:
 - Development and auditing of Infection Control performance measures

- Designation of an Infection Control Officer
- Leadership assuring procedures are followed
- Evaluation of single-patient use supplies and equipment
- Proper training and education of all staff

Appendix:

Infection Control, Ambulance Cleaning & Contamination Literature Resources:
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Adopted by the New Jersey EMS Council on June 13, 2018

A handwritten signature in black ink, appearing to read 'Mark Merlin', written over a horizontal line.

Mark Merlin M.D., Chair