



**BUREAU OF OPERATIONS
EMS COMMAND ORDER 2010-004
December 30, 2009**

**INFECTION CONTROL PERSONAL PROTECTIVE
EQUIPMENT USE**

1. GENERAL INFORMATION

- 1.1 In response to the confirmed cases of H1N1 influenza in New York City and to maximize safety of EMS members, the Department has instituted a new series of call types indicating a patient with a fever and/or cough (FC Call Type). Members will be required to wear infection control PPE to limit the transmission of aerosolized infectious materials.
- 1.2 In addition, members will be required to wear required infection control PPE when performing specific medical interventions regardless of call type.
- 1.3 While this outbreak of swine flu continues, CFR Companies responding to medical emergencies shall form a medical recon team consisting of the Company officer and 1 CFR trained firefighter. All other firefighters will remain outside the premise until the medical recon team evaluates the patient.
- 1.4 This series of call types and the related infection control procedures will be used routinely even in the absence of a declared pandemic.

2. SCOPE

- 2.1 This procedure applies to all certified FDNY EMS providers (CFR-D, EMT or Paramedic) and Voluntary Hospital ambulance personnel who provide prehospital emergency medical treatment in the New York City 911 system.

3. POLICY

- 3.1 Infection control PPE (gloves, N-95 respirators, gowns, isolation kits) and red bags shall be stored in an outside compartment. This PPE shall be used by the vehicle operator prior to entering the patient compartment or coming in contact with the patient.
- 3.2 All units shall carry at least 2 sets of goggles in each oxygen bag.

4. PROCEDURE

- 4.1 When assigned to any call type with the FC Call Type, all members shall don the following PPE prior to entering the patient premise (e.g., house, apartment, vehicle, business):
- N-95 respirator mask
 - Goggles
 - Set of gloves
- 4.2 If a CFR Company is onscene prior to EMS arrival, members shall switch to the EMS/Fire IO frequency and contact the Medical Recon Team to determine the patient's condition and infectious status.
- 4.2.1 The EMS/Fire Interoperability (IO) frequency is Channel 10 in all FDNY Handie-Talkies (HT) and FDNY EMS portable radios. Voluntary Hospital portable radios have the EMS/Fire IO frequency on either Channel 10 or Channel 16. Radios with a LCD display will show the frequency as EMS/CFR or EMS Tac 2.
- 4.3 When members are treating a patient, who after examination is confirmed to be an FC call type (e.g., cough and fever) members shall place a surgical mask on the patient unless they require oxygen or report that it is too difficult to breathe through the surgical mask. Patients that report difficulty breathing through the surgical mask shall be given oxygen by non-rebreather.
- 4.3.1 If a surgical mask is not available during transport, then place the patient on oxygen using a non-rebreather oxygen mask.
- 4.4 **Regardless of call type**, members performing or assisting with intubation, suctioning, nebulized medication administration and/or when a member may be splashed by the bodily fluids (e.g., vomit, diarrhea, spurting blood) shall don the following PPE:
- N-95 respirator mask
 - Set of gloves
 - Goggles
 - Gown
- 4.5 Members who are not actively involved in patient care shall remain at least 4 feet away from the patient **when nebulized medication administration** is being performed. Members who are more than 4 ft from the patient being intubated or receiving nebulized medication are not required to wear goggles. Members shall don the appropriate PPE based on the care being provided when required to be close to patient for any reason (e.g., moving the patient).

4.6 PPE shall be removed according to the following procedures:

4.6.1 Remove the set of gloves.

4.6.2 Wash hands with soap and water, if available. Alcohol-based hand gels can be used when soap and water is not available.

4.6.3 Remove goggles and clean according to the FDNY Infection Control Program.

4.6.4 Remove the N-95 respirator mask.

4.6.5 All used PPE shall be disposed of in proper infectious waste containers (e.g., red bag, hospital infectious waste container).

4.6.6 After disposing of the infectious waste, members shall re-wash hands with soap and water if available or an alcohol-based gel.

5. TRANSPORT PROCEDURES AND VEHICLE CLEANING MEASURES

5.1 The window/door between driver and patient compartments (if present) should be closed during patient transport.

5.2 Exhaust fans in the patient compartment shall be turned on at the highest setting. HVAC fans for both the driver's and patient compartments shall be turned on at the highest setting.

5.3 The vehicle operator shall remove their PPE prior to entering the driver's compartment, and dispose of the used PPE in a red bag stored in an outside compartment of the vehicle. Prior to reestablishing patient/equipment contact they should don another set of PPE from the additional PPE stored in an outside compartment.

5.4 Following delivery of the patient to a hospital, the patient compartment and all equipment that are contaminated with patient secretions (e.g., stairchair, stretcher, oxygen bag) must be disinfected with properly diluted bleach and water solution before the ambulance is returned to service.

5.4.1 Members shall don complete PPE prior to disinfecting the ambulance and equipment.

5.4.2 Dispose of red bag waste from the outside compartment.

5.4.3 All hard surfaces of the patient compartment shall be disinfected by wiping.

5.4.4 Equipment shall be disinfected according to the FDNY Infection Control Program Equipment Disposal/Decontamination guidelines.

6. CLEANING OF PERSONAL PROTECTIVE EQUIPMENT

- 6.1 Non-disposable PPE and work duty uniforms that have become spotted or lightly soiled with blood, blood products, or other body fluids shall be decontaminated at the station.
- 6.2 When an EMS member's work/duty uniform or bunker-style PPE becomes contaminated with large amounts of body fluids or other potentially infectious material, the member shall:
 - 6.2.1 Ensure that their contaminated uniform items (shirts, pants, jacket, and tie) are labeled with an indelible ink pen with the member's name.
 - 6.2.2 Place contaminated work duty uniforms in a double sealed clear plastic bag with a biohazard label attached to the inner bag. The bag shall be marked with the member's name, assigned battalion and type of contaminant (e.g., blood, vomit).
 - 6.2.3 Complete an EMS Command Uniform Cleaning Receipt indicating that uniform articles have been submitted for laundering.
 - 6.2.4 Deposit uniform articles in a light traffic area (remote location) as directed by the Station Officer.
- 6.3 EMS Station Officers shall ensure that contaminated clothing is processed for cleaning as follows:
 - 6.3.1 Ensure that the member completes the Uniform Cleaning Receipt accurately, paying particular attention to ascertain that uniform articles have been labeled as indicated above.
 - 6.3.2 Contact the Special Operations Command (SOC) for collection of the contaminated uniforms. SOC will fax a SOC Equipment Decontamination Report (SOC Decon 3) for the equipment. Uniform items shall be listed in the "Misc/Remarks" column. This form shall be filled out completely and faxed back to SOC. The copy of the form and the Uniform Cleaning Receipt is placed in the outer of two clear bags facing out for Decon personnel to view prior to opening.
 - 6.3.3 Ensure that pick up of contaminated laundry and return of clean laundry are accurately documented in the Station Logbook for inventory control reasons.
 - 6.3.4 Advise members that cleaned uniform articles are available for their pick-up.

7. NOTIFICATIONS

- 7.1 Members shall provide a notification to assist hospitals to prepare for patients that present with fever and respiratory symptoms such as cough, sore throat, nasal congestion/drip or shortness of breath notifications shall be made through Emergency Medical Dispatch (EMD).

7.2 Members shall request that the EMD Radio Dispatcher notify the receiving hospital that a patient with a fever and respiratory symptoms is being transported to the facility, as follows:

Unit to Dispatcher:

“99A , notify Hospital XX that we are enroute with a YY year old patient with symptoms of the flu.”

7.2.1 XX is the hospital number and YY indicates the patient age. If the patient is in critical condition, notify the dispatcher of the patient condition.

7.3 Members shall request a Conditions Officer if delivery of the patient is excessively delayed and/or the hospital staff directions conflict with FDNY policy and procedures.

7.4 EMD shall notify the receiving hospital that a patient with a fever and respiratory symptoms is being transported to the facility.

8. FEVER / COUGH (FC) CALL TYPES

8.1

Current Call Type	Fever Cough Call Type
ARREST	ARREFC
CHOK	CHOKFC
ANAPH	ANAPFC
STATEP	STATFC
UNC	UNCFC
ASTHMB	ASTHFC
DIFFBR	DIFFFC
CVAC	CVACFC
ALTMEN	ALTMFC
CARD	CARDFC
INBLED	INBLFC
CVA	CVAFC
DRUG	DRUGFC
RESPIR	RESPFC
SICPED	PEDFC
ABDPN	ABDPFC
MEDRXN	MEDRFC
SEIZR	SEIZFC
SICK	SICKFC

9. RELATED PROCEDURES

9.1 EMS Operating Guide Procedure 109-08, *Protocol for the Use of the EMS/Fire Interoperability Frequency*

9.2 EMS Operating Guide Procedure 125-04, *Infection Control Program*

BY ORDER OF THE CHIEF OF EMS COMMAND