

Title: Personal Respiratory Protection

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Purpose: The purpose of this guideline is to help minimize significant exposure to Tuberculosis and other airborne diseases.

Scope: All members of this department shall follow this guideline. Only department issued, or otherwise approved, equipment will be utilized for the personal protection of employees from airborne medical contamination, unless guidelines deem it absolutely necessary for the life safety of the patient that procedures be initiated. The EMS Supervisors shall be responsible for the administration of this program throughout the agency.

General:

The following guideline is to be followed by all department employees to assist in the prevention of airborne contamination during patient care. This guideline will clarify how respiratory protection should be taken for all emergency scenes.

The risk of health care providers acquiring respiratory borne diseases from their patients has greatly increased in recent years. Pre-hospital caregivers are particularly at risk. Often, little or no information is available upon initial patient contact concerning their medical history. Furthermore, patients often present themselves in small, poorly ventilated areas. Once enroute to the hospital, these patients remain confined in the back of an ambulance in close proximity to the caregivers.

SAFETY NOTICE!

**AIRBORNE DISEASES HAVE BEEN PROVEN TO BE DIFFICULT TO TREAT AND
IN SOME CASES DEADLY.**

330.02.01. High Risk Patients

Patients considered as HIGH RISK for transmitting airborne diseases may present with:

- productive or persistent cough, night sweats, anorexia, unexplained weight loss or hemoptysis.

- known HIV infection with cough and fever even if recent TB and PPD exams have been negative.
- cough with fever.
- pulmonary or systemic signs or symptoms that were attributed to other etiological but have not responded to treatment.
- A HIGH INDEX OF SUSPICION IS WARRANTED FOR ANY PATIENT THAT HAS BEEN PRESCRIBED THE FOLLOWING DRUGS:
 - ISONIAZID (INH)
 - STREPTOMYCIN
 - RIFAMPIN
 - ETHAMBUTOL
 - PYRAZINAMIDE (PZA)
 - AZT

330.02.02. Respiratory Precautions

- the donning of infectious control type gloves and the DELTA 3 HEPA mask whenever in the proximity of an at risk patient or in an enclosed area where such a patient is, or has been. Masks must be of the type approved by the Department's EMS Supervisors.
- disposal of all masks and gloves will be according to established biohazard waste guidelines outlines in the department's Exposure Control Program.
- goggles must be worn.
- when transporting all high-risk patients, the on-board exhaust fans shall remain on at all times.
- whenever possible, high-risk patients presenting themselves in a confined area shall be moved to a better ventilated area without delay.

330.02.03. Respiratory Precautions

All personnel prior to performing the following procedures shall take respiratory precautions:

- the use of oral pharyngeal airways
- initiation of breathing treatment
- use of bag valve ventilation
- ET intubation
- any other procedure dealing with respiratory management

Required Documentation!

When an exposure occurs, all precautions taken shall be clearly documented in the run report and in the Department Exposure Control Form.

330.02.04. Employee Exposure Reporting

- When deemed necessary, all suspected patients would be reported to the EMS Supervisor of the shift for follow-up.
- Any personnel exposed to airborne respiratory diseases must complete the necessary forms under the City Personnel Policy Manual and the Fire Department's Exposure Control Program.
- All reported employee exposures would be logged in the "Personnel" section of the *Fire Programs* electronic management system.
- The Assistant Chief / Administration shall be responsible for the final management of employee exposures, including the storage and filing of all documentation.