I. PURPOSE

To establish guidelines for AURORA HEALTH CARE – SOUTHERN LAKES EMS providers to follow in the event of an exposure to blood or body fluids in the course of providing care to Patients in the field.

II. GUIDELINE FOR PERSONNEL EXPOSURE

a. Provide First Aid:

   i. For needle puncture, laceration or other broken skin, cleanse area with antimicrobial soap.

   ii. For exposure to eye or mucous membranes (mouth) irrigate affected area with copious amounts of water or saline for 15 minutes.

b. Determine if exposure is significant or not:

   i. _ Percutaneous (needle stick, laceration, bite)

   ii. _ Mucosal (ocular or mucous membrane) exposure to a "high risk" body fluid

   iii. _ Blood to employee's skin if it is not intact or abraded or if exposure is for a prolonged period (more than 10 minutes) and/or the area involved is extensive.

   iv. _ Human bites when the skin is broken.

c. Was there exposure to one or more of the following fluids:

   i. _ Blood _ Pericardial Fluid

   ii. _ Semen _ Cerebrospinal Fluid

   iii. _ Vaginal Secretions _ Synovial Fluid

   iv. _ Amniotic Fluid _ Saliva in dental procedures

   v. _ Pleural Fluid _ Any body fluid with visible blood

   vi. _ Peritoneal Fluid _ Human bite which drew blood

d. How was the provider exposed:

   i. _ Puncture wound or cut with contaminated sharp

   ii. _ Puncture wound by any contaminated needle

   iii. _ Splash into eyes nose or mouth

   iv. _ Contact with open or abraded skin

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v. Prolonged contact of intact skin

e. If you have not checked at least one item from section c and one item from section d, this is NOT a significant exposure. Document incident and your actions following departmental procedures for Incident reporting. You can use an Incident Report Form, which is available from EMS Office or ED. Please indicate determination of non-significant exposure and forward to EMS Office.

f. If you have checked at least one item from section c and one item from section d, this is considered a significant exposure. Proceed with the following instructions.

i. Proceed to Occupational Health Services (if open) or the Emergency Department (after hours) for evaluation and initial treatment.

   1. Occupational Health Services
      Aurora Medical Center Burlington
      248 McHenry Street
      Burlington, WI 53105
      (262) 767-8100

   2. Occupational Health Services
      Aurora Lakeland Medical Center
      W3985 County Rd NN,
      Elkhorn, WI 53121
      Phone: (262) 741-2014

ii. Contact or leave a voice mail for EMS Office² (262-767-6101 Aurora Medical Center Burlington or 262-741-2082 Aurora Lakeland Medical Center) regarding the incident including the date, employee name, source name, medical record number (if available) and date of birth.

iii. Follow instructions for testing of source patient (Occupational Health or the Emergency Department will advise).

iv. Occupational Health Services and EMS office will follow-up with the exposed employee.

III. GUIDELINE FOR EQUIPMENT AND PPE EQUIPMENT EXPOSURE

a. Turn-Out Gear Decontamination³ ⁴

i. For extreme contamination of products from combustion, fire debris, or body fluids, removal of the contaminants by flushing with water as soon as possible is necessary, followed by appropriate cleaning. In the case of blood-borne pathogens, recommended decontamination procedures include using a 0.5% to 1% concentration of Lysol, or a 3%–6% concentration of stabilized hydrogen peroxide. Liquid glutaraldehyde, available through commercial sources, will also provide high to intermediate levels of disinfectant activity. The current edition of NFPA 1851 states that if a garment is verified as having been exposed to chemical, biological, or radiological agents, that garment should be immediately removed from service and retired. When decontamination is not possible, the garments should be discarded in accordance with local, state, and federal regulations. Garments that are discarded should be destroyed.

² Additional information to assist with counseling the employee may be obtained from the EMS office
⁴ http://globeturnoutgear.com/education/care-and-cleaning
b. Non-Porous surface decontamination\(^5\), \(^6\), \(^7\)

i. All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

ii. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

iii. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.

iv. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

v. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

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262-767-6101

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Replaces: previous versions

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Aurora Lakeland Medical Center
262-741-2082

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\(^7\) https://www.cdc.gov/infectioncontrol/guidelines/disinfection/index.html