



# **Ambulance Service**

# **Communicable Disease**

# **Standards**

**Ministry of Health and  
Long-Term Care  
Emergency Health  
Services Branch  
April, 2000**

## Ambulance Service Communicable Disease Standard

1. Each operator will identify a person who is designated to implement and meet this standard for his or her service.
2. Each operator shall ensure that:
  - (a) Employees are aware of current communicable disease risks, and
  - (b) Appropriate measure(s) are employed by staff to protect themselves and patients from transmission of communicable disease between employees and patients, and
  - (c) Each EMA and Paramedic is immunized against each of the diseases set out in Table 1 - Part A, **OR** provides documentation that: such immunization is medically contraindicated, there is laboratory proof of immunity, or there is medically documented history of prior disease (Physician or laboratory documentation for Measles and Hepatitis B, personal history for Chicken Pox), and
  - (d) Each EMA and Paramedic takes appropriate infection control and occupational health measures to prevent transmission of all infectious agents to and from themselves and does not knowingly expose themselves or their patients to any communicable disease in the course of their work. Employees, who are exhibiting an acute symptomatic illness that may be infectious in origin, should not be involved in the assessment of or direct delivery of care to a patient.
3. Each operator shall ensure that:
  - (a) In keeping with the principles of good patient care, each EMA and/or Paramedic shall utilize standard practices and additional precautions to limit the potential for disease transmission, and
  - (b) Where an EMA or paramedic is placed in a situation of reasonable chance of being exposed to a body fluid of another person, the EMA or Paramedic will:
    - I. Wear gloves that meet or exceed the requirements of the Provincial Equipment Standards for Ontario Ambulance Services, and
    - II. If a splash is anticipated, use protective eyewear that meets or exceeds the requirements of the Provincial Equipment Standards for Ontario Ambulance Services.
  - (c) Where an EMA or paramedic is placed in a situation of reasonable chance of being exposed to any person who may be infected with a communicable disease transmitted by the airborne route, the EMA or paramedic will wear a respirator that meets or exceeds the requirements of the Provincial Equipment Standards for Ontario Ambulance Services, and
  - (d) Adequate supplies and equipment used in the prevention of communicable diseases are readily and easily accessible to ambulance staff and meet the Provincial Equipment Standards for Ontario Ambulance Services.

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4. Where an EMA or Paramedic has reasonable cause to believe that he or she has been exposed to a communicable disease, he or she will:
  - (a) Report the suspected exposure to the designated person referred to in paragraph #1, and
  - (b) Follow the instruction of the designated person, and
  - (c) Complete an incident report relating to such exposure by the end of the shift in which the exposure occurred or at the earliest opportunity thereafter.
5. If an EMA and/or Paramedic is instructed by the designated person referred to in #1 to consult a physician regarding a suspected and/or confirmed exposure to a communicable disease, the EMA and/or Paramedic:
  - (a) Should follow direction from a physician respecting contact with patients, etc., and
  - (b) Will notify the ambulance service operator or his or her designate, and
  - (c) Will only return to work when medically cleared by a physician.
6. The ambulance operator will develop, monitor, and enforce a local disinfection and sterilization policy regarding vehicles and equipment to be used on a regular basis and to be used when vehicles and equipment are exposed to a person with a suspected or confirmed communicable disease.
7. Whenever a patient with a suspected and/or known communicable disease is transported by ambulance, the ambulance service operator will ensure, when appropriate <sup>1</sup>, that the:
  - (a) Ambulance is removed from service, and
  - (b) The ambulance is disinfected before the vehicle is re-used, and
  - (c) Any equipment contacted or contaminated by the patient is disinfected and sterilized, as appropriate, before being re-used.
8. In order to minimize the likelihood of cross-contamination, the EMA and/or Paramedic will make every reasonable effort to wash their hands, according to recommended public health guidelines, immediately after contact with the patient, or with the patient's excretions, secretions, blood or body fluids, has been concluded.

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<sup>1</sup> Refer to Health Canada document: Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care – Revision of Isolation and Precaution Techniques ( July 1999)

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9. When an EMA or Paramedic is unable to wash their hands after patient contact has been concluded, he or she will <sup>2</sup>:
  - (a) Use an approved antiseptic hand cleaner as appropriate, following the manufacturer's instructions, and
  - (b) Wash their hands with soap and water as soon as possible afterward.
10. The ambulance service operator will ensure that ambulance students, prior to completing any clinical experience within the service, are:
  - (a) Immunized against each of the diseases set out in Table 1 – Part A, OR have documentation that: such immunization is medically contraindicated, there is laboratory proof of immunity, or there is medically documented history of prior disease (Physician or laboratory documentation for Measles and Hepatitis B, personal history for Chicken Pox), and
  - (b) Responsible for taking appropriate infection control and occupational health measures to prevent transmission of all infectious agents to and from themselves and do not knowingly expose themselves or their patients to any communicable disease in the course of their work. Students, who are exhibiting an acute symptomatic illness that may be infectious in origin, should not be involved in the assessment of or direct delivery of care to a patient.

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<sup>2</sup> Refer to Health Canada document: Infection Control Guidelines – Hand Washing, Cleaning, Disinfection and Sterilization in Health Care (Dec. 1998)

**TABLE 1 - Part A**

<b>Mandatory</b>	
<b>Disease</b>	<b>Schedule</b>
Tetanus Diphtheria Poliomyelitis	TD – Polio (2 and 1)
Measles Mumps Rubella	MMR as a single dose
Chickenpox	0 and 1 month
Influenza	Every autumn
Hepatitis B	0, 1, and 6 months <b>or</b> 0 and 6 months (for product approved for 2 doses)

**TABLE 1 - Part B**

Examples of diseases in Ontario which, when in an acute symptomatic state, should preclude an EMA or Paramedic from participating in the direct assessment of or provision of patient care:

- |  |   |
|--|---|
| <input type="checkbox"/> Acquired Immunodeficiency Syndrome (AIDS)   | <input type="checkbox"/> Leprosy                                |
| <input type="checkbox"/> Amebiasis   | <input type="checkbox"/> Listeriosis                            |
| <input type="checkbox"/> Anthrax   | <input type="checkbox"/> Malaria                                |
| <input type="checkbox"/> Botulism  | <input type="checkbox"/> Measles                                |
| <input type="checkbox"/> Campylobacter enteritis   | <input type="checkbox"/> Viral Meningitis                       |
| <input type="checkbox"/> Chicken Pox (Varicella)   | <input type="checkbox"/> Meningococcal Meningitis               |
| <input type="checkbox"/> Cholera   | <input type="checkbox"/> Mumps                                  |
| <input type="checkbox"/> Cytomegalovirus Infection (Congenital)  | <input type="checkbox"/> Ophthalmia Neonatorum                  |
| <input type="checkbox"/> Diphtheria  | <input type="checkbox"/> Parathyphoid Fever                     |
| <input type="checkbox"/> Encephalitis (Primary Viral)  | <input type="checkbox"/> Pertussis (Whooping Cough)             |
| <input type="checkbox"/> Gastrointenteritis  | <input type="checkbox"/> Plague                                 |
| <input type="checkbox"/> Giardiasis  | <input type="checkbox"/> Poliomyelitis (Acute)                  |
| <input type="checkbox"/> Group A Streptococcal Disease (Invasive)  | <input type="checkbox"/> Psittacosis / Ornithosis               |
| <input type="checkbox"/> Haemophilus Influenza B Disease (Invasive)  | <input type="checkbox"/> Q Fever                                |
| <input type="checkbox"/> Hemorrhagic Fevers including Ebola virus disease, Marburg Virus Disease, and Other Viral Causes | <input type="checkbox"/> Rabies                                 |
| <input type="checkbox"/> Viral Hepatitis including Hepatitis A, B, and C   | <input type="checkbox"/> Rubella                                |
| <input type="checkbox"/> Influenza   | <input type="checkbox"/> Rubella (Congenital Syndrome)          |
| <input type="checkbox"/> Lassa Fever   | <input type="checkbox"/> Salmonellosis                          |
| <input type="checkbox"/> Legionellosis   | <input type="checkbox"/> Shigellosis                            |
|  | <input type="checkbox"/> Tuberculosis                           |
|  | <input type="checkbox"/> Tularemia                              |
|  | <input type="checkbox"/> Typhoid Fever                          |
|  | <input type="checkbox"/> Verotoxin producing E. Coli Infections |
|  | <input type="checkbox"/> Yellow Fever                           |
|  | <input type="checkbox"/> Yersiniosis                            |