



New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT

Supercedes/Updates:

No. 88-22

Date: 12/06/88

**Re: Barrier Precautions
and Reprocessing
Recommendations for
Prehospital Providers**

Page 1 of 3

SUBJECT: Barrier Precautions and Reprocessing Recommendations for Prehospital Providers

The New York State Emergency Medical Services Program has received numerous requests for guidance on the topic of infection control for EMS personnel, specifically dealing with the issues of proper barrier protections and reprocessing of equipment or supplies commonly used in the field. Following are recommendations developed with the assistance of the New York State Department of Health's Division of Epidemiology.

**RECOMMENDATIONS FOR REPROCESSING MEDICAL EQUIPMENT
USED IN THE PREHOSPITAL HEALTH CARE SETTING**

<u>TYPE OF EQUIPMENT</u>	<u>STERILIZATION</u>	<u>HIGH LEVEL DISINFECTION</u>	<u>GENERAL DISINFECTION</u>
Reusable devices that contact mucous membranes: (e.g., laryngoscope, EOA mask and tube, ET stylette)	Yes	Yes	No
thermometers*	No	Yes	No
Reusable, noninvasive equipment that contacts intact skin: (e.g., splints, stethoscopes)	No	No	Yes
Reusable materials which may be laundered: blood pressure cuffs, linen, MAST (with bladders removed)	No	No	Yes

(Follow recommended laundry procedures for the material being washed and the detergent being used)

Other ambulance equipment:
 stretchers, stairchair, head immobilizers, etc. No No Yes

*Clean, then soak in alcohol or tincture of iodine.

SPECIAL NOTE: Dispose of all disposable equipment after single use, e.g., oral and nasal airways, suction catheters and tubing, bite sticks, oxygen masks and cannulae, disposable pocket masks and bag valve masks.

Sterilization Destroys: All forms of microbial life.
Methods: Steam (autoclave), gas (ethylene oxide), dry heat, immersion in EPA approved chemical "sterilant" for period specified by product manufacturer (e.g. 10-18 hours).
Use: Disposable invasive equipment eliminates need to sterilize many items in EMS setting. When indicated, arrangements should be made with a health facility for this level of reprocessing.

High Level Disinfection Destroys: Most forms of microbial life, some spores may not be eliminated by this method.
Method: Immersion in an EPA approved chemical "sterilant" (e.g., 2% activated glutaraldehyde) for the shorter contact time specified by the product manufacturer (e.g., 30-45 minutes).
Use: Reusable devices that contact mucous membranes.

General Disinfection Destroys: Most viruses, bacteria, and fungi; may not be as effective against M. tuberculosis and does not kill spores.
Methods: Application of or immersion in any of the following:
 1:10 to 1:100 dilution of sodium hypochlorite (bleach)
 phenol products
 quaternary ammonium chlorides
 2% glutaraldehyde (10 minutes)

Environmental Disinfection Environmental surfaces which have become soiled should be cleaned and disinfected using any cleaner/disinfectant agent which is intended for environmental use.* Such surfaces include floors, woodwork, ambulance seats, countertops, etc.

*Do not use 1:10 dilution on plexiglass, i.e., cabinet doors or EKG monitor screens. It will fog them permanently. Use a 1:100 solution or preferably another disinfectant recommended by the manufacturer.

**RECOMMENDED BARRIER PRECAUTIONS FOR INFECTION CONTROL
 IN THE PREHOSPITAL HEALTH CARE SETTING**

<u>PROCEDURE OR TYPE OF CONTACT</u>	<u>DISPOSABLE GLOVES</u>	<u>GOWN</u>	<u>MASK</u>	<u>PROTECTIVE EYEWEAR</u>
-------------------------------------	--------------------------	-------------	-------------	---------------------------

Artificial respiration	Yes	No	**	No
Blood drawing or starting an IV	Yes	No	No	No
For direct contact with feces or urine	Yes	Yes, if soiling is likely	No	No
Endotracheal intubation, EOA, EGTA	Yes	No	Yes, if splashing is likely	Yes, if splashing is likely
Bleeding control procedures with spurting blood/emergency childbirth	Yes	Yes, if soiling is likely	Yes	Yes, if splashing is likely
Bleeding control procedures with minimal bleeding	Yes	No	No	No
Oral/nasal suctioning, manually cleaning airway	Yes	No	Yes, if splashing is likely	Yes, if splashing is likely
Taking a temperature	No*	No	No	No
Giving an injection	No*	No	No	No
Handling and cleaning soiled instruments	Yes (utility)	Yes, if soiling is likely	No	No
Taking a blood pressure	No*	No	No	No

*While gloves are not necessary for these procedures, it is likely they will be worn because of other activities which require their use.

**Ambulance and first response agencies should use either bag valve mask, resuscitators or a pocket mask with a one-way valve on all patients.

Issued by: Robert Elling, Assistant Director for Program Development
 Authorized by: Michael Gilbertson, Director