



Infection Control Assessment and Response (ICAR) Tool for Ambulance Services

This tool is intended to assist in the assessment of infection control programs and practices among ambulance services. An optional direct observation (i.e., site visit and/or ride along) of infection control practices will be offered by the Infection Control Assessment and Response (ICAR) team per grant funding.

To enroll, submit the secure online assessment tool found on <u>Enroll in ICAR</u> (<u>https://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/icar/enroll.html</u>). For more flexibility, you may want to print this PDF assessment tool, fill it out by hand at your convenience, and then enter your data into the online tool.

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This assessment tool was adapted with permission from the Los Angeles County Emergency Medical Services Agency and Department of Public Health Acute Communicable Disease Control Program.

Instructions

This assessment should take approximately 20–30 minutes to complete. It should be completed by someone who is responsible for infection prevention and control (e.g., Designated Infection Control Officer or DICO). In addition to ambulance service demographics, there are ten categories within the assessment. Please mark the following in response to each assessment element:

- Yes for any element that is completed and in place.
- No for any element that is not in place.

Please contact the MDH-ICAR team at <u>health.icar@state.mn.us</u> with any questions or concerns.

Section 1: Ambulance Service Demographics

Ambulance Service Information
Ambulance Service Full Name:
Location (Street, City, Zip code):
Date of Assessment:
Medical Director (Name):
Ambulance Service Supervisor or Point of Contact (Name, Email Address, Phone Number):
Is the ambulance service accredited? \Box Yes \Box No
If yes, list the accreditation organization:
Which procedures are performed by the ambulance service? Select all that apply.
IV insertion/peripheral venous access
L Endotracheal intubation
Respiratory suctioning
Point-of-care testing (e.g., blood glucose monitoring)
\Box Automistering injectable medications (SQ, IW, IV push, IO, etc.)
Other (places list):

Ambulance Service Information
Number of staff for this ambulance service (include volunteer, paid, full-time, and part-time): Paramedics: EMTs: Support Staff: Other:
Average number of calls/transports per week: Calls: Transports:
Does the ambulance service have a Designated Infection Control Officer (DICO)? □ Yes □ No If yes, answer the next two questions.
 Please check DICO infection control duties/activities within the organization. Select all that apply. DICO is specifically trained in infection prevention and control Assists with policy and procedure development Provides education on infection control topics (i.e., hand hygiene, donning/doffing PPE, safe injection practices, cleaning/disinfection of equipment) Tracks employee vaccination/immunity history Provides employee vaccination (i.e., influenza) Monitors employee exposure to bloodborne pathogens Audits infection prevention and control practices Ensures availability of safety devices (e.g., needless syringes, etc.) Other (please list):
Frequency of contact with DICO: Monthly Quarterly Annually Only as needed
Does the ambulance service have a representative that regularly attends health care coalition meetings? Yes No

Section 2: Infection Prevention and Control Assessment

A. Infection Control Program and Infrastructure

Elements to be Assessed	Assessment	Notes
 Written infection control policies and procedures are available and incorporate evidence-based guidelines (e.g., CDC/HICPAC, OSHA), regulations, or standards. 	□ Yes □ No	
2. An annual risk assessment that includes infection prevention and control is conducted.	□ Yes □ No	
3. Infection control policies and procedures are reassessed at least annually or according to state or federal requirements, and updated as necessary.	□ Yes □ No	
4. Ambulance service has a screening process to identify potentially infectious persons at initial point of patient encounter (e.g., fever, respiratory symptoms, new rash, and travel).	□ Yes □ No	

B. Health Care Personnel Safety

	Elements to be Assessed	Assessment	Notes
1.	Ambulance service has a bloodborne pathogen (BBP) exposure control plan. Note: A model template, which includes a guide for creating an exposure control plan that meets OSHA requirements is available at <u>Model Plans and Programs for the OSHA Bloodborne Pathogens</u> and Hazard Communications Standards	□ Yes □ No	
	(https://www.osha.gov/Publications/osha3186.html).		
2.	Personnel are trained on the BBP exposure control plan. Training includes: a. What a BBP is (e.g., hepatitis B, HIV) b. What a BBP exposure is c. What to do if a BBP exposure occurs	 Yes I No Yes No Yes No Yes No 	
	Training occurs: a. Upon hire b. Annually	□ Yes □ No □ Yes □ No	

	Elements to be Assessed	Assessment	Notes
3.	Personnel are aware of EMS BBP exposure law that requires every Minnesota hospital to establish a follow-up exposure process for the EMS personnel. <u>MDH: Emergency Medical Services Personnel Exposure Law</u> (https://www.health.state.mn.us/facilities/patientsafety/ infectioncontrol/ems-agency.html)	□ Yes □ No	
4.	Ambulance service tracks exposure events and evaluates event data and develops/implements corrective action plans to reduce incidence of such events.	□ Yes □ No	
5.	A process is in place with hospital or local public health to notify ambulance service if an infectious patient diagnosis is confirmed and there is potential personnel exposure (e.g., meningitis, tuberculosis, etc.).	□ Yes □ No	
6.	A process is in place for transport of a patient in transmission- based precautions (e.g., contact precautions for <i>Clostridioides</i> <i>difficle</i> , MRSA).	□ Yes □ No	
7.	Ambulance service follows recommendations of the Advisory Committee on Immunization Practices (APIC) for immunization of health care personnel including no-cost offering: a. Hepatitis B (required) b. Influenza c. Measles, Mumps, Rubella (MMR) d. Varicella e. Tdap <u>MDH: Recommended Vaccines for Health Care Professionals</u> (https://health.state.mn.us/people/immunize/basics/hcpvax.html)	 Yes □ No 	
8.	All health care personnel receive baseline tuberculosis (TB) screening upon hire.	□ Yes □ No	
9.	Ambulance service has a plan for personnel follow-up if exposure to TB or annual screening if in high-risk area.	□ Yes □ No	
10	. If respirators are used, the ambulance service has a respiratory protection program that details required worksite-specific procedures and elements for required respirator use, including provision of medical clearance, training, and fit testing as appropriate.	□ Yes □ No	

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Elements to be Assessed	Assessment	Notes
11. Ambulance service has policies/procedures concerning personnel who have potentially transmissible conditions. These include:	🗆 Yes 🗆 No	
a. Work-exclusion policies that encourage reporting of illnesses.b. Education of personnel on prompt reporting of illness to supervisor.	□ Yes □ No □ Yes □ No	
12. While in the field, who would ambulance personnel contact with questions or concerns about an infectious disease/condition of a patient?	Contact:	

C. Hand Hygiene

	Elements to be Assessed	Assessment	Notes
1.	All personnel are educated regarding appropriate indications for hand hygiene: a. Upon hire b. Annually	□ Yes □ No □ Yes □ No	
2.	Personnel are required to demonstrate hand hygiene competency: a. Upon hire b. Annually	□ Yes □ No □ Yes □ No	
3.	Ambulance service regularly audits (monitors and documents) personnel hand hygiene compliance.	□ Yes □ No	
4.	Ambulance services provides feedback from audits to personnel regarding their hand hygiene performance.	□ Yes □ No	
5.	Supplies necessary for adherence to hand hygiene are readily accessible to personnel in and out of the ambulance.	□ Yes □ No	

D. Personal Protective Equipment (PPE)

	Elements to be Assessed	Assessment	Notes
1.	 PPE is available and readily accessible in various sizes: a. Gloves b. Clothing cover (e.g., gown) c. Facial protection (goggles or face shield) d. Simple mask e. N95 respirator f. Powered air purifying respirator (PAPR) 	 Yes No 	
2.	Personnel have access to a second uniform if contamination with blood or bodily fluids occur.	□ Yes □ No	
3.	Personnel receive training on proper selection and use of PPE: a. Upon hire b. Annually c. When new equipment or protocols are introduced	□ Yes □ No □ Yes □ No □ Yes □ No	
4.	Personnel receive education on standard precautions: a. Upon hire b. Annually	□ Yes □ No □ Yes □ No	
5.	Personnel receive education on transmission-based precautions: a. Upon hire b. Annually	□ Yes □ No □ Yes □ No	
6.	Personnel are required to demonstrate competency with selection and use of PPE following each training.	□ Yes □ No	
7.	Ambulance service regularly audits (monitors and documents) adherence to proper PPE selection and use.	□ Yes □ No	
8.	Ambulance service provides feedback from audits to personnel regarding their performance with selection and use of PPE.	□ Yes □ No	
9.	Ambulance service evaluates PPE for design, fit, comfort, and feedback from frontline staff regarding performance.	□ Yes □ No	

E. Injection Safety

□ Not Applicable – BLS SERVICE ONLY

Please complete this category if your ambulance service offers both ALS and BLS.

	Elements to be Assessed	Assessment	Notes
1.	Safety devices are used for all injectable medications and procedures.	□ Yes □ No	
2.	Personnel who prepare and/or administer medications receive training on safe injection practices: a. Upon hire b. Annually c. When new equipment or protocols are introduced	□ Yes □ No □ Yes □ No □ Yes □ No	
3.	Personnel are required to demonstrate competency with safe injection practices following each training.	□ Yes □ No	
4.	Ambulance service regularly audits (monitors and documents) adherence to safe injection practices.	□ Yes □ No	
5.	Ambulance service provides feedback from audits to personnel regarding their adherence to safe injection practices.	□ Yes □ No	
6.	Ambulance service has policies and procedures to track personnel access to controlled substances to prevent narcotics theft/diversion. Note: Policies and procedures should address how data are reviewed, how agency would respond to unusual access patterns, how agency would assess risk to patients if tampering (alteration or substitution) is suspected or identified, and who the facility would contact if diversion is suspected or identified.	□ Yes □ No	
7.	Ambulance service utilizes single-dose vials in the care of patients whenever possible.	🗆 Yes 🗆 No	
	a. Are any multi-dose vials currently used by ambulance service?	🗆 Yes 🗆 No	
8.	All sharps are disposed of in a puncture-resistant sharps container.	□ Yes □ No	

F. Respiratory Hygiene/Cough Etiquette

Elements to be Assessed	Assessment	Notes
 Ambulance service has a policy and/or procedure to contain respiratory secretions in patients who have symptoms of a respiratory infection. Process includes: 	🗆 Yes 🗆 No	
a. Placing a facemask on a coughing patient upon scene arrival and through the durations of the ambulance transport.b. If the patient cannot tolerate a mask, ambulance personnel wear a mask.	□ Yes □ No □ Yes □ No	
2. Ambulance service educates personnel on the importance of infection prevention measures to contain respiratory secretions to prevent the spread of respiratory pathogens.	□ Yes □ No	

G. Point-of-Care Testing (e.g., blood glucose meters)

□ Not Applicable – BLS SERVICE ONLY

Please complete this category if your ambulance service offers both ALS and BLS.

	Elements to be Assessed	Assessment	Notes
1.	Single-use, safety device lancets are available and used for blood glucose testing.	□ Yes □ No	
2.	Personnel who perform point-of-care testing receive training on recommended practices: a. Upon hire b. Annually c. When new equipment or protocols are introduced	 □ Yes □ No □ Yes □ No □ Yes □ No 	
3.	Personnel are required to demonstrate competency with recommended practices for point-of-care testing following each training.	□ Yes □ No	
4.	Ambulance service regularly audits (monitors and documents) adherence to recommended practices during point-of-care testing.	□ Yes □ No	
5.	Ambulance service provides feedback from audits to personnel regarding their adherence to recommended practices.	□ Yes □ No	
6.	Blood glucose meters are cleaned and disinfected after each patient use per manufacture recommendations.	□ Yes □ No	

H. Environmental Cleaning

	Elements to be Assessed	Assessment	Notes
1.	 Ambulance service has written policies and procedures for ROUTINE cleaning and disinfection of: a. Environmental surfaces in the ambulance b. Equipment such as gurneys, spinal boards, and blood pressure cuffs 	□ Yes □ No □ Yes □ No	
2.	Supplies necessary for appropriate cleaning and disinfection procedures are easily accessible (e.g., EPA-registered disinfectants).	□ Yes □ No	
3.	 Policies and procedures are in place for the use of the medical bag. These include: a. Where to set bag down at the scene b. Not going into the bag with dirty hands c. Specific area for putting dirty equipment into the bag (i.e., keep clean and dirty area separate) 	 Yes No Yes No Yes No Yes No 	
4.	Personnel who clean and disinfect the ambulance and equipment receive training on cleaning procedures:a. Upon hireb. Annuallyc. When new equipment or protocols are introduced	□ Yes □ No □ Yes □ No □ Yes □ No	
5.	Ambulance service regularly audits (monitors and documents) adherence to cleaning and disinfection procedures, including using products in accordance with manufacturer's instructions (e.g., dilution, storage, shelf-life, contact time).	□ Yes □ No	
6.	Ambulance service provides feedback from audits to personnel regarding their adherence to cleaning and disinfection procedures.	□ Yes □ No	
7.	Ambulance has a policy and/or procedure for decontamination of spills of blood or other bodily fluids.	□ Yes □ No	
8.	Ambulance service has policies and/or procedures for containment/disposal of human waste (i.e., urine, stool, vomit).	□ Yes □ No	
9.	Ambulance service has trained staff on handling and disposal of regulated medical waste (i.e., items to place in red bag).	□ Yes □ No	

I. Device Reprocessing

□ Not Applicable – Ambulance service DOES NOT reprocess devices.

	Elements to be Assessed	Assessment	Notes
1.	Ambulance service has policies and procedures to ensure that reusable medical devices are cleaned, high-level disinfected, or sterilized according to the Spaulding Criteria prior to use on another patient. For example: reusable devices such as laryngoscope blade handles, Magill forceps, etc.	□ Yes □ No	
2.	Policies and procedures are in place for transport of contaminated reusable medical devices for cleaning, high-level disinfection, or sterilization.	□ Yes □ No	
3.	Ambulance service regularly audits (monitors and documents) adherence to reprocessing procedures.	□ Yes □ No	
4.	Ambulance service provides feedback from audits to personnel regarding their adherence to reprocessing procedures.	□ Yes □ No	
5.	Protocols are in place to ensure that personnel can readily identify devices that have been properly reprocessed and are ready for use.	□ Yes □ No	

J. Preventing Device-Associated Infections

Elements to be Assessed	Assessment	Notes
1. Personnel receive training on care of urinary catheters. Training includes: emptying bag aseptically, maintain closed system, no pulling/tugging, maintain unobstructed urine flow, and bag below level of bladder.	□ Yes □ No	
2. Personnel receive training on care of central lines. Training includes: scrub the hub, accessing the catheter, dressing intact, no pulling on line, importance of proper technique with accessing, clamps on if not in use.	□ Yes □ No	

Section 3: Infection Control Guidelines and Other Resources

General Infection Prevention

- <u>CDC: Infection Control Guideline Library</u> (<u>https://www.cdc.gov/infectioncontrol/guidelines/index.html</u>)
- <u>APIC: Guide to Infection Prevention in Emergency Medical Services</u> (<u>https://apic.org/professional-practice/implementation-guides/#implementaion-guide-7466</u>)

Health Care Personnel Safety

- <u>CDC: Guideline for Infection Control in Health Care Personnel (PDF)</u> (https://www.cdc.gov/hicpac/pdf/InfectControl98.pdf)
- MDH: Recommended Vaccines for Health Care Personnel (PDF) (https://www.health.state.mn.us/people/immunize/basics/hcpvax.pdf)
- <u>OSHA: Bloodborne Pathogens and Needlestick Prevention</u> (https://www.osha.gov/SLTC/bloodbornepathogens/index.html)
- <u>OSHA: Respirator Fit Testing</u> (<u>https://www.osha.gov/video/respiratory_protection/fittesting_transcript.html</u>)
- APIC: Infographics (http://professionals.site.apic.org/infographic/)

Hand Hygiene

- <u>CDC: Hand Hygiene in Healthcare Settings (https://www.cdc.gov/handhygiene/)</u>
- <u>CDC: Guidelines for Hand Hygiene in Healthcare Settings</u> (<u>https://www.cdc.gov/infectioncontrol/guidelines/hand-hygiene/index.html</u>)

Personal Protective Equipment (PPE)

- <u>CDC: Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in</u> <u>Healthcare Settings</u> (<u>https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html</u>)
- <u>CDC: Protecting Healthcare Personnel (https://www.cdc.gov/HAI/prevent/ppe.html)</u>
 - <u>Guidance for the Selection and Use of Personal Protective Equipment in Healthcare</u> <u>Settings (PDF) (https://www.cdc.gov/hai/pdfs/ppe/PPEslides6-29-04.pdf)</u>

Injection Safety

- <u>CDC: Injection Safety (https://www.cdc.gov/injectionsafety/)</u>
- <u>CDC: One and Only Campaign (https://www.oneandonlycampaign.org/)</u>

Respirator Hygiene/Cough Etiquette

 <u>CDC: Influenza (Flu) Infection Control in Health Care Facilities</u> (<u>https://www.cdc.gov/flu/professionals/infectioncontrol/index.htm</u>)

Point-of-Care Testing

- <u>CDC: Infection Prevention during Blood Glucose Monitoring and Insulin Administration</u> (<u>https://www.cdc.gov/injectionsafety/blood-glucose-monitoring.html</u>)
- <u>CDC: Frequently Asked Questions (FAQs) regarding Assisted Blood Glucose Monitoring and</u> <u>Insulin Administration (https://www.cdc.gov/injectionsafety/providers/blood-glucose-</u> <u>monitoring faqs.html)</u>

Environmental Cleaning

 <u>CDC: Environmental Infection Control Guidelines</u> (<u>https://www.cdc.gov/infectioncontrol/guidelines/environmental/index.html</u>)

Equipment Reprocessing

 <u>CDC: Disinfection and Sterilization Infection Control Guidelines</u> (<u>https://www.cdc.gov/infectioncontrol/guidelines/disinfection/index.html</u>)

Minnesota Department of Health Infection Control Assessment and Response (ICAR) Program 651-201-5414 <u>health.icar@state.mn.us</u> <u>www.health.state.mn.us/icar</u>

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To obtain this information in a different format, call: 651-201-5414.