

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT –Basic, EMT –Paramedic**

SMO: Body Substance Isolation

Overview: Body substance isolation should be used for all patient contacts if the pre-hospital provider may be exposed to blood or other body fluids.

INFORMATION NEEDED

- Assume all patients are carriers of infectious / contagious disease
- If specific contagion is identified respond with appropriate BSI protection (e.g. TB appropriate fitted mask with filtration system, gown, and gloves.
- If disease etiology dictates, mask and cover patient appropriate to minimize exposure.
- Review patient chart for specifics to contagion.
- Make sure annual testing and prophylaxis is accomplished
- Make sure proper testing and BSI equipment is available for use prior to patient response.

Use BSI:

- Potential respiratory contagion in a closed ambulance environment.
- Potential contagion from blood and body fluids during a trauma patient response
- Potential contagion during an invasive skill (e.g. needle stick)

RECOMMENDATIONS

- Gloves should be worn when handling blood, body fluids, mucous membranes, non-intact skin, and body tissues. Double glove if necessary.
- New gloves should be worn for each patient contact. Hands must be washed (wet or dry wash) after glove removals and between patient contact
- If splash of blood or body fluid is anticipated, a full face shield or goggles and facemask should be worn.
- If emergency ventilatory support is necessary. A resuscitation mask with one-way valve and filter or bag valve mask should be used.
- Do not recap needles. Promptly place sharps in a designated puncture resistance, protected lid container.
- Place all soiled linen in a properly marked laundry bag before sending in to laundry or leaving at hospital
- Do not launder contaminated clothes with regular laundry. Wash separately then rinse washer with at least a 1-10 bleach solution.
- Use a solution of 1 part bleach to 10 parts water (or equivalent solution) to clean equipment, clean spills, and decontaminate walls, floors, and other objects soiled with blood or body fluids.
- If pre-hospital provider has a skin break (cut, abrasion, dermatitis, etc) use gloves and clothing to protect from exposure with blood or body fluids.
- Be vaccinated and have proper annual testing
- Significant exposure to and possible contamination from blood or body fluids should be reported immediately (see Exposure Reporting Procedure).
- Patients should be asked if they are allergic to latex. Non-latex equipment should be used on all

patients that have latex allergies.

Documentation of adherence to protocol:

- BSI used
- Documentation of situation in which potential exposure or exposure occurred.
- Nature of contagion.
- Person or agency exposure reported to and additional information regarding origination of transfer, number of people potential exposed, duration of exposure and receiving facility.

Medical Control Contact Criteria

- Contact medical control for patient and contagion information.

PRECAUTIONS AND COMMENTS

- Make sure that proper BSI equipment is available prior to patient encounter
- Since there is no reliable, immediate means to identify infected patients, pre-hospital care providers should be equally cautious when caring for all patients.