






Blood and Body Fluid Precautions for EMS

| PROCEDURE |  |  |  |  |  |
|---|---|---|--|---|---|
| Patient/family interview & discussion | ✓ | | | | |
| Patient assessment or care procedures that DO NOT require touching non-intact skin, open wounds, body fluids, or soiled dressings or linens | ✓ | | | | |
| Patient assessment or care procedures that DO require touching non-intact skin, open wounds, body fluids, or soiled dressings or linens | ✓ | ✓ | | | |
| Patient assessment or care procedures of a patient who has active respiratory symptoms, cough, sneezing, vomiting, or diarrhea | ✓ | ✓ | ✓ | ✓ | |
| Establishing venous access, drawing blood, or administering IV medications | ✓ | ✓ | | | Avoid if possible, or complete in hospital prior to transport. Place sharps in container immediately. |
| Draining urine collection system or handling/inserting Foley catheter | ✓ | ✓ | | | Avoid if possible, or complete in hospital prior to transport. |
| Procedures likely to cause vigorous coughing <ul style="list-style-type: none"> Administration of nebulized medications Tracheal suctioning Placement / adjustment of advanced airway Placement/adjustment of NG tube | ✓ | ✓ | ✓ | ✓ | When possible without compromising patient condition ventilate using BVM without invasive airway. |
| Procedures likely to cause blood / fluid splattering <ul style="list-style-type: none"> Cricothyrotomy Direct pressure on arterial bleed | ✓ | ✓ | ✓ | ✓ | Be proactive when considering the potential for splatter and don mask and eyewear BEFORE starting. |
| After the call: handling soiled waste, linens, or other materials that are NOT extensively soiled or “dripping” blood or body fluids. | ✓ | ✓ | | | |
| After the call: handling soiled waste, linens, or other materials that ARE extensively soiled or “dripping” blood or body fluids. | ✓ | ✓ | ✓ | | |
| After the call: decontamination of the ambulance and durable medical equipment | ✓ | ✓ | | | |

As clinicians we need to exercise judgment in our PPE decisions. For example, wearing gloves through the entire EMS call (“tone to transfer of patient”) creates micro tears in the gloves and actually REDUCES our protection; use of gloves with patients who present NO blood or body fluid risk reduces our tactile senses during assessment and creates a barrier that is off-putting to some patients.

Washing our hands between every patient and using the guidelines above assures safety for caregiver and patient alike. Anticipate blood and body fluid contacts — especially spray — and utilize PPE accordingly.