



**Universal Care**  
**UNIVERSAL PRECAUTIONS**  
**Practice Guideline**

**Policy:** Universal precautions are to be taken to prevent the exposure of personnel to potentially infectious body fluids.

- All EMS providers will routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when anticipating contact with patient blood or other body fluids.
- Non-latex gloves will be worn when in contact with blood or body fluids, mucous membranes or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids and for performing venipunctures or other vascular access procedures.
- Masks and protective eye wear or face shields will be worn to prevent exposure of mucous membranes (mouth, nose and eyes) of the EMS provider during procedures likely to generate droplets of blood or other body fluids, **or to prevent transmission of respiratory infection.**
- Liquid-impervious gowns will be worn during procedures likely to generate droplets of blood or other body fluids (e.g. OB delivery).
- A high efficiency particulate air (HEPA) respirator will be worn when in contact in an enclosed area with a patient suspected of having pulmonary tuberculosis, meningitis, or any other communicable disease transmitted by airborne or droplet method.

**Hand washing:**

- A non-water-based antiseptic cleaner is to be used at the emergency scene whenever body secretions or blood soils the EMS provider's skin. Skin surfaces will be washed with soap and water at the first opportunity.
- Liquid hand soap is preferable to bar soap for hand washing. If bar soap is used, it should be kept in a container that allows water to drain away. The bar should be changed frequently.
- Paper towels will be available to dry hands. A "community" cloth towel is not to be used.
- Hand washing is not to be done in a sink used for food preparation or clean up.

**Disposal of contaminated sharps:**

- Every effort is to be made to avoid injuries caused by needles and other sharp instruments contaminated with blood or body fluids. Safety-engineered sharps should be used whenever practical.
- If a contaminated needle receptacle is not readily available, the cap of the contaminated needle is to be placed on a flat surface and "scooped up" with the contaminated needle to avoid the potential of a needle stick into the hand holding the needle cap.
- Appropriately labeled bio-hazard sharps containers should be disposed of at an appropriate reception site when they are 3/4 full. Needles or other contaminated sharps should never protrude from the bio-hazard sharps container.

**Any prehospital EMS provider who has reason to suspect s/he may have sustained a significant exposure shall follow their departmental procedure for reporting, testing and follow-up.**