

Training Bulletin

Ambulance Service Communicable Disease Standards

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Emergency Health Service Branch
Ministry of Health and Long-Term Care



Ambulance Service Communicable Disease Standards

Introduction

The Ministry of Health and Long-Term Care, Emergency Health Services Branch has completed a review and made revisions to the *Ambulance Service Communicable Disease Standards*. These revisions are the result of the consultation with Public Health Policy and Programs Branch of the Public Health Division of the Ministry of Health and Long-Term Care, Ontario Association of Paramedic Chiefs (OAPC), Medical Advisory Committee (MAC), Ornge and Ontario Base Hospital Group (OBHG). The standards have been revised to ensure that specific vaccine preventable disease schedules are up to date. The training bulletin has been developed to explain the changes to the standards and to clarify the expectations regarding communicable diseases.

Part A – Vaccine Preventable Diseases

The purpose of the standard is to provide direction to certified ambulance service operators with respect to prevention and management of infectious disease of public importance. Table 1 – Part A in the *Ambulance Service Communicable Disease Standards*, as required by clause 6(1)(h) of O. Reg. 257/00 under the *Ambulance Act*, outlines the mandatory immunizations requirements for each EMA, paramedic or paramedic student.

Each EMA, paramedic and paramedic student shall provide a valid certificate signed by a physician to their service operator as outlined in the Ambulance Service Communicable Disease Standards.

For these specific vaccine preventable diseases, the schedules have been updated to be consistent with the Canadian Immunization Guide (CIG).¹ The vaccines recommended for health care workers that are part of the routine schedules are outlined in the CIG and for those who are considered at risk as per their occupational demands.

Vaccines are very effective in preventing diseases. These standards are in place to protect the EMA, paramedic and paramedic student, their patients, community and their families.

¹ Canadian Immunization Guide, Part 3- Vaccination of Specific Populations
<http://www.phac-aspc.gc.ca/publicat/cig-gci/p03-eng.php>

The following table outlines the specific changes to the information regarding the mandatory immunizations.

Disease	Change in the Schedule
Tetanus Diphtheria	<ul style="list-style-type: none"> • 3 dose series if unimmunized. • Tetanus diphtheria (Td) booster doses is every 10 years
Polio	<ul style="list-style-type: none"> • It is divided into a separate category from Tetanus and Diphtheria. • 3 dose series if previously unimmunized or unknown polio immunization history.
Pertussis	<ul style="list-style-type: none"> • New vaccine added to schedule. • 1 single dose of tetanus diphtheria acellular pertussis (Tdap) vaccine regardless of age if not previously received in adulthood.
Varicella (Chickenpox)	<ul style="list-style-type: none"> • No change to number of doses. • 2 dose series if no evidence of immunity. • Persons with self-provided history of Varicella/Chickenpox should no longer be assumed to be immune.
Measles	<ul style="list-style-type: none"> • It is divided into a separate category from Mumps and Rubella. • Change to number of doses. • 2 dose series if no evidence of immunity regardless of age. • Documentation is required to indicate 2 doses of live measles virus vaccine given after their first birthday, or laboratory evidence of immunity prior to or upon employment, regardless of year of birth.
Mumps	<ul style="list-style-type: none"> • It is divided into a separate category from Mumps and Rubella. • Change to the number of doses. • 2 dose series if no evidence of immunity.
Rubella	<ul style="list-style-type: none"> • It is separated into a separate category from Mumps and Rubella. • No change.
Hepatitis B	<ul style="list-style-type: none"> • No change. • Depending on the age when the Hepatitis B (HB) series began, some people may receive a 2 dose schedule (for adolescents 11 to 15 years of age), while others may have received a 4 dose schedule if they are on an accelerated immunization schedule. The general schedule for adults is a 3 dose series. Regardless of the series, serologic testing needs to be completed within 1-6 months after completing the series to confirm immunity. • For paramedics who have documentation of receiving a complete HB vaccine series but does not have documentation of anti-HBs serology following immunization further information can be found in the Canadian Immunization Guide, Part 4 Active Vaccines, Hepatitis B Vaccine under the Workers Section http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-hepb-eng.php

Note: Some vaccines provide protection against multiple diseases.

For example:

- MMR vaccine provides protection against measles, mumps and rubella
- Td protects against tetanus and diphtheria
- Td-IPV protect against tetanus, diphtheria, pertussis and polio
- Tdap protects against tetanus, diphtheria and pertussis

Part B - Reportable Communicable Diseases

In Ontario there is a list of the Reportable Communicable Diseases set out in Ontario Regulation 559/91² under the *Health Protection and Promotion Act* (HPPA). These diseases must be reported to the Medical Officer of Health under the authority of HPPA.³

Table 1 – Part B in the Standard outlines the communicable diseases for which each EMA, paramedic or paramedic student must be free from as required by clause 6(1)(g) of O. Reg. 257/00 under the *Ambulance Act*. No communicable diseases have been listed, however, it is expected that each EMA, paramedic or paramedic student will follow their workplace employment practice for exposure and reporting of communicable diseases while consulting with the local Public Health Unit as to a current list of communicable diseases of concern. As stated in the Communicable Disease Management Section, 2.(c) of the *Patient Care and Transportation Standards*, ‘employees who are exhibiting an acute symptomatic illness that may be communicable should not be involved in the assessment of or direct delivery of care to a patient’.⁴

² Specifications of Reportable Diseases, Health Protection and Promotion Act, Ontario Regulation 559/91
http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_910559_e.htm

³ Exposure of Emergency Service Workers to Infectious Disease Protocol
http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/exposure_emergency_service_workers.pdf

⁴ Patient Care and Transportation Standards, EHSB-MOHLTC, October 2007
http://www.ambulance-transition.com/pdf_documents/standards_patient_care_and_transportation.pdf

