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Report of the Week

"BSI and Scene Safety—words all EMS providers know by heart."

5/3/2012

Report Number: 06-0000371

Report Date: 07/17/2006 14:04

Synopsis

Ambulance crew exposed to Hepatitis C infected blood.

Event Description

The engine crew responded on a medical call along with the ambulance crew for a child with abdominal pain. The patient was loaded in the ambulance and the medic had started patient care. When the patient's Dad got in the ambulance, he was extremely out of breath and required medical attention. Patient care was started on the Dad. On the way to the hospital, the medic started a line on the Dad. In the process, the medic got blood all over the inside of the ambulance. After the patient was taken in the hospital the engine crew assisted with decon on the inside of the ambulance. We found out after arriving at the station that the patient had Hepatitis C. All members wore the appropriate PPE but the mess was a lot worse than it should have been. Also, the medic on the ambulance wiped his hands on his duty pants to get the blood off.

Lessons Learned

Always wear PPE and be aware of any body fluid spills or problems. Know the proper decon procedures for bodily fluids and other contaminations.

Demographics

Department type: Combination, Mostly volunteer

Job or rank: Fire Fighter

Department shift: Straight days (8 hour)

Age: 34 - 42

Years of fire service experience: 17 - 20

Region: FEMA Region VII

Service Area: Urban

Event Information

Event type: Non-fire emergency event: auto extrication, technical rescue, emergency medical call, service calls, etc : Blood Exposure

Event date and time: 06/26/2006 15:26

Hours into the shift: 5 - 8

Event participation: Involved in the event

Weather at time of event:

Do you think this will happen again? Yes

What were the contributing factors?

- Human Error
- Training Issue
- Individual Action

What do you believe is the loss potential?

- Life threatening injury

Report of the Week

One of the first phrases/mnemonics that we are taught as EMS providers is the old standby of “BSI and Scene Safety.” When is the last time you heard these words uttered on the scene of an actual emergency incident? BSI (body substance isolation) and scene safety are two of the most critical components to an EMS provider’s safety.

Many EMS providers may feel that the back of the unit is their “safe haven” when in fact it could be the most dangerous place to work. Report [06-371](#) reminds us that we are exposed to not only working in a small confined area, but the hazards associated within that area. In report [06-371](#), the call starts out as simple medical scene with one patient and quickly turns into something else.

“The engine crew responded on a medical call along with the ambulance crew for a child with abdominal pain. The patient was loaded in the ambulance and the medic started patient care. When the patient’s father got in the ambulance, he was extremely out of breath and required medical attention. Patient care was initiated on the father. On the way to the hospital, the medic started a line on the father and in the process the medic got blood all over the inside of the ambulance. After the patient was taken in the hospital, the engine crew assisted with decontamination on the inside of the ambulance. After arriving at the station, we found out that the patient had Hepatitis C. All members wore the appropriate PPE, but the mess was a lot worse than it should have been. Also, the medic on the ambulance wiped his hands on his duty pants to get the blood off.”

Think back on your calls and I bet you can remember a similar situation. Luckily for these providers, their “BSI and Scene Safety” kicked in and they wore the proper PPE.

Working around bodily fluids is a constant hazard and we must remember to not let our guard down and use the “BSI and Scene Safety” mnemonic. The effects of contracting such diseases like hepatitis can be devastating. According to the Centers for Disease Control and Prevention (CDC), Hepatitis C virus (HCV) infection is the most common chronic bloodborne infection in the United States. About 3.2 million people are chronically infected with HCV. The most common early symptoms are mild fever, headache, muscle aches, fatigue, loss of appetite, nausea, vomiting and diarrhea. However, many chronic carriers remain symptom free or develop only a mild condition. It is important to note that HCV is primarily spread by exposure to human blood. It is not spread by food, water or casual contact. No vaccines currently exist for HCV. For a full description of the symptoms and long-term effects of HCV, visit www.cdc.gov/ncidod/diseases/hepatitis/c/fact.htm.

Once you have reviewed the full report, consider the following:

“BSI and Scene Safety – words all EMS providers know by heart.”

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1. What body fluids fall under the recommendations for using universal precautions?
2. You arrive at the scene of a pedestrian struck and observe an 8 year old bleeding profusely from a scalp laceration. Holding the 8 year old is a disheveled looking middle aged man with blood on his sleeves and chest with torn pants and a torn shirt. The man is also bleeding from abrasions and cuts to his arms, face and knees. Which of the two would lead you to more likely take universal precautions and why?
3. How has your department's exposure notification procedures been affected by HIPAA (Health Insurance Portability and Accountability Act)?
4. When did you last review the three elements of universal precautions (PPE, engineering controls, and work practice controls) with the members of your shift/department?
5. Are there body substances or fluids that do not require universal precautions?

Related Reports – Topical Relation: Body Substance Isolation, Violent Patients, EMS Scene Safety

[11-416](#)

[11-383](#)

[10-1256](#)

Have you experienced a similar EMS related event? Submit your report to www.firefighternearmiss.com today and be part of the team that provides vital information to protect other firefighters.

Note: The questions posed by the reviewers are designed to generate discussion and thought in the name of promoting firefighter safety. They are not intended to pass judgment on the actions and performance of individuals in the reports.

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