

Infection Prevention and Control Self-Assessment Tool for Emergency Medical Services



This tool is intended for use in emergency medical services (EMS) settings to systematically assess an agency's infection prevention and control (IPC) practices, guide [quality improvement activities](#) (e.g., by addressing identified gaps), and support action planning. The goal is to help agencies improve IPC practices, reduce the transmission of multidrug-resistant organisms (MDROs), and reduce healthcare-associated infections through direct observation and assessment. This is not meant to supersede or satisfy state or federal regulatory requirements.

Effective IPC is essential in the EMS setting, where providers routinely encounter patients in uncontrolled environments and face potential exposure to infectious agents. Strong IPC practices protect both EMS personnel and patients, reduce the risk of disease transmission, and support continuity of EMS operations. For a comprehensive assessment of overall EMS readiness, please refer to the National Emerging Special Pathogens Training & Education Center (NETEC) – [EMS Assessment Areas](#).

Instructions

To evaluate IPC-related practices, complete the tool by responding to each question and selecting “Yes,” “No,” or “N/A,” when applicable. Responses should reflect the agency’s current practices. Action statements are provided throughout the tool to offer strategies for addressing identified gaps. Agencies seeking additional information or discussion on their IPC practices can request a consultation with the Infection Control Assessment & Response (ICAR) Unit via email at CDS.ICAR@doh.nj.gov.

Overview

This self-assessment provides a structured approach to reviewing your agency’s key IPC domains, including:

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|---|---|
| 1. Infection Prevention & Control (IPC) Program | 5. Cleaning, Disinfection, & Waste Disposal |
| 2. Education, Training, and Exercises | 6. Multidrug-Resistant Organisms (MDROs) |
| 3. Communicable Disease Exposures & Personnel Safety | 7. Respiratory Pathogens |
| 4. Hand Hygiene & Personal Protective Equipment (PPE) | 8. Injection Safety & Point-of-Care Testing |

Definitions

Healthcare Personnel (HCP): All paid and unpaid people serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air.

Audit: Direct observation or monitoring of HCP adherence to job-specific infection prevention measures.

Competency Assessment: The verification of IPC competency using knowledge-based testing and direct observation. If direct observation is not included in a competency assessment, use an alternative method to ensure HCP possess essential knowledge, skills, and abilities.

Feedback: A summary of audit findings that are used to target performance improvement.

Demographics

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|----|---|
| 1. | Date of assessment: |
| 2. | Agency name: |
| 3. | Agency address: |
| 4. | Agency county/zip code: |
| 5. | Agency provider type: ☐ Government ☐ Private ☐ Hospital-Based ☐ Fire Department Based ☐ Career ☐ Volunteer ☐ Other: |
| 6. | Agency services (Select all that apply): ☐ Basic life support ☐ Advanced life support ☐ Specialty care transport ☐ Air medical unit ☐ Mobile intensive care unit |

Action: Refer to the applicable New Jersey Administrative Code (N.J.A.C.) for applicable health regulations. See the NJDOH [instructions for viewing regulations](#) to guide you to the applicable chapters (e.g., N.J.A.C. 8:40-8:41).

1. Infection Prevention & Control (IPC) Program		Yes	No
1.	Does your agency have a written IPC plan?	☐	☐
1a.	If yes, is the plan reviewed and updated at least annually?	☐	☐
	<i>Action: Develop or update a comprehensive IPC plan using the Administration for Strategic Preparedness and Response (ASPR) EMS Infectious Disease Playbook structure. Create an annual review cycle that compares policies with ASPR, the Centers for Disease Control and Prevention (CDC), and the Occupational Safety and Health Administration (OSHA).</i>		
2.	Is there a Designated Officer responsible for managing the Ryan White Act infectious-disease exposure notification process?	☐	☐
	<i>Action: Designate a trained Designated Officer responsible for managing infectious disease exposure notifications and requests in accordance with Part G of the Ryan White HIV/AIDS Program legislation.</i>		
3.	Is there a Designated Infection Control Officer (DICO) with specific training who is responsible for managing and implementing IPC policies and plans?	☐	☐
	<i>Action: Assign responsibility for the infection prevention and occupational exposure program in accordance with applicable NFPA 1580 infection-control standards and OSHA/PEOSH requirements, including the Bloodborne Pathogens (BBP) Standard (29 CFR 1910.1030).</i>		
3a.	If yes, is the DICO up to date with the ASPR, the Association for Professionals in Infection Control and Epidemiology (APIC), CDC , and OSHA guidelines?	☐	☐
3b.	If yes, is the individual certified through the International Board of Specialty Certification as a Certified Designated Infection Control Officer (DICO-C)?	☐	☐
4.	Are IPC policies included in the standard operating procedures (SOP) manual, communicated to all personnel, and available to all personnel?	☐	☐
4a.	Which IPC topics are covered in the written SOP or policies? (Select all that apply): ☐ Hand Hygiene ☐ Donning and Doffing PPE ☐ PPE breaches ☐ Biohazard/Waste management ☐ Cleaning and disinfection of transport vehicle and equipment ☐ Standard Precautions ☐ Transmission-Based Precautions ☐ Pathogens of concern/high-consequence infectious diseases (HCIDs) ☐ Hierarchy of controls ☐ BBP		
	<i>Action: Each agency shall develop and maintain a written SOP manual that includes a copy of applicable N.J.A.C. Title 8, chapter 40-41, but the rules themselves shall not constitute a complete SOP manual. The SOP manual shall reflect the methods of daily operation and shall be consistent with the provisions of N.J.A.C. Refer to the applicable subchapter related to general administrative requirements (e.g., N.J.A.C. 8:40-3.5, N.J.A.C. 8:41-3.12) and New Jersey EMS Infection Control Guidelines (2018).</i>		
2. Education, Training, and Exercises		Yes	No
1.	Does the agency provide IPC training, education, and competency assessment for new HCPs?	☐	☐
1a.	If yes, is the training documented?	☐	☐
	<i>Action: Staff should receive education and training in communicable diseases and related IPC practices as per N.J.A.C. 8:40-3.5 and N.J.A.C. 8:41-3.12 Standard operating procedures manual. Review the following resources for key IPC-focused materials: CDC/CDC Train, NETEC EMS Procedural Guidelines for Special Pathogens, ASPR EMS Infectious Disease Playbook, APIC Guide to Infection Prevention in EMS & Emerging Infectious Diseases, and NJDOH Project First Line Infection Control Micro Learns for EMS (English Spanish).</i>		
2.	Does the agency provide recurrent education and competency assessments (e.g., annually or quarterly)?	☐	☐
2a.	If yes, is the training documented?	☐	☐
3.	Which IPC practices are included in training, education, and competency assessments? (Select all that apply): ☐ Hand Hygiene ☐ Donning and Doffing PPE ☐ PPE breaches ☐ Biohazard/Waste management ☐ Cleaning and disinfection of transport vehicle and equipment ☐ Standard Precautions ☐ Transmission-Based Precautions ☐ Pathogens of concern/HCIDs ☐ Hierarchy of controls ☐ BBP		

3. Communicable Disease Exposures & Personnel Safety		Yes	No
1.	Does the agency have a screening process to identify HCIDs at the initial point of contact (e.g., fever or other symptoms, travel, call location)?	☐	☐
Action: Refer to the ASPR EMS Infectious Disease Playbook Dispatcher and Responder Actions (pg. 4).			
2.	Does the agency have an established process with hospitals or local public health to ensure notification when an infectious disease is confirmed and there is potential exposure to EMS personnel (e.g., meningitis, tuberculosis, measles)?	☐	☐
Action: Review N.J.A.C. 8:57-2.2 Healthcare professional and administrator reporting and compliance obligations with respect to reportable communicable diseases, infections, and conditions.			
3.	Is post-exposure evaluation and follow-up provided at no cost to the personnel?	☐	☐
4.	Are personnel trained on when and how to report an exposure or adverse event?	☐	☐
Action: Ensure there is a system to communicate reportable events to the Department, consistent with the provisions of the applicable N.J.A.C. (e.g., N.J.A.C. 8:40-3.7 and N.J.A.C. 8:41-3.10).			
5.	Is there an occupational health policy that addresses when ill personnel should not report to work and notify their supervisor?	☐	☐
Action: Review the recommendations in the APIC Guide to Infection Prevention in Emergency Medical Services to develop a plan for pathogen-specific work restrictions.			
6.	Does the agency have a written OSHA-compliant Exposure Control Plan that addresses potential hazards posed by specific services provided by the agency (e.g., BBP)?	☐	☐
Action: Develop and/or review the agency-specific Exposure Control Plan. Employers with employees who have potential occupational exposure to blood or other potentially infectious materials (OPIM) are required by OSHA 29 CFR 1910.1030 to develop, maintain, and implement a written Exposure Control Plan. Refer to Appendix D – Model Exposure Control Plan and OSHA Model Plans and Programs document.			
7.	How often are personnel trained in managing a BBP exposure event? (Select all that apply): ☐ Upon hire ☐ Annually ☐ When new tasks increase exposure risk ☐ With new processes/products ☐ Other:		
8.	Does the agency track exposure events, evaluate event data, and develop/implement a corrective action plan to reduce the incidence of such events?	☐	☐
9.	Does the agency conduct baseline Tuberculosis (TB) screening for all new personnel?	☐	☐
10.	Does the agency have a policy to assess personnel risk for TB (based on regional, community data) and require periodic (at least annual) TB screening if indicated?	☐	☐
Action: Agencies and services licensed by NJDOH should refer to the NJDOH 2019 memo regarding healthcare personnel tuberculin skin testing and CDC Baseline TB Screening and Testing for HCP .			
11.	Does the agency standardize pre-employment immunization requirements for personnel in accordance with public health vaccination recommendations?	☐	☐
11a.	If yes, which immunizations/proof of immunity are required? ☐ Hepatitis B ☐ Influenza ☐ Meningococcal ☐ Measles/Mumps/Rubella ☐ Varicella (chickenpox) ☐ Tetanus/Diphtheria/Pertussis (Td/Tdap) ☐ COVID-19 ☐ Other:		
Action: Refer to CDC Vaccine-Specific Recommendations and Immunize.org Healthcare Personnel Vaccination Recommendations for a list of all recommended immunizations for HCP. Hospital-based agencies should refer to the NJDOH 2020 memo regarding compliance with N.J.S.A. 26:2H-18.79 Influenza vaccination in healthcare facilities.			
12.	Does the agency offer Hepatitis B vaccination to all personnel who may be exposed to blood or body fluids as part of their job duties?	☐	☐
Action: HCP who have ongoing contact with patients or blood, and are at ongoing risk of percutaneous injuries, should be tested for anti-HBs 1 to 2 months after completing the three-dose vaccination series. Non-responders must receive a second three-dose series and be retested after the second series. Non-responders must be medically evaluated. Refer to OSHA Standard 1910.1030 FAQ .			

4. Hand Hygiene & Personal Protective Equipment (PPE)		Yes	No
1.	Are hand hygiene and PPE supplies (gloves, masks, gowns, and eye protection) available on all transport vehicles?	☐	☐
	<i>Action: Ensure transport vehicles are equipped with hand hygiene and PPE supplies in compliance with N.J.A.C. 8:40-6.5 and N.J.A.C. 8:41-3.4 Basic equipment and supplies.</i>		
2.	Are hand hygiene and PPE donning/doffing protocols reinforced during training?	☐	☐
	<i>Action: Conduct PPE and hand hygiene training using the NETEC resources, including The Role of PPE in EMS Operations, ASPR EMS Infectious Disease Playbook recommendations, and CDC Sequence for Putting on PPE.</i>		
3.	Are there audits or monitoring of hand hygiene compliance and PPE donning/doffing?	☐	☐
	<i>Action: Review CDC Hand Hygiene in Healthcare Settings and CDC Core IPC Practices for Safe Healthcare Delivery in All Settings and implement routine hand hygiene compliance audits; see NJDOH ICAR Infection Prevention & Control: Observational Audit vs. Competency Assessment. Consider partnering with local hospitals to obtain emergency department audit data for EMS personnel.</i>		
4.	Are all personnel fit-tested initially and, at minimum, annually for N95 or higher-level respirators, as per the OSHA Respiratory Protection Program (RPP)?	☐	☐
	<i>Action: Refer to OSHA 1910.134 – Respiratory protection, OSHA Major Requirements of OSHA’s Respiratory Protection Standard 29 CFR 1910.134, and the National Institute for Occupational Safety and Health (NIOSH) Respirator Selection and Use.</i>		
5.	Are PPE usage logs or supply tracking logs maintained?	☐	☐
	<i>Action: Implement logs to track usage and ensure that PPE supplies are restocked in compliance with N.J.A.C. 8:40-6.5 and N.J.A.C. 8:41-3.4 Basic equipment and supplies. Refer to the NJDOH EMS Toolbox for resources, including checklists and logs.</i>		
5. Cleaning, Disinfection, & Waste Disposal		Yes	No
1.	Are ambulances and reusable patient care equipment routinely cleaned and disinfected between patient transports using U.S. Environmental Protection Agency (EPA)-registered hospital-grade disinfectants per the manufacturer’s instructions for use?	☐	☐
1a.	If yes, list the product(s) used:		
	<i>Action: Ensure cleaning and disinfection policies align with N.J.A.C. 8:40-4.5 and N.J.A.C. 8:41-4.2 Vehicle sanitation. Review the CDC Environmental Infection Control Guidelines and develop an agency-specific rig audit tool that incorporates IPC elements. Consider the Ambulance Rig Check Form as an example template. Review the Metropolitan Chicago Healthcare Council’s IPC Guidance for EMS Providers.</i>		
2.	Are protocols in place for cleaning and disinfecting the ambulance and equipment after transporting patients suspected or confirmed to have an HCID?	☐	☐
2a.	If yes, list the product(s) used:		
3.	Is regulated medical waste properly labeled, stored during transport, and disposed of?	☐	☐
	<i>Action: Review the Virginia Healthcare Emergency Management Program’s Waste Management for EMS Agencies (2025).</i>		
4.	Are objective methods (e.g., fluorescent markers, adenosine triphosphate [ATP] bioluminescence) used to assess the effectiveness of cleaning?	☐	☐
4a.	If yes, please describe:		
	<i>Action: Review the NJDOH Evaluation of Environmental Cleaning using Fluorescent Markers (English Spanish).</i>		

6. Multidrug-Resistant Organisms (MDROs)		Yes	No
1.	Are personnel educated on CDC-targeted MDROs and their associated risks? • Pan-resistant organisms • Carbapenemase-producing (CP) carbapenem-resistant Enterobacterales (CRE) • Carbapenemase-producing carbapenem-resistant <i>Pseudomonas</i> spp. (e.g., CP-CRPA) • Carbapenemase-producing carbapenem-resistant <i>Acinetobacter baumannii</i> (CP-CRAB) • <i>Candida auris</i> (<i>C. auris</i>), also known as <i>Candidozyma auris</i>	☐	☐
<i>Action: Create and implement MDRO education and patient handling as part of the communicable disease guidelines/SOP per N.J.A.C. 8:40-3.5 and N.J.A.C. 8:41-3.12. MDRO burden varies by region. Recommend working with state and local public health partners to review MDRO statistics.</i>			
2.	Does the SOP manual address safe management and handling of patients with MDROs?	☐	☐
2a.	If yes, please describe:		
3.	Which type(s) of PPE are used for the management of patients with MDROs? (Select all that apply) ☐ Gown ☐ Gloves ☐ Mask ☐ Respirator ☐ Face shield ☐ Goggles ☐ Other:		
<i>Action: Review or create an SOP that addresses education/training, transport, and use of Transmission-based Precautions based on CDC Appendix A. Refer to NJDOH Antimicrobial Resistance and CDC MDRO Management Guidelines for novel and targeted MDROs.</i>			
4.	Is the patient's MDRO status communicated to the receiving healthcare facility (e.g., via patient care reports, Universal Transfer Form [HFEL-7])?	☐	☐
<i>Action: Create a policy and process to review the Universal Transfer Form and its completion instructions to ensure proper precautions and transport measures are in place, and to relay the information to receiving facilities.</i>			
7. Respiratory Pathogens		Yes	No
1.	What PPE is required when caring for a patient with respiratory symptoms? (Select all that apply): ☐ Gown ☐ Gloves ☐ Mask ☐ Respirator ☐ Face shield ☐ Goggles ☐ Other:		
2.	Is there an SOP to address the safe transport of patients with suspected or confirmed HCID (e.g., Nipah virus, MERS) or highly transmissible infectious diseases (e.g., TB, measles)?	☐	☐
<i>Action: Review Health Security publication High-Consequence Infectious Disease Patient Transport Concept of Operations for US Department of Health and Human Services Region 2, NJDOH Measles Guidance for First Responders, CDC Measles Preparedness and Response in Healthcare Settings, and NETEC Beyond Flu Season: Understanding the Seasonality of Special Pathogens. Consider adopting the MNDOH Highly Transmissible Infectious Disease Screening Guidance.</i>			
3.	Are personnel trained on routine seasonal respiratory pathogens (e.g., flu, COVID-19, RSV)?	☐	☐
<i>Action: Develop respiratory pathogens training based on the ASPR EMS Infectious Disease Playbook and NJDOH Respiratory Viruses. Refer to the Public Safety Group Flu, RSV, and COVID: Teaching EMTs and Paramedics to Prepare for the Seasonal Increase in Respiratory Incidents.</i>			
4.	Are seasonal respiratory illness trends monitored and shared with EMS personnel?	☐	☐
<i>Action: Routinely monitor NJDOH Respiratory Illness Dashboard and CDC Respiratory Virus Activity Levels.</i>			
5.	Is there a masking policy for personnel and/or patients during the respiratory season or periods of increased community transmission?	☐	☐
<i>Action: Review and create a plan for masking staff and/or patients during the respiratory season based on CDC Preventing Transmission of Viral Respiratory Pathogens in Healthcare Settings.</i>			

8. Injection Safety & Point-of-Care Testing		Select N/A when the question is not applicable (e.g., BLS)		Yes	No
1.	Is there an SOP in place for the use of devices/items related to injection safety to prevent the transmission of BBP or infectious diseases (e.g., blood glucose monitors, blood analyzers, transfusions, IV fluid administration) and to prevent harm or needlestick injuries?	☐	☐		
<i>Action: Develop or review the SOP to ensure it requires a sterile, single-use, disposable needle and syringe for each injection and prevents contamination of injection equipment and medication. Refer to the CDC Safe Injection Practices to Prevent Transmission of Infections to Patients and NJ P.L.2025, c299.</i>					
2.	Which injection safety and point-of-care testing practices are included in training, education, and competency assessments? (Select all that apply): ☐ Blood glucose testing ☐ Glucagon ☐ Epinephrine ☐ Sharps disposal ☐ Aseptic technique ☐ Medication preparation ☐ IV administration ☐ Auto-injectors				
3.	Are single-dose vials/injectors used whenever possible, and never reused between patients?	☐	☐		
4.	Are multi-dose vials available/used?	☐	☐		
4a.	If yes, multi-dose vials are available (Select all that apply): ☐ Dated when they are first opened ☐ Discarded within 28 days unless the manufacturer specifies a different beyond-use date ☐ Treated as a single-dose vial and discarded				
<i>Action: Review or develop an SOP or protocol to ensure that if multi-dose vials enter an occupied patient treatment area (e.g., bay), they are dedicated solely to that patient and discarded immediately after use.</i>					
5.	Are sterile, single-use needles and syringes used for every injection?	☐	☐		
6.	Are injectable medications prepared as close as possible to the time of administration and not routinely pre-drawn and stored for later use? <i>Select N/A if only prefilled syringes are available.</i>	☐	☐	☐	N/A
7.	Are used sharps disposed of immediately in puncture-resistant sharps containers?	☐	☐		
8.	Are sharps containers conveniently located in all EMS units, stored properly, and not overfilled?	☐	☐		
<i>Action: Ensure vehicles are equipped with appropriate containers and a process for timely disposal per N.J.A.C. 8:41-4.2 Vehicle sanitation.</i>					
9.	Are IV ports disinfected with an appropriate antiseptic before access?	☐	☐	☐	N/A
10.	Are any injection-related adverse events or near-misses reported and investigated?	☐	☐		
<i>Action: Recommend reviewing safe injection practices and implementing a peer-to-peer audit process to ensure practice aligns with SOP and the manufacturer's instructions for use. Review CDC resources: Preventing Unsafe Injection Practices and Injection Safety Resources for Providers.</i>					
11.	Does the agency perform blood specimen point-of-care testing (e.g., glucometer, lactate analyzer)?	☐	☐		
11a.	If yes, are staff trained in using point-of-care devices, including knowledge checks and/or skill demonstrations?	☐	☐		
11b.	Is adherence to blood specimen point-of-care testing audited?	☐	☐		
<i>Action: Follow manufacturer's instructions for use for point-of-care testing and adhere to appropriate cleaning and disinfection of machines as per N.J.A.C. 8:41-3.7 Biomedical equipment testing and maintenance and N.J.A.C. 8:41-6.3 Medication controls, inventory, storage and recordkeeping. Review the CDC Considerations for Blood Glucose Monitoring and Insulin Administration and consider implementing audits using the NJDOH Infection Prevention & Control Audit Tool: Blood Glucose Monitoring and UNC SPICE Injection Safety Competency Validation: POC. Consider partnering with local hospitals to obtain emergency department audit data for EMS personnel.</i>					
NOTES:					