

| | **Policy Title: Infection Control** |  | | --- | --- |  | **Policy Number: 455.10** |  | **Created: 3/23** |  | | --- | --- | --- | --- | | **Section: Operations** |  | **Revised:3/23** |  | |
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**Purpose:** The purpose of this policy is to provide a comprehensive infection control program that maximizes employee protection against communicable diseases for all members of the Pinion Pine Fire Department, for any patients while performing care, and the public they serve.

**Scope:** This policy applies to all personnel of the Pinion Pine Fire Department and shall comply with the Occupational Safety and Health Administration Regulations, 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens, comply with CDC Guidelines for Preventing the Transmission of Mycobacterium tuberculosis, comply with CDC Transmission-Based Precautions for the prevention of airborne and droplet diseases, and comply with NFPA 1581

**Standard on Fire Department Infection Control Program.**

The Pinion Pine Fire Department recognizes that communicable disease exposure is an

occupational health hazard. Communicable disease transmission is possible during any aspect of

emergency response, including in-station operations and daily routine activities. The health and welfare of each member is a joint concern of the member, the chain of command, and this department. While each member is ultimately responsible for his/her own health, the department recognizes a responsibility to provide for a safe work environment.

The occupational hazards of communicable diseases are unseen but real. An effective Infection Control Program provides the means to minimize; but not eliminate, occupational health risks and/or exposure occurrences.

The goal of the Infection Control Program is to provide department members with the best

available training, education, prevention, and protection from occupationally acquired

communicable diseases.

It is the policy of the Pinion Pine Fire Department;

▪ To provide fire, rescue and emergency medical services to the public without regard to

known or suspected diagnosis of a communicable disease in any patient.

▪ To regard all patient contacts as potentially infectious. Standard precautions will be

observed at all times and will be expanded situationally per patient encounter to including

all body parts and other potentially infectious material.

▪ To provide all members with the required training, immunizations, and personal

protective equipment (PPE) necessary for protection from communicable diseases.

▪ To recognize the need for work restrictions based upon infection control concerns.

▪ To prohibit discrimination of any member for health reasons, including infection of a

communicable disease; known or suspected, with HIV or HBV viruses.

▪ To regard all member medical information as strictly confidential. No member’s health

information will be released without signed written consent from the member.

To identify those tasks and corresponding job positions within the Pinion Pine Fire Department for which it can be reasonably anticipated that an exposure to blood, or other body fluids, or other potentially infectious materials including droplet and airborne materials may occur; and to identify the procedure for evaluation of the circumstances surrounding exposure incidents.

All new members shall receive bloodborne pathogens training prior to responding to emergency scenes.

**Exposure Determination:**

The following tasks are reasonably anticipated to involve exposure to blood, or other potentially infectious materials including airborne and/or droplet.

▪ Providing emergency medical care to injured or ill patients or bystanders. Some examples include: establishing intravenous access – performing airway intubation – controlling bleeding.

▪ Cleaning or disinfecting of blood contaminated equipment

▪ Rescue of victims from hostile environments, including burning structures, water

contaminated areas, or oxygen deficient atmospheres.

▪ Extrication of persons from vehicles, machinery, or collapsed excavations or structures.

▪ Recovery and/or removal of bodies from any situation cited above, exposure to hazardous materials emergencies, both transportation and fixed sites, involving potentially

infectious substances.

The following job positions within the Pinion Pine Fire Department are reasonably anticipated to involve exposure to blood, body fluids, or other potentially infectious substances in the performance of their duties:

Company Officers, Engineers, Firefighters, Emergency Medical Technicians, Paramedics, Fire Prevention Personnel, and /or Fire Investigators.

**Selection and Use of Personal Protective Equipment:**

▪ Emergency response often is unpredictable and uncontrollable. While blood is

the single most important source of HIV, HBV, and HCV infection in the work

place, in the field it is safest to assume that all body fluids are infectious. For this

reason, PPE should be chosen to provide barrier protection against all body fluids

except body sweat.

▪ In general, members should select PPE appropriate to the potential for spill,

splash, or exposure to body fluids. No Best Practice Guideline or PPE ensemble

can cover all situations. Common sense should be used.

▪ Disposable gloves should be worn during patient contact when potential exists for

contact with blood, body fluids, non-intact skin, or infectious material. All members should carry extra pairs of disposable gloves in turnout coats and/or EMS jumpsuits.

▪ Gloves should be replaced as soon as possible when soiled, torn, or punctured.

Wash hands after glove removal.

▪ Disposable gloves should not be reused or washed and disinfected for reuse.

▪ Where possible, gloves should be changed between patients in multiple casualty

situations.

▪ Structural firefighting gloves should be worn in situations where sharp or rough

edges are likely to be encountered.

▪ Heavy-duty utility gloves may be used for the handling, cleaning,

decontamination, or disinfection of potentially contaminated patient care

equipment.

▪ Facial protection should be used in any situation where splash contact with the

face is possible. Facial protection may be afforded by using both a face mask and

eye protection, or by using a full-face shield. When treating a patient with

suspected or known airborne transmissible disease, face masks should be used.

The first choice is to mask the patient; if this is not feasible, mask the member(s).

▪ Face shields on structural firefighting helmets should not be used for infection

control purposes.

▪ Fluid-resistant gowns are designed to protect clothing from splashes. Structural

firefighting gear also protects clothing from splashes and is preferable in fire,

rescue, or vehicle extrication activities. Gowns may interfere with, or present

hazard to the member in these circumstances. The decision to use barrier

protection to protect clothing, and type of barrier protection used should be left to

the member. Structural firefighting gear should always be worn for fire

suppression and extrication activities.

▪ Under certain circumstances, structural firefighting gear also may be used for

barrier protection.

**Scene Operations:**

The blood, and tissues of all patients are considered potentially infectious, and Standard

Precaution Guidelines should be used for all patient contact.

While complete control of the emergency scene is not possible, scene operations, as

much as possible, should attempt to limit splashing, spraying, or aerosolization of body

fluids.

The minimum number of members required to complete the task safely should be used

for all on-scene operations. Members not completing the task should remain a safe

distance from operations where communicable disease exposure is possible or

anticipated.

Hand washing is the most important infection control process. Members should wash

hands:

▪ After removing PPE.

▪ After glove removal.

▪ After each patient contact.

▪ After handling potentially infectious materials.

▪ After cleaning or decontaminating equipment.

▪ After using the bathroom.

▪ Before eating.

▪ Before and after handling or preparing food.

Hand washing with soap and water should be performed for ten to fifteen seconds. If

soap and water is not available at the scene, a waterless sanitizer may be used, provided

that a soap and water wash is performed immediately upon return to quarters or hospital.

Eating, drinking, smoking, handling of contact lenses, or applying cosmetics or lip balm is

prohibited at the scene of operations.

Used needles and other sharps should be disposed of in approved sharps containers.

Needles should not be recapped, bent, broken or separated from disposable syringes. The

most common occupational blood exposure occurs when needles are recapped.

Sharps containers should be easily accessible on-scene.

Disposable resuscitation equipment should be used whenever possible. For CPR, the

order of preference is:

▪ Disposable bag-valve mask.

▪ Demand valve resuscitator with disposable mask.

▪ Disposable pocket with one-way valve.

▪ Mouth-to-Mouth resuscitation.

Mouth-to-Mouth resuscitation should be performed only as a last resort if no other

equipment is available. All members should be issued pocket masks with one-way valves

to minimize the need for mouth to mouth resuscitation. Disposable resuscitation

equipment should be kept readily available during on-scene operations.

Personal protective equipment should be removed after leaving the work area, and as

soon as possible if contaminated. After use, all PPE should be placed in leak proof bags,

color coded and marked as biohazard, and transported back to the station for proper

disposal.

On-scene public relations should be handled by the Senior on scene department member. The public should be reassured that infection control PPE is used as a matter of routine for the protection of all members and the victims they treat.

The use of PPE does not imply that a given victim may have a communicable disease.

No medical information should be released on scene. Media queries should be referred to the Fire Chief. Patient confidentiality should be maintained at all times.

At conclusion of on-scene operation, all potentially contaminated patient care equipment

should be removed for appropriate disposal or decontamination and reuse.

**Post Response:**

Upon return to quarters, contaminated equipment should be removed and replaced with

clean equipment. Supplies of PPE on response vehicles should be replenished.

Contaminated equipment should be stored only in the decontaminated area. Cleaning and

decontamination should be performed as soon as practical.

Disposable equipment and other biohazard waste generated during on-scene operations

should be stored in the biohazard disposal area in appropriate leak proof containers.

Sharps containers, when full, should be closed and placed in the biohazard disposal area.

Gloves should be worn for all contact with contaminated equipment or materials. Other

PPE should be used depending on splash or spill potential. OSHA requires utility gloves

for cleaning, disinfecting, or decontamination of equipment.

Eating, drinking, smoking, handling contact lenses, or applying cosmetics or lip balm is

prohibited during cleaning or decontamination processes.

Disinfection should be performed with a department approved disinfectant or with a 1:10

solution of bleach in water. All disinfectants should be tuberculocidal and EPA approved

and registered.

Any damaged equipment should be cleaned and disinfected before being sent out for

repair.

The manufacturer's guidelines should be used for the cleaning and decontamination of all

equipment. Unless otherwise specified an EPA-registered sodium hypochlorite product

is preferred, but if such products are not available, generic versions of sodium

hypochlorite solutions (e.g., household chlorine bleach) may be used.

▪ Durable equipment (backboards, splints, laryngoscope handles/blades) use a

1:100 dilution (500–615 ppm available chlorine) to decontaminate nonporous

surfaces after cleaning a spill of either blood or body fluids in patient care settings.

Equipment should be allowed to air dry.

▪ Delicate equipment, (radios, cardiac monitors, etc.) should be wiped clean of any

debris using hot soapy water, wiped with clean water, then wiped with

disinfectant or 1:100 bleach solution. Equipment should be allowed to air dry.

▪ If a spill involves large amounts of blood or body fluids, use a 1:10 dilution

(5,000–6,150 ppm available chlorine) for the first application of germicide before

cleaning.

Work surfaces should be decontaminated with an appropriate disinfectant after completion of their use and after spillage or contamination with blood or potentially infectious materials. Seats on response vehicles contaminated with body fluids from soiled PPE also should be disinfected upon return to the station.

Contaminated structural firefighting gear (turnout coats/bunker pants) should be cleaned

according to manufacturer’s recommendations found on attached labels. Normally, this

should consist of a wash with hot soapy water followed by a rinse of clean water.

Turnout gear should be air-dried. Chlorine bleach may impair the fire-retardant

properties of structural firefighting gear and should not be used.

Contaminated boots should be brush-scrubbed with a hot solution of soapy water, rinsed

with clean water, and allowed to air dry.

Contaminated work cloths (jump suits, t-shirts, uniform pants) should be removed and

exchanged for clean cloths. The member should shower if body fluids were in contact

with skin under work cloths.

Contaminated work cloths should be laundered at the station using hot water. Under no

circumstances should contaminated work clothes be laundered at home by any

member.

Infectious wastes generated during cleaning and decontamination operations should be

properly bagged and disposed of at Kingman Regional Medical Center in a manner

consistent with Arizona Administrative Code Article (AAC R18-13-1401 t0 1420).

**Post Exposure Protocols:**

Any member exposed to blood or potentially infectious material should immediately

wash the exposed area with soap and water or saline eye wash if the eyes are involved.

Any member having an occupational communicable disease exposure should

immediately report the exposure to the department DICO. Needle stick injuries should be

reported to the DICO immediately. Report all of the following to the Fire Chief.

▪ Needle stick injury

▪ Break in the skin caused by a potentially contaminated object.

▪ Splash of blood or other potentially infectious material onto eyes, mucous

membranes, or non-intact skin.

▪ Mouth-to mouth resuscitation without pocket mask/one-way valve.

**Infection Control Reporting:**

The report should include details of the task being performed, the means of transmission,

the portal of entry, and the type of PPE in use at the time.

The Fire Chief/Assistant Fire Chief will act as the Designated Infection Control Officer and should evaluate the report for exposure hazards. If a possible exposure occurred, medical evaluation by a Physician should be arranged by the Infection Control Officer no later than 48 hours post-exposure. If no exposure took place, the Designated Infection Control Officer should complete the communicable disease exposure report, indicating disposition of medical management, and file a report.

The source patient should be traced to the receiving medical facility by the department’s

Designated Infection Control Officer. The Designated Infection Control Officer should

notify the receiving medical facility that a communicable disease exposure took place and

request an infectious disease determination, as provided under the Ryan White Act of

1990. The source patient has the right to refuse such testing under present regulation.

The Department Physician or designee should provide appropriate diagnostic workup and

treatment of members with communicable disease exposures. Services should include

long-term follow-up and member/spouse counseling.

Under the Ryan White Act, medical treatment facilities should notify the department’s

Designated Infection Control Officer of any patient transported by members of the

department with a diagnosis of an airborne transmissible disease. When so notified, the

Designated Infection Control Officer should contact members involved and schedule

medical evaluation with a Physician.

Although not required by the Ryan White Act, medical treatment facilities should provide

similar notification of diagnosis of Bloodborne or other potentially communicable disease

if a member provided care or transportation to the source patient, and if disease

transmission could have taken place. This policy should be carried out through

cooperative agreements between medical treatment facilities and this department. Patient

confidentiality should be preserved in any notification guidance.