TACTICAL ACTION GUIDELINES

1. NUMBER: 9.3.1

2. SUBJECT: ***Infectious Disease Control***

3. POLICY:

   A. This District provides emergency fire, rescue, and emergency medical aid services to all persons within the fire district. The possibility of transmission of a disease from the patient to the rescuer while providing said services is recognized.

   B. Emergency Medical Incidents may entail procedures that involve an inherent potential for mucous membrane or skin contact with blood, body fluids, or tissues or potential for spills or splashes of them upon responders.

   C. The purpose of this document is to provide a policy to address infection control guidelines and to reduce the risk of contracting an infectious disease while in the course of providing emergency medical services. This action plan provides general guidelines of patient care, responder protection, and decontamination.

4. SCOPE: This Policy and Procedure is applicable to all personnel of Grant County Fire District 3.

5. RESPONSIBILITIES:

   A. The District Fire Chief is responsible for ensuring that this Policy and Procedure is followed.
      1. Ascertaining by observation and/or any other means, that this procedure is being followed.
      2. Immediately correcting any deficiencies that may endanger life or property on the emergency scene.
      3. Providing a training program that ensures:
         a. Understanding the modes of transmission of communicable diseases to medical responders.
         b. Appropriate actions to take and persons to contact if exposed.
         c. Understanding the requirements for work practices and protective equipment as specified in this policy.
         d. Understanding the limitations of protective clothing and equipment.
      4. The administrative duties of training record reporting and for documenting (Appendix C) "Breach in Personal Protective Measures Potential Exposures to Communicable Disease.

   B. The officer or the officer's representative is responsible for: Observing by routine

surveillance of the workplace of compliance with work practices and use of protective clothing and/or equipment.

C. The medical responder is responsible for:
   1. Receiving training on communicable diseases, work practices, and protective equipment.
   2. Reporting and completing (Appendix C) paperwork if a potential exposure to communicable disease occurred.
   3. Applying the appropriate work practices, correct use of protective equipment and required decontamination practices.

D. It shall be the responsibility of every EMS person, firefighter and officer engaged in patient care in the District to adhere to this policy and accompanying procedures. Individual responsibilities are spelled out in this plan.

6. DEFINITIONS:

A. BIOLOGICAL AGENTS: Organisms or their by-products.

B. BLOOD: Human blood, human blood compounds, and products made from blood.

C. BLOODBORNE PATHOGENS: Pathologic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

D. CLINICAL LABORATORY: Clinical laboratory means a workplace where diagnostic or other screening procedures are performed on blood and other potentially infectious materials.

E. CONTAMINATED: Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

F. CONTAMINATED LAUNDRY: Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain contaminated sharps.

G. CONTAMINATED SHARPS: Contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

H. DECONTAMINATION: Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or

item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

I. ENGINEERING CONTROLS: Engineering Controls means controls (e.g., sharps containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

J. EXPOSURE INCIDENT: Exposure Incident means a specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from performance of an individual's duties.

K. HANDWASHING FACILITIES: Handwashing Facilities means a facility providing an adequate supply of running potable water, soap and single use towels or hot air-drying machines.

L. LICENSED HEALTHCARE PROFESSIONAL: Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required for Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

M. HBV: Hepatitis B virus.

N. HIV: Human immunodeficiency virus.

O. OCCUPATIONAL EXPOSURE: Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from performance of an individual's duties.

1. Other Potentially Infectious Material:
    a. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, anybody fluid that is visibly contaminated with blood, and all body fluid in situations where it is difficult or impossible to differentiate between body fluids.
    b. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
    c. HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

P. PARENTERAL: Parenteral means piercing mucous membranes or skin barrier through such events as needlesticks, human bites, cuts and abrasions.

Q. PERSONAL PROTECTIVE EQUIPMENT: Personal Protective Equipment is specialized clothing or equipment worn by an individual for protection against a hazard. General work clothes (e.g., uniforms, pants, shirt or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

R. REGULATED WASTE: Regulated Waste means liquid or semi-liquid or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; pathological and microbiological wastes containing blood or other potentially infectious materials.

S. SOURCE INDIVIDUAL: Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to an employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood compounds.

T. STERILIZE: Sterilize means the use of physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

U. UNIVERSAL PRECAUTIONS: Universal Precautions are an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

V. WORK PRACTICE CONTROLS: Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner on which a task is performed.

7. PROCEDURE:

A. Required Protection for Contamination Levels:

1. LEVEL I - <u>Gloves, long sleeved shirt or coat.</u> Shall be worn by all personnel at the scene who may come into direct contact with mucus membranes or non-intact skin of patients, or with any blood or other body fluids.
2. LEVEL II - <u>Gloves, long sleeved shirt or coat, eye protection.</u> Shall be worn during intubations and any time there is a possibility of airborne contaminants (such as C.P.R., or when working near patient's head.)
3. LEVEL III - <u>Full protection clothing, gloves, mask, eye protection.</u> Shall be worn for severe trauma incidents, massive loss of any body fluids, any known contaminated patients (such as Hepatitis, Meningitis, or

HIV/AIDS.)

B. General Patient Care Guidelines:

1. Uniforms with long sleeves should provide adequate protection for most general calls.
2. Wear latex or vinyl gloves when touching patients contaminated with body fluids or with open skin or mucous membranes, or when handling body substances or contaminated surfaces, objects or equipment.
3. Wear mask and eye protection when splashing or spattering is likely.
4. Eye protection shall be worn by those close to patient's head when airborne transmission is possible.
5. Place soiled articles in plastic bags for disposal. Give to ambulance crew to take to hospital for disposal.
6. Place used needles, syringes, etc. in special containers as soon as feasible. **Do not** bend, break or attempt to re-sheath sharps, unless:
   a. It can be demonstrated that there is no feasible alternative.
   b. The action is required by specific medical procedure.
   c. In the two situations above, the recapping or needle removal is accomplished through the use of a medical device or a one-handed technique.
7. Soiled linens and contaminated blankets shall be laundered by the appropriate agency. Usually we will try to trade out with the ambulance or at the hospitals.
8. Clean hands before and after caring for patients or contact with body substances. Remove rings, (and watch if necessary) and clean them as you wash and disinfect hands.
9. When unexpected exposure/contacts occur, with large amounts of blood or body products, remove substance by washing hands, face and exposed areas and replace uniform/clothing. (Pay special cleansing attention to cuts and wounds.) Report to the Duty Officer and fill out Appendix C form, Potential Exposures to Communicable Disease.
10. All responders pregnant or with weeping dermatitis (skin) should refrain from all direct patient care or handling of patient care equipment until condition resolves.
11. Mouth to mask and bag valve resuscitation shall be used in place of mouth-to-mouth resuscitation, whenever possible.
12. High risk patient or procedures require full protective clothing (double gloves, goggles, mask, long sleeved shirt or coat, LEVEL III) to be worn during patient contact and transport.
13. Procedures for trauma patients require double gloves, skin protection, eye protection.
14. Remove gloves by grasping first glove outside wrist (not inside) and pull off by turning glove inside out. Second glove is removed by placing ungloved finger in wrist and pull off by turning glove inside out and place in garbage bag for disposal.

15. Every effort should be made to avoid splashing, spraying or spreading contaminated material or blood/body fluids.
16. Decontamination of personnel and equipment should take place at the hospital or Fire Station.
17. Equipment and personnel shall remain out of service until properly decontaminated.
18. Fresh 1:10 solution of household bleach and water (or approved germicidal soap) shall be used to decontaminate equipment, i.e. backboard, c-collars, straps and other patient contact items.
19. If gloves were not removed after patient contact to handle radio, jump kit, steering wheel, etc. these items should also be decontaminated as needed.
20. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens (e.g., patient compartment or ambulances).
21. Food and drinks should not be kept in medical kits, patient compartment or ambulance, on countertops, or in other storage areas where blood and other potentially infectious materials are present.

C. In Station Housekeeping:
1. Decontamination should not take place where food will be prepared or items such as toothbrushes or razors may be contaminated.
2. Use disposable paper towels. Do not use dish towels, "community" hand towels, dishrags, bath towels and individual hand towels.
3. Handwashing shall be done before preparing food, eating and after using the restroom.
4. After dealing with patients where contamination is likely, a shower and change into clean clothes is recommended.
5. C.P.R. manikins shall be cleaned with a fresh bleach solution (1:10 bleach to water). This may be followed by 70% Isopropyl Alcohol to enhance drying.
6. Laundry:
    a. Contaminated laundry will be handled as little as possible with minimum of agitation.
        1) Contaminated laundry will be bagged or containerized at the location where it was used and will not be sorted or rinsed in the location of use.
        2) Contaminated laundry will be placed and transported in bags or containers labeled or color-coded.
        3) Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry will be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.
    b. The Fire District will ensure that employees/volunteers who have

contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

c. The Fire District will provide laundry facilities, i.e., washer dryer, at the fire station.

d. Employees/volunteers will utilize these machines to decontaminate and clean turnouts, other clothing, linen, jackets, etc.

e. No contaminated clothing etc., may leave the station without first being decontaminated. After decontamination, they may be taken home or sent to laundry.

f. Laundering will utilize a normal laundry detergent. If the materials being laundered are not adversely affected by chlorine bleach an appropriate amount may be used.

g. The outer surfaces of the washer contaminated by the laundry will be decontaminated immediately after starting the washer.

7. Cleaning/Decontamination:

a. All equipment and environmental and working surfaces will be cleaned and decontaminated after contact with blood or other potentially infectious material. Contaminated work surfaces will be decontaminated with an appropriate disinfectant: after completion of procedures; immediately (or as soon as feasible) when surfaces are contaminated or after any spill of blood (or other potentially infectious material) and at the end of the work shift if the surfaces may have become contaminated since the last cleaning.

b. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, will be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

c. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials will be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon a feasible upon visible contamination.

d. Broken glassware which may be contaminated will not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.

See Appendix 09_03_01