

INFECTION CONTROL

A. Purpose

To provide a guideline for all personnel to reduce the risk of exposure to blood and body fluids, and to prevent disease transmission and provide the safest possible working environment.

B. Guideline

Precautions must be taken when probable contact with blood or other body fluids is expected or when there is a suspected or known existence of disease.

C. Patient Handling Procedures

In most cases, EMS will not know what particular disease a patient has contracted. However, most diseases will be represented by one or more signs and symptoms (rash, fever, lesions, vomiting, etc.). In considering this fact, as well as the fact that EMS personnel are educated to treat symptoms and not diagnose, then the correct way to handle infection control problems is by dealing with the symptoms. When discussing preventative measures we will be using tools to protect both the EMS personnel and the patient.

D. Gloves

1. Examination gloves will be worn at all times by Ponderosa Fire Department (PFD) personnel when handling patients. Gloves will prevent the spread of disease from the patient to your hands, or from your hands to the patient.
2. Standard firefighting gloves will provide limited protection from blood and body fluids. During extrication and motor vehicle accident activities, leather gloves are to be worn. If you should move to patient care latex gloves will be worn. Do not use leather gloves for patient handling. They do not provide adequate protection from body fluids.
 - a. Sterile Gloves - these shall always be used for burn treatment and OB deliveries.
 - b. Non-Sterile (examination) gloves - will be worn when treating all other patients with the above exception.
3. Gloves are to be worn once per patient and then discarded. Used latex gloves shall be disposed of in proper waste receptacles such as those located in CCEMS ambulances (i.e. NOT coat pockets, truck floors, jumpkits, tailboards, etc.).

E. Masks and Goggles

1. Mask and goggles will be worn when the need arises, such as with respiratory transmitted diseases and possible exposure to patient body fluids (vomit, feces, urine, blood, etc.). Proper eye/face protection includes glasses, safety glasses or goggles, and surgical style facemasks. Masks and goggles serve several purposes. First, to prevent the wearer from absorbing and inhaling large droplets in the direct contact category. Second, they prevent inhaling and absorbing finer particles. Thirdly, they prevent the spread of microorganisms from host to personnel by the personnel touching mucous membranes before they have a chance to wash their hands.
2. Mouth to mouth - shall not be performed by PFD personnel. Portable cardiopulmonary resuscitation equipment, e.g. Ambo-bag and oral airways shall be used.

F. Decontamination Guidelines

The Following guidelines and recommendations for specific methods that PFD personnel can reduce their risk--and patient risk of infection by thorough hand washing and disinfection of equipment and apparatus.

1. Personal Decontamination
 - a. Hand washing before and after contact with patients is the single most important means of preventing the spread of infection. This is to be done with soap/anti-microbiodical soap immediately upon conclusion of the EMS incident.
 - b. Showering is recommended in instances where contaminants are spread beyond normal protection (i.e., upper arms, legs and uniform).
2. Decontamination of Equipment
 - a. All contaminated equipment must either be disposed of or taken back to the station for proper cleaning after each call. All heavily soiled equipment shall be placed in a contamination bag available on any EMS unit or PVFD unit.
 - b. Soiled reusable equipment (i.e. laryngoscope blades) will be cleaned immediately after use in a 1:16 sporicidin/water solution in accordance with manufacturer's guidelines (or other similar product).
3. Additional Decontamination Guidelines:

- a. The disinfecting agent can also be used as an environmental cleaning agent for floors, walls, seats, and apparatus.
- b. Blood spills shall be cleaned up promptly with the disinfecting solution.
- c. Decontamination procedures are not to be conducted in food preparation areas or bathrooms.
- d. Latex gloves are to be worn while handling contaminated equipment and discarded after use.
- e. All sharps (needles) are to be disposed of in puncture proof sharps containers located on a CCEMS unit.
- f. Clothing and/or bunker gear soiled with blood/body fluids shall be washed immediately using PFD washing and drying equipment according to the protection clothing care policy.
- g. Single patient use/disposable equipment (i.e., oxygen adjunct equipment, gloves, bandages) are to be placed in plastic biohazard waste bags and disposed of by proper means (i.e., taken to HNWMC or given to an EMS unit for disposal).

G. Accidental Exposure

- 1. Definition of exposure - accidental inoculation with blood or blood contaminated instruments such as needles or other sharp instruments and mucous membrane or open skin lesion contact with blood or body fluids from any patient.
- 2. Employee responsibility
 - a. Any exposure must be reported immediately to your immediate supervisor so that the urgency can be determined.
 - b. Any person exposed to blood or body fluids must make note of the exposure on the PFD response report. Make a brief note as to how the exposure occurred, and those personnel involved. Copies should be given to the Fire Chief.

H. Infection Control Reporting

The following steps are to be taken in the event of an incident regarding infection control. This guideline will be activated if one or more of the situations below occur.

1. If any PFD personnel come in contact with a patient's body fluid on any unprotected part of their body.
2. If the patient is a known disease carrier (by information on the scene or through hospital information).
3. If any PFD personnel have been accidentally penetrated with instruments such as needles or other sharp instruments that were used on **any** patient. This must be reported immediately to the senior officer available.
4. Documentation needs to be made within 12 hours of the occurrence in the form of an Incident Casualty Report. With this documentation the following information will be recorded:
 - a. Incident number
 - b. Name of patient
 - c. Patient's address and address of incident
 - d. Hospital patient was transported to
 - e. The patient's doctor's name if available
 - f. Description of the medical problem
 - g. A description of why the need for the report. (Example: EMT was splattered with blood in the face.)
 - h. Action taken on personnel involved (i.e., transported to ER, etc.)
 - i. Include information on what protection and equipment was used by personnel involved in exposure incident.
5. Any department personnel who are ill at the time of an EMS incident are expressly forbidden to respond to that incident.
6. No medically untrained personnel are to perform EMS unless specifically directed by qualified EMS personnel to perform specific function(s).
7. The needless exposure to unnecessary personnel should be avoided at all times.