

# *Augusta County Emergency Services Officers Association*

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## *Fire-EMS Standard Operating Guideline*

<b>Section:</b>	2 General
<b>Title:</b>	Infectious Control Guidelines
<b>Date:</b>	August 2008

### **INFECTIOUS CONTROL GUIDELINES**

**PURPOSE:** To provide all Fire and EMS personnel with information concerning proper guidelines dealing with infectious disease control/prevention.

**POLICY:** This will serve as the Augusta County policy for infection control, and is in accordance with the Augusta Hospital Corporation and the Center of Disease Control (CDC) guidelines.

**OBJECTIVES:** To substantially reduce the risk of personnel contracting infectious diseases during participation in emergency patient care activities.

**RESPONSIBILITY:** All fire and EMS personnel have the responsibility to reduce the risk in contracting infectious diseases, through proper guidelines and immunizations for Hepatitis B.

**DEFINITION OF "SIGNIFICANT EXPOSURE":** Significant (Frank) exposure is defined as contact with any patient's blood or (internal) body fluids (excluding urine, feces, sweat, and tears unless contaminated with blood) such as needle sticks, cuts, splashes into eyes, nose, mouth, and skin surfaces, especially when the exposed skin is chapped, abraded, or afflicted with dermatitis.

**DEFINITION OF "REPORTABLE CONTAGIOUS CONDITIONS":** Conditions which are transmissible by contact with the sick which are required or permitted by law or regulation to be reported to Public Health officials. These contagious conditions may not be known by the pre-hospital care providers at the time of treatment and transport.

**WORK STEPS:**

**1. SPECIFIC INFECTION CONTROL PROCEDURES ARE AS FOLLOWS:**

**A. HANDWASHING:**

1. Hands and forearms should be washed after every patient contact **even when gloves are worn.**
2. Regular soap, water and good friction for 10-15 seconds is all that is needed.
3. In the absence of hand washing facilities, OSHA approved commercial antiseptic hand rinses should be utilized.
4. Periodic application of commercial moisturizing hand lotions preserves the integrity of the skin by limiting chapping and cracking.

**B. USE OF DISPOSABLE GLOVES:**

1. Disposable latex or vinyl gloves will be worn at all times when assisting or directly engaged in patient care activities which involves blood and/or body fluids, and if appropriate should be donned prior to reaching the scene.
2. Protective clothing gloves shall be worn over disposable gloves to provide additional protection where operations involve abrasive surfaces such as vehicle accidents.

**C. USE OF DISPOSABLE MASKS** - disposable cone shaped filtered masks (minimum of 5 microns) will be worn:

1. Treating a patient with a suspected or known airborne communicable disease such as TB, pneumonia, flu.
2. Treating a patient that is vomiting, expectorating, coughing and/or sneezing.
3. Performing all invasive airway procedures such as oropharyngeal airways, Combitube, E.T.'s, etc.
4. Whenever there is any potential for splashing of blood or body fluids.

**D. USE OF EYE PROTECTION** - Splash proof goggles or OSHA approved protective eyeglasses reportedly provide additional protection for the care provider's eyes in the presence of a patient that is profusely vomiting and/or expectorating or whenever there is any potential for splashing of blood or body fluids.

**E. GOWNS OR APRONS** - Disposable gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids, i.e., emergency childbirth.

**F. PERFORMING RESPIRATORY VENTILATION'S** - It is encouraged that a one-way-valve pocket mask or a disposable bag-valve-mask be utilized for ventilating patients.

**G. PERSONNEL** - Any personnel with an impaired immune system should be counseled about the potential risk associated with taking care of patients with any transmissible infection and should continue to follow the recommendations for infection control to minimize risk of exposure to other infectious agents. Personnel who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient care equipment until the condition resolves. Pregnant personnel should be especially familiar with, and strictly adhere to precautions to minimize the risks of transmission.

**H. PATIENTS** - When transferring or treating a patient who is known to suffer from any communicable disease, the transferring facility shall inform the attendant-in-charge of the general condition of the patient and types of precautions to be taken to prevent the spread of the disease. The identity and diagnosis of all patients shall be confidential. No persons known to suffer from any communicable disease shall be refused transportation for that reason.

**I. CLEANING OF EQUIPMENT:**

1. Patient care equipment and other non-disposable devices known or suspected to have been contaminated with blood and/or body fluids must be disinfected following each use.
2. Any instrument used for invasive patient procedures should be cleaned with "instrument" disinfectant per manufacturers recommendations.
3. Surfaces (vehicle walls/floors, stretchers, etc.) exposed to blood and/or body fluids should be cleaned with a (\*) 0.5 bleach solution or approved hospital disinfectant.
4. Soiled linens and clothing should be washed with detergent in water at least 71 C (160 F) for 25 minutes. If water temperature is less than 70 C (158 F), chemicals suitable for low-temperature washing at proper use concentration should be used.
5. Heavy duty household (rubber) gloves will be worn during decontamination process. These gloves may be decontaminated and reused, but should be discarded if they are peeling, cracked, or discolored, or if they have punctures, tears or other evidence of deterioration.

**(\*) 1 part bleach to 9 parts water, mixed fresh on every occasion used.**

**J. DISPOSAL OF TRASH AND WASTE:**

1. Used needles should be placed in a puncture-proof container **without recapping.**
2. Disposable supplies and other trash grossly contaminated with blood and/or body fluids will be disposed of in red plastic bags, sealed. The bag then needs to be labeled with the volunteer company name, phone number, incident number and unit number. The bag is then taken to the health care facility.
3. Heavy duty household (rubber) gloves will be worn during clean-up activities.

**K. MANAGEMENT OF EXPOSURES** - Should a Care Provider receive significant exposure, it is vital that the exposed Care Provider:

1. Be seen in a hospital emergency department (AHC has guidelines to be followed by the emergency physician.
2. Notify your chief officer of the incident.
3. If a patient that was treated and transported to a hospital is later diagnosed as suffering from a communicable disease, the infection control practitioner of that facility shall immediately notify the officer of the rescue squad and/or fire department that transported the patient, the name of the patient and the date and time of the patient's admittance to the facility. The officer shall investigate the incident to determine if any exposure of personnel occurred. The identity and diagnosis of all patients and exposed personnel involved in any such investigation shall be confidential.
4. If any personnel are exposed to a communicable disease, the officer shall immediately notify the infection control practitioner of the receiving facility. The infection control practitioner of that facility shall conduct an investigation and provide information concerning the extent and severity of the exposure and the recommended course of action to the communicable disease liaison officer. Refer to the attached body fluid algorithms for the appropriate process.
5. Any person who becomes aware of the identity or condition of a person known to suffer from any communicable disease or to have suffered exposure to a communicable disease, shall keep such information confidential.
6. Attached is a Infectious Exposure Form that is recommended for use.

**NOTE: INFECTIOUS EXPOSURE FORM AND THE INFECTION CONTROL SUPERVISOR'S REPORT CAN BE FOUND IN SECTION 12, APPENDIX.**