

FREWSBURG FIRE DISTRICT OPERATIONAL POLICY	Section 4	SAFETY AND HEALTH	
	SUBJECT	INFECTIOUS DISEASE EXPOSURE CONTROL PLAN	
	Policy 4-06	PAGE 1 OF 11	DATE: 01-01-2023

I. SCOPE

This policy applies to all Frewsburg Fire District personnel operating during emergency incidents where the possibility to expose to communicable diseases exist.

II. PURPOSE

1. The intention and implementation of this Infectious Disease Exposure Control Plan is as follows:
 - A. To explain how to eliminate or minimize the risk of an exposure.
 - B. To identify which fire department personnel are exposed to communicable diseases.
 - C. To provide information regarding communicable diseases
 - D. To determine high risk patients
 - E. To determine how an exposure can occur
 - F. To explain how to eliminate or minimize the risk of an exposure.
 - G. To provide usable guidelines in the event of an exposure

III. PROCEDURES

1. The Frewsburg Fire District recognizes the potential exposure of personnel to communicable diseases. Each member, regardless of his/her level of emergency medical training, duty assignment or degree of activity within this department, may find themselves exposed to patients', body fluids, soiled linen, contaminated medical equipment/supplies, and/or contaminated needles (sharps).
2. An exposure to a communicable disease while executing duties as a member of the Frewsburg Fire District shall be considered an occupational hazard and any communicable disease contracted as a result of a documented workplace exposure shall be considered occupationally related.
 - a. This objective is accomplished while adhering to the Occupational Health and Safety Administration regulation, 1910.1030 Bloodborne Pathogens.
3. This Exposure and Control Plan will be accessible to all Frewsburg Fire District personnel and will be reviewed and revised, annually or as new or modified procedures become available. Each member will receive a copy.
4. This plan is applicable to all Frewsburg Fire District members regardless of the

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location of the emergency incident and regardless of the transporting ambulance (to include mutual aid).

IV. HOW VIRUSES AND BACTERIA ARE DISPERSED

1. Viruses and bacteria, which cause communicable diseases, can be spread by the following:
 - A. Direct contact with an infected person as casual as a handshake or as intimate as sexual relations. Venereal diseases such as syphilis and gonorrhea are transmitted through sex. In some cases, the common cold is now thought to be transmitted by direct casual contact.
 - B. Contact with contaminated materials such as human secretions on linens or blankets.
 - C. Inhalation of infected droplets when a person coughs or sneezes, aerosolizing the particles.
 - D. Bites, human or animal
 - E. Puncture by a contaminated needle or equipment
 - F. Transfusion of contaminated blood products

V. BLOOD AND BODY FLUID

1. All patients should be assumed to be infectious for HIV and other blood borne pathogens until otherwise proven.
2. When personnel encounter body fluids under uncontrolled emergency situations in which differentiation of body fluids is difficult, if not impossible, they shall treat all body fluids as potentially dangerous.
3. Body fluids include, but are not limited to, the following:
 - A. Blood
 - B. Feces
 - C. Semen
 - D. Nasal secretions
 - E. Pericardial fluid
 - F. Saliva
 - G. Amniotic fluid
 - H. Sputum
 - I. Cerebrospinal fluid

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- J. Sweat
- K. Synovial fluid
- L. Tears
- M. Pleural fluid
- N. Urine
- O. Peritoneal fluid
- P. Vomit

VI. RISK ASSESSMENT

1. It must be recognized that all medical care providers are at risk of exposure to and contracting a communicable disease.
2. All patients need to be assumed having an infectious disease and necessary precautions must be undertaken.
3. It is not only for the member's personal protection but for the patients' protection that this must occur.

VII. EXPOSURE TASKS

1. Exposure tasks are the duties and activities that are performed during and after emergency situations. The level of emergency medical training is relative to the tasks performed and includes, but is not limited to, the following:
 - A. Airway maintenance (e.g., suctioning, insertion of oropharyngeal airway, esophageal obturator, endotracheal tube or other airway device).
 - B. Ventilation (e.g., mouth-to-mask, bag valve mask, or oxygen-powered sources)
 - C. Wound care
 - D. Patient hygiene (e.g., cleaning of vomitus, feces, or urine)
 - E. Intravenous therapy
 - F. Medication administration
 - G. Assistance given by non-emergency medical personnel.
 - H. Clean up of the emergency scene.
 - I. Cleaning and disinfecting the ambulance and/or equipment and regulated waste removal.

VIII. METHODS OF COMPLIANCE

1. Body Substance Isolation (BSI)

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- A. When there is a reasonable chance of exposure to blood and/or body fluids, the fire department will provide appropriate personal protective equipment (PPE). PPE will be considered “appropriate” only if it does not allow blood or potentially infectious materials to pass through to or reach the members clothing, undergarments, skin, eyes, mouth, or other mucous membranes and for the duration of time the PPE is used.
- B. The following infection control garments and equipment shall be provided on each vehicle that responds to emergency incidents:
 1. Latex or equivalent disposable gloves of various sizes
 2. Tyvek or equivalent protective suits
 3. Face masks and eye protection
- C. On all emergency scenes, a minimum of disposable gloves and eye protection shall be worn initially whenever contact with and/or cleaning of patients, body fluids, contaminated medical equipment/supplies, soiled linen and sharps.
 1. Disposable gloves shall be donned enroute to the scene.
 2. Structural firefighting gloves shall be worn by all members in any situation where sharp or rough edges may be encountered (e.g., motor vehicle accidents).
- D. Splash garments are recommended to be used as a part of minimum PPE for all patients and may be downgraded as described in paragraph 3 of this section.
- E. Evaluation of the emergency scene to determine conditions that may require additional protection shall be performed as soon as possible. Appropriate infection control garments and equipment shall be worn when splashing of blood or body fluids is expected to occur.
- F. Situations that require the use of a face mask, eye protection, protective suit and disposable gloves (may require double gloving) include, but are not limited to:
 1. Childbirth
 2. Arterial bleeding
 3. Multi-system trauma
 4. Combative patients (summon for assistance if possible)
 5. Patients with known contagious disease with open wounds, coughing, etc.
 6. Situations where there are copious amounts of any fluid

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G. Situations that require disposable gloves, face masks, and eye protection include, but are not limited to the following:

1. Airway maintenance
2. Intravenous therapy
3. Endotracheal intubation
4. Patients with productive cough

H. If full structural firefighting gear is worn at the emergency scene, it should provide splash protection due to the fact that saturation of the fluid is not likely.

1. Any firefighting gear that is contaminated with blood or body fluids must be decontaminated or treat as contaminated linen.

I. All personnel shall wear and utilize the appropriate infection control garments and equipment, unless personnel temporarily and briefly declined to use said garments and equipment when, under rare and extraordinary circumstances, it was the personnel's professional judgment that in the specific instance the delivery of health care or public safety services, would have posed an increased hazard to the safety of the worker or co-worker.

1. When the personnel make this determination, a report shall be made to the chief officer or senior ambulance officer and the occurrence shall be documented to prevent such occurrences in the future.
2. Disposable gloves shall be changed when soiled, prior to touching equipment that is not used for direct patient care and between patients.

2. Contaminated Sharps Disposal Containers

A. Intravenous catheters, syringes and medication needles are considered to be sharps.

B. All sharps containers shall be:

1. Closeable
2. Puncture resistant.
3. Leak proof on all sides
4. Labeled and color coded with proper warnings.
5. Easily accessible for personnel and located as close as possible to the area of use.
6. Always maintained in an upright position
7. Replaced routinely and not allowed to overfill.

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- C. All sharp containers are disposable and should not be opened, emptied, or cleaned in any manner to prevent the chance of contact with contaminated sharps.
- D. When the sharp container has reached $\frac{3}{4}$ of its capacity, it shall be brought to the emergency department at the hospital and disposed of properly. A new sharps container will be acquired and installed in the ambulance.
- E. The recapping of any sharps shall be avoided whenever possible. Approved sharp containers are provided in the patient compartment of the fire department ambulance.
 - 1. If it becomes necessary to recap a sharp on the scene (e.g., IV established in a house or in no proximity to a sharps container), all personnel shall use the one-handed method, which is while holding the sharp, scoop the sheath onto the sharp. The two-handed method of recapping a sharp is **prohibited**.
- F. It is the policy of the Frewsburg Fire District to bring the sharps container to the emergency department at UPMC Chautauqua to minimize and/or prevent the chance of personnel inadvertently becoming in contact with a contaminated sharp.
- G. At any time, the sharps container is removed from the ambulance, the container shall be:
 - 1. Closed immediately to prevent spillage or protrusion of its content.
 - 2. Placed into a secondary container if leakage or puncture is possible (the second container shall meet all requirements for a contaminated sharps disposal container)

3. Other Regulated Waste Containment.

- A. Regulated waste containers shall be:
 - 1. constructed to contain all contents and prevent leakage and puncture.
 - 2. closable (and kept closed when not in use)
 - 3. properly labeled and color coded with the Biohazard symbol.
 - 4. lined with red bag liners that are properly labeled with the Biohazard symbol.
 - 5. placed into a secondary container if leakage or puncture is possible (this includes the red bag liner, and the secondary container shall meet

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6. all requirements for regulated waste containers)
- B. All regulated waste and/or red bag liners will be disposed of into the properly marked and lined receptacles located in the ambulance, at the fire house or hospital only and the red bag liner replaced.
 1. If at all possible, non-regulated waste (e.g., bandage wrappings, boxes, etc.) should not be disposed of into regulated waste containers and may be disposed of into regular trash receptacles only if not soiled with body fluids.
- C. The emergency scene shall be policed for any waste and disposed of properly prior to ambulance departure. No waste, regulated or non-regulated, shall remain on any emergency scene.
- D. The area in which regulated waste disposal containers are located in the firehouse shall be properly marked with the Biohazard symbol in accordance with OSHA Standard 1910.130.

4. Personnel and Other Compliance.

- A. Eating, drinking, smoking, applying cosmetics and lip balm, handing contact lenses and the storage of food and/or beverages is prohibited in the ambulance and work areas where there is a reasonable likelihood of exposure to body fluids.
- B. Personnel with open lesions, wounds, or weeping sores on their hands and arms shall refrain from direct patient contact.
- C. Hands and other exposed parts of the body shall be washed as soon as possible after the termination of the emergency incident (most preferably, prior to departing the hospital). Gloves shall be removed, and the hands washed, even if gloves appear to be intact. Soap and warm water shall be used when the facilities are available.
 1. If facilities are not available such as in the field, antiseptic towelettes shall be made available and used with clean paper towels. Hands then shall be properly washed when the facilities become available.
- D. Mouth to mouth resuscitation shall not be performed by any personnel. The use of bag-valve mask, oxygen powered resuscitator, pocket mask (w/non-rebreather valves) or other ventilatory equipment is the only allowable method of patient ventilation. The suctioning of blood or body fluids by mouth is

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prohibited.

- E. Needles will not be bent, sheared or inserted into mattresses, linens, or seats. It is the responsibility of the person using the needle to assure of its safe disposal. All needles are disposable and are not to be used from patient to patient.
- F. Vacutainer blood tubes used to acquire venous blood in the field shall be placed into properly marked plastic biohazard bags and sealed.
 - 1. Vacutainer tubes shall not be taped to the IV bags to prevent the possibility of breakage in case they become loose and fall.
- E. Personnel that may respond to emergency incidents in their personal vehicles will be supplied with the appropriate PPE and equipment so as not to delay medical treatment, with a focus of protecting the pre-hospital care provider.
- F. Any personal contaminated clothing shall be:
 - 1. Removed as soon as possible (if necessary, the hospital can supply "scrub" clothing)
 - 2. Placed into the properly marked red bags.
 - 3. Be taken to an approved laundry for decontamination.
 - 4. Be cleaned, laundered, decontaminated and/or be disposed of at no cost to the member.
- G. No contaminated clothing shall be taken home for cleaning.
- H. The chief officer and/or the ambulance supervisor shall be informed of any clothing that is soiled and requires decontamination.

5. Laundry

- A. All linens, regardless of cleanliness, shall be replaced after each patient use.
- B. All linens shall be considered contaminated laundry, placed into properly marked red bags for transport to the hospital and shall be handle utilizing the necessary BSI techniques and shall be placed into the proper receptacle at the hospital, regardless of if the patient is transported or not transported.
- C. If the soiled linen has the potential for soaking or leaking through a red bag liner or container, the linen shall be placed into a secondary (or more if required) red bag liner or container.

6. Cleaning of Ambulance, Equipment, and the Regulated Waste Area

- A. For the purpose of this section of the Exposure Control Plan, the regulated waste area at the fire house will include the designated area for cleaning and decontamination of equipment.

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- B. Decontamination will be performed utilizing appropriate BSI.
- C. An approved decontamination solution shall be 1-part sodium hypochlorite (5.25% household bleach) to 10 parts water (1:10 mixture) or other approved disinfectant that may be acquired from the hospital.
 - 1. The disinfecting solution shall be carried on the ambulance and located in the regulated waste area.
- D. All areas that have been decontaminated with the 1:10 solution shall be flushed with water to prevent the corrosion of metallic equipment or surfaces.
- E. Any equipment that is not compatible with the 1:10 solution (e.g., electronic equipment) shall be decontaminated with and appropriate disinfectant, which is recommended by the manufacturer.
- F. All members shall ensure that the ambulance, equipment, and regulated waste area at the fire house is maintained in a clean and sanitary condition and all members shall adhere to the decontamination policy and procedures within this plan.
- G. To guarantee that the ambulance and all equipment is in a sanitary condition for use at any time, all equipment shall be considered contaminated regardless of cleanliness and shall be decontaminated after each use.
- H. The ambulance decontamination shall be considered a priority at the hospital after every emergency call and is considered out of service until complete.
- I. If the ambulance and/or equipment has been exposed to large amounts of blood or body fluids and cannot be decontaminated at the hospital, the ambulance and/or equipment is considered out of service until an appropriate decontamination is completed.
- J. All portable equipment exposed to blood or body fluids should be decontaminated at the hospital if possible.
- K. Any equipment that is decontaminated at the firehouse shall be completed in the designated area used for disinfecting medical equipment.
- L. Decontamination, storage of contaminated PPE or disposal of regulated waste shall not occur in kitchen, living, or bathroom facilities or meeting areas of the firehouse at any time.
- M. Broken glassware shall not be picked up directly with hands. It shall be cleaned up using (mechanical means, such as brush and dustpan, tongs, or forceps.
 - 1. Vacuum cleaners **shall not** be used for cleaning up glassware to prevent contamination of the vacuum cleaner.

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2. Broken glass shall be deposited into the sharps container to prevent puncture of the red bag liner.

- N. All regulated waste or linens used to decontaminate the ambulance or equipment shall be disposed of using the methods previously described in this plan.

7. Exposure Procedures

- A. An exposure incident is defined as “specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or potentially infectious materials that results from the performance of duties”. This can occur through, but not limited to, a needle stick, failure of PPE or the failure of utilizing PPE.
- B. Any member who is exposed to blood or body fluids must report the exposure immediately or as soon as possible to a chief officer.
- C. If an exposure were to occur through the puncture or wound contamination, the member shall squeeze the affected area to promote bleeding for 2 to 5 minutes. The exposure site should be washed with warm water and soap as soon as possible. If the exposure occurred through mucous membranes, they shall be irrigated with clean water as soon as possible.
- D. An Infectious Exposure Form and/or Incident Report shall be completed for Frewsburg Fire District records.
- E. All incidents reports and medical records pertaining to an exposure incident are considered confidential and shall be retained by the Frewsburg Fire District for thirty (30) years after a member leaves the department.
- F.

8. Immunizations and Vaccinations

- A. It is recommended that all members have a tetanus vaccination every ten (10) years.
- B. It is recommended that any member born after 1957 should have the status of their measles, mumps, and rubella (MMR) immunization checked.
- C. All members of the Frewsburg Fire District shall be offered the Hepatitis B vaccination series at no cost to the member within ten (10) days of initially performing duties.
- D. All members have the following options regarding the Hepatitis B vaccination series and shall require a signed acknowledgement:
 - a. Acceptance of the vaccination series

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- b. Declination of the vaccination series (for any reason)
 - c. Previously reception of the vaccination series (suggest antibody testing)
- E. If any member initially refuses the Hepatitis B vaccination series, he/she may elect to have the vaccination series at a later date and will be provided at no cost to the member and within ten (10) days of the request.
- F. If a member has previously had the vaccination series and an antibody test reveals a booster is indicated, the booster shall be provided at no cost to the member and within ten (10) days of notification if the member so chooses to do so.
- G. If the member chooses not to accept the vaccination series or routine booster as determined by an antibody test, the member shall sign a declination form in accordance with OSHA Standard 1910.1030. Refer to Appendix 1) for a copy of the Vaccination Series Declination Form.