



MASON COUNTY FIRE DISTRICT #4

TITLE: EXPOSURE PROTECTION PLAN

CHAPTER: 4000 NUMBER: 4052 DATE: 10-07-08

APPROVED: Signature on file Bob Burbridge, Chief

PURPOSE:

Mason County Fire District #4 provides emergency fire, rescue, and medical aid services to all persons within the fire district. The possibility of transmission of a disease from the patient to the member while providing said services is recognized. The purpose of this document is to provide an infection control guidelines and to reduce the risk of contracting an infectious disease while in the course of providing a community service.

RESPONSIBILITY:

It shall be the responsibility of every member in the fire district engaged in patient care to adhere to this guideline.

- Part I Classification of Work
- Part II Infection Control Procedures
- Part III Education and Training
- Part IV Medical Management
- Appendix I Vaccination Waiver
- Appendix II Exposure Report Form

Part I - Classification of Work

Fire Service Members routinely respond to situations where direct exposure to blood and body fluids may occur. Universal precautions are applicable. Exposures that place the responder at risk are unpredictable. By using universal precautions, the member is given protection from infection without diminishing patient care.

Part II - Infection Control Procedures

A. Medical Abatement Programs

1. All members are encouraged to maintain a current tetanus vaccine.
2. All members will be offered the Hepatitis B vaccination series without charge within 10 days of their initial assignment. If the member declines, they must sign a refusal slip



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to be placed in their confidential file. If, at a later date, that member wishes to participate in the Hepatitis B program, they may do so at no cost to the member.

3. The department shall provide the member post immunization testing at the completion of the Hepatitis B immunization series. If there are no detectable antibodies to the Hepatitis B virus, a series of booster immunizations shall be administered up to a maximum of three shots. After each immunization booster and a thirty day waiting period, another post immunization test will be administered to detect antibody levels. If at the end of the series no antibodies are detected, the member shall be cautioned as to their probability of no immunity. If the member is exposed to a patient with Hepatitis B, the member, after medical consultation, may receive the HBG immunization. Post-exposure testing for Hepatitis B virus will be provided for any exposed member.

4. Members should be aware of other immunizations available from the County Health Department. That agency posts informational notices related to current disease processes and immunizations if required. Fire District 4 assumes no liabilities for the additional immunizations other than those required by this document.

B. Protective Equipment and its Location:

All items listed are to be restocked after each use by the persons using the equipment and/or by the driver of the vehicle.

1. Disposable Gloves - impervious vinyl or latex examination gloves are to be kept in all responding vehicles.
2. Helmet with Face Shield - This equipment can be used with goggles and particle mask to protect the eyes, nose, and mouth from droplets of blood or other body fluids. Each responder is issued one as part of the protective clothing.
3. Full Turnout Gear - This equipment is considered to provide impermeable barrier against bloodborne pathogens. They are generally used to provide members protection against fire or rescue related hazards but are also worn during certain patient care procedures, mostly during rescue or patient extrication.
4. Resuscitation Equipment - Bag valve masks or other portable resuscitation equipment are to be carried on all responding emergency vehicles. Members may carry pocket masks in their personal vehicles. These are issued to the individual member by the department.
5. General Purpose Rubber Gloves - Gloves shall be used when cleaning and disinfecting equipment.



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6. Waterless Hand Cleanser - To be utilized by personnel after patient contact when soap and water is not available. To be carried in all aid vehicles providing emergency medical care. Hand washing is still required as soon as possible after the incident.
7. Household Liquid Bleach - Can be used in a solution (bleach and water) for disinfecting and cleaning reusable equipment. This solution shall be mixed for use and disposed of after use. 10 parts water to one part bleach.
8. Infectious Waste Bag - Each responding EMS vehicle shall carry large red plastic bags for the transport of contaminated fire department equipment. The bag shall be closed and marked "CONTAMINATED" prior to handling, transport, shipping, and/or storing of this equipment. Each responding EMS vehicle shall also carry smaller red bags for contaminated material like bandages, dressings, etc. The process for disposal is outlined in "Infectious Waste Disposal", No.C-4.
9. Surgical Masks and Eye Protection - These shall be carried on all responding EMS vehicles. Goggles and masks shall be worn by EMS providers if there is a chance of blood or other body secretions becoming airborne. They shall be worn in lieu of the helmet/face shield in non-extrication or rescue situations.
10. Infection Control Kits - These kits contain one impermeable gown, one pair of gloves, one hood, goggles, surgical mask, and shoe covers. These kits should be used when there is spattering of blood or other body fluids.
11. Coveralls - Volunteer members, when responding to medical incidents, shall wear the clothing currently worn. If this clothing becomes contaminated with blood or other body secretions, it shall be removed while wearing gloves as soon as possible and the member shall put on coveralls supplied by the department. The contaminated clothing shall be placed in a red plastic bag and transported to **Station-44 or Station-46** that has a "Dirty" washer and dryer. The clothing shall be washed and dried at the station. The member may wear the coveralls home but they must be returned to the station clean and folded. **UNDER NO CIRCUMSTANCE SHALL A MEMBER WEAR CONTAMINATED CLOTHING HOME OR WASH CONTAMINATED ARTICLES AT HOME.**

C. Operating Procedures for the Prevention of Transmission of HIV/HBV

These procedures shall be adhered to unless the member temporarily and briefly declines to use personal protective equipment (PPE) when under rare and extraordinary circumstances; or it is in the professional judgment that its use would endanger the provider or co-workers of emergency care, or prevent the timely delivery of emergency care to the patient.



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1. Personnel Procedures:

A. All members shall routinely use disposable gloves when providing patient care when contact with blood or body fluids may occur. This includes cleaning of equipment after the call.

B. Gloves shall be removed using proper procedures and disposed of after each patient contact.

C. Protective eye shield and facemask shall be worn when droplets of blood or body fluids may come into contact with the rescuer's eyes, mouth, or nose.

D. Protective clothing (infection control kits) shall be worn when splashes of blood or other body fluids may occur (i.e. spurting blood or childbirth). Protective clothing includes gowns with an impermeable rating, gloves, hood, and booties. Fire suppression protective clothing can be considered as protective clothing but should not be routinely used for this purpose.

E. Firefighter gloves should be worn over disposable gloves when working in areas where sharp or jagged metals are present. Contaminated firefighter gloves shall be disposed of as hazardous waste.

F. General purpose (rubber) or disposable gloves shall be worn when cleaning medical equipment. The general purpose (rubber) gloves shall be discarded when worn out.

G. Hands and other exposed skin surfaces shall be washed immediately if contaminated with blood or other body fluids. Hands shall be washed with approved waterless hand cleaner or soap and water after gloves are removed. **DO NOT SMOKE, DRINK, EAT, HANDLE CONTACT LENSES, OR APPLY COSMETICS WHILE WEARING GLOVES OR AFTER PATIENT CONTACT UNLESS YOUR HANDS HAVE BEEN WASHED.**

H. Approved waterless hand cleanser is to be used in the field when soap and running water are not available. Hand washing is still required as soon as possible after the incident.

I. All respiratory assist (CPR/ventilations) of patients shall be by bag - valve - mask, pocket mask, or other approved device. Avoid doing mouth to mouth if at all possible.

J. Personnel with open sores, cuts, abrasions, lesions, and certain dermatologic conditions that cause cracking of the skin should refrain from direct patient



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contact. Members in this category shall assist the patient caregiver and be limited to the handling of equipment, gurney, and other non-direct patient care duties. Bandages and gloves shall cover lesions during these times and hand washing is required.

K. Personnel with infections that constitute a risk of infection to patients or other department member shall report to the incident commander. A medical evaluation may be requested for conditions that involve breaks in the skin (herpes, impetigo) or respiratory illnesses (colds, flu, pneumonia). Reassignment from patient care assignments may be considered.

L. Female personnel who deal in patient care and are pregnant may be at risk from parental transmission of infectious disease. Consideration as to direct patient care should be given if the patient has a cough, fever, rash, or other symptoms of an infectious disease.

M. No food or drink may be consumed in any part of transport capable vehicles. This includes the driver/officer cab and the patient compartment. Edible items shall not be transported in the patient compartment of transport capable vehicles.

2. Equipment Cleaning Procedures:

A. Equipment cleaning shall be accomplished in the deep sink. No contaminated equipment shall be cleansed, sterilized, or disinfected in bathroom or kitchen sinks.

B. Cleaning shall be done by using tuberculocidal germicide provided or a Clorox mixture, which consists of: 1:10 (bleach to water) ratio, mixed within 8 hours of use.

C. Contaminated turnout clothing or personal equipment shall be cleaned as soon as possible after the contamination. Areas of contamination may be spot cleaned with soap and water and rinsed in the station washing machine as soon as possible. Grossly contaminated turnout or other clothing shall be removed as soon as possible and bagged for transport to the station. In the station, the turnout clothing shall be washed in the **Station-46** apparatus bay washing machine.

D. All reusable items in patient care shall be disinfected using the bleach solution or other approved disinfecting solutions after each patient contact.

3. Laundry Procedures:



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A. Contaminated and soiled clothing should be removed, wearing gloves, as soon as possible. Contaminated uniforms shall not be worn home from work. Wash uniforms with soap and water at **Station-44 or Station-46** apparatus bay/dirty laundry room washing machine.

B. Gloves shall be worn when bagging soiled laundry or when loading the washing machine with contaminated clothing, towels, linen, or blankets.

C. Non disposable blankets, if not contaminated, may be reused without cleaning. All contaminated blankets or towels shall be cleaned by washing at Station-46 apparatus bay washing machine.

4. Infectious Waste Disposal Procedure:

A. Infectious waste includes any disposable items that contain blood or body fluids.

B. Personal reusable items must be cleaned and disinfected after each use, while wearing gloves. These include, but are not limited to, pocket knives, scissors, stethoscopes, and other similar equipment.

C. Contaminated dressings, bandages, bandaids, gloves, and other contaminated disposable materials shall be placed (while wearing gloves) in a red plastic bag for transport to an approved facility for disposal (Mason County Medic One office). "Regular" trash (wrappings, non contaminated gloves, etc.) may be disposed of by conventional methods.

Part III - Education and Training

1. An initial training program shall be given to all members involved in patient care covering these Infectious Disease Policies.
2. Training shall include: information on epidemiology, modes of transmission, and prevention of blood borne diseases. Included shall be an explanation of the infectious disease control guideline, methods or work practices that will prevent or reduce exposure, and the procedure to follow if an exposure occurs.
3. Refresher training will be scheduled annually. This may be included with other EMS training.

Part IV - Medical Management



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A. Routine Documentation:

1. Any member of the department who has provided patient care shall have their name included on the incident report.
2. If an exposure occurs, the member exposed shall report the exposure to the incident commander. The incident commander shall complete all necessary forms related to the exposure.

B. Reporting, Exposure Documentation, and Medical Management

1. Failure to use protective equipment or precautions.

- A. All incidents shall be reported to the incident commander.
- B. The incident commander shall verify with the member and document the exposure contaminant, route (mucous membrane, eye, through broken skin) of exposure, and post exposure actions (hand washing, etc.).

2. Failure of protective clothing in use:

- A. If a glove or other protective device should fail in use, it should be replaced as soon as possible. Decontamination of exposed skin should be accomplished as soon as possible.
- B. Notification of the incident commander should be made as soon as possible to determine if there was significant exposure. The member should check to see if there are any cuts, open wounds, abrasions, etc., in the exposed area to determine if there was a significant exposure.

3. Percutaneous exposure to blood or other body fluids. Percutaneous exposures may be caused by needle sticks, cuts, bites, and mucous membrane exposures such as splashes to the eyes, nose, or mouth.

- A. Such contamination shall be decontaminated as soon as possible. This can be accomplished by rinsing with water or by the use of soap and water or waterless cleanser.
- B. Exposures shall be immediately reported to the incident commander. Documentation of the exposure, using the Infectious Exposure Form shall



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be completed and forwarded to the district chief for follow-up. The district chief shall act as the district's Infection Control Officer,

C. If the exposure is determined to be significant, the district chief shall determine the course of action to be taken. This shall be in conjunction with the County Health Officer, designate, or designated facility. The process may include serologic testing of both the member and patient, counseling, immunization, and/or medications.

D. A copy of the Infectious Exposure Form and subsequent testing, treatment, and other information related to the exposure shall be placed in the exposed member's confidential file for the designated time frames. A copy of all information and forms shall be made available to the affected member.

Appendix I Vaccination Waiver

Appendix II Exposure Report Form