



# PRINCE GEORGE FIRE AND EMS

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Section No: 3.0

Date: March 23, 2011

Title: Infection Control

Authorized By:

## Infection Control

### Purpose

To provide procedures and guidelines for infection control at the scene of medical emergencies and the use of personnel protective equipment (PPE) for infection control.

### Procedures

Personnel shall select PPE appropriate to the potential for spill, splash, or exposure to body fluids. No SOP or PPE ensemble can cover all situations so common sense must be used. When in doubt of the proper PPE to use, select maximal rather than minimal PPE. The following chart will aid personnel in selecting the appropriate PPE for most situations.

Task or Activity	Gloves	Gown	Mask	Eye Protection
Bleeding control with spurting blood	Yes	Yes	Yes	Yes
Bleeding control with moderate bleeding	Yes	Yes If Splashing is Likely	Yes If Splashing is Likely	Yes If Splashing is Likely
Child Birth	Yes	Yes	Yes If Splashing is Likely	Yes If Splashing is Likely
Drawing blood samples	Yes	No	No	No
Starting an IV line	Yes	No	No	No
Airway management, including, intubation, suctioning, etc.	Yes	No Unless Splashing is Likely	No Unless Splashing is Likely	No Unless Splashing is Likely
Handling and cleaning contaminated equipment	Yes	No Unless Soling is Likely	No	No
Patient Assessment, vital signs monitoring, etc.	Yes	No	No	No

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Spinal immobilization, no blood present	Yes	No	No	No
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The Attending In-Charge should ensure the proper use of PPE by personnel. Personnel shall adhere to the philosophy of "Body Substance Isolation." The blood, body fluids, and tissues of all patients are considered potentially infectious, and Body Substance Isolation procedures will be used for all patient contact when these fluids are visible or there is a real potential for exposure to these fluids. While complete control of the emergency scene is not possible, scene operations will attempt, as much as possible, to limit splashing, spraying, or aerosolization of body fluids or other potentially infectious material.

The minimum number of personnel required to complete the task safely shall be used for all on-scene operations. Eating, drinking, and handling contact lenses are prohibited at the scene of operations except in a designated area and/or as needed. Mouth-to-mouth ventilation should be considered only as a last resort airway management method, not be used unless all other possible means have been exhausted or are not available. All licensed units carry bag-valve-mask devices for use in airway management, and each individual is issued a barrier device for use when those devices are not available. When treating a patient with a suspected or known airborne transmissible disease, facemasks will be used. The first choice is to mask the patient; if this is not feasible, mask personnel.

### Sharps Management

Used needles and other sharps shall be disposed of in approved sharps containers. Contaminated needles ***SHALL NOT*** be recapped, re-sheathed, bent, broken, or separated from disposable syringes. Sharps containers will be easily accessible on scene. Small, single-use, sharps tubes are to be available for these uses. Larger sharps are to be disposed of in large-size sharps containers.

### Biohazard Waste Management

PPE will be removed after leaving the work area or after completion of patient contact, and as soon as possible if contaminated. After use, all disposable PPE will be placed in leak-proof bags, marked as biohazard, and transported back to quarters or with the patient to the hospital for proper disposal. At the conclusion of on-scene operations, all potentially contaminated patient care equipment will be removed for appropriate disposal or decontamination and reuse.

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**Handwashing** Handwashing is the most important infection control procedure. Personnel will wash hands; after removing PPE; after each patient contact; after handling potentially infectious materials; after cleaning or decontaminating equipment; after using the bathroom before eating; before and after handling or preparing food. Handwashing with soap and water will be performed for 10 to 15 seconds. If soap and water are not available at the scene, waterless, antimicrobial hand wash may be used. If waterless, antimicrobial hand wash is used, a soap-and-water wash is to be performed immediately upon return to quarters, or at the hospital, or at the next opportunity for proper hand washing.

### Other Protective Equipment

Tear resistant clothing (i.e. turnout gear) shall be worn during vehicle extrication and other incidents where the potential for skin injury is higher than normal. Approved safety shoes shall be worn while on duty. If individuals elect to wear issued shorts, per uniform policy, appropriate protective clothing (i.e. jumpsuit, turnout gear, and goggles) must be worn at scenes requiring extrication, wooded areas and others that have the potential for injuries of exposed skin.

### Exposure Control Plan

Prince George Fire and EMS Bloodborne Pathogen Exposure Control Plan is available at all fire/rescue stations and work sites. The exposure control plan is considered part of this policy and shall be adhered to.

The plan is divided into four sections:

1. Exposure Control
2. Methods of Compliance
3. Housekeeping
4. Appendix A-S

Required Bloodborne Pathogen Training

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All field operations personnel are required to receive training in Bloodborne Pathogen and Infection control annually. This training must be completed no later than July 31<sup>st</sup> of every year. This training will be completed via DVD and/ or power-point presentation along with a question and answer section. All line personnel will also review this SOP as part of the requirement. Station Infection Control Officers will receive this training and also formalize themselves with the Bloodborne Pathogen Exposure Control Plan. Any personnel that have not met this requirement by July 31<sup>st</sup> of the calendar year will no longer be allowed to participate in emergency operations. Personnel cannot return to actively participating in emergency operations until they receive this training. Documented training will be forwarded to the Prince George Fire, EMS, and Emergency Management administrative office and tracked utilizing the approved training records management system.

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