

**Yakima County Fire District 12– Standard Operating Guidelines
SOG 3-2 – Infectious Disease Control**

1. General

1.1 Purpose. It is the intent of this guideline to reduce the risk of contracting a communicable disease from a patient the District's personnel may come into contact while fulfilling the mission of the Fire District.

1.2 Scope. This Standard Operating Guideline shall apply to all members of Yakima County Fire District 12.

1.3 Enforcement. Enforcement of this standard operating guideline is the responsibility of the District's officers. Any person deviating from the provisions of this guideline may be required, at the discretion of the officer in charge, to submit in writing, within five (5) calendar days, an explanation for such deviation to the requesting officer who will forward the explanation up the chain of command for further review.

1.4 Infection Control Officer. For the purpose of this guideline, the District's Captain of the Training Division, shall assume the role of Infection Control Officer.

1.5 Bloodborne Pathogen Exposure Control Plan. This Standard Operating Guideline, in its entirety, shall serve as the District's "Bloodborne Pathogen Exposure Control Plan."

2. Exposure Determination

2.1 All positions/ranks are classified as having the potential for occupational exposure.

2.2 Tasks and procedures in which occupational exposure could occur include, but are not limited to, basic and advanced medical treatment procedures as outlined in the District's standing orders, protocols, and standard operating guidelines.

2.3 This exposure determination shall be made without regard to the use of personal protective equipment or clothing.

3. Scene Management

3.1 Whenever the skin of a patient is to be punctured for such procedures as starting an IV, administering medications, or drawing blood, the following procedures should be followed:

3.1.1 Appropriate gloves shall be worn for the prevention of blood or body fluid contact.

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3.1.2 Care should be taken to avoid needle stick and/or sharp object injury.

3.1.3 All contaminated articles shall be discarded in a designated biohazard container.

3.1.4 The recapping of needles is prohibited.

3.2 When conducting medical care involving the oral or nasal cavities, conducting mucosal procedures, or where there is a potential to come into contact with body secretions/drainage, or any known or suspected infectious diseases, the following procedures shall be followed:

3.2.1 Gloves shall be worn for the prevention of blood or body fluid contact.

3.2.2 Face masks shall be worn while treating a patient anytime there is the possibility of airborne contaminants.

3.2.3 Eye protection should also be worn whenever the face mask is appropriate.

3.3 The following procedures shall be adhered to when treating a multiple systems trauma patient:

3.3.1 Gloves shall be worn for the prevention of blood or body fluid contact.

3.3.2 Eye protection and face masks should be worn when possible exposure warrants the additional protection.

3.3.3 Gowns or turnout gear are indicated if soiling of clothing with blood or body fluids is likely to occur.

3.4 The adjunctive airway equipment carried on all District vehicles shall be available on all emergency medical calls. Therefore, mouth-to-mouth, mouth-to-nose, or mouth-to-stoma should not be performed by members of the District except in extraordinary circumstances.

4. Decontamination

4.1 Following participation at an emergency medical incident, hands and any probable exposed portions of the body shall be washed by all District personnel. The wearing of latex or latex-like gloves does not relieve the need to wash hands following participation in patient care.

4.1.1 Personnel may use an antiseptic hand cleaner in conjunction with paper towels or towelettes at the scene.

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4.1.2 When antiseptic hand cleaners or towelettes are used, hands shall be washed with soap and water as soon as possible.

4.2 All contaminated and non-contaminated equipment will be kept separate. Disposable and non-disposable equipment shall also be kept separate to aid in the decontamination process.

4.3 Disposable contaminated materials shall be placed in a red isolation bag and will be delivered to the ambulance on the scene, whenever possible.

4.4 All non-disposable equipment shall be decontaminated as soon as possible following the incident. Decontamination should be conducted at the cleaning sinks located in the apparatus bays of each fire station. Under no circumstances should the sinks in the bathrooms or living quarters be used for the decontamination of items.

4.5 All personnel conducting decontamination shall be gloved; mask and eye protection should be used when the risk of splashing exists.

5. Procedures for Decontamination

5.1 Equipment that is immersible for decontamination such as scissors, ambu-bags, etc. shall be decontaminated as follows:

5.1.1 All equipment should be thoroughly cleaned with dish soap and water to remove all obvious contaminants such as blood, vomitus, etc.

5.1.2 The equipment should be allowed to soak in a department-approved disinfection solution for approximately ten minutes. Following the soaking, all metal materials must be dried with a clean towel and other areas should be air-dried.

5.2 Non-immersible equipment such as the defibrillator, oxygen cylinder and regulator, etc. should be decontaminated as follows:

5.2.1 The equipment should be washed with soap and water. The equipment should not be immersed in water. All obvious contaminants should be removed.

5.2.2 After the equipment has been cleaned disinfect the equipment with a department-approved disinfection solution.

5.2.3 All equipment should be wiped thoroughly with an alcohol solution and allowed to air dry.

5.3 Disposable equipment that is utilized at an incident shall be disposed of immediately following the call.

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5.4 Any clothing, uniforms, or turnout gear that becomes contaminated must be decontaminated.

5.4.1 Any clothing that becomes contaminated should be changed as soon as possible.

5.4.2 If there is only a small spot of contamination to clothing, spot cleaning may be possible to remove the contamination.

5.4.3 If a uniform or clothing cannot be decontaminated by spot cleaning or laundering, it should be disposed of.

5.4.4 If turnout gear becomes contaminated during an incident, it should be laundered with soap and water immediately following the incident.

5.4.5 If the turnout gear is severely contaminated, it should be delivered to the Captain—Support Services for determination as to whether the gear can be decontaminated or disposed of.

5.5 Equipment that cannot be decontaminated:

5.5.1 Any non-disposable equipment that cannot be rendered contamination free shall be removed from service and the Station Officer notified.

5.5.2 The Station Officer shall advise the Captain of Support Services and, if applicable, arrangements shall be made to take the equipment to Memorial Hospital for autoclaving or gas sterilization.

6. Documentation of Exposure to Infectious Disease

6.1 Any District member that is suspected of exposure to blood or a potentially infectious material shall report such exposure to his/her Company Officer immediately after the occurrence. Documentation of the occurrence shall be forwarded to the Deputy Chief for follow up.

6.2 Any District member who is contaminated by blood or a potentially infectious material, or has a probable exchange of blood or other potentially infectious substance shall immediately notify his/her Company Officer. The Company Officer shall immediately notify the District Safety Officer or Duty Officer and the member shall be taken to the Medi-Clinic or Memorial Hospital (after hours) for baseline testing and medical attention. A Chief Officer shall be notified and “line-of-duty” injury procedures shall be followed.

6.3 A complete record of exposures and recommended follow-up shall be maintained in the member’s injury/exposure medical file, throughout the

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member's association with the District, and for a period of time, as required by federal statute following the conclusion of the member's association with the District.

7. Hepatitis Vaccinations

7.1 All line members of the District shall be offered voluntary Hepatitis B vaccinations utilizing synthetic vaccine at no cost to the employee.

7.2 The Hepatitis B vaccination shall be offered to new members as soon as possible after the member has received authorization to respond to emergency incidents, unless the member has previously received immunization for Hepatitis B.

7.3 If a member initially declines a Hepatitis B vaccination, but at a later date, while still covered by this guideline, decides to accept the immunization, the District shall make available the vaccination at no cost to the employee.

7.4 If a routine booster for Hepatitis B is recommended by the U.S. Public Health Service, the Centers for Disease Control or the Medical Control Authority at a future date, such boosters shall be made available at no cost to the member.