SHELBYVILLE FIRE & RESCUE STANDARD OPERATING PROCEDURES		
	SECTION: General **SUBJECT: Infection Control**	S.O.P: 103.08 PAGE: 1 of 6
	Approved By:	**Effective Date:** December 1, 2012 **Revision Date:**

Purpose:
To provide a comprehensive infection control program to maximize protection against communicable diseases for all members of the Shelbyville Fire Department and the community they serve.

Notice: **Members of the Shelbyville Fire & Rescue shall abide by all infectious control, bloodborne pathogen, and pandemic response policies of the Shelby County EMS when providing medical care under their medical direction.**

It is the policy of this department

1. To provide fire, rescue, and emergency care to the public without regard to known or suspected diagnoses of communicable disease in any patient.
2. To regard all patient contacts as potentially infectious and to address Universal Precautions (Body Substance Isolation) at all times.
3. To provide all members with the necessary training, immunizations, and personal protective equipment needed for the protection from communicable diseases.
4. To recognize the need for work restrictions based on infection control concerns.
5. To encourage participation in member assistance and CISD programs.

I. Roles & Responsibilities
Chief of Department
The Chief has the ultimate responsibility for the health and welfare of all members. The Chief will maintain the role of Infection Control Officer unless this role is delegated to an appropriate staff member.

Infection Control Officer
If appointed by the Chief, the designee shall have 5 or more years of recent fire/EMS experience and possess a minimum of an EMT-b certification. The Infection Control Officer will:

1. Develop criteria for the purchase of infection control personal protective equipment and determine adequate stocking levels.

    a. Evaluate possible member exposures and coordinate communications between outside agencies such as: Shelby County EMS, Shelby County Health Department, and area hospitals.
    b. Collect quality assurance data on the infection control program and cite any safety needs that may require immediate attention.
    c. Maintain immunization records and a confidential database of exposures and treatment given.
    d. Keep abreast of new developments in the field of infection control and provide technical expertise to the division of training.

Chief Officers/Company Officers

1. Support and enforce compliance with the infection control program
2. Correct any unsafe acts and refer members for remedial training if necessary
3. Mandate safe operating practices on-scene and in-station
4. Refer members for medical evaluation if possibly unfit for work due to medical or communicable disease exposure reasons.

Members

1. Assume ultimate responsibility for their own health and safety.
2. Always use appropriate PPE.
3. Report any suspected occupational exposure to their company officer.
4. Report any diagnosis of communicable disease to the department Infection Control Officer.

II. Health Maintenance

1. No paid member will be assigned to emergency response duties until an approved entrance physical exam (provided by the department) has been performed and the member has been certified fit for duty.
2. Annual physicals (OSHA CFR1910.120 compliant) shall be provided to all members by the department.
3. All members will be offered immunization against Hepatitis B. The risks and benefits will be explained to all members, and informed consent will be obtained prior to immunization.
4. Members may refuse immunizations or may submit proof of previous immunization. Members who refuse will be counseled on the occupational risks of communicable diseases and required to sign a refusal of immunization form.
5. The Infection Control Officer in compliance with Physician's orders may initiate work restrictions for reasons of infection control.
6. Any member returning to work following injury or illness (occupational or Non-occupational) will be cleared by that member's physician prior to resuming emergency response duties.
7. The Infection Control Officer will maintain records in accordance with OSHA CFR 1910.1030.
8. Infection control records will become part of the member's personal medical records and will be maintained for duration of employment plus 30 years.
9. Medical records are strictly confidential and will be maintained in the office of the Chief. They will be kept separate from personnel records and will not be released without the signed, written consent of the member.
10. Records of participation in member assistance programs such as: Chaplain consults, counseling, or Critical incident stress debriefing are considered medical records.
11. Members may examine their own medical records and request, in writing, that copies be sent to their private physician.
12. Communications between medical and personnel sections will focus on fitness to work or recommended restrictions, rather than upon specific diagnosis.

III. Response Procedures

1. If it is necessary to come in contact with, or to transport patients, they are to be treated/transported using the minimum number of personnel and without other patients/passengers in the vehicle.
2. Sufficient infection control supplies should be carried to support the expected duration of patient contact plus additional time should the vehicle experience traffic delays.
3. Receiving facilities are to be notified prior to transport of patients to facilitate preparation of appropriate infection control procedures and facilities. (In event of suspected pandemic infection).
4. Concerns regarding movement of suspected or confirmed cases of pandemic influenza patients in the United States are to be discussed with appropriate local and state health authorities, which will provide the latest guidance available.
5. Protective equipment is not to be removed during patient contact/transport.
6. Personal activities (including: eating, drinking, application of cosmetics, and handling of contact lenses) are not to be performed during patient contact/transport.
7. Hand hygiene and sanitation is of primary importance for all first responders working with possible influenza patients.
8. Disposable, non-sterile gloves are to be worn for all patient contact.
9. Gloves are to be removed and discarded in biohazard bags after patient care is completed (e.g., between patients) or when soiled or damaged.
10. Hands are to be washed or disinfected with a waterless hand sanitizer immediately after removal of gloves.
11. Disposable fluid-resistant gowns are to be worn for all patient care activity. If gowns were not used, ALL responders promptly change into clean attire upon return to station. (Suspected pandemic infection)
12. Gowns are to be removed and discarded in biohazard bags after patient care is completed or when soiled or damaged.
13. Goggles or face-shields are to be worn in the patient-care compartment and when working within 6 feet of the patient. Corrective eyeglasses alone are not appropriate protection. (Suspected pandemic infection or Body Fluids)
14. Hooded PAPR with appropriate HEPA cartridge or fit-tested N-95 respirators are to be worn by personnel in the patient-care compartment when instructed by EMS personnel.
15. When instructed by EMS personnel, hooded PAPR with appropriate HEPA cartridge or fit-tested N-95 respirators are to be worn by the driver, if the driver's compartment is open to the patient-care compartment. Drivers that provide direct patient care (including moving patients on stretchers) must wear a disposable gown, eye protection, and gloves as described above during patient-care activities. Gowns and gloves are not required for personnel whose duties are strictly limited to driving.
16. Vehicles that have separate driver and patient compartments and can provide separate ventilation to these areas are preferred for transport of patients. If a vehicle without separate compartments and ventilation must be used, main dashboard vents should remain open with rear ventilation fans turned on at the highest setting during transport patients to maximize air-exchange.
17. The patient may wear a mask to reduce droplet production, if tolerated.

18. Cardiopulmonary resuscitation (CPR) should only be performed using a resuscitation bag-valve mask, equipped with HEPA filtration of expired air or a separate filter in the airway circuit.
19. All aerosolized treatments such as nebulizer or CPAP should use a HEPA filtration system. If HEPA filtration systems are not available, alternative treatment to aerosol medication must be utilized.
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IV. Disposal of Medical Waste

1. Dry solid waste, e.g., used gloves, dressings, etc., is to be collected in biohazard bags for disposal as regulated medical waste in accordance with local requirements at the destination medical facility.
2. Waste that is saturated with blood, body fluids, or excreta is to be collected in leak-proof biohazard bags or containers for disposal as regulated medical waste in accordance with local requirements at the destination medical facility.
3. Sharp items such as used needles are to be collected in puncture resistant sharps containers for disposal as regulated medical waste in accordance with local requirements at the destination medical facility.
4. Suctioned fluids and secretions are to be stored in sealed containers for disposal as regulated medical waste in accordance with local requirements at the destination medical facility. Handling that might create splashes or aerosols during transport are to be avoided.
5. Suction device exhaust is not to be vented inside the vehicle without HEPA filtration. Portable suction devices are to be fitted with in-line HEPA filters.

V. Member Exposure

1. Any member exposed to potentially infectious materials will immediately wash the affected area with soap and water or saline eyewash if the eyes are involved.
2. Any occupational communicable disease exposure or needlestick injury will be reported to the immediate supervisor.
3. The immediate supervisor will contact Shelby County EMS supervisory personnel and EMS procedures will be followed.
4. The member and supervisor will complete an incident report before the completion of shift for any of the following exposures:
    a. Needlestick injury
    b. Break in skin caused by potentially contaminated object
    c. Splash of blood or other potentially infectious material into eyes, mucous membranes, or non-intact skin
    d. Mouth to mouth resuscitation without pocket mask/one way valve
    e. Other exposure that member may feel is significant
5. The report will include details of the task being performed, the mode of transmission, the route of entry, and PPE used at the time.

6. The report will be forwarded to the Infection Control Officer who will determine if a first report of injury form is warranted.
7. The Infection Control Officer will follow up with the member and EMS personnel to determine further medical treatment procedures and diagnosis.
8. The Infection Control Officer will coordinate with the department Chaplain, member, and necessary counseling referral services for potential CISD or long-term member/spousal counseling.

VI. Cleaning and Disinfecting of Equipment following Patient exposure

1. Compressed air that might re-aerosolize infectious material is not to be used for cleaning the vehicle or reusable equipment.
2. Non-patient-care areas of the vehicle are to be cleaned and maintained according to vehicle manufacturer's recommendations.
3. Cleaning personnel shall wear non-sterile gloves, disposable gowns, masks and eye protection while cleaning the patient-care compartment and any equipment involved in the response.
4. Patient-care compartments and equipment (including backboards, Stokes baskets, medical equipment, rescue tools, and adjacent flooring, walls and work surfaces likely to be directly contaminated during care) are to be cleaned using an EPA-registered hospital disinfectant in accordance with manufacturer's recommendations.
5. Spills of body fluids during response are to be cleaned by placing absorbent material over the spill and collecting the used cleaning material in a biohazard bag. The area of the spill is to be cleaned using an EPA-registered hospital disinfectant. Cleaning personnel are to be notified of the spill location and initial clean up performed.
6. Contaminated reusable patient care equipment is to be placed in biohazard bags and labeled for cleaning and disinfection utilizing proper procedures
7. Personnel are to wear non-sterile gloves, disposable gowns, eye protection and facemasks while cleaning reusable equipment.
8. Reusable equipment is to be cleaned and disinfected according to manufacturer's instructions.
9. Periodic decontamination of the interior compartment of the transport vehicle with vaporized hydrogen peroxide should be considered if it is available based upon level of suspected contamination and/or number of transports of potentially infected patients.

VII. Station Environment

1. Under no circumstances will kitchens, bathrooms, or living area be used for decontamination or storage of patient care equipment or infectious waste.
2. Sinks and counter areas will be constructed of non-porous materials and have proper lighting and adequate ventilation
3. Material Safety Data Sheets will be on hand at each station for all cleansing and disinfecting solutions.
4. Infectious waste storage areas will be marked with biohazard signage and will be maintained in accordance with EPA and local regulations.

5. Restrooms will be disinfected and sterilized at least daily and disposable hand-drying materials will be used

Summary:

1. If it's wet, it's infectious. Use gloves
2. If it could splash onto your face, use eye shields and mask or full face shield
3. If it's airborne, mask the patient or yourself
4. If it could splash onto your clothes, use a gown or structural firefighting gear.
5. If it could splash on your head or feet, use appropriate barrier protection