



Manhattan Fire Protection District

SOP #: 102-1	Effective Date: 04/02/11 Revised Date: 06/13/016
Section: Administraton	
Subject: Infection/Exposure Control	

PURPOSE:

The purpose of this SOP is to establish an Infection Control Policy for all members of the Manhattan Fire Protection District. This policy will aid in the explanation of the steps that need to take place to help prevent an exposure and what needs to be done when an exposure takes place.

SCOPE:

This policy applies to all members of the Manhattan Fire Protection District.

DEFINITIONS:

Designated Infection Control Officer: The District's E.M.S. Coordinator will serve as the Designated Infection Control Officer who will supervise and administer the program. In his/her absence the Deputy Chief will serve as the Infection Control Officer.

Infection Control Program: The Infection Control Program will be reviewed and updated annually, or as necessary, to reflect significant changes in tasks or procedures.

Body Substance Isolation (BSI): Equipment provided to help protect member's and reduce the risk of exposure that is mandated to be worn when in contact with patients, at the cost of the district.

Exposure: An exposure is anytime a member is exposed to body fluids through injection, ingestion, absorption, or direct skin contact through open wounds. Body fluids are defined as, but not limited to blood, mucous, semen, urine, feces, vaginal secretions, vomit, etc.

GUIDELINE:

General Precautions and Preventions:

The District supplies all members with BSI equipment on all vehicles. Turnout gear is considered BSI and is issued to all members.

- Certain incidents call for certain levels of BSI. The members on the scene of the incident should determine what level of BSI is needed to protect them from the spread of potentially harmful diseases.

All members prior to shift should check their person for cuts, scrapes or other wounds that need to be covered with Band-Aids or bandages. These areas need to be covered because they could increase the possibility of an exposure.



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Hand washing has been proven as one of the best ways of preventing the spread of germs. All members will be encouraged to wash their hands on a regular basis while on duty and after the removal of EMS gloves.

- After EMS gloves are removed on the scene the hand sanitizer in the ambulance is available. Any member driving a District apparatus should never be wearing EMS gloves.
- When the Engine Company returns to quarters after EMS calls hand washing is encouraged.
- After EMS gloves are removed at the hospital hand washing is encouraged.

To properly remove EMS gloves the inside out method should be used to help protect members from the chance of coming in contact with potentially harmful diseases.

All BSI should be carefully removed to protect members from the chance of coming in contact with potentially harmful diseases.

All personnel will go through Infection Control Training on an annual basis.

Needle Precautions:

Needle sticks are one of the ways that personnel can come in contact with potentially harmful diseases. Needle sticks are preventable incidents if the following precautions are taken.

- Each Ambulance shall have at least one large sharps container. When the sharps container is over three quarters full the container needs to be discarded at the hospital and a new container needs to go in-service.
- All Ambulance jump bags shall have at least one small travel sharps container for times when sharps are used in the field and not in an ambulance.
- If it is an option, personnel should use needless equipment to prevent the possibility of a needle stick.
- All used sharps will be placed directly into a sharps container as soon as possible after use. The member that used the sharp should be the one that disposes of the sharp.
- When picking up a sharp, it is never to be picked up from its ends. The needle should be picked up with the sharp end facing down. The member discarding the sharp should notify all on scene personnel that they have the sharp and inform everyone when the sharp has been discarded in the proper container.
- Used needles and other sharp objects shall not be intentionally sheared, bent or broken.



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- Used needles shall not be recapped unless no alternative method is feasible, or recapping is required by a specific medical procedure (i.e. recapping a multi-dose syringe between injections).
- When needle recapping is required, it must be accomplished by the use of a mechanical device or one handed technique.
- From time to time, residents drop off sharps containers at the station for proper disposal. The Manhattan Fire District will only accept these sharps containers if they are in proper approved containers (i.e. milk cartons are not approved containers). If residents are unsure of where to get approved containers, most pharmacies give out free sharps containers for diabetic patients. Put the approved containers for disposal in the station ambulance and the next time that ambulance is at the hospital, dispose of the container at the hospital.

Mouth and Eye Precautions:

Certain calls require certain BSI, for example when personnel are conducting intubations, King Airway insertion and oral or nasal pharyngeal airway insertion, the chance for foreign body substances to come in contact with the personnel are increased. The following are ways to help prevent an exposure.

- During advanced airway procedures, all personnel, shall utilize mouth and eye protection. This equipment shall be donned prior to beginning this procedure, if possible and practical, this equipment is available onboard the ambulances.
- Certain times personnel come in contact with patients that put the crew in danger with spitting of mucus or other foreign body substances. The personnel's safety is the number one priority. A mask needs to be placed on the patient and eye and mouth protection needs to be donned by all members that come in contact with the patient.
- Any other time when there is a chance of potentially harmful body fluids to come in contact with personnel's mouth or eyes, mouth and eye protection shall be used.

Full Body Precautions:

At times personnel may come in contact with patients that may require full body precautions. These patients are defined as grossly covered in body fluids and needing assistance.

- All ambulances are equipped with BSI kits for full body isolation.
- Try and limit the members that come in contact with these patients.
- Turnout gear is always an option for members assisting.



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Cleaning and Disinfecting:

- At the beginning of each shift EMS equipment and ambulances should be cleaned and disinfected as needed.
- EMS gloves should be worn when cleaning and disinfecting ambulances and equipment.
- Use an approved solution for cleaning and disinfecting equipment.
- At times equipment can be grossly contaminated with body fluids or substances (ex. cot and backboard straps). If the equipment is unable to be cleaned, notify the EMS Coordinator via email or telephone of the situation and for further action or replacement procedure.
- The cleaning agents used to clean and disinfect, can damage equipment if directly sprayed. For example, when cleaning the monitor or autopulse after a call, spray the cleaner on a towel then wipe down the equipment.
- At no time should equipment be submerged in a cleaning agent.
- If unsure how to disinfect a piece of equipment, contact the EMS Coordinator for assistance.
- After the patient is transported to the hospital, remove old linens and replace with new ones provided by the receiving hospital.

Infectious Waste Disposal:

- All ambulances are equipped with puncture resistant containers for sharps and biohazard bags for contaminated equipment or clothing.
- All personnel will dispose of infectious waste in the proper containers as soon as possible to help decrease the chances of an exposure.
- All waste that is collected will be transported to the hospital with the patient for proper disposal. Waste from the scene of an incident should not be taken back to the station for disposal unless the patient is not transported.
- Each station is equipped with Bio-Hazard bags for equipment that is unable to be cleaned and needs to be discarded. These bags are not for garbage but are for waste with bio-hazard fluids on them or full sharps containers.
- When the receptacle bag is full, the bag is to be removed and placed in an ambulance for transport to the hospital for proper discard.

Immunizations:

- All members of the Manhattan Fire Protection District will be encouraged to have the three step Hepatitis B vaccination.
- It is recommended, by the District, that employees obtain other vaccinations recommended for health care workers by the *Center for Disease Control (CDC)*.
- All members of the Manhattan Fire Protection District will be encouraged to have an annual flu shot. At the discretion of the Fire Chief this flu shot may be made available while on duty.



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Exposure Reporting and Follow Up Procedures:

- During a call if an employee of the district feels like they have been exposed to a potentially harmful disease, immediate notification needs to happen. If the EMS Coordinator is on duty, contact him directly and inform him that an exposure has occurred. Having the call go directly to the EMS Coordinator insures confidentiality is maintained and the proper procedure and documentation is followed. The EMS Coordinator will then contact the Deputy Chief.
- If the EMS Coordinator is not on duty, contact the Lieutenant that is on shift and they will contact the EMS Coordinator directly.
- In the absence of the EMS Coordinator or you are unable to make contact with him, the Deputy Chief will be his designated replacement.
- If it is determined that no Blood borne Exposure occurred through an investigation, explanation will be given to the member why it is not an exposure. A VIFIS form can still be filed when the member returns to the station but not submitted as an exposure. If there are additional concerns a second opinion may be requested to the EMS System Manager at Silver Cross Hospital.
- If a Blood borne Exposure occurred the EMS Coordinator will contact the Emergency Room Charge Nurse and advise the charge nurse that there is a need for source patient testing in accordance with the Ryan White Act and OSHA Laws. Have the source patient tested for HEP-B, HEP-C, HIV (rapid test), and Syphilis. If necessary test for TB if the exposure is respiratory and the patient has a history of TB.
- Have the member register as a patient at the Emergency Room and have a baseline blood test drawn for HEP-B, HEP-C, HIV, and Syphilis. Also check on employee HEP-B vaccine status.
- Have the member complete the VIFIS exposure form and inform Lincoln Way Dispatch to generate a call number for an injured firefighter. The exposure must be documented on the ambulance run report and statements from the member exposed and all the members on the call need to be sent to the EMS Coordinator and the Deputy Chief within 24 hours.
- The EMS System Manager from the hospital will be contacted by our EMS Coordinator or designee and advise that the blood results of the source patient and employee shall be sent to the District's Occupational Health Doctor.
- The member will contact the District's Occupational Health Doctor and inform them that the blood results will be sent to them. The member shall schedule an appointment to review the blood test results.
- The employee should keep the EMS Coordinator or designee updated on all events. If the source patient tests positive for a disease, the District's Occupational Health Doctor will assist with the necessary treatment for the employee.
- The EMS Coordinator will follow up with the employee after the medical care visit to assist with any additional testing or counseling if needed.



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Exposure Contact Numbers:

- EMS Coordinator/Lieutenant Ludwig 815-919-3321
- Deputy Chief Malone 815-530-0396
- Silver Cross EMS Manager 815-300-7130
- Silver Cross Emergency Room 815-300-1032
- Riverside Workforce Health 815-935-7532

SAFETY CONSIDERATIONS:

None

SPECIAL CONSIDERATIONS:

None

Approved By:

Signature: Daniel Forsythe

Date: 06/13/16