



HR LF	HR HF	Fire Department Town of Belmont NH 03220	GENERAL ORDER	GO NO: GO 12-017
LR LF	LR HF		Title: Infection Control Policy	EFFECTIVE DATE: 12/24/2012 Supersedes SOP 5-003, 5-004, 5-005
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I) PURPOSE, SCOPE, APPLICATION

- A) The purpose of this program is to provide minimum criteria for infection control in the fire station, at an incident scene, and at any other area where fire department members are involved in routine or emergency operations.
- B) In accordance with the OSHA Occupational Exposure to Bloodborne Pathogens; Needlesticks and Other Sharps Injuries 29 CFR 1910 and NFPA 1581, Fire Department Standard on Infection Control Programs, the following infection control plan has been developed to eliminate or minimize members' exposure. This policy will be reviewed and updated at least annually and/or whenever necessary to reflect new or modified tasks and procedures
- C) The Belmont Fire Department recognizes that communicable disease exposure is an occupational health hazard. Communicable disease transmission is perceived during any aspect of emergency response, including in-station operations. The health and welfare of each member is a joint concern of the member, the chain of command and Belmont Fire Department. While each member is ultimately responsible for his or her own health, Belmont Fire Department recognizes a responsibility to provide as safe a workplace as possible. The goal of this policy is to provide all members with the best available protection from occupationally acquired communicable disease.
- D) It is the policy of Belmont Fire Department:
1. To provide fire, rescue and emergency medical services 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. Body Substance Isolation (BSI) procedures will be observed at all times and will be expanded to include all body fluids and other potentially infectious materials.
 3. To provide all members with the necessary training, immunizations, and personal protective equipment (PPE) needed for protection from communicable disease.
 4. To recognize the need for work restrictions based on infection control concerns.
 5. To encourage participation in Employee Assistance Programs (EAP) and Critical Incident Stress Debriefing (CISD) programs when needed.

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6. To prohibit discrimination of any member for health reasons, including infection and/or seroconversion with HIV or HBV.
 7. To regard all medical information as strictly confidential. No member health information will be released without the signed written consent of the member.
- E) This program applies to all members, career, call and volunteer, providing fire, rescue and/or emergency medical services.


II) REFERENCE DOCUMENTS

- A) OSHA 29 CFR 1910 Occupational Exposure to Bloodborne Pathogens; Needlesticks and Other Sharps Injuries; Final Rule
- B) NFPA 1581, Standard on Fire Department Infection Control Programs, 1995 Edition
- C) NFPA 1500, Standard on Fire Department Occupational Safety & Health Program, 1992 Edition
- D) NFPA 1582, Standard on Medical Requirements for Fire Fighters, 1992 Edition
- E) Guide to Developing and Managing an Emergency Service Infection Control Program, USFA 1992
- F) SAF 12-006 Inspection Cleaning, Disinfection of PPE and Clothing
- G) New Hampshire Division of Public Health Services– Emergency Response/Public Safety Worker Incident Report Form
- H) GO 10-008 Medical Evaluation

III) DEFINITIONS

A) Airborne Diseases

Diseases spread by droplets of disease-producing organism being expelled into the air by a productive cough or sneeze or by direct contact with infected bodily secretions. These diseases shall include but are not limited to, chicken pox, German measles (rubella), influenza, measles, meningococcal meningitis, mononucleosis, mumps, tuberculosis, and whooping cough (pertussis).

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B) Blood

Human blood, human blood components, and products made from human blood. Diseases spread by direct contact with the blood or other bodily substances of an infected person. These diseases shall include, but are not limited to: human immunodeficiency virus (HIV), hepatitis B (HBV), hepatitis C virus (HCV), other non-A/non-B hepatitis viruses and syphilis.

C) Body Fluids

Fluids that the body produces including but not limited to; blood, semen, mucus, feces, urine, vaginal secretions, breast milk, amniotic fluid, cerebrospinal spinal fluid, synovial fluid, pericardial fluid, and any other fluid that may contain HIV and HBV.

D) Body Substance Isolation (BSI)

An infection control strategy that considers *all* body substances potentially infectious.

E) Communicable (Contagious)

Capable of being transmitted or communicated; denoting the ease with which infection is transmitted from one person to another. Chickenpox is an infectious disease, which is also communicable.

F) Contaminated

The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface


G) Contaminated Laundry

Laundry, which has been soiled with blood or other potentially infectious materials or may contain sharps.

H) Disease Transmission

The process that includes a sufficient quantity of an infectious agent, such as a virus or bacterium; mode of transmission, such as blood for HBV and HIV or airborne droplets for tuberculosis; a portal of entry, such as a needle stick injury, abraded skin, or mucous membrane contact; and a susceptible host.

1) **Direct Transmission:** Occurs through direct contact with the blood or other bodily substances of an infected individual.

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2) **Indirect Transmission:** Occurs without person-to-person contact; the disease producing organism passes from the infected individual to an inanimate object to another individual.

I) **Disinfection**

The use of a physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

1) **High-level disinfection:** Destroys all forms of microbial life, except high number of bacterial spores

Methods: Hot water pasteurization (176°F to 212°F for 30 minutes); exposure to EPA-regulated sterilant for 10 – 45 minutes.

Use: Reusable instruments or devices that come in contact with mucous membranes (e.g. laryngoscope blades)

2) **Intermediate level disinfection:** Destroys *mycobacterium tuberculosis*; vegative bacteria; most viruses, most fungi. Does not kill bacterial spores

Methods: EPA-registered hospital-disinfectant, chemical germicides that have label claim for tuberculocidal activity, solutions of household bleach (1:10 – 1:100).


Uses: Surfaces in contact with intact skin (e.g. stethoscope, BP cuff, splints) and have been visibly contaminated with bodily fluids; surfaces should be pre-cleaned of visible material before germicidal chemical is applied for disinfection

3) **Low-level disinfection:** Destroys most bacteria, some viruses, some fungi, but not *mycobacterium tuberculosis* or bacterial spores

Methods: EPA-registered hospital disinfectants, (no label claim for tuberculocidal activity)

Uses: Routine housekeeping or removal of soiling in the absence of visible body fluid contamination

J) **Engineering Controls**

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All control measures that isolate or remove a hazard from the workplace, encompassing not only sharps with engineered sharps injury protections and needleless systems but also other medical devices designed to reduce the risk of percutaneous exposure to bloodborne pathogens. Examples include sharps disposal containers, self-sheathing needles, etc

K) Exposure Incident

A specific eye, mouth, other mucous membranes, non-intact skin, or parental contact with blood or other potentially infectious materials that result from the performance of the worker's duties

L) Gloves

- 1) **Cleaning Gloves:** Multipurpose, multituse gloves that provide limited protection from abrasion, cuts, snags, and punctures during cleaning and that are designed to provide a barrier against body fluids, cleaning fluids, and disinfectants
- 2) **Emergency Medical Gloves:** Single-use, patient examination gloves that are designed to provide a barrier against body fluids
- 3) **Structural Fire Fighting Gloves:** Gloves meeting the requirements of NFPA 1973, Standard on Gloves for Structural Fire Fighting

M) Infection Control Officer

The person(s) within the Belmont Fire Department responsible for managing the department infection control program and for coordinating the investigation of an exposure


N) Infection Control Policy

The Belmont Fire Department's formal policy and the implementation of procedures relating to the control of infectious and communicable disease hazards where members, patients or the general public could be exposed to blood, body fluids, or other potentially infectious materials in the work environment

O) Infectious Disease

Capable of being transmitted or capable of causing infection. Infectious disease result from invasion of a host by disease-producing organisms, such as bacteria, viruses, fungi, and parasites, not all infectious diseases is communicable. (e.g. salmonella is highly infectious but not communicable).

P) Needleless System

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A device that does not use needles for: A) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; B) the administration of medication or fluids; C) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Q) Occupational Exposure

Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood, body fluids, or other potentially infectious materials that might result from the performance of a member's duties.

R) Other Potentially Infectious Materials

Any body fluid that is visibly contaminated with blood; all body fluids in situations where it is difficult or impossible to differentiate between body fluids; sputum, saliva, and other respiratory secretions; and unfixed tissue or organ from a living or dead human

S) Parental

Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions

T) Personal Protective Equipment (PPE)

Specialized clothing or equipment worn by a member for the protection against a hazard. General station wear is not intended to function as protection against a hazard and are not considered to be personal protective equipment


U) Regulated Waste

Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

V) Risk

A measure of the probability and severity of adverse effects. These adverse effects result from an exposure to a hazard

W) Sharps Container

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Containers that are closable, puncture-resistant, disposable, and leakproof on the sides and bottom; red in color or display the universal biohazard symbol; and designed to store sharp objects after use.

X) Sharps with Engineered Sharps Injury Protections

A non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident

Y) Source Individual

Any individual, living or dead, whose blood, body fluids, or other potentially infectious materials could be a source of occupational exposure to a member.

Z) Sterilization

The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.


1) **Methods:** autoclave, dry heat, or immersion in chemical sterilant for six (6) – ten (10) hours.

2) **Uses:** Instruments or devices that penetrate the skin or normally sterile areas of the body (e.g. scalpels, needles)

AA) Universal Precautions

A hospital bases approach to infection control in which human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens. Under circumstances in which differentiation between body fluids is difficult or impossible, all body fluids shall be considered potentially infectious materials.

BB) Work Practice Controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

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IV) ROLES AND RESPONSIBILITIES

A) Chief of the Department

- 1) The tasks of managing The Belmont Fire Department Occupational Health & Safety and Infection Control Policies are delegated to the appropriate Staff Officers and committees as noted below. The ultimate responsibility for the health & welfare of all members remains that of the Chief of the Department.


B) Safety Officer

- 1) The Deputy Chief shall serve as the department Safety Officer.
 - (a) It shall be the responsibility of the Safety Officer to:
 - (1) All duties as outlined in SOG SAF 12-006 Inspection Cleaning, Disinfection of PPE and Clothing
 - (2) Chair Belmont Fire Department's safety committee.

C) Infection Control Officer

- 1) The Chief of the Department shall designate a Career Lieutenant as the Infection Control Officer.
- 2) It shall be the responsibility of the Infection Control Officer to:
 - (a) Maintain communications among the members of the Belmont Fire Department and the fire department physician, the health care facility, town and state health officials and other health care professionals.
 - (b) Ensure the notification, verification, treatment, and follow-up of members after exposure reports.
 - (c) Ensure proper documentation of the exposure incident.
 - (d) Collect quality assurance data on department infection control program.
 - (e) Maintain a confidential database of exposures and treatments received.
 - (f) Establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps.
 - (1) This log shall be maintained in a confidential manner and for the duration of this policy and an additional thirty years.

3) Chief Officers and Company Officers

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- (a) It shall be the responsibility of Chief Officers and Company Officers to:
- (1) Support and enforce compliance with the Infection Control Policy.
 - (2) Correct any unsafe acts and refer members for remedial infection control training, if required.
 - (3) Mandate safe operating practices on-scene and in-station.
 - (4) Refer to the Infection Control Officer, for medical evaluation, any member possibly unfit for work for infection control, or other reasons.
 - (5) Company Officers will not allow new members to assume emergency response duties until initial medical evaluation; immunizations and infection control training has been completed.

4) Members

- (a) It shall be the responsibility of all members to:
- (1) Assume ultimate responsibility for personal safety and health.
 - (2) Always use appropriate PPE as the situation dictates.
 - (3) Report any suspected occupational exposures to communicable disease to their Company Officer.
 - (4) Report any diagnosis of communicable disease (occupational or non-occupational) to the Infection Control Officer.

V) SAFETY

- A) The Belmont Fire Department recognizes the potential exposure of its members, in the performance of their duties, to communicable disease.
- B) The Belmont Fire Department also recognizes the health concerns that may be involved in the station work environment, where a number of member's share living quarters and work areas.
- C) The Belmont Fire Department also recognizes that the health, well being and safety of all members is of utmost importance and therefore acknowledges that all members must accept the responsibility for personal health.


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VI) ENFORCEMENT

- A) Failure to understand and follow this General Order may result in disciplinary action.
- B) Any deviation from this General Order shall require a written report to the Officer in Charge and the Deputy Chief.
- C) This policy is for internal use only and does not enlarge an employee's civil liability in any way. The policy should not be construed as creating a higher duty of care, in an evidentiary sense, with respect to third party civil claims against employees. A violation of this policy, if proven, can only form the basis of a complaint by this department for non-judicial administrative action in accordance with the laws governing employee discipline.

VII) GENERAL ORDER

- A) Education and Training
 - 1) Education and Training shall be provided on duty to:
 - (a) Within ninety (90) days of the effective date of this General Order.
 - (b) New members within 10 days of assignment.
 - (c) All members annually.
 - (d) Additional education and/or training shall be provided whenever changes such as modification of tasks or institution of new tasks or procedures affect the member's occupational exposure. This additional education and/or training may be limited to address the new situations created.
 - 2) Infection Control education shall include but is not limited to information on the following:
 - (a) Epidemiology
 - (b) Modes of transmission
 - (c) Prevention of diseases including:
 - (1) Meningitis
 - (2) Childhood communicable diseases
 - (3) Herpes viruses
 - (4) Hepatitis A

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- (5) Hepatitis B
- (6) Hepatitis C
- (7) Human immunodeficiency virus
- (8) Tuberculosis
- (9) Lice and scabies

3) Infection control training shall include but is not limited information on the following:

- (a) Proper use of personal protective equipment.
- (b) Safe work practices in infection control.
- (c) Proper methods of disposal of contaminated articles and medical waste.
- (d) SOG SAF 12-006 Inspection Cleaning, Disinfection of PPE and Clothing.
- (e) Exposure management.
- (f) Medical follow-up.

B) Health maintenance

- 1) No member will be assigned emergency response duties until entrance physical assessment has been performed as outlined in GO 10-008 Medical Evaluation, and the member has been certified as fit for duty.
- 2) Hepatitis B Vaccination
 - (a) Hepatitis B vaccination series shall be made available to each member at no cost, within 10 days of assignment, unless the member has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the member is immune or the vaccine is contraindicated for medical reasons.
 - (b) A member may initially decline the hepatitis B vaccination series, but at a later date, while still covered under this General Order, decide to accept the vaccination series, at which time the hepatitis B vaccination series will be provided at no cost to the member.


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(c) If a member declines the hepatitis B vaccination series offer; a hepatitis B vaccination declination form shall be signed. Copies of the form will be maintained in the member's medical records. A copy of the Hepatitis B declination form is located in Appendix A.


(d) If the administrating agency or U. S. Public Health Services recommends additional hepatitis B vaccine doses, such booster doses will be made available at no cost to the member.

C) Exposure Incidents

- 1) If a member sustains an exposure incident, the exposed area shall be thoroughly washed immediately using water on mucosal surfaces and soap and running water on skin surfaces. If soap and running water are not available, waterless antiseptic skin cleanser located in all apparatus jump-kits and patient care compartments of all ambulances shall be used until soap and running water can be obtained.
- 2) The post exposure process consists of four steps:
 - (a) Notification
 - (b) Verification
 - (c) Documentation
 - (d) Treatment and follow-up
- 3) Notification of the potential exposure shall consist of the exposed member immediately notifying the Officer in Charge. The Officer in Charge shall notify the Infection Control Officer as soon as possible but no later than three (3) hours after the occurrence of the incident.
- 4) Verification of the potential exposure shall consist of the exposed member discussing the events of the exposure with the Infection Control Officer to determine if an actual exposure has occurred.
- 5) Documentation of the potential exposure consists of completing the New Hampshire Division of Public Health Services– Emergency Response/Public Safety Worker Incident Report Form. A copy of the Form is located in Lieutenants office. A record shall also be created in Firehouse (software) documenting the exposure.

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- (a) All exposures shall be documented and copies of New Hampshire Division of Public Health Services– Emergency Response/Public Safety Worker Incident Report Form maintained in the member’s medical file.
 - (b) If any potential exposure is found to be non-viable, the Infection Control Officer will counsel the member on exposure hazards.
 - (c) If an exposure incident is determined to be actual, than the exposed member shall follow the steps outlined below.
- 6) If it has been determined that an exposure has occurred treatment and follow-up shall consist of the exposed member being provided with medical evaluation and treatment as soon as possible, but no later than twenty-four (24) hours after the incident.
- (a) The exposed member shall provide the Healthcare Provider with a copy of New Hampshire Division of Public Health Services– Emergency Response/Public Safety Worker Incident Report Form.
 - (b) The Healthcare Provider’s written opinion, diagnostic test results and any other medical findings are considered to be confidential and shall be maintained in the member’s medical file.
 - (1) Confidential medical records shall not be released without the written permission of the member.
 - (2) The complete contents of a member’s confidential medical file shall be maintained for the duration of employment and an additional thirty (30) years.
 - (c) The Infection Control Officer will perform or refer the member for infection control retraining or for stress management counseling if indicated. Spousal counseling will also be available.
- 7) The Infection Control Officer will track the source patient to the receiving facility and notify the receiving facility that a communicable disease exposure has occurred and request an infectious disease determination, as provided under Ryan White Act of 1990. Request for consent to test the source patient for HIV and HBV will be made. The source patient has the right to refuse such testing under current regulations.

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- 8) Under the provisions of the Ryan White Act of 1990, a receiving medical facility will notify the Infection Control Officer of any patient transported by members of the Belmont Fire Department with a diagnosis of an airborne transmissible disease. When so notified, the Infection Control Officer will contact the members involved and schedule medical evaluations.
- 9) The Safety Officer will assume the duties of the Infection Control Officer in his/her absence.

D) Emergency Medical Operations Protection

- 1) Personal
 - (a) Prior to any patient contacts, members will cover all areas of abraded, lacerated, irritated or otherwise damaged skin with adhesive dressings.
 - (b) After removal of any personal protective equipment (PPE), including gloves, all members shall wash their hands immediately or as soon as feasible with soap and running water. If soap and running water are not available, waterless antiseptic skin cleansers shall be used until running water and soap can be obtained.
 - (c) Any members who have skin or mucosal contact with body fluids shall thoroughly wash the exposed area immediately using water or saline on mucosal surfaces and soap and running water on skin surfaces. If soap and running water are not available, waterless antiseptic skin cleanser shall be used until running water and soap can be obtained.
 - (d) Waterless antiseptic skin cleanser shall be available in the following locations:
 - (1) All apparatus medical jump kits
 - (2) All ambulance patient care areas
- 2) Personal Protective Equipment
 - (a) All members engaging in any emergency patient care shall don emergency medical gloves prior to initiating such care to protect against a variety of diseases, modes of transmission and the unpredictable nature of the work environment.
 - (1) Emergency medical gloves shall be available in the following locations:
 - a) All apparatus medical jump-kits
 - b) All ambulance patient care areas

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- 2) Emergency medical gloves shall be removed as soon as possible after termination of patient care, and shall be disposed of properly as specified in Section VII; J;2. Hands shall be washed as specified in Section VII; F; 1, 2, 3 following removal of emergency medical gloves.
- 3) Prior to any patient situations at which large splashes of body fluids can occur, (e.g. incidents involving spurting blood, trauma or childbirth), combination masks or splash-resistant eyewear with mask, emergency medical gloves and gowns shall be donned.
 - (a) Combination masks shall be available in the following locations:
 - (1) All apparatus medical jump-kits
 - (2) All ambulance patient care areas
 - (b) Gowns shall be available in the following locations:
 - (1) Patient care compartments of 3A1, 3A2, 3A3
- 4) Resuscitation equipment for airway management shall include pocket masks with one-way valves and/or bag valve masks and shall be disposable and available in the following locations:
 - (a) All apparatus medical jump kits
 - (b) Patient care compartments of 3A1, 3A2, 3A3
- 5) Members in any situation shall wear structural fire fighting gloves where sharp or rough surfaces or a potentially high heat exposure is likely to be encountered.
- 6) Medical gloves shall not be worn under structural fire fighting gloves due to complications that exposure to heat might cause, such as burns, dripping, melting, or a combination thereof, to the skin.
- 7) When a caring for a patient with suspected or confirmed tuberculosis diagnosis, the following procedures shall be implemented:
 - (a) A filter mask (surgical or similar) shall be placed over the patient's nose and mouth. The mask must not interfere with patient care.
 - (1) A non-rebreather mask (NRB) may be substituted for a filter mask as required by patient care.

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- (b) The number of patient care attendants shall be limited to the most medically certified on the scene.
 - (1) The primary patient care attendant shall don protective eyewear with a filter mask or a combination facemask.
- (c) The door or window separating the driver's and patient care compartment shall be closed and secured.
- (d) Patient care compartment windows should be opened, if weather permits and the windows are capable of being opened.
- (e) The number of patient care attendants shall be limited to the most medically certified on the scene.
- (f) Patient care compartment fans shall be turned on and operated at highest speed setting
- (g) Notify the receiving facility of the need for a positive pressure room or isolation room.

E) Handling of Sharps

- 1) All members shall take precautions during procedures to prevent injuries caused by needles, IV catheters, scalpel blades, or other sharp objects.
- 2) All used sharp objects shall be considered infectious and shall be handled with extraordinary care.
- 3) Needles shall not be manually recapped, bent or broken. Following use, all sharp objects shall be placed in sharps containers. Sharps containers shall be available in the following locations:
 - (a) Patient care compartment 3A1, 3A2, 3A3.
 - (b) Paramedic medication kits
 - (c) IV kits.
- 4) If any equipment accidentally drops into the sharps container or hazard waste container it shall not be retrieved.

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- 5) New, unused sharp containers may be received in exchange for a full used sharps container at any receiving medical facility or in the EMS Supply Closet located at Station 1.

F) Cleaning and Disinfecting

- 1) Hands shall be washed after each:
 - (a) Emergency medical incident, immediately after or as soon as possible after removal of gloves or other personal protective equipment.
 - (b) After cleaning and disinfecting emergency medical equipment.
 - (c) After any cleaning function.
 - (d) After using the bathroom
 - (e) Before and after handling food or cooking and food utensils.
- 2) Hand and contaminated skin surfaces shall be washed with nonabrasive soap and water by lathering the skin and vigorously rubbing together all lathered surfaces for at least 10 seconds, followed by thorough rinsing under running water.
- 3) Where provision of hand washing facilities is not feasible, appropriate waterless antiseptic hand cleansers in conjunction with clean cloth or paper towels shall be used. When waterless antiseptic hand cleansers are used, hands shall be washed with nonabrasive soap and running water as soon as feasible.

G) Disinfectants

- 1) The Belmont Fire Department shall utilize the following disinfectants:
 - (a) For intermediate level disinfection:
 - (1) Household bleach (5.25% sodium hypochlorite) diluted with water to the following concentrations:
 - (aa) ½ cup bleach to 1-gallon water for use in a bucket or similar container.
 - (bb) 1 oz. bleach to 9 oz. Water for use in a spray bottle.


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(b) For low level disinfection

- (1) Appropriate cleaning products as supplied by the Belmont Fire Department
- 2) Disinfectants shall be used only with adequate ventilation and while wearing appropriate infection control garments and equipment including, but not limited to cleaning gloves, combination face masks and aprons.

H) Disinfection

- 2) Emergency medical equipment
 - (a) Contaminated reusable emergency medical equipment shall be cleaned and disinfected at the receiving medical facility, utilizing appropriate disinfection levels for equipment involved.
 - (1) Reusable emergency medical equipment that comes in contact with mucous membranes shall require cleaning and disinfection according to high-level disinfection according to Section III: I; a.
 - (2) Reusable emergency medical equipment that is contaminated with visible blood or other potentially infectious bodily fluids shall be cleaned and disinfected utilizing intermediate level disinfection according to Section III: I; b.
 - (b) Whenever contaminated reusable emergency medical equipment can not be cleaned and disinfected at the receiving medical facility or contaminated reusable equipment is being retrieved from medical facilities, the contaminated equipment shall be placed in double biohazard bags, the bags secured and the equipment transported via the patient care compartment of an ambulance to the Station 1.
 - (c) All cleaning and disinfection procedures shall be completed in the rear of Station 1. No cleaning and/or disinfection of contaminated equipment shall occur in kitchen areas, living, sleeping, or personal hygiene areas.
 - (d) Members performing cleaning and/or disinfection tasks shall utilize the following PPE:
 - (1) Cleaning gloves
 - (2) Face shield

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(3) Aprons


- (e) All PPE for cleaning and/or disinfecting tasks shall be located and available in the EMS supply room Station 1.
- (f) Members performing cleaning and/or disinfection tasks shall utilize disinfectants as outlined in Section VII: G: 1; a.
- (g) Cleaned and disinfected equipment shall remain in the rear of station one until dry and ready for return to clean storage or in service status.

3) Structural Fire Fighting Clothing

- (a) Structural Fire Fighting Clothing contaminated with blood or other potentially infectious material shall be removed immediately or as soon as feasible, and prior to leaving the work site.
- (b) Structural Fire Fighting Clothing contaminated with large amounts of blood or other potentially material shall be placed in leak proof bags, sealed and transported to Station 1.
- (c) To avoid the possibility of spreading infectious disease by cross-contamination structural fire fighting clothing shall not be cleaned and/or disinfected at home.
- (d) Contaminated structural fire fighting clothing shall be cleaned and/or disinfected according to SOG SAF 12-006 Inspection Cleaning, Disinfection of PPE and Clothing.

4) Disinfection of station/work wear

- (a) To avoid the possibility of spreading infectious disease by cross-contamination contaminated station/work wear shall not be cleaned and/or disinfected at home.
- (b) Station/work wear contaminated with blood or other potentially infectious material shall be removed immediately or as soon as feasible.
- (c) Station/work wear contaminated with large amounts blood or other potentially infectious material shall be placed in leak proof bags, sealed and transported to Station 1

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(d) Contaminated Station/work wear shall be cleaned and/or disinfected according to SOG SAF 12-006 Inspection Cleaning, Disinfection of PPE and Clothing.

I) Housekeeping

- 1) All members shall ensure that the worksite is maintained in a neat condition and free of any contamination.
- 2) Contaminated work surfaces shall be cleaned and decontaminated immediately or as soon as feasible after completion of the emergency medical operation; utilizing disinfectants outlined in Section VII: G: 1;a.
- 3) Environmental and work surfaces shall be decontaminated at the beginning of each work shift. Such surfaces include floors, walls, ceilings, ambulance seats and countertops. Documentation of such shall be made on the Ambulance Inspection Forms. A copy of the Ambulance Inspection Forms is located in Appendix F.

J) Disposal of Materials

- 1) When moving containers of contaminated sharps from area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents. Full sharps containers shall be disposed of at a receiving medical facility.
- 2) Contaminated disposable medical supplies and equipment, contaminated disposable PPE, and contaminated waste shall be placed in biohazard containers lined with red leakproof bags.
 - (a) Biohazard containers shall be located in the following areas:
 - (1) Bio hazard bags are located in the patient care compartment.
- 3) Transportation of full biohazard containers shall be completed by removing the red leakproof bag, and placing in a second red leakproof bag, sealing and disposing of as biohazard medical waste at a receiving medical facility.
- 4) Non-contaminated disposable medical supplies and equipment, non-contaminated disposable PPE and non-contaminated waste shall be collected in waste containers.
 - (a) Waste containers shall be located in the following areas:
 - (1) Patient care compartment of each ambulance

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K) Labeling


- 1) Warning labels shall be affixed to containers of regulated medical waste and other containers used to store, transport blood or other potentially infectious materials.
- 2) Labels shall include the following legend:



- (a) These labels shall be fluorescent orange or orange-red or predominately so, with lettering or symbols in a contrasting color.
- 3) Red bags or red containers shall be substituted for these labels.

L) Facilities

- 1) The Belmont Fire Department shall comply with applicable and appropriate health and infection control laws, regulations and standards for public use facilities.
- 2) Kitchen area
 - (a) All kitchen food preparation surfaces, countertops, tabletops and stovetops shall be cleaned and disinfected on daily bases utilizing disinfectants and cleaners as outlined in Section VII G: b.
 - (b) Perishable food requiring cold storage shall be kept at a temperature of 38°F or less. Perishable foods requiring freezer storage shall be kept at a temperature of 0°F or less.
 - (1) All food removed from original packaging shall be kept in tightly sealed food containers or shall be wrapped with plastic wrap or aluminum foil.

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(2) All food items improperly stored or past expiration date or showing evidence of spoilage in the refrigerator and/or freezer shall be removed and discarded whenever necessary or on every Sunday.

3) Sleeping areas

- (a) All sleeping areas shall be maintained in a neat and orderly fashion and cleaned whenever necessary.
- (b) Bedding lockers and clothing lockers shall be provided and utilized by all members.

4) Bathrooms

- (a) All bathroom facilities, including toilets, urinals, sinks, countertops and shower areas, and floors shall be cleaned and disinfected on a daily basis utilizing disinfectants and cleaners as outlined in Section VII G: b.
- (b) All members are reminded that hand washing is the most effective prevention for the transmission of many diseases.

5) Laundry areas shall be maintained in a neat and orderly fashion and cleaned whenever necessary.

6) Equipment storage areas


- (a) All clean and disinfected reusable emergency medical equipment (e.g. backboards, straps) shall be stored in the rear of the apparatus bay or in the EMS Supply Closet at Station 1.
- (b) All unopened disposable emergency medical supplies and equipment not located on apparatus or jump kits shall be stored until ready for use, in the EMS Supply Closet at Station 1.

7) Cleaning areas

(a) The Belmont Fire Department designates the following areas for:

(1) Cleaning and disinfection of structural fire fighting clothing:

(a) Apparatus floor, extractor at Station 1.

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(2) Laundering of station/work wear:

(a) Utility Room at Station 1.

(3) Cleaning and disinfection of station/work wear:

(a) Utility Room at Station 1.

(4) Cleaning and disinfection of contaminated reusable emergency medical equipment:

(a) Utility Room at Station 1.


VIII) RECORDS, REPORTS, CHARTS, FORMS

A) Appendix A – Hepatitis B Declination Form

<p><u>AUTHENTICATION</u></p> <p>GO NO: <u>12-017</u></p> <p>Number of Pages: 24</p> <p>Approved By: <i>dlp</i></p> <p>Revision: <u>00</u></p>
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<p>GO Review Dates:</p> <p>03/12/2013 dlp</p>

Hepatitis B Vaccine Declination

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I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Print Name

Signature

Witness

(10/24/2012)