PURPOSE

To provide the members of the Peoria Fire Department with guidelines for infection control during emergency scene operations.

POLICY

This standard applies to all members of the Peoria Fire Department.

Scene Operations

The blood, body fluids, and tissues of all patients are considered potentially infectious, and Universal Precautions/Body Substance Isolation procedures will be used for all patient contact.

The choice of personal protective equipment (PPE) is specified in SOP 1209.15f. Members will be encouraged to use maximal rather than minimal PPE for each situation.

If your PPE becomes saturated of penetrated by blood or OPIM, the PPE shall be removed immediately or as soon as feasible.

While complete control of the emergency scene is not possible, scene operations as much as possible will attempt to limit splashing, spraying, or aerosolization of body fluids.

Specimens of blood or OPIM shall be placed in leak-proof containers. If such containers should leak, they must be placed in a second nonpermeable container.

The minimum number of members required to complete the task safely will be used for all on-scene operations. Members not immediately needed will remain a safe distance from operations where communicable disease exposure is possible or anticipated.

Handwashing

Handwashing is the most important infection control procedure.

Members will wash their 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 ten to fifteen seconds. If soap and water is not available at the scene, a waterless antiseptic handwash may be used, provided that a soap and water wash is performed immediately upon return to quarters or the hospital.

Eating, drinking, tobacco use, handling contact lenses, or applying cosmetics or lip balm is prohibited at the scene of operations.

Food or drink shall not be kept in the refrigerator, freezers, on shelves, cabinets or on counter tops or bench tops where blood or OPIM may be present.

Used needles and other sharps shall be disposed of in approved sharps containers. Needles will not be recapped, resheathed, bent, broken, or separated from disposable syringes.

The most common occupational blood exposure occurs when needles are recapped.

Sharps containers, meeting the specifications of 1910.1030 (d)(2)(viii), will be easily accessible on-scene.

Sharps containers will not be filled past ¾ full.

They will be checked daily and after each use to ensure that sharps containers are no filled past ¾ full/

Disposable resuscitation equipment will be used whenever possible. For CPR, the order of preference is:

- Disposable bag-valve mask.
- Demand valve resuscitator with disposable mask.
- Disposable pocket mask with one-way valve.
- Mouth-to-mouth resuscitation.

Mouth-to-mouth resuscitation will be performed only as a last resort if no other equipment is available. All members will be issued pocket masks with on-way valves to minimize the need for mouth to mouth resuscitation. Disposable resuscitation equipment will be kept readily available during on-scene operations.

Patients with suspected airborne communicable diseases will be transported wearing a face mask or particulate respirator whenever possible. Ambulance windows will be open and ventilation systems turned on full whenever possible.

Personal protective equipment will be removed after leaving the work area, and as soon as possible if contaminated. After use, all PPE will be placed in leak-proof bags, color-coded and marked as a biohazard, and transported back to the hospital or fire station for proper disposal.

No medical information will be released on scene. Media queries will be referred to the PIO. Patient confidentiality will be maintained at all times.

At the conclusion of on-scene operations, all potentially contaminated patient care equipment will be removed for appropriate disposal or decontamination and reuse.

Approved: _____ 09/28/2015

Bobby Ruiz, Fire Chief — Date