

SPOKANE COUNTY FIRE DISTRICT 8

Standard Operating Procedures

40.03.07 INFECTION CONTROL PROGRAM



Adopted: 04/12/17
Reviewed: 11/01/18
Revised: 07/11/17

Approved:

A handwritten signature in black ink, appearing to read 'Tony Fisher', is written over a horizontal line.

Purpose: The District's goal is to establish safe work practices and procedures for all Emergency Medical Services workers while they are engaged in the daily performance of their duties.

References: WAC2960-823 concerning Occupational Exposure to Blood Borne Pathogens and protection of employees against infectious disease,

Procedure

1. The Infection Control Officer in Spokane County Fire District 8 is the Assistant Chief of Operations and in his/her absence the MSO or Medical Director will function as the Infection Control Officer
2. This procedure reflects the Infection Control Program for compliance with WAC296-823 concerning Occupational Exposure to Blood Borne Pathogens and protection of employees against infectious disease.
3. Proper disposal of all Bio-Medical waste must be in compliance with Occupational Safety and Health Administration WAC296-823 at all times.
4. It is of the utmost importance that all members adhere to the procedures identified herein to prevent occupational exposures and to ensure the safety of the public, all EMS personnel working within Spokane County Fire Protection District 8, and the patients for whom District members care.
5. Definitions.
 - a) Healthcare worker.
 - i. An employee of a health care facility including, but not limited to, nurses, physicians, dentists, and other dental workers, optometrists, podiatrists, chiropractors, laboratory scientists, phlebotomists, dialysis technicians, paramedic, emergency medical technicians, first responders, medical examiners, morticians, housekeepers, laundry workers, and others whose work may involve direct contact with body fluids, as defined below, from living individuals or corpses.
 - b) Universal precautions.
 - i. The term "universal precautions" refers to a system of infectious disease control which assumes that every direct contact with body fluids is infectious and requires every employee exposed to direct contact with fluids to be protected as though such body fluids were HBV or HIV infected. Therefore, universal precautions are intended

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to prevent workers from parenteral, mucous membrane, and non-intact skin exposures to blood borne pathogens.

- c) Body fluids.
 - i. Fluids that have been recognized by the Centers for Disease Control (CDC) as directly linked to the transmission of HIV and/or HBV and/or to which universal precautions apply including, but not limited to: blood, semen, blood products, vaginal secretions, cerebrospinal fluid, pleural fluid, peritoneal fluid, amniotic fluid, and concentrated HIV or HBV viruses.
- d) Body substance isolation.
 - i. A method of exposure control for emergency response personnel in which all body substances are treated as infectious.
- e) Significant exposure.
 - i. A contact with an infectious agent, such as body fluids, through inhalation, percutaneous inoculation or contact with an open wound contact with an open wound, non-intact skin or mucous membrane.
- f) Exposure determination.
 - i. Within Fire District 8, those people at risk for exposure include but may not be limited to: Firefighters, Office Staff, Drivers, First Responders, Basic EMT, Advanced EMT, Paramedics, Nurses, and Physicians
 - ii. Additionally, any person who may not be directly involved in patient care may be at risk for exposure and must observe all provisions within this document.

6. TREAT BLOOD AND BODY FLUIDS OF ALL PEOPLE AS IF THEY WERE INFECTED WITH HBV, HIV, OR OTHER BLOOD BORNE DISEASES.

7. Protective equipment requirement in accordance with OSHA regulations.
- a) Protective equipment, including personal protective equipment for eyes, face, head, and extremities, protective clothing, respiratory devices, and protective shields and barriers, shall be provided, used and maintained in a sanitary and reliable condition wherever it is necessary by reason of hazards of processes or environment, encountered in a manner capable of causing injury or impairment in the function of any part of the body through absorption, inhalation or physical contact.

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- b) This equipment will be provided by the individual operating unit at no expense to the employee and in sufficient quantities and sizes to meet the needs of all employees.
 - c) Hypoallergenic gloves, non-powdered glove, etc. must be provided by the employer at all times.
 - d) Rationing of gloves and other personal protective equipment is strictly prohibited.
 - e) All personal protective equipment shall be of safe design and construction for work to be performed.
8. The following personal protective measures shall apply:
- a) Gloves.
 - i. The use of gloves is mandatory in all patient contacts.
 - ii. Particularly, use of disposable gloves is mandatory for procedures where body fluids are handled.
 - iii. The use of gloves is particularly important and shall be used in the following circumstances without fail:
 - 1. If the health care worker has cuts, abraded skin, chapped hands, dermatitis or the like.
 - 2. During invasive procedures, (i.e., endotracheal or esophageal intubation, IV cannulation, needle thoracostomy, surgical cricothyrotomy or any other procedure which causes a break in the patient's skin).
 - 3. When examining patients with active bleeding or abraded or non-intact skin.
 - 4. During all cleaning of body fluids and decontamination procedures or cleaning of contaminated equipment including, but not limited to, laryngoscopes, suction units, backboards and other non-disposable patient treatment equipment.
 - iv. In accordance with OSHA regulations, gloves must be of appropriate material, usually intact latex vinyl, of appropriate quality for the procedure performed, and of appropriate size for each health care worker.
 - v. Gloves shall not be washed or disinfected for use by any employee.
 - vi. In accordance with OSHA regulations, no gloves shall be used if they are peeling, cracked or discolored or if they have punctures, tears, or other evidence of deterioration.


- b) Gowns.

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- i. The use of gowns, aprons, or lab coats is required when splashes to skin or clothing with body fluids are likely to occur.
 - ii. Gowns shall protect all areas of exposed skin.
 - c) Masks and eye protectors.
 - i. The use of masks and protective eyewear or face shields is required when contamination of mucosal membranes (eyes, mouth, or nose) with body fluids such as splashes or aerosolization of such material is likely to occur.
 - ii. They are not required for routine care.
 - d) Resuscitation equipment.
 - i. Pocket masks, resuscitation bags, or other ventilation devices shall be provided in strategic locations as well as to key personnel (Paramedics, Emergency Medical Technicians, and First Responders) where the need for resuscitation is likely.
 - ii. This will minimize the need for emergency mouth-to-mouth resuscitation.
 - e) Invasive procedures.
 - i. Personal protective equipment as described above shall be used when performing invasive procedures to avoid exposure.
 - ii. When a health care worker's skin or mucous membranes may come in contact with body fluids, gowns, masks, and eye protection shall be worn.
- 9. Waste disposal (pertaining to the handling/disposal of potentially contaminated items).
 - a) Sharp instruments.
 - i. Sharps, (needles, scalpels, etc.) must be disposed of in the appropriate containers labeled for the disposal of contaminated sharp objects.
 - 1. Such containers shall be easily accessible to personnel and located in all areas where needles are commonly used (i.e., patient compartment of ambulance) and shall be so constructed that they will not spill their contents if knocked over and cannot be punctured by their contents.
 - 2. Sharps containers will be appropriately labeled and color coded for ease of identification by health care workers.
 - 3. Disposal of sharps in any other container is NOT ACCEPTABLE.

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- ii. Needles shall not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand.
- b) Bio-Medical waste disposal.
- i. Bio-Medical waste is defined as any product or substance that comes in contact with body fluids and equipment such as needles, syringes, IV tubing, potentially contaminated dressings, paper linens and other such patient care equipment or supplies which are considered to be for one time use only.
 1. All disposable materials which are contaminated by body fluids must be placed either in the sharps container or a red bio-medical waste plastic bag immediately after transport of the patient or when patient contact has been completed.
 2. All ALS units, BLS units, and Quick Response Units will be equipped with one large sharps container, one red bag lined garbage can used specifically for the collection of bio-medical waste, and three 11 gallon, red bio-medical waste bags.
 3. Any and all products disposed of will be contained in either the sharps container or red bio-medical waste disposal bags.
 4. These items will then be taken directly to the waste disposal area by EMS personnel and disposed of by the appropriate vendor.
 5. It is strictly against the intent of this policy to dispose of bio-medically contaminated waste in normal garbage receptacles.
 6. When cleaning equipment such as suction units and other pieces of equipment that must be cleaned and returned for use at a later time, it is expected that potential for splashing and cross contaminating of clean equipment be avoided.
 7. Gloves must be worn during the cleaning process and additional items such as gowns and protective eyewear may be necessary to limit the chance of exposure.
 8. All equipment and environmental surfaces shall be cleaned and decontaminated with appropriate disinfectant after contact with blood, body fluids or other potentially infectious materials.
 9. Immediately following patient contact and after cleaning equipment, a thorough cleaning of the provider's hands will be performed.

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10. Prior to new patient contacts, hand washing is necessary.
 11. In the event that hand cleansing is not practiced, use of an antiseptic or antimicrobial hand wipe is mandatory.
 12. Hand washing should be accomplished as soon as possible following patient contact.
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10. Handling of blood and other potentially infectious materials.
 - a) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure to infectious materials or substances.
 - b) Food and drink shall not be kept on shelves, cabinets, or on counter tops where blood and other body fluids and parts can be or are present.
 - c) Consumption of food or drink in the patient care compartment of the ambulance is strictly prohibited.
 11. Hepatitis B vaccination.
 - a) All employees shall be afforded the opportunity to receive, at no expense to the employee, Hepatitis B vaccination within ten days of assignment to a work area.
 - b) Employees must sign a Hepatitis B Vaccine Declination form if they choose not to be vaccinated, but may later opt to receive the vaccine at no cost to the employee.
 - c) Should booster doses later be recommended, employees must be offered them.
 - d) Participation in a pre-screening program shall not be a prerequisite for employment.
 12. Post-exposure and follow-up.
 - a) Following a report of an exposure incident, the unit shall immediately make available to the exposed employee a confidential medical evaluation and follow-up at no cost to the employee and at a time and place convenient to the employee.
 - b) A complete incident report documenting the route of exposure, circumstances surrounding the exposure, and documentation of the source individual (unless prohibited by law) will be filed.
 - c) All associated documents surrounding the exposure shall be maintained in a confidential manner for a minimum of 30 years.
 - d) It is suggested that a file cabinet that is able to be locked and whose access is limited to one or two key administrative personnel be utilized for storage of these records.

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- e) It is imperative that strict confidentiality of these records be maintained.
- f) Any follow-up counseling and testing will be made available to the exposed employee at no cost to the employee.
- g) A copy of this policy will be provided to the exposed employee advising them of their rights and responsibilities.

13. Dates for implementation.

- a) All new employees shall receive specified training within ten working days of assignment.
- b) This standard will become effective March 1, 1995.
- c) This review and update and provisions herein are effective April 1, 1996.
- d) There shall be annual reviews of the contents of this policy and all appropriate changes shall be forwarded to Fire/EMS units within ten working days of completion of such review.

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FORM 40.03.09

Spokane County Fire District 8 Hepatitis B (HBV) Vaccine Declination (Refusal)

I understand that due to my clinical exposure to blood or other potentially infectious material I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been offered the hepatitis B vaccine at no charge to myself. However, I decline the 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 and potentially fatal disease. If in the future I want to be vaccinated with the hepatitis B vaccine, I can choose to do so at no charge as long as I am a member in good standings with Spokane County Fire District 8.

Signature: _____

Date: _____

Printed Name: _____

PIN: _____

Witness Signature: _____

Date: _____

Printed Name: _____