



Wintergreen Fire and Rescue Standard Administrative Policy	
Subject:	Infection Control
Reference Number:	EMS 03-008
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Signature of Approval	Curtis Sheets, Chief

Purpose:

The purpose of this plan is to limit occupational exposure to blood and other potentially infectious materials for the employees and volunteers of Wintergreen Fire & Rescue.

Definitions:

1. Blood: means human blood, human blood components, and products made from human blood.
2. Blood borne pathogens: means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).
3. Contaminated: means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
4. Contaminated laundry: means laundry, which has been soiled with blood, or potentially infectious materials.
5. Contaminated sharps: means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, etc.
6. Decontamination: means the use of physical or chemical means to remove,
7. inactivate, or destroy Blood borne Pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
8. Engineering controls: means controls (Sharps disposal containers, self sheathing needles) that isolate or remove the Blood borne Pathogens hazards from the workplace.
9. Exposure incident: means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of a volunteer or employee's duties.
10. Hand washing facilities: means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.
11. Occupational exposure: means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of the employee's duties.
12. Other potentially infectious materials:
 - A. The following human body fluids: cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, any body fluid

that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

13. Parenteral: means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
14. Personal Protective Equipment: is specialized equipment or clothing worn by a volunteer/employee for protection against a hazard. Latex gloves, eye, nose or mouth shields. General work clothes (Uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
15. Regulated waste: means 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 material and are capable of releasing these materials during handling of contaminated sharps and pathological and microbiological wastes containing blood or other potentially infectious materials.
16. Sharps Container (Approved): closable, puncture resistant, leak-proof on sides and bottom, labeled and color-coded container for needles, epi-pens etc.
17. Sterilize: means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
18. Universal precautions: is an approach to infection control. According to the concept of universal precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other Blood borne Pathogens.

Exposure protection equipment:

- Safety glasses
- Rubber gloves (one time use only, disposable)
- Face masks (one time use only, disposable)
- Emergency isolation kit: face mask (2) Safety glasses (2) disposable stethoscope (1) coveralls (2pr) shoe covers (2pr) surgeon' s gloves (2pr)
- Small emergency isolation kit: face mask (1) disposable stethoscope (1) gloves (1pr) coveralls (1)

Work practices & procedures:

1. All of the above listed exposure equipment will be used on all calls where body fluids are present, with the exception of the isolation kits. Isolation kits are utilized when a patient is known or suspected of carrying a communicable disease, or when splashed body fluids are likely to occur.
2. Personnel should anticipate and choose appropriate equipment for given situations and assume that an exposure is highly likely in any of these responses to the public or from a walk-in patient to either station. On any call or while at either station, on or off duty, personnel will wear a fully enclosed shoe or boot. Flip-flops, perforated or other open toe shoes will expose an individual to contaminants during an incident.

3. All personnel involved with patient care will be required to remove contaminated equipment and replace it with new equipment before working on another patient at the scene. Using the same equipment may transfer a contaminant or infection from one patient to another.
4. Contaminated material will be disposed of in plastic biohazard bags and sealed with biohazard clearly marked on the outside. This material should be placed in the proper receptacle at the hospital as soon as possible after the call is complete.
5. All sharps shall be disposed of in an approved sharps container. All sharps containers will be easily accessible to personnel and located as close as feasible to the area that the sharps are being used (No sharps will be bent or broken).
6. Hand washing Procedures:
 - A. Hand washing after calls or any suspect exposure incidents shall not be done in the food preparation areas. The only hand washing allowed in that area would be related to food preparation such as in between or after handling of foods.
 - B. Stand away from the sink to avoid contamination of clothing.
 - C. Use warm running water and antiseptic soap.
 - D. Work up lather and rub for at least 15 seconds.
 - E. Rinse with flowing water.
 - F. If hand-washing facilities are not available, a water-less, alcohol-based cleaner should be used.
7. Upon completion of the assignment all personnel, with any possible exposure, will wash their hands-on scene with an antiseptic hand cleanser and paper towels.
8. Upon returning to the station all personnel will repeat the hand washing process with either an antiseptic cleanser or bleach. All other areas of the body that may be contaminated will be washed by showering or other means of decontamination.
9. All personal protective equipment will be removed prior to leaving the scene or work area and placed into a bag for future laundering.
10. After suspicion of any exposure, any member should:
 - A. NOT LEAVE the scene, station or be transported in a POV until full decontamination procedures have occurred (An individual would contaminate their own vehicle).
 - B. Limit exposure to other persons until full decontamination procedures have occurred.
 - C. NOT TAKE any items, clothing, shoes, keys, hats etc. that have any suspicion of exposure to your home, in a POV or any other location until full decontamination procedures have occurred.
11. Equipment cleanup will be accomplished by using the proper personal protective equipment and cleaning solutions.
12. Contaminated laundry shall be handled as little as possible. It will be placed into a blue laundry bag as soon as possible and returned to the hospital.
13. All contaminated equipment that is not disposable will be cleaned at the station using proper cleaning solutions and personal protective equipment before being placed back into service.

Exposure to body fluids:

1. Needle stick cases shall be seen at UVA ER to have lab work completed immediately.
2. Will be reported to the Officer in Charge immediately.
3. The OIC will then contact the department Infection Control Officer and all information will be reported to him/her (Wayne Hachey).
4. The OIC will contact Valerie Quick (UVA) to make her aware of exposure.
5. If a patient is deceased then the Medical Examiner will need to draw labs on cadaver. This can be coordinated through Valerie Quick.
6. The Infection Control Officer may then contact the provider(s) or firefighter(s) with the exposure to get additional information and provide instructions for follow-up and testing.
7. When the department is notified of a possible infection the employer will immediately notify the employee or employees that were in contact with the patient.

Hepatitis B Vaccination:

Hepatitis B vaccinations are available through Augusta Health or Nelson County Health Department for all EMS/Fire providers. Contact the Deputy Chief for instructions on how to obtain the vaccination.