

MEXICO FIRE DEPARTMENT
MEXICO, MAINE

EFFECTIVE DATE: FEBRUARY 13, 1996

POLICIES AND PROCEDURES

SUBJECT: INFECTION CONTROL

I.

POLICY

IT IS THE POLICY OF THE MEXICO FIRE DEPARTMENT, THAT UNIVERSAL BLOOD AND BODY FLUID PRECAUTIONS BE USED BY ALL FIRE DEPARTMENT PERSONNEL WHEN ASSISTING WITH ANY DIRECT PATIENT CARE IN EITHER THE PRE-HOSPITAL OR HOSPITAL SETTING.

II.

PURPOSE

THE PURPOSE AND INTENT OF THIS POLICY AND PROCEDURE IS TO PROTECT ALL FIRE DEPARTMENT PERSONNEL FROM BEING EXPOSED TO THE BLOOD AND/OR BODY FLUIDS OF ANY PATIENT WITH A POTENTIALLY INFECTIOUS DISEASE.

IT IS ALSO THE INTENT OF THIS POLICY TO ENSURE COMPLIANCE WITH THOSE POLICIES AND PROCEDURES ESTABLISHED BY THE CENTER FOR DISEASE CONTROL (CDC), U.S. DEPARTMENT OF HEALTH AND THE HUMAN SERVICES AND THE MAINE EMERGENCY MEDICAL SERVICES WITH RESPECT TO INFECTION CONTROL.

III.

PROCEDURE

A. GENERAL PRECAUTIONS:

1. ANY TIME THERE IS A POSSIBILITY OF COMING IN CONTACT WITH ANY BLOOD OR BODY FLUID, GLOVES MUST BE WORN, (i.e. PATIENTS WITH NON-INTACT SKIN, CONTACT WITH MUCOUS MEMBRANES, ETC.).

2. ANY TIME THERE IS A POSSIBILITY OF GETTING ANY BLOOD OR BODY FLUIDS ON CLOTHING, PROTECTIVE COVERING MUST BE WORN (i.e. CONTAMINATED CLOTHING, ETC.).

3. ANY TIME THERE IS A POSSIBILITY OF GETTING ANY BLOOD OR BODY FLUIDS SPRAYED INTO THE EYES OR MUCOUS MEMBRANES (NOSE AND MOUTH), EYE PROTECTION AND MASKS MUST BE WORN (i.e. EXTRICATION, RESCUE, ETC.).

4. WHEN HANDS OR OTHER SKIN SURFACES BECOME ACCIDENTALLY CONTAMINATED WITH BLOOD OR BODY FLUIDS, THEY MUST BE THOROUGHLY AND IMMEDIATELY WASHED WITH SOAP AND WATER.

5. HANDS MUST BE WASHED WITH SOAP AND WATER AFTER REMOVAL OF ANY PROTECTIVE CLOTHING.

6. WHEN CLOTHING BECOMES SOILED WITH BLOOD OR BODY FLUIDS IT SHALL BE CLEANED IN ACCORDANCE WITH OSHA REGULATIONS.

FIRE DEPT. (INFECTION CONTROL)

B. CPR PRECAUTIONS:

ALTHOUGH SALIVA HAS NOT BEEN IMPLICATED IN THE TRANSMISSION OF THE AIDS VIRUS, IN ORDER TO MINIMIZE THE NEED FOR MOUTH-TO-MOUTH RESUSCITATION, IT IS RECOMMENDED THAT POCKET MASKS, BAG-VALVE MASKS, DEMAND VALVE UNITS, OR COMPARABLE DEVICES BE READILY AVAILABLE IN SITUATIONS WHERE THE NEED FOR PULMONARY RESUSCITATION IS PREDICTABLE.

C. DECONTAMINATION PRECAUTIONS:

1. LINEN - ALL LINEN WHICH HAS BECOME SOILED AS A RESULT OF CONTACT WITH A PATIENT SHOULD BE TREATED AS CONTAMINATED AND PLACED IN THE APPROPRIATE RECEPTACLE IMMEDIATELY AFTER USE. SOILED LINEN SHOULD BE HANDLED AS LITTLE AS POSSIBLE AND WITH MINIMAL AGITATION TO PREVENT CONTAMINATIONS FROM BECOMING AIRBORNE. GLOVES SHOULD BE WORN WHEN HANDLING SOILED LINEN.

2. BODY FLUID SPILLS - MUST BE CLEANED WITH A SOLUTION OF HOUSEHOLD BLEACH AND WATER (1:10 RATION) WITH THE SOLUTION HAVING BEEN MIXED FRESH DAILY IN ORDER TO MAINTAIN POTENCY. FOR LARGE SPILLS THE AREA SHOULD BE SATURATED WITH THE SOLUTION FOR TEN (10) MINUTES PRIOR TO FINAL CLEANING. DURING THE CLEANING PROCESS, GLOVES SHOULD BE WORN AND ANY CLOTHES, ETC., USED IN THE CLEANING PROCESS SHOULD BE REGARDED AS CONTAMINATED AND HANDLED AS STIPULATED IN SECTION III (C) (1) OF THIS POLICY.

3. EQUIPMENT - SHOULD BE DISINFECTED WITH THE SOLUTION RECOMMENDED IN SECTION III (C) (2) OF THIS POLICY OR AS OTHERWISE RECOMMENDED BY THE MANUFACTURER. DISPOSABLE EQUIPMENT SHOULD BE DISPOSED OF IN ACCORD WITH THE POLICIES OF THE RECEIVING FACILITY.

E. SPECIAL PRECAUTIONS:

1. OPEN SKIN - FIRE DEPARTMENT PERSONNEL WHO HAVE OPEN LESIONS, WEEPING DERMATITIS, CUTS, ETC. SHOULD AVOID ALL PATIENT CONTACT AND CONTACT WITH EQUIPMENT USED IN THE CARE OF PATIENTS.

2. SMOKING, EATING, OR DRINKING - FIRE DEPARTMENT PERSONNEL MUST NEVER EAT, DRINK, OR SMOKE WHILE AT THE SCENE OF AN ACCIDENT, IN AN AMBULANCE, OR IN ANY AREA IN WHICH PATIENT CARE IS TAKING PLACE.

3. SMOKING - IS PROHIBITED IN ALL BUILDINGS BY STATE LAW.

F. EXPOSURE TO INFECTION:

IF A FIRE FIGHTER SHOULD EXPERIENCE AN INCIDENT OR CIRCUMSTANCE WHICH INCREASES THE CHANCE OF EXPOSURE TO INFECTION, i.e. UNPROTECTED CONTACT, MOUTH-TO-MOUTH, ETC., IT SHALL BE THAT INDIVIDUALS RESPONSIBILITY TO SEEK APPROPRIATE CARE. RECOMMENDED GUIDELINES FOR THE INITIATION OF THAT CARE ARE AS FOLLOWS:

1. IMMEDIATELY INFORM THE FIRE CHIEF, OFFICER IN CHARGE AT SCENE THAT AN EXPOSURE HAS OCCURRED.
2. REPORT TO THE NEAREST MEDICAL FACILITY WITH AN EMERGENCY MEDICAL DEPARTMENT.
3. SIGN IN FOR EVALUATION BY THE EMERGENCY PHYSICIAN (THIS WILL PROVIDE LEGAL DOCUMENTATION CONCERNING THE INCIDENT).
4. AFTER INITIAL EVALUATION AND TREATMENT, IF FOLLOW-UP IS REQUIRED THE FIRE FIGHTER MAY UTILIZE THE FOLLOWING OPTIONS:
 - a) FOLLOW-UP WITH HIS/HER PRIVATE PHYSICIAN, THE TREATING PHYSICIAN, OR THAT PHYSICIAN SUGGESTED BY THE TREATING PHYSICIAN.
3. WITHIN FIVE (5) DAYS, IN INFECTION CONTROL INCIDENT REPORT SHOULD BE SUBMITTED TO THE FIRE CHIEF OR AN OFFICER DESIGNATED BY THE CHIEF AT THE MEXICO FIRE DEPARTMENT. THE DATA FROM THIS REPORT WILL ONLY BE USED TO IDENTIFY SAFETY HAZARDS OR TRENDS RELATING TO INFECTION CONTROL IN THE PRE-HOSPITAL SETTING.

SIGNED: SELECTMEN, TOWN OF MEXICO

ARTHUR BORDEAU, CHAIRMAN

Robert Lyons

ROBERT LYONS

Louise Waterhouse

LOUISE WATERHOUSE

Herbert Campbell

HERBERT CAMPBELL

Brian Elliott

BRIAN ELLIOTT

MEXICO FIRE DEPARTMENT
MEXICO, MAINE

INFECTION CONTROL INCIDENT REPORT

FIRE FIGHTER/PERSONNEL INVOLVED: _____

DEPARTMENT OR SERVICE: _____

DATE OF INCIDENT: _____/_____/_____ TIME: _____

NATURE OF CONTAMINATION: _____

(BODY FLUID SPLASH, ETC.)

NARRATIVE: (BRIEF DESCRIPTION OF INCIDENT) _____

DID PERSONNEL INVOLVED IN INCIDENT SIGN IN AND RECEIVE TREATMENT
AT AN APPROPRIATE MEDICAL FACILITY? _____ YES _____ NO

IF NO, GIVE REASON: _____

MEDICAL FOLLOW-UP TO BE PROVIDED BY: () PERSONAL PHYSICIAN
() EMERGENCY FACILITY
() CORPORATE HEALTH SERV.
() NO FOLLOW-UP REQUIRED

SIGNATURE OF PERSON SUBMITTING REPORT: _____

CHIEF OR DESIGNATED OFFICER SIGN OFF: _____

TOWN OF MEXICO

FIRE FIGHTER:

ALL OR _____ SOME WHO WORK IN THIS CLASS HAVE POTENTIAL
OCCUPATIONAL EXPOSURE.

TASKS:

- _____ .. EXAMS WITH NON-INTACT SKIN OR WITH MUCOUS MEMBRANE CONTACT.
- _____ .. HANDLING/CLEANING OF CONTAMINATED INSTRUMENTS (BLUNT/SHARP)
- _____ .. HANDLING CONTAMINATED RE-USABLE INSTRUMENTS OR LINENS.
- _____ .. POTENTIAL CONTACT WITH NON-INTACT SKIN OR SKIN CONTAMINATED
WITH BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIAL.
(PATIENT PLACEMENT, ASSISTANCE, TRANSPORT, GENERAL PATIENT
CARE, ETC.)
- _____ .. HANDLING OF CONTAMINATED WASTE.
- _____ .. DRESSING WOUNDS
- _____ .. CLEANING AREAS AFTER PROCEDURES, EXAMS, OR PATIENT CONTACT
WHERE CONTAMINATION OF SURFACES OR LINENS WITH POTENTIALLY
INFECTIOUS MATERIALS MIGHT HAVE OCCURRED.
- _____ .. CONTROLLING HEMORRHAGE AND BURN CARE.
- _____ .. PARTICIPATING IN RESUSCITATION ACTIVITIES (HARD TO DEFINE
EXPOSURE POTENTIAL).
- _____ .. POTENTIAL EXPOSURE TO BLOOD OR OTHER POTENTIALLY
INFECTIOUS MATERIAL BY ACCIDENTAL OR INTENTIONAL TRAUMA
(i.e. POTENTIAL CONTACT WITH VIOLENT OR UNCOOPERATIVE
INDIVIDUALS).
- _____ .. _____
- _____ .. _____
- _____ .. _____