



NORTH WHATCOM FIRE AND RESCUE

SEMPER PARATUS

INFECTION CONTROL PROGRAM POLICIES AND PROCEDURES

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NORTH WHATCOM FIRE AND RESCUE

FIRE DISTRICT POLICY

Number:	0400.0310.00	Date:	7/10/08
Area:	Personnel/Safety	Page:	1 of 3
Subject:	Infectious Disease Control – General Policy Statements	Approved:	

1.0 General:

North Whatcom Fire and Rescue recognizes that communicable disease exposure is an occupational health hazard. Communicable disease transmission is possible during any aspect of emergency response as well as in-station operations. The health and welfare of each employee is a joint concern of each firefighter and officer of this fire district. While each employee is ultimately responsible for his or her own health, the fire district recognizes a responsibility to provide as safe a workplace as possible. The goal of this infectious disease exposure control program is to provide all employees of the fire district with the best available protection from occupationally acquired communicable disease.

2.0 Purpose:

The purpose of this policy is to provide a comprehensive infectious disease exposure control program that maximizes protection against communicable diseases for all employees and for the public they serve.

3.0 Scope:

This policy applies to all fire district members who provide fire, rescue or emergency medical services or who may be exposed to an infectious disease.

4.0 Policy

4.1 Policy Statement – Non-Discrimination of Patient Care:

- 4.1.1 North Whatcom Fire and Rescue will provide fire, rescue, and emergency medical care to all residents of the fire district, as well as to the general public, whenever requested.
- 4.1.2 The level of patient care will be provided in accordance with the accepted guidelines and protocols set forth by the Whatcom County Medical Program Director.
- 4.1.3 The level of patient care will not be altered because of a known or suspected diagnosis of a communicable disease.

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Reviewed:

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4.2 Policy Statement – All Patient Contacts Being Potentially Infectious:

- 4.2.1 All emergency response personnel will regard all patients contacted as being potentially infectious.
- 4.2.2 Universal precautions will be observed at all times and will be expanded to include all body fluids and other potentially infectious material.

4.3 Policy Statement – Employee/Member Protection:

- 4.3.1 North Whatcom Fire and Rescue shall provide all employees/members with the necessary training to ensure each employee/member has the skills, knowledge, and ability to protect themselves from exposure to infectious diseases.
- 4.3.2 North Whatcom Fire and Rescue shall provide all employees/members with the personal protective equipment (PPE) necessary for protection from communicable diseases.
- 4.3.3 North Whatcom Fire and Rescue shall provide all employees/members the opportunity to acquire immunizations from occupationally-related communicable diseases as the immunization becomes available. It shall be the decision of the employee/member as to whether or not they choose to be immunized.

4.4 Policy Statement – Necessary Work Restrictions:

- 4.4.1 North Whatcom Fire and Rescue recognizes the need for certain work place restrictions based on communicable disease and infection control concerns.
- 4.4.2 Employees/members who choose not to participate in the communicable disease immunization program provided by the fire district, or who fail to attend required infectious disease control training as mandated by the fire district Infection Control Program policy, shall not participate in emergency response activity that could expose that employee/member to an infectious disease.

4.5 Policy Statement – Employee Assistance:

- 4.5.1 North Whatcom Fire and Rescue encourages all employees/members to participate in communicable disease assistance programs whenever necessary.

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4.5.2 North Whatcom Fire and Rescue encourages all employees/members to participate in the Whatcom County Critical Incident Stress Debriefing program whenever necessary.

4.6 Policy Statement – Employee Discrimination:

4.6.1 North Whatcom Fire and Rescue and all employees/members shall not discriminate against any employee/member for health reasons, to include infection and/or sero-conversion with HIV or HBV virus.

4.7 Policy Statement – Confidential Medical Records:

4.7.1 All medical information regarding any employee/member shall be considered and identified as strictly confidential and shall not be copied or released without specific written consent of the employee/member.

4.7.2 The medical information obtained during patient care shall be considered strictly confidential and shall not be copied or released without specific written consent of the patient, his/her legal parent/guardian, or the through the appropriate legal process.

4.7.3 Employees/members shall refrain from discussing the medical history and/or patient care given to any patient.

Approved: _____
Chairman, Board of Fire Commissioners
North Whatcom Fire & Rescue

Date: _____

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1.0 General:

One of the major goals of the Occupational Safety and Health Administration (OSHA) is to regulate facilities where work is performed, and to promote safe work practices in an effort to minimize the incidence of illness and injury experienced by employees. Relative to this goal, OSHA has enacted the Bloodborne Pathogen Standard, codified as 29 CFR 1910.1030. The purpose of the Bloodborne Pathogen Standard is to "reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and other bloodborne pathogens" that employees may encounter in their workplace. The State of Washington, through the Washington Industrial Safety Health Administration (WISHA) has adopted the OSHA Bloodborne Pathogen Standard in its entirety and assumes responsibility for enforcement of this standard through the Washington State Department of Labor and Industries. The safety standard adopted by WISHA that addresses Infection Exposure Control is titled WISHA General Safety Standard 296-62. This standard, along with Washington Regional Directives and other laws and regulations, are the primary source for reference when reading and applying this policy.

North Whatcom Fire and Rescue strives to comply with three general principles when working in an environment of bloodborne pathogens:

- The fire district should minimize all exposure to bloodborne pathogens.
- The fire district should never underestimate the risk of exposure to bloodborne pathogens.
- The fire district will institute as many engineering and work practice controls as possible to eliminate or minimize employee exposure to bloodborne pathogens.

Intent of the Exposure Control Plan:

The North Whatcom Fire and Rescue Exposure Control Plan is intended to follow WISHA General Safety Standard 296-62, Washington Regional Directives (WRD) and other applicable laws or regulations in order to eliminate or minimize the occupational exposure of fire district employees to, and possible subsequent infection with, bloodborne diseases.

Application of the Exposure Control Plan:

North Whatcom Fire and Rescue will apply all safety regulations, as outlined in WISHA General Safety Standard 296-62 and WRDs, to the workplace practices of all fire district employees. This Exposure Control Plan applies to all employees who, in the course of their assigned duties, reasonably anticipate potential for exposure to blood and/or other potentially infectious materials.

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2.0 Purpose:

It is the purpose of the North Whatcom Fire and Rescue Exposure Control Plan to identify those tasks and corresponding job classifications for which the fire district can reasonably anticipate that an exposure to blood, body fluids, or other potentially infectious materials may occur; to provide for the implementation of infection control policies and procedures; to identify the procedures for the evaluation of personnel, circumstances and conditions; and to follow-up with corrective actions should an exposure incident occur.

3.0 Scope:

This Exposure Control Plan is applicable to all fire district employees providing fire, rescue, or emergency medical services. This Exposure Control Plan becomes effective immediately.

4.0 Policy:

It is the policy of North Whatcom Fire and Rescue to develop an Exposure Control Plan that will identify the following:

- The tasks and duties associated with fire district operations where it is reasonable to anticipate that personnel involved in such tasks or duties may be exposed to blood, body fluids, or other potentially infectious materials
- The roles and responsibilities of fire district personnel
- The appropriate policies and standard operating procedures pertaining to infection control
- Training requirements
- Record keeping requirements
- Procedures for exposure and post-exposure evaluation and investigation

5.0 Procedure:

5.1 Exposure Determination:

5.1.1 The following tasks are reasonably anticipated to involve exposure to blood, body fluids, or other potentially infectious materials:

- Provision of emergency medical care to injured or ill patients.
- Rescue of victims from hostile environments, including burning structures or vehicles, water contaminated atmospheres, or oxygen deficient atmospheres.
- Extrication of persons from vehicles, machinery, collapsed excavations or structures.

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- Recovery and/or removal of bodies from any situation cited above.
- Response to hazardous materials emergencies, both transportation and fixed-site, involving potentially infectious substances.

5.1.2 The following fire district job classifications are reasonably anticipated to involve exposure to blood, body fluids, or other potentially infectious substances in the performance of their duties:

- Firefighter
- Company Officer
- First Responder
- Chief Officer
- Emergency Medical Technician
- Duty Officer
- Paramedic
- HazMat Response Team Member
- Driver/Operator
- Specialized Rescue Technician
- Other emergency response personnel not otherwise classified

5.2 Implementation:

5.2.1 The fire district Infection Control Plan consists of the fire district policy statement, identification of roles and responsibilities of fire district personnel, Standard Operating Procedures which identify specific procedural guidelines for all aspects of response and station environments where disease transmission can be reasonably anticipated, training and certification requirements, record keeping requirements as well as other administrative aspects of the program. The Plan will also identify procedures for exposure and post-exposure evaluation and investigation. The specific components of the Infection Control Plan are identified as follows:

- 0400.0310.00 Policy Statement
- 0400.0311.00 Exposure Control Plan
- 0400.0312.00 Duties and Responsibilities
- 0400.0313.00 Terminology and Definitions
- 0400.0314.00 Health Maintenance
- 0400.0315.00 Training

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- 0400.0316.00 Station Environment
- 0400.0317.00 Personal Protective Equipment
- 0400.0318.00 Scene Operations
- 0400.0319.00 Tuberculosis and Airborne Communicable Disease
- 0400.0320.00 Post-Response Operations
- 0400.0321.00 Post-Exposure Protocols
- 0400.0322.00 Compliance and Quality Assurance/Program Monitoring

5.2.2 Health, Medical, Training, and Post-Exposure record keeping and documentation requirements are addressed in the corresponding policies and procedures.

5.3 Evaluation of Exposure Incidents:

The procedure for the evaluation and investigation of circumstances surrounding incidents of exposure to blood, other body fluids, or other potentially infectious materials as well as the documentation, record keeping, and confidentiality requirements are detailed in Policy 0400.0321.00 Post-Exposure Protocols.

Approved: _____

Chairman, Board of Fire Commissioners
North Whatcom Fire & Rescue

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1.0 General:

To ensure an effective infection control program is implemented, followed, and revised when necessary, many different individuals and/or groups will assume various roles in managing such a program. It is recognized that the ultimate responsibility for a successful infection control program lies with the District Fire Chief.

2.0 Purpose:

The purpose of this policy is to identify those positions responsible for managing an effective infection control program and to identify the authority and responsibilities of each position.

3.0 Scope:

This policy applies to all fire district personnel.

4.0 Policy:

It is the policy of North Whatcom Fire and Rescue to identify the positions necessary for managing the fire district's infection control program. Further, the fire district will ensure each identified position is staffed with adequately trained personnel and that sufficient resources are available for the management of the infection control program.

5.0 Procedures:

The positions listed are recognized by the fire district as being essential for the management of the fire district infection control program. Identified with the position is a description of the duties and responsibilities of each position. It is recognized by the fire district that the duties and responsibilities are not all-inclusive and that the descriptions herein apply solely to the infection control program.

5.1 District Fire Chief

- 5.1.1 The Fire Chief is ultimately responsible for the health and welfare of all fire district members.
- 5.1.2 The Fire Chief will ensure that adequate resources are provided for the program to function effectively, and will ensure adequate funding is available for training,

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the procurement of equipment and supplies, **and for health maintenance activities.**

5.1.3 The Fire Chief will ensure sufficient personnel are available to accomplish program requirements.

5.1.4 The Fire Chief will designate the authority and responsibility of each position within the program and hold each person accountable for their assigned functions.

5.2 District Safety Officer

5.2.1 The District Safety Officer is appointed by the district fire chief.

5.2.2 The District Safety Officer will serve as chair of the Occupational Health and Safety Committee.

5.2.3 The District Safety Officer will assume the duties of the Infection Control Officer in his/her absence.

5.3 Occupational Health and Safety Committee

5.3.1 The fire district Occupational Health and Safety Committee will consist of the following people at a minimum:

- Fire District Safety Officer
- Fire District Infection Control Officer
- Fire District Physician (consultative)
- Whatcom County EMS Medical Director (consultative)
- Shift Captain Representative
- Volunteer Firefighter Representative

5.3.2 The Occupational Health and Safety Committee will assume the duties and responsibilities as the district infection control committee. Such duties will include an annual review of the fire district infection control policy.

5.3.3 The safety committee will meet when deemed necessary, but in no case less than one hour per calendar quarter.

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5.4 Fire District Infection Control Officer

The fire district infection control officer will:

- 5.4.1 Be appointed by the fire chief.
- 5.4.2 Have five or more years of recent fire/EMS experience.
- 5.4.3 Hold the rank of Captain or higher.
- 5.4.4 Possess current EMT-P (paramedic) certification.
- 5.4.5 Serve as the "designated officer" as required by the Ryan White Comprehensive AIDS Resource Act of 1990 (PL 101-381).
- 5.4.6 In conjunction with the infection control committee, develop criteria for the purchase of infection control personal protective equipment and determine the minimum stocking levels for each fire station and EMS response vehicle.
- 5.4.7 Evaluate possible member exposures to communicable diseases and coordinate communications between the fire district, district physician, hospitals, and Whatcom County Department of Health.
- 5.4.8 Collect quality assurance data on the fire district infection control program and present this information to the Occupational Health and Safety Committee at their scheduled meetings.
- 5.4.9 Advise the fire district safety officer if quality assurance information reveals a safety hazard requiring immediate attention.
- 5.4.10 Implement a program of random inspections of training, on-scene and station operations to ensure compliance with the fire district infection control policy.
- 5.4.11 Coordinate the district member immunization program with the district physician and maintain individual immunization records.
- 5.4.12 Maintain a confidential database of exposures and treatment provided in conjunction with the district physician.

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5.4.13 Provide technical expertise to the district training officer in developing infection control training modules.

5.4.14 Maintain informational files on new developments in the field of infection control and make recommendations to the Occupational Health and Safety Committee when appropriate.

5.5 Fire District Training Officer

The fire district training officer will:

5.5.1 Develop a comprehensive infection control training program that meets or exceeds the requirements of OSHA Regulation 29 CFR Part 1910.1030.

5.5.2 Seek technical assistance from the district physician and/or the district infection control officer for developing the infection control training module.

5.5.3 Maintain training records for all district personnel who receive infection control training.

5.5.4 Evaluate infection control training curriculum annually, or more often as requested by the Occupational Health and Safety Committee, should new procedures or equipment be implemented.

5.5.5 Advise any district responder in writing should that individual fail to receive and successfully complete the infection control training module. A copy of such correspondence will be forwarded to the individual's station captain and to the fire chief.

5.6 Fire District Physician

The fire district physician will:

5.6.1 Be responsible for the district's health maintenance program.

5.6.2 Conduct an entry-level, baseline medical physical for all fire district personnel.

5.6.3 Evaluate any member who has been restricted from duty due to an injury or exposure to a communicable disease prior to that individual returning to active

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status with the district. The district physician will be the authority for return-to-work determination with regard to an individual's physical well-being.

5.6.4 Coordinate with the Infection Control Officer to:

- Develop and implement a district member immunization program.
- Develop and implement a post-exposure program.
- Provide technical assistance and guidance to the Infection Control Program.
- Provide technical assistance and guidance in the development of the infection control training program.
- Maintain confidentiality of all medical and exposure records.

5.7 Fire District Attorney

5.7.1 The fire district's legal counsel will review the infection control program and subsequent revisions.

5.7.2 The fire district's legal counsel will inform the district infection control committee of any known new federal, state, or local regulations that may impact the infection control program.

5.8 Fire District Managers and Supervisors

All fire district Chief Officers and Company Officers will:

- 5.8.1 Comply with the conditions and requirements set forth in the district infection control program.
- 5.8.2 Support and enforce compliance with the Infection Control Program for all personnel.
- 5.8.3 Correct unsafe actions, and refer any member for remedial infection control training if deemed necessary.
- 5.8.4 Mandate safe operating practices on-scene and in the station.
- 5.8.5 Refer any member for medical evaluation should that member be determined to be unfit for work due to infection control or for other medical reasons.

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- 5.8.6 Not allow new members to assume emergency response duties associated with incidents where that member could be exposed to a communicable disease until that member has completed an initial baseline medical evaluation and infection control training and has begun the immunization program.

5.9 Fire District Members

Fire district members will:

- 5.9.1 Assume the ultimate responsibility for their personal health and safety.
- 5.9.2 Attend all training offered with regard to infection control.
- 5.9.3 Always use personal protective equipment appropriate for the situation.
- 5.9.4 Report any suspected occupational exposure to communicable disease to their company officer.
- 5.9.5 Report any diagnosis of communicable disease (occupational or non-occupational) to the district infection control officer.

Approved: _____
Chairman, Board of Fire Commissioners
North Whatcom Fire & Rescue

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Subject:	Infectious Disease Control – Terminology & Definitions	Approved:	

1.0 General:

It is important that emergency medical care practitioners have a thorough understanding of terms common to the profession of caring for the sick and injured. It is important all district personnel are familiar with the terminology associated with the infection control program.

2.0 Purpose:

The purpose of this policy is to identify and define the most commonly used terms related to infection control.

3.0 Scope:

This policy applies to all fire district personnel.

4.0 Policy:

All fire district personnel will familiarize themselves with the terms and definitions described herein.

AIDS Acquired Immune Deficiency Syndrome, a communicable disease caused by the Human Immunodeficiency Virus (HIV).

ADVANCED LIFE SUPPORT (ALS) Emergency medical treatment at an advanced level, usually provided by paramedics, and including the use of drugs, cardiac monitoring and intervention, and intravenous fluids.

AIRBORNE PATHOGEN Pathologic microorganisms spread by droplets expelled into the air, typically through a productive cough or sneeze.

ANTIBODY A component of the immune system which eliminates or counteracts a foreign substance (antigen) in the body.

ANTIGEN A foreign substance which stimulates the production of antibodies in the immune system.

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ARC (AIDS Related Complex) An outdated term used to describe symptoms of HIV infection in patients who have not developed AIDS. These include fatigue, diarrhea, night sweats, and enlarged lymph nodes. ARC is not included in the current Centers for Disease Control (CDC) classification of HIV infection.

BACTERIA A type of living microorganism that can produce disease in a suitable host. Bacteria can self-reproduce, and some forms may produce toxins harmful to their host.

BASIC LIFE SUPPORT (BLS) "Emergency medical treatment at a level authorized to be performed by emergency medical technicians as defined by the medical authority having jurisdiction." (NFPA 1500). Generally refers to treatment provided at the EMT-B level.

BLOODBORNE PATHOGEN "Pathologic microorganisms that are present in human blood and that can cause disease in humans." (OSHA) The term "blood" includes blood, blood components, and products made from human blood.

BODY FLUIDS "Fluids that have been recognized by the CDC as directly linked to the transmission of HIV and/or HBV and/or to which Universal Precautions apply: blood, semen, blood products, vaginal secretions, cerebrospinal fluid, synovial fluid, pericardial fluid, amniotic fluid, and concentrated HIV or HBV viruses." (OSHA).

CDC - CENTERS FOR DISEASE CONTROL A branch of the Public Health Service, Department of Health and Human Services concerned with communicable disease tracking and control.

CISD - CRITICAL INCIDENT STRESS DEBRIEFING Stress reduction processes designed to address the special needs of emergency response personnel in dealing with situations which cause strong emotional reactions or interfere with the ability to function.

CLEANING The physical removal of dirt and debris.

COMMUNICABLE DISEASE A disease that can be transmitted from one person to another. Also known as contagious disease.

CONTAMINANT/CONTAMINATED "A substance or process that poses a threat to life, health, or the environment." (NFPA 472).

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DEBILITATING ILLNESS OR INJURY "A condition that temporarily or permanently prevents a member of the fire department from engaging in normal duties and activities as a result of illness or injury." (NFPA 1500).

DECONTAMINATION "The physical and/or chemical process of reducing and preventing the spread of contamination from persons and equipment." (NFPA 472).

DIRECT DISEASE TRANSMISSION When a communicable disease is transmitted from one person to another due to direct contact with infected blood, body fluids, or other infectious materials.

DISEASE An alteration of health, with a characteristic set of symptoms, which may affect the entire body or specific organs. Diseases have a variety of causes and are known as infectious diseases when due to a pathogenic microorganism such as bacteria, virus, or fungus.

DISINFECTION "A procedure which inactivates virtually all recognized pathogenic microorganisms, but not necessarily all microbial forms (ex. bacterial endospores) on inanimate objects." (OSHA).

ELISA Enzyme-linked immunosorbent assay, a test used to detect antibodies to the AIDS virus, indicating infection. For accuracy, a positive ELISA test is always repeated. If still positive, a western blot test is then performed to confirm the diagnosis. The sensitivity and specificity of a properly performed ELISA test twelve weeks after exposure is at least 99 percent (MMWR).

EMERGENCY MEDICAL CARE "The provision of treatment to patients, including first aid, cardiopulmonary resuscitation, basic life support (EMT level), advanced life support (paramedic level), and other medical procedures that occur prior to arrival at a hospital or other health care facility." (NFPA 1581)

EMS - EMERGENCY MEDICAL SERVICES A group, department, or agency that is trained and equipped to respond in an organized manner to any emergency situation where there is the potential need for the delivery of pre-hospital emergency medical care and/or transportation. EMS can be provided by a fire department, private party, hospital-based system or any combination thereof.

EXPOSURE Parenteral contact of the eye, mouth, other mucous membrane, or non-related skin with blood, body fluids, or other potentially infectious material.

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FIRE DEPARTMENT SAFETY OFFICER "A member of the fire department, assigned and authorized by the fire chief, to perform the duties and responsibilities defined in this standard." (NFPA 1501)

FIRST RESPONDER Personnel who arrive first on the scene at emergency incidents and have the responsibility to act. Includes fire, police, EMS, and other public safety workers.

FLUID RESISTANT CLOTHING Clothing designed and constructed to provide a barrier against accidental contact with body fluids.

GLOVES, FIRE FIGHTING Gloves that meet the OSHA requirements for fire fighting (29 CFR Part 1910.156) or NFPA standards (1973, Gloves for Structural Firefighters).

HBV Abbreviation for hepatitis B virus.

HCV Abbreviation for hepatitis C virus.

HEALTH HAZARD "Any property of a material that either directly or indirectly can cause injury or incapacitation, either temporary or permanent, from exposure by contact, inhalation, or ingestion." (NFPA 1501).

HEALTH CARE WORKER "An employee of a health care facility including, but not limited to, nurses, physicians, dentists, and other dental workers, optometrists, podiatrists, chiropractors, laboratory and blood bank technologists and technicians, research laboratory scientists, phlebotomists, dialysis personnel, paramedics, emergency medical technicians, 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." (OSHA). Note: This definition includes firefighters, due to potential for direct contact with body fluids during fire fighting, rescue, extrication, and other emergency response activities.

HEALTH DATABASE "A compilation of records and data relating to the health experience of a group of individuals, maintained in a manner such that it is retrievable for study and analysis over a period of time." (NFPA 1500).

HEPATITIS Inflammation or swelling of the liver. Hepatitis can be caused by certain drugs, toxins, or infectious agents, including viruses. Hepatitis caused by viruses include hepatitis A, B, and D (Delta), and non-A, non-B. Non-A non-B hepatitis includes hepatitis C, hepatitis E, and other, as yet unclassified, types of hepatitis.

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HEPATITIS A ("Infectious Hepatitis") A viral form of hepatitis normally spread by fecal contamination and generally not a significant risk for emergency care providers.

HEPATITIS B (HBV) ("*Serum Hepatitis*") A viral form of hepatitis spread through blood contact, and also as a sexually transmitted disease. Hepatitis B is a significant risk for emergency care workers. Infection may result in death, chronic hepatitis, liver cancer, or cirrhosis of the liver. A vaccine to prevent the spread of hepatitis B is available.

HEPATITIS C (HCV) A viral form of hepatitis, spread via blood contact.

HEPATITIS D (DELTA, HDV) A viral infection occurring in people with present or past HBV infection. Delta hepatitis is a complication of HBV infection and can increase the severity of HBV infection.

HEPATITIS, NON-A NON-B (NANB) Viral hepatitis caused by a virus other than hepatitis A or B. A disease of exclusion, there are probably several viruses responsible. NANB hepatitis is a bloodborne infection and the cause of ninety percent of post-transfusion hepatitis cases.

HIV Abbreviation for Human Immunodeficiency Virus.

HIV INFECTION (HIV Positive) A person who has tested positive for HIV antibodies on two ELISA tests, and confirmed with western blot testing. HIV infected patients may or may not develop AIDS, but can spread the virus through blood and bodily fluids.

HUMAN IMMUNODEFICIENCY VIRUS The causative agent of AIDS. HIV type 1 (HIV-1) causes most cases of AIDS. A second virus, HIV-2 is a less common cause of the disease.

IMMINENT HAZARD "An act or condition that is judged to present a danger to persons or property that is so urgent and severe that it requires immediate corrective or preventive action." (NFPA 1500)

IMMUNIZATION The process of rendering a person immune or highly resistant to a disease.

INCIDENT COMMANDER The person responsible for the overall coordination and direction of all activities at the incident scene, as specified in NFPA 1561, "Standard on Fire Department Incident Management System."

Cancels: New

Revised:

Reviewed:

NORTH WHATCOM FIRE AND RESCUE

FIRE DISTRICT POLICY

Number:	0400.0313.00	Date:	7/10/08
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Subject:	Infectious Disease Control – Terminology & Definitions	Approved:	

INCUBATION PERIOD The time from exposure to the disease until the first appearance of symptoms.

INDIRECT DISEASE TRANSMISSION When a communicable disease is transmitted from one person to another without direct contact.

INFECTIOUS Growth of pathogenic organisms in the tissues of a host, with or without detectable signs of injury.

INFECTIOUS CONTROL OFFICER A member of a department assigned specific responsibility for department infection control practices, including immunizations and post-exposure follow-up protocols. This officer fulfills the responsibilities for "designated officer" listed in the Ryan White Act.

INFECTIOUS CONTROL (IC) PROGRAM "The establishment's oral or written policy and implementation of procedures relating to the control of infectious disease hazards where employees may be exposed to direct contact with body fluids." (OSHA)

INFECTIOUS WASTE "Blood and blood products, pathological wastes, micro biological wastes, and contaminated sharps." (MMWR)

INFECTIOUS DISEASE An illness or disease resulting from the invasion of a host by disease-producing organisms such as bacteria, viruses, fungi, or parasites.

INFECTIOUS Capable of causing infection in a suitable host.

LEAK PROOF BAG A bag designed for the disposal of potentially infectious substances, color coded, and labeled in accordance with applicable laws.

MEMBER "A person involved in performing the duties and responsibilities of a fire department, under the auspices of the organization. For the purposes of this standard (1500), a fire department member may be a full-time or part-time employee, a paid or unpaid volunteer, may occupy any position or rank within the fire department, and may or may not engage in emergency operations." (NFPA 1500) Note: Also applies to emergency medical services and law enforcement.

MUCOUS MEMBRANE The lining of the nose, mouth, eyes, vagina, and rectum. Mucous membranes are not as durable as other skin. Contact of infected body fluids with intact mucous membranes may transmit disease.

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NEEDLE STICK A parenteral exposure with a needle contaminated from patient use.

OCCUPATIONAL EXPOSURE "Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties." (OSHA). This definition excludes incidental exposures that may take place on the job, that are neither reasonably nor routinely expected and that the worker is not anticipated to incur in the normal course of employment.

OCCUPATIONAL ILLNESS "An illness or disease contracted through or aggravated by the performance of the duties, responsibilities, and functions of a fire department member." (NFPA 1500)

OCCUPATIONAL INJURY "An injury sustained during the performance of the duties, responsibilities, and functions of a fire department member." (NFPA 1500)

PARENTERAL EXPOSURE "Exposure which occurs through a break in the skin barrier." (OSHA) This would include injections, needle sticks, human bites, and cuts contaminated with blood.

PATHOGEN A microorganism that can cause disease. Pathogens can be bacteria, fungi, parasites, or viruses.

PPE - PERSONAL PROTECTIVE EQUIPMENT "Specialized clothing or equipment worn by an employee for protection from a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment." (OSHA).

PUNCTURE RESISTANT CONTAINER A leak proof container designed to safely store and/or transport contaminated sharps for proper disposal.

RESCUE INCIDENT "An emergency incident that primarily involves the rescue of persons subject to physical danger, and may include the provision of emergency medical services." (NFPA 1500)

SEXUALLY TRANSMITTED DISEASE (STD) A disease spread through sexual contact or activity. HIV, HCV and HBV are both bloodborne and sexually transmitted diseases.

Cancels: New

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SHARPS "Any object that can penetrate the skin including, but not limited to needles, lancets, scalpels, and broken capillary tubes." (OSHA)

TUBERCULOSIS (TB) A communicable disease caused by the bacteria mycobacterium tuberculosis, usually affecting the lungs.

UNIVERSAL PRECAUTIONS "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 body fluids to be protected as though such body fluids were HBV or HIV infected. Therefore, Universal Precautions are intended to prevent health-care workers from parenteral, mucous membrane, and non intact skin exposures to bloodborne pathogens and should be used by emergency response personnel." (OSHA)

VIRUS A microorganism usually only visible with an electron microscope. Viruses normally reside within other living (host) cells, and cannot reproduce outside of a living cell.

WESTERN BLOT A test for HIV, used to confirm a positive ELISA test. More expensive and time consuming to perform than ELISA, but more specific. Diagnosis of HIV infection requires two positive ELISA tests, confirmed with a positive western blot test.

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Chairman, Board of Fire Commissioners
North Whatcom Fire & Rescue

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FIRE DISTRICT POLICY

Number:	0400.0314.00	Date:	7/10/08
Area:	Personnel/Safety	Page:	1 of 4
Subject:	Infectious Disease Control – Health Maintenance	Approved:	

1.0 General:

For the fire district to be able to maintain a healthy work environment for its members, it is important for the district to implement a health monitoring and maintenance program. A health baseline should be established for each district member and any "negative" deviation from that baseline should be reported and monitored. Such a health maintenance program, to be successful, must instill a degree of confidence by each member that the information documented in their health record is extremely confidential and is viewed solely by the member and the fire district physician.

2.0 Purpose:

It is the purpose of this policy to establish and identify the properties of a fire district health maintenance program. Further, it is to describe the procedures for monitoring and maintaining a member's health.

3.0 Scope:

This policy applies to all fire district personnel.

4.0 Policy:

4.1 Policy Statements Regarding Work Restrictions:

- 4.1.1 No member will be assigned to duties associated with an emergency response incident where that member could be exposed to any condition of infectious contamination until that member has completed an entrance medical physical assessment conducted by the fire district physician or his/her designee. The results of the medical physical assessment must certify that the member is fit for duty with the fire district.
- 4.1.2 The fire district physician may place work restrictions for reasons of infection control on any fire district member. Such work restrictions may be temporary or permanent. As an example: A member with extensive dermatitis or open skin lesions may be restricted from providing patient care or handling and/or decontamination of patient care equipment.

Cancels: New

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4.2 Policy Statement Regarding Immunizations:

- 4.2.1 All fire district members will be offered immunization against Hepatitis B at no cost to the member. The risks and benefits of immunization will be provided to fire district members at time of application. Members electing to be immunized will be required to complete an informed consent form prior to receiving the immunization. A member may request serologic testing prior to receiving Hepatitis B immunization to determine if previous immunity exists.
- 4.2.2 A member may refuse immunization or may submit proof of previous immunity.
- 4.2.3 Members who refuse immunization will be counseled on the occupational risks of communicable disease, and will be required to sign a refusal of immunization.
- 4.2.4 Members who refuse immunization and who cannot show proof of immunity from Hepatitis B will not be allowed to respond to an emergency incident where that member could be exposed to a communicable disease.
- 4.2.5 Members who initially refuse immunization may later receive immunization upon request and completion of informed consent form (North Whatcom Fire and Rescue Form #AD-044).
- 4.2.6 All immunizations offered by the fire district should be obtained from the Fire District Physician.
- 4.2.7 Immunizations received outside the fire district program, such as when traveling to some foreign countries, should be reported to the fire district physician to maintain current immunization records.

4.3 Policy Statement Regarding TB Screening:

- 4.3.1 To be added

4.4 Policy Statement Regarding Annual Health Physicals

- 4.4.1 To be added

Cancels: New

Revised:

Reviewed:

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4.5 Policy Statement Regarding Return To Work/Exit Evaluation:

- 4.5.1 Any member who has been restricted from duty due to an injury, illness or communicable disease will be examined and released to duty prior to that individual returning to active status with the district.
- 4.5.2 The fire district may require a member to receive an exit health evaluation when a member separates from the fire district.

4.6 Policy Statement Regarding Personnel Medical Records:

- 4.6.1 The fire district infection control officer and the fire district physician will maintain records in accordance with OSHA CFR 29, Part 1910.1030. Member participation in the fire district infection control program will be documented, and at a minimum will include:
- Member name, social security number and fire district personnel number
 - Record of immunizations
 - All circumstances of exposure to communicable diseases
 - Post-exposure medical evaluation, treatment and follow-up
- 4.6.2 All infection control records will become part of the member's personal health file and will be maintained for the duration of a member's employment plus thirty (30) years.
- 4.6.3 Medical records of fire district members are confidential and are only to be read by the Fire District Infection Control Officer, the Fire District Physician and the applicable individual.
- 4.6.4 Personal Medical Records will be maintained in a locked medical file and only accessed by the Infection Control Officer. Personal medical records will not be kept with personnel records. Additional and/or duplicate medical record files will be maintained at the office of the Fire District Physician.
- 4.6.5 Medical records will not be released without consent of the member. There will be no exceptions to this policy for fire district administration or insurance companies. Medical records are not public information.

Cancels: New

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- 4.6.6 Records of participation in member assistance programs or critical incident stress debriefings are considered medical records.
- 4.6.7 A fire district member may examine their own medical records and may request that copies be sent to their personal physician. The fire district and the fire district physician will release medical records to another physician only with the signed written consent of the member.
- 4.6.8 Abstracts of medical records without personal identifiers may be made for the purposes of quality assurance, compliance monitoring, or program evaluation as long as identification information of the individual member cannot be determined from the abstract.
- 4.6.9 Communications between the fire district physician and the fire district administration will focus only on fitness for duty or associated recommended work restrictions, and will not include specific diagnoses.
- 4.6.10 In order to preserve member confidentiality, fire district members are not required to participate in health assessments conducted by the Whatcom County EMS Medical Director.

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Chairman, Board of Fire Commissioners
North Whatcom Fire & Rescue

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FIRE DISTRICT POLICY

Number: 0400.0315.00

Date: 7/10/08

Area: Personnel/Safety

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Subject: Infectious Disease Control – Training

Approved:

1.0 General:

A comprehensive infection control plan training program shall be implemented and maintained to ensure that all fire district members are informed of the health and safety issues addressed in the fire district's infection control plan, and to ensure that all district members are knowledgeable about engineering controls and infection control practices. Infection control training shall be provided to new members within a specified period of time from the new member starting employment. Infection control plan training shall be ongoing and provided to all members on an annual basis.

2.0 Purpose:

It is the purpose of this policy to provide direction to the fire district training officer in developing and implementing an infection control training program. Further, it is the purpose of this program to identify the training requirements for all district members.

3.0 Scope:

This policy applies to the fire district training officer and all fire district members.

4.0 Policy:

4.1 Policy Statement Regarding Necessary Training:

4.1.1 All members of the fire district will receive training on the district's infection control plan. The degree and amount of training will be dependent on the assigned tasks of the member.

4.2 Policy Statement Identifying Training Requirements

4.2.1 All members who respond to emergency incidents are required to complete:

- Initial infection control training prior to responding to any emergency incident where that member could be exposed to bloodborne or airborne pathogens that could cause occupational illness.
- Annual infection control continuing education/refresher training.

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4.3 Policy Statement to Appropriateness of Instruction:

- 4.3.1 All infection control training materials will be appropriate in content and vocabulary to the educational level, literacy, and language of those members being trained.
- 4.3.2 All district infection control training will be offered in compliance with NFPA 1581 and OSHA Regulation 29 CFR Part 1910.1030.

4.4 Policy Statement Identifying Training Topics and Materials for Initial Training:

All newly approved fire district members will receive infection control training to include:

- 4.4.1 A description and explanation of 29 CFR Part 1910.1030. An accessible copy will be available to all members.
- 4.4.2 A general explanation of the epidemiology and symptoms associated with bloodborne diseases.
- 4.4.3 An explanation of the modes of transmission of bloodborne pathogens.
- 4.4.4 An explanation of the fire district's exposure control plan and how the member can access or receive a copy of the plan.
- 4.4.5 An explanation of the appropriate methods of recognizing tasks and other activities that may involve exposure to blood or other potentially infectious materials.
- 4.4.6 Detailed information and explanations on the types, proper use, location, removal, handling, decontamination, and proper disposal of personal protective equipment. This information will include practical "hands-on" manipulation whenever appropriate.
- 4.4.7 An explanation of the basis for the selection of personal protective equipment.
- 4.4.8 Information on the Hepatitis B vaccine to include:
- Efficacy
 - Safety

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- Benefits of being vaccinated
- Notification that the vaccination is available to each member at no cost to the member

4.4.9 Information on the appropriate actions to take and persons to contact should an emergency involving blood or other potentially infectious materials occur.

4.4.10 An explanation of the procedures to follow if an exposure occurs. The explanation shall include:

- Method of reporting the incident
- Medical follow-up that will be made available
- Information on the post-exposure evaluation that the district will provide following an exposure incident

4.4.11 Information and an explanation of the signs, labels and color coding required for biohazard materials. This information will include procedures for the proper storage and disposal of biohazard materials.

4.4.12 An opportunity for interactive questions and answers.

4.5 Policy Statement Identifying Training Topics and Materials for Refresher Training:

4.5.1 All fire district members, during their annual refresher training, will be provided an informational review which includes items 4.4.1 through 4.4.12 of this policy. In addition, members will review incidents where exposures have occurred or incidents that were prevented by good infection control procedures. Care shall be taken to ensure incident anonymity in these reviews.

4.6 Policy Statement Requiring the Demonstration of Knowledge and Skills:

4.6.1 All members, whether receiving initial or refresher infection control training, will demonstrate knowledge and skills associated with infection controls through written and/or practical evaluation.

Cancels: New

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4.7 Policy Statement Identifying Instructor Qualifications and Certification:

4.7.1 All instructors who teach infection control training shall be certified in accordance with state requirements. The instructors will demonstrate knowledge in all the training program elements of this policy.

4.8 Policy Statement Identifying Infection Control Training Records/Retention Requirements:

4.8.1 Training records of class sessions will be maintained for three (3) years after the date of the training. In addition, training records shall be maintained for each participant.

4.8.2 Training records will include:

- Dates of training sessions
- The contents or a summary of the training offered
- The names and qualifications of the persons conducting the training
- The name, title, district personnel identification number, and social security number of all persons attending and completing the training

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Chairman, Board of Fire Commissioners
North Whatcom Fire & Rescue

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Number: 0400.0316.00

Date: 7/10/08

Area: Personnel/Safety

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Subject: Infectious Disease Control – Station Environment

Approved:

1.0 General:

Maintaining fire station cleanliness is an important component for maintaining a healthy work environment. It is essential for firefighters to be provided with a facility containing features appropriate for preventing exposure to infectious disease. The fire station facility shall be constructed and equipped with the adequate resources for the decontamination of apparatus, equipment, and personnel.

2.0 Purpose:

It is the purpose of this policy to identify and provide direction for all fire district personnel as to the provisions available at station facilities for the purpose of decontaminating apparatus, equipment and personnel.

3.0 Scope:

This policy applies to all fire district personnel.

4.0 Policy:

4.1 Policy Statement – Storage, Decontamination and Disposal Areas:

4.1.1 All fire stations will maintain a designated area, separate from normal station activity areas, for the following purposes:

- Equipment decontamination and disinfection
- Storage of clean patient care equipment and infection control personal protective equipment
- Storage of biohazard waste

4.1.2 Decontamination of equipment shall not occur at any station where the proper facilities, equipment and approved space do not exist (non-approved stations). When decontamination of equipment at non-approved stations is required, the contaminated equipment will be moved to an approved station.

4.1.3 Under no circumstances will station kitchens, bathrooms or living areas be used for decontamination or storage of patient care equipment or infectious waste.

Cancels: New

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- 4.1.4 Station decontamination areas shall be marked with biohazard signs and other appropriate identifying signs, and shall be equipped with:
- Two sinks constructed of non-porous materials and equipped with spray attachments and controls capable of being operated without using hands.
 - Proper lighting and ventilation.
- 4.1.5 Counter areas within the decontamination area shall be of sufficient size to spread out all equipment.
- 4.1.6 Counter areas shall be constructed of a non-porous material.
- 4.1.7 Decontamination areas shall have adequate rack space to allow air drying of all equipment.
- 4.1.8 Decontamination areas shall be equipped with appropriate containers for disposal of biohazard waste.
- 4.1.8.1 The appropriate containers shall be three rubber/plastic 50-gallon receptacles. Two receptacles are to be red in color and one receptacle is to be white.
- 4.1.8.2 One red receptacle will be labeled "Biohazard" and is to be used for any items suitable for laundering that have been exposed to body fluids or other possible sources of infectious contamination.
- 4.1.8.3 One red receptacle will be labeled "Infectious Waste" and is to be used for the disposal of those patient care items identified as disposable that have come in contact with a patient, or could have been exposed to infectious contamination.
- 4.1.8.4 The white receptacle will be labeled "Soiled Linen" and is to be used for station linens, bedding, towels, etc. This receptacle will not contain anything that could have come in contact with a patient.
- 4.1.8.5 The red receptacles will be lined with red disposable bags and marked "Biohazard".

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- 4.1.9 Decontamination areas shall contain provisions for the safe storage, use, and disposal of cleansing and disinfecting solutions.
- 4.1.10 Decontamination areas shall be equipped with appropriate personal protective equipment for the use of cleansing and disinfecting solutions.
- 4.1.11 Material Safety Data Sheets (MSDS) for cleansing and disinfecting solutions shall be provided.
- 4.1.12 All fire district personnel using cleaning and disinfecting solutions will be familiar with the MSDS and will use the recommended personal protective equipment.
- 4.1.13 Infectious waste storage areas within decontamination areas shall be marked off with red and white striped tape and will be identified with biohazard signs.
- 4.1.14 Infectious waste storage areas within decontamination areas shall be maintained in accordance with all EPA and local regulations. Contaminated sharps will be stored in closed, red, puncture-resistant containers (sharps boxes) with appropriate biohazard markings.
- 4.1.15 Any small, portable sharps containers carried in the "EMS Jump Kits" are to be exchanged with the responding medic unit whenever possible. Used containers that cannot be exchanged with a responding medic unit, should be deposited in the large sharp boxes located on the aid units and replaced with a new portable container.
- 4.1.16 Any large sharps containers located on the aid units are to be replaced when full. The containers should be closed and disposed of in accordance with Section 4.2 "Infectious Waste Disposal" of this policy.
- 4.1.17 All other contaminated materials shall be stored in red, leak proof bags with appropriate biohazard markings.
- 4.1.18 If outside contamination of a disposable bag is suspected, or is a possibility, a second bag with identical markings will be placed over the first.

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4.1.19 Reusable bins, containers, or receptacles used to store infectious waste or bio-hazardous material will be inspected, cleaned, and disinfected monthly and immediately if outside contamination is present or suspected.

4.2 Policy Statement – Infectious Waste Disposal

4.2.1 The disposal of biohazard waste will be done in accordance with EPA and local regulations and will be performed by one of the following, listed in order of preference:

- The responding ALS medic unit
- St. Joseph's Hospital
- Re-Comp Incorporated

4.2.2 The individual shift officers and individual volunteer station officers are responsible for ensuring the proper disposal of bio-hazardous waste.

4.2.3 All emergency response personnel will regard and manage all patients contacted as being potentially infectious, and will wear the appropriate personal protective equipment.

4.2.4 Universal precautions will be observed at all times and shall be expanded to include all body fluids and other potentially infectious material.

4.3 Policy Statement – Station Laundry Area

4.3.1 All stations will maintain a clean laundry area with washer, dryer and wash sink.

4.3.2 All work uniforms will be washed in-station. Under no circumstances will work clothes be laundered at home by district members. Laundering work uniforms at the station will assist in protecting members' families from both infectious and chemical contamination.

4.3.3 All fire district members who respond to emergencies will maintain a complete, extra set of clean uniforms/clothing in the station in order that potentially contaminated uniforms can be exchanged upon returning to quarters.

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4.3.4 Whenever possible, medical equipment and supplies should be of the disposable type reducing the need for cleaning. All equipment used for patient care or transport is considered potentially contaminated.

4.3.4.1 Contaminated linens will be exchanged whenever possible with the ALS transport agency.

4.3.4.2 Should the fire district complete the transport of the patient, contaminated linens will be exchanged with the medical facility receiving the patient.

4.3.4.3 Contaminated linen will not be laundered in station laundry facilities.

4.3.4.4 Disposable gloves will be worn when handling potentially contaminated linen.

4.4 Policy Statement – Station Kitchen Area

4.4.1 All kitchens in the fire stations will be equipped with double sinks constructed of non-porous material.

4.4.2 Food preparation areas, counter tops, and cutting boards will be constructed of non-porous material.

4.4.3 Under no circumstances shall any kitchen facility be used for the purpose of cleaning, sterilizing or disinfecting patient care equipment, contaminated clothing or PPE, storing, and/or disposal of any infectious material, waste or other contaminated material.

4.4.4 Thermometers capable of monitoring refrigerator temperatures will be kept in all fire district refrigerators and freezers. Refrigerators will maintain a temperature of 38° F or below. Freezers will maintain a temperature of 0° F or below. Temperatures will be checked monthly by a designated shift/station officer.

4.4.5 Food will be properly prepared and cooked. Hands will be washed before and after preparing food. Food should be returned to the refrigerator prior to leaving the station if the meal is interrupted by an alarm. Food left out or exposed to ambient temperatures and the environment shall be discarded and not consumed.

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4.4.6 Shift/Station officers shall inspect station refrigerators and freezers monthly. Expired foods will be discarded. Refrigerators and freezers shall also be inspected for cleanliness and proper operation.

4.4.7 All kitchens in district fire station shall be equipped with automatic dishwashers.

4.5 Policy Statement - Station Bathroom Areas:

4.5.1 All station bathrooms will have push-to-open doors without handles.

4.5.2 All station bathrooms will be equipped with soap dispensers supplied with disinfecting hand soap.

4.5.3 All station bathrooms will be equipped with disposable hand drying materials. Only disposable hand drying materials are to be used. Cloth towels are to be used only for showering. Cloth towels are only to be used once then placed in the "Soiled Linen" container and laundered as soon as practical.

4.6 Policy Statement - Station Sleeping Areas

4.6.1 To be added

4.7 Policy Statement - District Fire Stations That Do Not Comply With Standards Set Forth In This Policy:

4.7.1 Apparatus and equipment that require decontamination will be immediately removed from service and moved to the nearest facility that has decontamination provisions as set forth in this policy.

4.7.2 Personal protective equipment and clothing, work uniforms, and personal clothing that have been contaminated will be placed and sealed in red, plastic biohazard bags and moved to the nearest facility that has decontamination provisions as set forth in this policy. To ensure serviceability of PPE and clothing, the contaminated items should be moved as soon as possible, but in no case more than 24 hours from time of contamination.

4.7.3 Fire stations that do not meet the minimum requirements set forth in this policy will be modified to satisfy the appropriate statutes, NFPA standards, and requirements of this policy at time of remodel or replacement.

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Chairman, Board of Fire Commissioners
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Number:	0400.0317.00	Date:	7/10/08
Area:	Personnel/Safety	Page:	1 of 5
Subject:	Infectious Disease Control – Personal Protective Equipment		

Approved:

1.0 General:

In order to minimize the incidence of exposure to infections and avoid contamination from infectious patients or body fluids, the fire district provides personal protective equipment for firefighter use. It is essential that all responding fire district personnel are knowledgeable in the use and situations in which to use personal protective equipment.

2.0 Purpose:

It is the purpose of this policy to provide direction for the specification, purchase, storage, issue, and use of personal protective equipment.

3.0 Scope:

This policy applies to all fire district personnel who could be exposed to an infectious patient or body fluid or to contaminated apparatus, equipment, clothing, or laundry.

4.0 Policy:

4.1 Policy Statement – Specification, Purchase, Storage, and Issue of Infection Control Personal Protective Equipment (PPE)

- 4.1.1 Standards for infection control personal protective equipment shall be developed by the infection control officer and the Occupational Health and Safety Committee, and shall be updated or modified as needed.
- 4.1.2 The infection control officer and the Occupational Health and Safety Committee shall review all personal protective equipment being used for appropriateness, serviceability and function, and other criteria, as deemed necessary. Such review shall occur at least annually and recommendations for change should be submitted prior to the final annual budget preparations.
- 4.1.3 The fire district is responsible for the supply, repair, decontamination, replacement and safe disposal of all infection control personal protective equipment.
- 4.1.4 The infection control officer and the Occupational Health and Safety Committee will determine proper stock supply levels of personal protective equipment for re-supply purposes, as well as for stations and response apparatus.

Cancels: New

Revised:

Reviewed:

NORTH WHATCOM FIRE AND RESCUE

FIRE DISTRICT POLICY

Number: 0400.0317.00 **Date:** 7/10/08

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Subject: Infectious Disease Control – Personal Protective Equipment **Approved:**

- 4.1.5 A designated shift/station officer shall ensure that their station and response apparatus supply of personal protective equipment is adequate and that supplies nearing expiration dates are used first.
- 4.1.6 The amount, type, and location of personal protective equipment will be standardized on all response apparatus.
- 4.1.7 Available personal protective equipment (in addition to PPE for structural fire fighting) shall include:
- Disposable latex gloves
 - Rubber gloves for disinfection purposes
 - Head covers
 - Face masks
 - Eye protectors
 - Full face shields
 - Fluid-impervious gowns, or pants and shirts
 - Sharps containers
 - Red, leak proof, disposable bags, marked "Biohazard"
 - Shoe covers
- 4.1.8 Disposable gloves shall be constructed of latex rather than plastic. While both types provide equal protection, latex is more durable during on-scene operations.
- 4.1.9 Sharps containers on apparatus shall be closable, puncture-resistant, and leak proof. Sharps containers on apparatus shall be red, marked as "Biohazard", and immediately accessible.
- 4.1.10 Temporary sharps containers for jump kits shall be puncture-resistant and shall have a restricted opening allowing for easy placement of sharps but will not allow sharps to fall out. Temporary sharps containers shall be red. Temporary sharps containers shall be disposed of in apparatus sharps containers after they have been used.
- 4.1.11 All district jump kits (first aid boxes) shall be equipped with mouth-to-mask resuscitation devices equipped with a one-way check valve. Replacement devices shall be carried on every response apparatus licensed as "ambulance" and shall be stocked in each station.

Cancels: New

Revised:

Reviewed:

NORTH WHATCOM FIRE AND RESCUE

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4.2 Policy Statement – Selection and Use of Personal Protective Equipment:

- 4.2.1 Emergency responses are often unpredictable and uncontrollable. While blood is the single most important source of HIV and HBV infection in the work place, in the field it is safest to assume that all body fluids are infectious. For this reason, personal protective equipment shall be chosen and used to provide the emergency medical care provider the maximum barrier protection against all body fluids.
- 4.2.2 All emergency care providers who may come in contact with the patient shall select personal protective equipment appropriate to the potential for spill, splash, or exposure to body fluids
- 4.2.3 It is difficult to identify operating procedures or personal protective ensembles that can accommodate all situations. Therefore good judgment must be used. When a care provider is in doubt, a maximal, rather than minimal, amount of personal protective equipment shall be chosen.
- 4.2.4 Disposable latex gloves shall be worn during any patient contact. All members shall carry extra pairs of disposable latex gloves in their turnout coats and/or EMS jumpsuits. Extra pairs of gloves shall be carried in the jump kits and shall be readily accessible to aid care personnel.
- 4.2.5 Disposable latex gloves shall be replaced as soon as possible when gloves become soiled. Torn or punctured gloves shall be replaced immediately. Hands shall be washed immediately after gloves have been removed.
- 4.2.6 Disposable latex gloves shall not be reused, washed, or disinfected for reuse.
- 4.2.7 During multiple casualty situations, disposable latex gloves shall be changed after treating one patient and before treating another patient.
- 4.2.8 In situations where sharp or rough edges are likely to be encountered, disposable latex gloves shall be worn and structural fire fighting gloves shall be worn over the latex gloves.
- 4.2.9 Heavy duty utility gloves shall be worn when handling, cleaning, decontaminating, or disinfecting potentially contaminated apparatus, equipment, clothing or linens.

Cancels: New

Revised:

Reviewed:

NORTH WHATCOM FIRE AND RESCUE

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- 4.2.10 Facial protection shall be used in any situation where splash contact of body fluids with the face is possible. Facial protection can be best provided by the care provider wearing both a face mask and eye protection, or by wearing a full face shield.
- 4.2.11 When treating a patient with a suspected or known airborne transmittable disease, face masks or particulate respirators shall be used. The best choice is to mask the patient and the care provider. If the patient cannot be masked, the care provider must be masked.
- 4.2.12 Face shields on structural fire fighting helmets shall not be used for infection control purposes.
- 4.2.13 Fluid-resistant gowns, or pants and shirts (Tyvek type), are designed to protect clothing from body fluid splashes. Structural fire fighting turnouts also protect clothing from splashes and shall be worn in fire, rescue, or vehicle extrication activities. Other types of protective garments may interfere with, or present a hazard to the emergency care provider in these circumstances. The decision to use barrier protection to protect clothing, and the type of barrier protection used, will be at the discretion of the care provider.
- 4.2.14 Under certain circumstances, head covers and/or shoe covers shall be required to protect these areas from potential contamination. Structural fire fighting gear (impervious boots, helmets) can be used for barrier protection.
- 4.2.15 The following guidelines shall be following when determining the extent of infection control personal protective equipment to be worn:
- 4.2.15.1 If it is wet, it is infectious - use gloves.
 - 4.2.15.2 If it can splash onto your face, use an eye shield and face mask or full face shield.
 - 4.2.15.3 If it is airborne, mask the patient and yourself.
 - 4.2.15.4 If it could splash on your clothing, use a gown, or protective pants and shirt, or structural fire fighting turnouts.

Cancels: New

Revised:

Reviewed:

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4.2.15.5 If it could splash on your head or feet, use appropriate barrier protection.

Approved: _____

Chairman, Board of Fire Commissioners
North Whatcom Fire & Rescue

Date: _____

Cancels: New

Revised:

Reviewed:

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Number: 0400.0318.00

Date: 7/10/08

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Page: 1 of 5

Subject: Infectious Disease Control – On-Scene Operations

Approved:

1.0 General:

To further minimize the potential for exposure to infection or contamination from infectious patients or body fluids, it is essential that firefighters use caution when treating a patient at the scene. Engineering controls and the procedures outlined in this policy during on-scene operations shall be followed.

2.0 Purpose:

It is the purpose of this policy to provide information and control for on-scene operations to minimize exposure to infectious disease.

3.0 Scope:

This policy applies to all fire district responding personnel operating at the scene of an accident or medical illness.

4.0 Policy

4.1 Policy Statement – On Scene Operations:

- 4.1.1 The blood, body fluids, and tissues of all patients shall be considered potentially infectious. Universal Precautions shall be used in all circumstances, and Body Substance Isolation (BSI) procedures shall be used for all patient contacts.
- 4.1.2 The choice and use of Personal Protective Equipment is specified in Policy 0400.0317.00 Personal Protective Equipment. Fire district members are encouraged to use the maximum personal protective equipment rather than the minimum for each situation.
- 4.1.3 Complete control of the emergency scene is not always possible, however whenever possible, on-scene operations shall be conducted in such a manner so as to limit splashing, spraying, or aerosolization of body fluids.
- 4.1.4 The minimum number of firefighter personnel required to complete the task safely shall be used for all on-scene operations. Firefighters not immediately needed shall remain a safe distance from the medical care operations where communicable disease contamination or exposure is anticipated or possible.

Cancelled: New

Revised:

Reviewed:

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- 4.1.5 The most important infection control procedure is ensuring that contamination does not occur after the incident has been completed and the patient is no longer in contact with fire district personnel.
- 4.1.5.1 All members shall wash their hands after removing Personal Protective Equipment.
- 4.1.5.2 The removal of Personal Protective Equipment shall be accomplished in such a manner to minimize contact with the skin of the care provider. Gowns or other general body protective covering shall be removed first. Care should be used to ensure contaminated areas are not touched. The inside or underside of the protective garment should be turned so as to be on the outside, keeping the contaminated area on the inside.
- 4.1.5.3 Latex gloves shall be removed after removing protective garments. Protective Latex gloves should be removed by turning one glove inside out as it is pulled off a hand. That glove should be held in the other gloved hand and then the remaining glove should be removed turning it inside out as it is removed.
- 4.1.5.4 Personal eye protection should be removed last, after hands have been washed.
- 4.1.5.5 After each patient contact during a multiple patient contact, multiple layers of personal protective equipment shall be used. The care provider shall remove the outer layer and treat a second patient using the newly exposed protective equipment, provided that the outer layer has not been damaged which could compromise the next layer.
- 4.1.6 Hand washing shall occur:
- After handling potentially infectious materials
 - After cleaning or decontaminating equipment
 - After using the bathroom
 - Before eating
 - Before and after handling or preparing food

Cancels: New

Revised:

Reviewed:

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- 4.1.7 Hand washing with disinfectant soap and hot water shall be performed for ten to fifteen seconds. Use of a scrub brush, if available, is encouraged. If soap and hot water is not available at the scene, a waterless hand wash may be used, provided that a soap and hot water wash is performed immediately upon return to quarters or arrival at the hospital.
- 4.1.8 Eating, drinking, smoking, handling of contact lenses, or applying cosmetics or lip balm is strictly prohibited at the scene of operations and until proper hand washing with soap and hot water is accomplished.
- 4.1.9 The transport or consumption of food items in fire district ambulances is strictly prohibited.
- 4.1.10 Used needles and other sharps shall be disposed of in approved sharps containers. Needles shall not be recapped, re-sheathed, bent, broken, or separated from disposal syringes.

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

- 4.1.11 Sharps containers shall be easily accessible on scene.
- 4.1.12 Firefighters who are requested to handle needles and complete tasks such as filling blood tubes should do so only if that firefighter is trained and feels comfortable doing so.
- 4.1.13 A firefighter may only work with needles and accomplish such tasks as filing blood tubes if that firefighter has a current medical certification that meets or exceeds the minimum medical certification standards set forth by fire district policy, and has completed certifiable training in such procedures.
- 4.1.14 Disposable resuscitation equipment shall be used whenever possible. For Cardio-Pulmonary Resuscitation (CPR), the order of preference for using equipment is:
- Disposable bag-valve mask
 - Disposable mouth to mask device with a one-way valve
 - Mouth-to-mouth resuscitation shall not be done on any patient
- 4.1.15 Disposable resuscitation equipment shall be kept readily available during on-scene operations.

Cancels: New

Revised:

Reviewed:

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4.1.16 Members should not respond to alarms unless the proper CPR equipment is readily available to them. Firefighters who desire to maintain their personal "aid kit" are encouraged to obtain, at a minimum, a mouth to mask resuscitation device from the fire district.

4.1.17 Patients with suspected airborne communicable diseases shall be transported wearing an approved face mask or particulate respirator whenever possible. Ambulance windows shall be open and all ventilation systems operating at full capacity whenever possible.

4.1.18 Firefighters treating patients with suspected airborne communicable diseases shall adhere to policies and procedures specified in Policy 0400.0319.00 Tuberculosis and other Airborne Communicable Diseases.

4.1.19 Personal protective equipment shall be removed after leaving the work area, and as soon as possible if contaminated. After use, contaminated personal protective equipment should be separated as to disposable and non-disposable equipment, and placed in a red, leak proof bag, and marked "Biohazard".

4.1.20 Disposable equipment and other biohazard materials should be given to the transporting agency for proper disposal at the hospital.

4.1.21 Non-disposable equipment should be transported back to the station for proper cleaning and disinfecting

4.2 Policy Statement – Conclusion of On Scene Operations:

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

4.2.2 On-scene public relations shall be accomplished by the designated fire district Public Information Officer. In the absence of such a person, the responding fire district Duty Officer shall assume this function.

4.2.3 The public are to be reassured that infection control personal protective equipment is used as a matter of routine for the protection of the patient as well as the care providers and that the use of personal protective equipment does not necessarily imply that the patient may have a communicable disease.

Cancels: New

Revised:

Reviewed:

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4.2.4 Under no circumstances shall medical information about the patient be released at anytime unless information is released by the fire district HIPAA officer. Any queries by the media or other individuals regarding on-scene operations shall be referred to the Fire District Public Information Officer or in his/her absence, the responding Fire District Duty Officer. Patient confidentiality shall be maintained at all times.

Approved: _____
Chairman, Board of Fire Commissioners
North Whatcom Fire & Rescue

Date: _____

Cancels: New

Revised:

Reviewed:

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Approved:

To Be Developed

Cancels: New

Revised:

Reviewed:

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FIRE DISTRICT POLICY

Number:	0400.0320.00	Date:	7/10/08
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Subject:	Infectious Disease Control – Post-Response Operations	Approved:	

1.0 General:

It is important to maintain an environment of minimal exposure to infection upon returning to quarters from an emergency medical response. Practicing infection control procedures in the field is ineffective if care providers fail to follow good infection control procedures in the station. Post-response procedures will assist the care provider in maintaining a minimal infectious environment and will ensure that equipment and apparatus are ready for the next incident.

2.0 Purpose:

It is the purpose of this policy to ensure that equipment and apparatus are cleaned, sanitized, and disinfected after each medical incident to minimize the possibility of infectious disease exposure to other patients and response personnel.

3.0 Scope:

This policy applies to all responding personnel as well as other personnel who may be associated with cleaning and disinfecting the apparatus and equipment when preparing them for subsequent responses.

4.0 Policy

4.1 Policy Statement – Responsibilities upon Return to Quarters:

- 4.1.1 Upon returning to quarters, all contaminated equipment shall be removed and replaced with clean equipment. Supplies of personal protective equipment on response vehicles will be replenished.
- 4.1.2 All contaminated equipment shall be removed from the apparatus and placed in the appropriate "Decontamination Room" at the station for cleaning and disinfecting. Cleaning and disinfecting shall be performed as soon as practical.
- 4.1.3 Until such time that a "non-decontamination" station has an approved area for cleaning and disinfecting contaminated equipment, the cleaning and disinfecting of any equipment or apparatus shall occur at an approved station where decontamination is authorized as defined in Policy 0400.0316.00 "Infectious Disease Control - Station Environment".

Cancels: New

Revised:

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- 4.1.4 Contaminated equipment should be placed in red, disposable, plastic bags marked "BIOHAZARD". Spare equipment, if available, should be placed on the aid unit as soon as possible to keep the unit in service, provided the unit itself is not contaminated.
- 4.1.5 Should the entire aid unit become contaminated, the unit shall be placed "out of service" with dispatch. Decontamination shall occur as soon as possible, and if necessary, shall be moved to an approved station for decontamination if the unit's station is not an approved decontamination station.
- 4.1.6 Every attempt should be made to keep the aid units at their respective stations. In the event one aid unit must be moved to an approved station for decontamination, a substitute aid unit may be moved to that station until the contaminated aid unit is back in service.
- 4.1.7 As soon as the contaminated unit has completed decontamination, that unit will be returned to its station, if appropriate, and placed back in service with dispatch.
- 4.1.8 Disposable equipment and other biohazard waste generated during on-scene operations shall be disposed of in the "Biohazard Disposal Area" in red, plastic bags marked BIOHAZARD. Sharps containers, when full, shall be closed and placed in the biohazard disposal area.
- 4.1.9 Protective latex gloves shall be worn for all contact with contaminated equipment, apparatus, clothing, or other materials. Other personal protective equipment shall be used depending on splash potential. Heavy -duty utility gloves shall be provided and used for cleaning, disinfecting, or decontaminating equipment.
- 4.1.10 Eating, drinking, smoking, handling contact lenses, or applying cosmetics or lip balm is strictly prohibited during cleaning, or decontamination procedures.
- 4.1.11 Disinfecting shall be performed using a fire district approved disinfectant, or by using a 1:100 solution of bleach to water. All disinfectants shall be tuberculocidal and EPA approved.
- 4.1.12 The approved cleansing solution for equipment and apparatus is hot soapy water, or if appropriate, a district approved cleaning solution.

Cancels: New

Revised:

Reviewed:

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- 4.1.13 Disinfecting shall first be accomplished by washing the area or equipment with hot soapy water, or by spraying the area with a cleansing and disinfecting solution, and then rinsed clean. After the area has dried, the area should be sprayed with a disinfecting solution that meets all fire district requirements.
- 4.1.14 Should the area being cleaned have an obnoxious odor, a fire district approved deodorizer may be sprayed in the area.
- 4.1.15 Damaged equipment shall be cleaned and disinfected before being sent in for repair.
- 4.1.16 The manufacturer's guidelines shall be used for the cleaning and decontamination of all equipment. Unless otherwise specified:
- 4.1.16.1 Durable equipment (backboards, non-disposable splints, MAST pants) shall be washed with soap and hot water, rinsed clean, and disinfected with a fire district approved disinfecting solution and allowed to air dry.
- 4.1.16.2 Delicate equipment (radios, cardiac monitors, etc.) shall be wiped clean of debris using soap and hot water, wiped with clean water, then sprayed with a fire district approved disinfectant and allowed to air dry. The approved decontamination solution may be used in place of hot soapy water.
- 4.1.17 Work surfaces shall be decontaminated with an appropriate disinfectant after completion of "decon" procedures, and after spillage or contamination with blood or potentially infectious materials. All areas on response vehicles contaminated with body fluids from soiled personal protective equipment shall also be decontaminated upon return to the station.
- 4.1.18 Contaminated structural fire fighting gear (turnout coats, bunker pants) shall be cleaned according to the manufacturer's recommendations and in accordance with fire district policy.
- 4.1.19 Contaminated structural fire fighting clothing shall be removed and placed in red, plastic bags marked "BIOHAZARD". The bag shall be sealed and identified with an appropriate tag identifying the owner and date of contamination.

Cancels: New

Revised:

Reviewed:

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- 4.1.20 Contaminated structural fire fighting clothing in the red plastic bag shall be placed in the red plastic garbage can marked "BIOHAZARD".
- 4.1.21 Contaminated protective clothing shall be removed as soon as practical and sent to the fire district approved bunker gear laundering facility.
- 4.1.22 The laundering facility shall be advised that the clothing is contaminated and may be infectious.
- 4.1.23 Personnel at the laundry facility handling and cleaning the contaminated clothing shall be trained and certified in the handling and cleaning of contaminated clothing.
- 4.1.24 Contaminated bunker boots shall be brushed and scrubbed with soap and hot water, rinsed with clean water, and left to air dry.
- 4.1.25 Contaminated work clothes (jump suits, t-shirts, uniform pants, or personal clothing) shall be removed and exchanged for clean clothes.
- 4.1.26 Firefighter members shall keep an extra, complete change of clothes at the fire station in case they become contaminated and need to change.
- 4.1.27 Firefighter members shall shower prior to returning home if body fluids come into contact with skin under work or personal clothing.
- 4.1.28 Contaminated work or personal clothing shall be laundered in the same manner as bunker clothing.
- 4.1.29 Contaminated work or personal clothing shall be removed and placed in red plastic bags marked "BIOHAZARD". The red bag shall be sealed and identified with an appropriate tag identifying the owner and date of contamination.
- 4.1.30 Contaminated work or personal clothing in the red plastic bag shall be placed in the red plastic garbage can marked "BIOHAZARD".
- 4.1.31 Contaminated work or personal clothing shall be removed as soon as practical and sent to the fire district approved laundering facility.

Cancels: New

Revised:

Reviewed:

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4.1.32 The laundering facility shall be advised that the clothing is contaminated and may be infectious.

4.1.33 Personnel at the laundry facility handling and cleaning the contaminated clothing shall be trained and certified in the handling and cleaning of contaminated clothing.

NOTE: Under no circumstances will contaminated work or personal clothing be laundered at home by any member.

4.1.34 Infectious waste generated during cleaning and decontamination operations shall be properly bagged and placed in the biohazard disposal area.

4.1.35 Infectious waste collected at the fire station shall be removed from the infectious waste container, placed in an additional red plastic bag, and disposed of at a fire district approved, state licensed infectious waste disposal facility.

4.1.36 Because of the minimal infectious waste materials collected at the fire district, the disposal of such materials will be accomplished at irregular intervals.

4.1.37 Infectious waste shall be disposed of whenever the containers reach three quarters capacity.

4.1.38 Infectious waste containers shall be dumped and cleaned at least once every quarter.

Approved: _____
Chairman, Board of Fire Commissioners
North Whatcom Fire & Rescue

Date: _____

Cancels: New

Revised:

Reviewed:

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FIRE DISTRICT POLICY

Number:	0400.0321.00	Date:	7/10/08
Area:	Personnel/Safety	Page:	1 of 3
Subject:	Infectious Disease Control – Post-Exposure Protocol	Approved:	

1.0 General:

The safe practices and procedures outlined in the fire district infection control policy serve as guidelines for protecting the care provider against infection. However, a care provider may inadvertently be exposed to an infectious disease through no fault of their own. Should such an incident occur, it is important that the fire district provide a procedure of post exposure protocols to allow for documentation of the exposure, evaluation of the circumstances surrounding the exposure, and medical follow up.

2.0 Purpose:

It is the purpose of this policy to provide the procedures to document an exposure, provide a systematic review of events leading to the exposure, and provide direction for medical care.

3.0 Scope:

This policy applies to all fire district personnel who may have been exposed to an infectious disease.

4.0 Policy

4.1 Policy Statement – Post Exposure Protocols:

- 4.1.1 Any member exposed to potentially infectious material will immediately wash the exposed area with hot soap and water or saline eye wash if the eyes are involved. When soap and hot water are not readily available, the member can wash the exposed area with waterless hand cleaning disinfectant provided by the fire district in each medical kit. It essential that the care provider wash the area with hot soapy water as soon as possible.
- 4.1.2 Any member having an occupational communicable disease exposure will immediately report the exposure to his or her supervisor.
- 4.1.3 Needle stick injuries will be reported to the infection control officer immediately.
- 4.1.4 All members will complete a communicable disease exposure report and follow injury procedures per district policy before the end of the shift following an exposure for any of the following exposures:

Cancels: New

Revised:

Reviewed:

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- Needle stick injury
- Break in skin caused by a potentially contaminated object
- Splash of blood or other potentially infectious material onto eyes, mucous membranes, or non-intact skin
- Mouth-to-mouth resuscitation without a pocket mask with a one-way valve
- Other exposure that the member may feel is significant

- 4.1.5 The communicable disease exposure report will include details of the task being performed, the means of transmission, the portal of entry, and the type of personal protective equipment in use at the time.
- 4.1.6 The member's supervisor will review the communicable disease exposure report and forward it to the fire district Infection Control Officer.
- 4.1.7 The fire district Infection Control Officer will evaluate the report for exposure hazards.
- 4.1.8 If the Infection Control Officer determines that a possible exposure has occurred, a medical evaluation by the Fire District physician or designee will be arranged by the Infection Control Officer no later than 48 hours after the exposure.
- 4.1.9 If no actual exposure has occurred, the Infection Control Officer will counsel the member on exposure hazards and may refer a member for infection control retraining or stress management counseling. Counseling for the member and spouse may also be made available, if indicated.
- 4.1.10 The Infection Control Officer will complete the communicable disease exposure report, indicating the disposition of medical management, and file the report in the office of the Fire District Physician.
- 4.1.11 The source patient of the possible infectious disease exposure will be traced to the receiving medical facility by the Infection Control Officer. The Infection Control Officer will notify the transporting agency and the receiving facility that a communicable disease exposure has possibly occurred, and will request infectious disease testing, as provided by the "Ryan White Act of 1990". The Infection Control Officer shall request a consent for testing the source patient for HIV, HCV and HBV.

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4.1.12 The Fire District Physician or his/her designee will provide appropriate diagnostic work-up and treatment of members with communicable disease exposures. Such services will include long-term follow up and member/spousal counseling, as needed.

4.1.13 Under the Ryan White Act, medical transport or medical treatment facilities shall notify the fire district Infection Control Officer following a documented exposure to blood or body fluids which are life threatening by carrying a substantial risk of death if acquired, as verified by the receiving hospital. The Infection Control Officer shall contact the receiving hospital for notification of a patient's infectious status if, after an investigation, the Infection Control Officer believes that an exposure was sustained. When notified, the Infection Control Officer will contact the members involved and may schedule medical evaluations with the Fire District Physician.

4.1.14 The Fire District Safety Officer will assume the duties of the Infection Control Officer in his/her absence.

Approved: _____
Chairman, Board of Fire Commissioners
North Whatcom Fire & Rescue

Date: _____

Cancels: New

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Reviewed:

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Number:	0400.0322.00	Date:	7/10/08
Area:	Personnel/Safety	Page:	1 of 2
Subject:	Inf. Disease Control – Compliance & Quality Assurance	Approved:	

1.0 General:

For any infection control program to be effective it must be followed, evaluated, and periodically updated to accommodate changes in federal, state, and local regulations. In addition, as infection control management knowledge and skills develop, personal protective equipment engineering and policies and procedures may require modification. The continued review of the fire district infection program will ensure that members are receiving the most current practices and procedures essential for the protection of all fire district members.

2.0 Purpose:

It is the purpose of this policy to provide direction and assurance that the fire district infection control program is periodically reviewed and updated.

3.0 Scope:

This policy applies to the Fire District administration to include the Fire District Safety Officer and the Fire District Infection Control Officer.

4.0 Policy

4.1 Policy Statement – Compliance and Quality Assurance Monitoring:

4.1.1 The fire district will ensure that all fire district members comply with the policies and procedures set forth in this infection control program, and that the quality of compliance and performance of the policies and procedures be monitored continually. Periodic review shall include the following:

- Inspections of station facilities
- Inspections of response apparatus and equipment
- Observation of on-scene operations as well as emergency medical care training and continuing education.
- Analysis of reported exposures to communicable diseases

4.1.2 The Fire District Infection Control Officer will collect and evaluate compliance and quality monitoring.

4.1.3 The Infection Control Officer will make a quarterly report to the Occupational Health and Safety Committee.

Cancels: New

Revised:

Reviewed:

NORTH WHATCOM FIRE AND RESCUE

FIRE DISTRICT POLICY

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4.1.4 To effectively evaluate the Fire District Infection Control Program, the fire district Infection Control Program shall be evaluated:

- At least annually by the Occupational Health and Safety Committee to ensure the program is both appropriate and effective.
- Whenever necessary to reflect significant changes in assigned tasks or procedures, in medical knowledge related to infection control, or in regulatory matters.
- By the Fire District Physician and the Fire District Attorney to ensure the program remains current, legally correct, and appropriate to the mission of the fire district.

Approved: _____
Chairman, Board of Fire Commissioners
North Whatcom Fire & Rescue

Date: _____

Cancels: New

Revised:

Reviewed: