



## West Elgin Fire Department Operational Guideline

**Subject: Infection Control**

**Date: March 24, 2020**

**Attachments: VFIS Infectious Exposure Form**

**Developed by: District Chief Station #2 John D Campbell**

### 1.0 Purpose

- 1.1.1 The purpose of this Operational Guideline is to ensure that all staff members are protected against the possibility of being exposed to an infectious disease both during and/or after an emergency incident.
- 1.1.2 To ensure staff members identify and control all obvious and hidden hazards, recognize and identify the need for universal precautions, and are aware of the reporting procedures if a staff member becomes exposed or suspects exposure to bio hazardous waste or an infectious disease.

### 2.0 Responsibility

- 2.1.1 All Fire Department Officers are responsible to ensure that all staff members are familiar with this Operational Guideline.
- 2.1.2 All staff members are responsible to follow this Operational Guideline.
- 2.1.3 Every member of the Department is responsible to work in a safe manner while using or wearing the applicable equipment and/or protective devices or clothing supplied or approved by the Department.
- 2.1.4 Every Supervisor is responsible to ensure that staff members work in a safe manner while using or wearing the applicable equipment and/or protective devices or clothing supplied or approved by the Department.
- 2.1.5 Every Supervisor is responsible to take every precaution reasonable in the circumstances for the protection of staff members.

### 3.0 Procedure

- 3.1.1 West Elgin Fire Department is an active participant in Elgin Counties tiered response system. As an active participant, it is imperative that all of our staff members wear the appropriate level of protection available to help prevent an accidental exposure to an infectious disease.
- 3.1.2 Infectious disease may be present at rescue incidents, lift assist calls, or medical emergencies that require immediate fire department intervention. Immediate fire department intervention can and may include cardio pulmonary resuscitation, defibrillation, and application of splints, bandages, and/or dressings.
- 3.1.3 The role of our service is to provide competent First Aid care that is consistent with the knowledge and training that has been provided by our fire department.

Fire fighters need to be aware that while managing these incidents, bio hazardous waste or infectious disease may be present in different forms.

- 3.1.4 Staff members may be exposed to infectious air borne particles and/or fluids while attending to patients. Proper decontamination procedures and exposure documentation procedures must be followed.

#### **4.0 On Scene Procedures**

- 4.1.1 The Officer in charge of the incident is responsible for conducting ongoing risk Assessments and ensuring that all staff members don bunker pants and boots plus the appropriate level of medical personnel protective equipment while operating at a scene.
- 4.1.2 Personal protective equipment will be classified by three levels of protection.
  - i. Level 1-Nitrile gloves, N95 mask and safety glasses
  - ii. Level 2-Nitrile gloves, N95 mask, safety glasses and protective gown
  - iii. Level 3-Two pairs of extended cuff nitrile gloves, N95 mask, Tyvek suit, boot covers, and face shelf. Level 3 PPE is stored on apparatus in a kit form sealed in clear plastic bags.
- 4.1.3 Patients that are exhibiting signs and symptoms of difficulty breathing, shortness of breath fever, vomiting, uncontrolled bleeding, obvious trauma, etc.
- 4.1.4 Asking open ended questions can help solicit information such as; the patient is under doctor's care for a communicable disease, influenza, TB, Meningitis, etc.
- 4.1.5 While on location at a medical emergency, make every attempt to identify these hazards. Perform a scene survey and advise all staff members of the existence of such hazards. Establishing good communications with on scene personnel, paramedics, and especially the patient is imperative in order to prevent an exposure to an infectious disease.
- 4.1.6 Care must be taken both during and after the incident to ensure that contaminated equipment and PPE is not left behind. Proper disposal and decontamination is critical to all medical incidents. Staff members can control a hazard directly at the source to prevent further cross contamination of personnel or equipment.
- 4.1.7 Crews shall dispose of all bio hazardous waste in a yellow bio hazard bag and place the bag in an exterior compartment for return to station. The staff member that is controlling these hazards must also be wearing the proper level of personal protective equipment. All possibly contaminated equipment shall be sprayed with a disinfectant product prior to the equipment being placed back on the apparatus.
- 4.1.8 Apparatus Operators wearing appropriate level of ppe shall have ready, a small waste bag to receive used medical personal protective equipment. They must also provide for hand sanitizer for disinfecting staff member's hands after the removal of their medical ppe and disinfectant to spray down hard and soft surfaces that have been potentially contaminated-i.e. trauma bags, defib cases, soles of bunker boots, etc.
- 4.1.9 Remove used medical gloves and N95 masks as per in service training procedures. Disinfect hands with hand sanitizer.
- 4.1.10 Should turnout gear become grossly contaminated with body fluids, the gear should be bagged and placed in an outside apparatus compartment for return to the station.

## 5.0 Back at the Fire Station

- 5.1.1 Once the crew returns to the station, all equipment must be decontaminated or disposed of. All disposable equipment that was used at the call (consumables) must be replaced so that the next medical call can be properly handled.
- 5.1.2 Contaminated turnout gear must be decontaminated as per Routine Inspection and Cleaning of PPE.
- 5.1.3 Ensure that all first response vehicles carry hand sanitizer for disinfecting staff member's hands after the removal of their medical gloves. Spray Nine must also be carried on the apparatus in order to spray down hard and soft surfaces that have been potentially contaminated –i.e. trauma bags, defib cases, soles of bunker boots, etc.
- 5.1.4 Bio hazardous waste may be disposed of in sealed bags.

## 6.0 In Case of Exposure

If a staff member becomes contaminated and/or exposed to an infectious disease or bio hazardous waste, reports such exposure to your immediate supervisor especially if the following exists:

- a) An incident where the victims or any other's body fluids of any type have entered a member through splash, inhalation, puncture/laceration or any body portal of entry.  
After any incident that involves a break in the skin caused by a potentially contaminated object.
- b) After a fire fighter has had a high probability of exposure and/or an incident where a member feels it is likely that blood or body fluids have entered through splash, inhalation, puncture/laceration or any bodily route of entry. Bodily routes of entry can be, but are not limited to, the respiratory tract, any mucous membrane, eyes, ears, nose, mouth, gastrointestinal tract, or non-intact skin.
- c) If a firefighter has experienced a needle stick or sharps injury of any kind.
- d) Any rescue of a victim in a confined space who is suspected infectious disease carrier i.e. rescue trapped victim in an auto incident who may have Tuberculosis, Meningococcal disease, etc.
- e) Anytime a firefighter deviates from established practices and puts oneself at increased risk i.e. mouth to mouth resuscitation, touching a victim's body fluids without PPE, etc.
- f) Anytime the fire fighter(s) are notified from any party (hospital, victim, EMS personnel, etc.) that the victim(s) may be a communicable disease carrier(s).
- g) Anytime a fire fighter feels a supervisor should be notified.
  - 6.1.1 If an exposure does occur even when all of the above guidelines are followed or even deviated from, your immediate supervisor must be informed. Complete a VFIS Infectious Exposure Form upon returning to the fire station. Immediately report such exposure to the Fire Chief or District Fire Chief.

- 6.1.2 Supervisors are encouraged to have their staff members follow good hygiene practices upon returning to the fire station (showering, hand washing, etc.) If the staff member requires medical attention or advice, this shall be provided in a timely fashion.
- 6.1.3 This Operational Guideline shall be effective the date signed below and shall remain in effect until rescinded and/or replaced.
- 6.1.4 District Chiefs: Please verify that your entire station has reviewed/signed-off on this Operational Guideline in a timely fashion.
- 6.1.5 It will be the responsibility of all District Chiefs to monitor the sign-off page for each section of the OG Binder.

Date: March 24, 2020

John Campbell, District Chief West Elgin Station # 2 \_\_\_\_\_

**It is recognized that this Operational Guideline may not address all circumstances. Conditions may exist that require reasonable discretion on the part of the Officer in Charge. Decision should always take into consideration the safety of our staff members and the public a large as well as the best interests of the Municipality of West Elgin.**