



INFECTION CONTROL SOG

SCOPE

This guideline shall apply to all members of the Stoney Point Fire Department (SPFD) and shall be adhered to by all members.

PURPOSE

The Stoney Point Fire Department recognizes the potential exposure of its personnel to communicable diseases in the performance of their duties. In the emergency care setting, the infectious disease status of patients is frequently unknown by Fire Department personnel. All patients must be considered infectious. It is mandatory that blood and body fluid precautions be taken with all patients.

To minimize the risk of exposure, the Fire Department will provide proper protective equipment including disposable gloves, face mask with protective eye shields, gowns, and also the necessary cleaning and disinfecting supplies. The Fire Department will also provide initial instruction and continuing education in preventative health care practices so that all personnel possess a basic awareness of infectious diseases, understand the risks and severity of various types of exposure and exhibit proper skills in infection control.

All Stoney Point Fire Department personnel will be given the necessary immunization for Hepatitis B.

The Stoney Point Fire Department believes that its personnel have the right to be fully informed if a patient is found to carry a communicable disease and if a possible exposure has occurred. The obligation to find out if a significant risk of transmission has occurred rests with the EMT provider. In other words, should personnel come in contact with blood or body fluids; it is their responsibility to notify the charge nurse or E.D. Physician as soon as possible. In which would require you to fill out a Communicable Disease Incident Report.

This guideline outlines protective measures Fire Department personnel should take when treating patients. These protective measures should be taken, even if the patient does not have symptoms of a disease. It will be the responsibility of each member to initiate protective

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measures. Guidelines should allow you the flexibility to assist in emergency situations and should be used with common sense and good medical judgment.

DEFINITIONS

SHALL - Indicates a mandatory requirement.

STANDARD OPERATING GUIDELINES (SOG) - Documents that help establish how an organization will operate and how its members are expected to carry out specific duties outlined in general terms.

AIDS - Acquired Immune Deficiency Syndrome. A condition of deficiency in certain leukocytes, leading to cancer, pneumonia, etc.

LEUKOCYTE - A white corpuscle in the blood: it destroys disease organisms. causing

CHICKEN POX - An acute, contagious virus disease, especially of children, characterized by skin eruptions.

DIARRHEA - Too frequent and loose bowel movements.

ENCEPHALITIS - Inflammation of the brain.

FEVER UNKNOWN ORIGIN - An abnormally increased body temperature, any disease marked by high fever.

HBV - Hepatitis B Virus.

HEPATITIS - Inflammation of the liver.

HERPES - A virus disease causing small blisters on skin.

HIV - Means Human Immunodeficiency Virus.

MALARIA - An infectious disease transmitted by the anopheles mosquito, characterized by intermittent chills and fever.

MEASLES - An acute, infectious, communicable virus disease, usually of children, characterized by small red spots on the skin, high fever.

MENINGITIS - Inflammation of the membranes enveloping the brain and spinal cord.

MICROORGANISMS - Microscopic animal or vegetable organism; esp., any of the bacteria, protozoans, viruses, etc.

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MUCOUS MEMBRANES - The membrane that lines tubes and body cavities that open to the outside of the body.

MUMPS - An acute communicable disease characterized by swelling of the salivary glands.

POLIO - An acute, infectious disease caused by a virus inflammation of the gray matter of the spinal cord, often resulting in muscular paralysis

PURULENT DRAINING - Of, like, or discharging pus.

RABIES - An infectious disease with convulsions, transmitted to man by the bite of an infected animal.

RUBELLA - An infectious disease causing small red spots on the skin.

SHINGLES - A virus disease with skin blisters along the course of a nerve.

SPUTUM - Saliva usually mixed with mucus.

SYPHILIS - An infectious venereal disease

TUBERCULOSIS - An infectious disease characterized by the information of tubercles in body tissue.

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GUIDELINES

UNIVERSAL PRECAUTIONS:

The term "universal precautions" refers to a system of infectious disease control which assumes that every direct contact with body fluids is infectious and requires every member exposed to direct contact with body fluids to be protected as though such body fluids were HBV or HIV infected.

BODY FLUIDS:

Fluids that have been recognized 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.



INFECTIOUS DISEASES - TRANSMISSION:

Infectious substances are transmitted via an infected person's body fluids (i.e. saliva, sputum, blood (and its components), urine, vomit, etc.). Generally the human skin is a barrier against exposure to infectious contaminants. If however, the skin has open sores, cuts, or abrasions, this protective barrier is broken. Patients who cough or sneeze toward treatment personnel also increase risk of exposure. Contact with the patient's blood or other body fluids further increase risk. A puncture wound resulting from an IV needle or other item that has been in contact with the patient's blood or body fluids possesses a SIGNIFICANT EXPOSURE RISK to treatment personnel.

PROTECTIVE MEASURES:

Personnel are required to use protective equipment that is provided by the Fire Department and are strongly encouraged not to do mouth-to-mouth resuscitation unless no other means are available.

- Ask patient to turn their head away and cover their mouth/nose when coughing or sneezing. If the patient refuses, place a mask on the patient.
- Wear a surgical mask, eye protection, and protective garments when appropriate.
- Wear gloves when treating all patients.

Direct contact involves direct physical transfer between a susceptible host and an infected or colonized person, such as occurs when emergency personnel turn patients, apply dressing, or perform other procedures requiring direct personal contact.

Any Stoney Point Fire Department personnel with extensive skin lesions or severe dermatitis on hands, arms, face, or neck shall not engage in direct patient contact, handle patient care equipment, or handle medical waste.

NOTE: Direct contact can also occur between two (2) patients, one serving as a source of infection and the other as a susceptible host. (i.e. trauma scene, multiple patients)

All Fire Department personnel shall abstain from eating, drinking, or the use of tobacco products while performing emergency medical operations.

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VEHICLE TRANSMISSION:

Vehicle transmission applies to diseases transmitted through these contaminated items:

- Food, such as in Salmonellosis.
- Water, such as in Legionellosis.
- Drugs, such as in Bacteremia resulting from infusion of contaminated infusion product.
- Blood, such as in Hepatitis B, or Non-A, Non-B Hepatitis, AID Virus.

AIRBORNE TRANSMISSION:

Airborne transmission occurs by dissemination of either droplet nuclei (residue of evaporated droplets that may remain suspended in the air for long periods of time) or dust particles in the air containing the infectious agent.

INFECTION PRECAUTIONS:

All patients - Use common sense. Wear gloves when treating all patients.

Blood / Body Fluid Precautions - Wear disposable gloves, wear mask and eye protection during airway therapy, trauma with hemorrhage, and during childbirth.

Respiratory Precaution - Wear disposable mask.

Gowns - Wear disposable gowns on all, massive hemorrhage and OB patients with possible delivery.

HAND WASHING:

Hand washing is the single most important means of preventing the spread of infection.

Although various products are available, hand washing can be classified simply by whether plain soap or detergents or antiseptic containing products are used.

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- Hand washing with plain soaps or detergents (bar, granule, leaflet, or liquid form) suspends microorganisms and allows them to be rinsed off; this process is often referred to as mechanical removal of microorganisms.
 - In addition, hand washing with antiseptic containing products kills or inhibits the growth of microorganisms; this process is often referred to as chemical removal of microorganisms.

Personnel should always wash their hands, even when gloves are used, after taking care of an infected patient or one who is colonized with microorganisms of special clinical or epidemiologic significance, for example, multiply-resistant bacteria. In addition, personnel should wash their hands after touching excretions (feces, urine, vomitus, or material soiled with them) or secretion (from wounds, skin infectious, etc.) before touching any patient again. Hands should also be washed before touching wounds, or touching patients who are particularly susceptible to infection.

When taking care of patients infected personnel should consider using antiseptics for hand washing. When possible, after soap and water. Antiseptics will inhibit or kill many microorganisms that may not be completely removed by normal hand washing; antiseptics that have residual effect will continue to suppress microbial growth well after hand washing.

SUCH ANTISEPTICS SHOULD NOT BE USED AS A SUBSTITUTE FOR ADEQUATE HAND WASHING.

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DISPOSABLE SURGICAL FACE MASKS:

In general, masks are recommended to prevent transmission of infectious agents through the air. Masks protect the wearer from inhaling: (1) large particles aerosols that are transmitted by close contact and general travel only short distances (about three (3) feet), and (2) small particle aerosols that remain suspended in the air and thus travel longer distances. Masks might also prevent transmission of some infections that are spread by direct contact with mucous membranes.

When a mask is indicated, it should be used only once (masks become ineffective when moist) and discarded. A mask should not be lowered around the neck and reused.

If you suspect an airborne/blood or body fluid risk when gross contamination is possible, mask the patient if possible with a surgical face mask.

**DISPOSABLE GLOVES AND STRUCTURAL FIREFIGHTING GLOVES:**

In general, there are three (3) distinct reasons for wearing gloves.

- **FIRST** - Gloves reduce the possibility that personnel will become infected with microorganisms from infected patient.
- **SECOND** - Gloves reduce the likelihood that personnel will transmit their own endogenous microbial flora to the patient; for example, sterile gloves are used for this reason when personnel touch open wounds.
- **THIRD** - Gloves reduce the possibility that personnel will become transiently colonized with microorganisms that can be transmitted to other patients. However, since hand washing practices can be inadequate on the emergency scene, gloves appear to be a practical means of preventing transient hand colonization and spread of some infectious. Therefore, gloves must be used when cleaning units and equipment.

Disposable gloves such as surgical or examination gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

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Disposable gloves shall not be washed or decontaminated for re-use.

Structural fire-fighting gloves shall be worn by all Fire Department personnel in any situation where sharp or rough surfaces are likely to be encountered, such as victim extrication.

All Fire Department personnel shall abstain from eating, drinking, or the use of tobacco products while wearing gloves.

PROTECTIVE EYEWEAR:

When contamination of the eyes with patient's blood and/or body fluids is likely, face mask with shields must be worn. Situations such as suctioning, childbirth, massive hemorrhage, may cause contamination of the eyes, and disease such as Hepatitis B may be transmitted.

**CLOTHING:**

Contaminated clothing should be changed as soon as possible, and washed with normal detergent on a 25 minute wash cycle at a temperature of 145 degrees. Bleach with water at a 1:10 strength can be used but may cause excessive fading. To reduce the chance of fading the use of a Clorox II type solution is recommended.

Boots and leather goods may be brushed-scrubbed with soap and hot water to remove contamination, remember to wash the soles of your boots if you step in blood and/or body fluids.

Rental uniforms that become contaminated shall be bagged in the contamination bag provided by the uniform service company and placed in the clothing container for the uniform company to pick up on Thursday of each week. (Remember normal soiled uniforms do not need to be placed in the contamination bag).

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SPECIFIC DISEASE PRECAUTIONS:

Disease precautions are derived by grouping diseases for which similar precautions are indicated. Category specific disease precautions have advantages in that they are easier to administer and to teach personnel.

Two (2) disease precautions are used:

- Blood / Body fluid precautions
- Respiratory precautions.

BLOOD / BODY FLUID PRECAUTIONS:

- Isolate patient from other patients.
- Keep the number of personnel that have direct contact with the patient to a minimum.



- Face mask with shields are indicated for airway procedures when personnel anticipated exposure to airborne blood or body fluids.
- Gowns are indicated if there is a possibility of blood or body fluid splatter.
- Hands must be washed after touching the patient or potentially contaminated articles and before taking care of another patient, change gloves as needed.
- Articles contaminated with infectious material should be bagged and discarded if disposable, or bagged and labeled before being decontaminated.
- All equipment should be disinfected following each call according to this policy.
- Exposure policy should be followed.
- Care should be taken to avoid needle-stick injuries.
- Do not recap used needles/sharps; insure EMS or Rescue personnel get all needles for proper disposal.

DISEASES OR CONDITIONS REQUIRING BLOOD / BODY FLUID PRECAUTIONS:

- Hepatitis
- AIDS
- Chicken Pox
- Fever Unknown Origin
- Any Bleeding
- IV Drug abuser or other high risk groups
- Diarrhea
- Draining wounds - Major / Minor
- Pus
- Shingles

RESPIRATORY PRECAUTIONS:

- Isolate patient from other patients.
- Disposable face mask are indicated for persons working directly with patients.

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- Disposable gloves are indicated.
 - Hands must be washed after touching the patient or potentially contaminated articles and before taking care of another patient. Change your gloves as needed.
 - Articles contaminated with infectious material should be bagged and discarded if disposable, or bagged and labeled before being decontaminated.
 - All equipment must be disinfected.
 - Exposure policy should be followed.
 - Care should be taken to avoid needle-stick injuries.
 - Do not recap used needles/sharps; insure EMS or Rescue personnel get all needles for proper disposal.

DISEASES REQUIRING RESPIRATORY PRECAUTIONS:

- Chicken Pox
- Measles
- Mumps
- Rubella
- Tuberculosis
- Meningitis
- Fever Unknown Origin

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EMPLOYEE HEALTH MAINTENANCE:

All members of the Stoney Point Fire Department are considered to be in a high-risk category. This simply means that we will be constantly exposed to patients with various disease processes. Because of this factor, one of our major responsibilities is personal health maintenance. This begins with maintaining up-to-date immunization status.

A standard immunization list should include:

- ** Tuberculosis screen



- ** Pulmonary function test
- Hepatitis B Vaccine
- Measles, Mumps, & Rubella
- Influenza Vaccine
- Tetanus Vaccine

**** Shall be provided annually by the Department**

*** Shall be provided to all personnel upon entrance to the Department**

When addressing personal health maintenance, there are two (2) areas to consider:

- The health status of the individual care provider
- The health care status of the patient

Patients who are sick or injured are more susceptible for acquiring an infection. At the same time, the patient may have a communicable disease and you may be at risk of exposure. Therefore, it is important to maintain your health, not only for you but also for the benefit of the patient.

INFECTIOUS DISEASE EXPOSURE POLICY:

This policy outlines the notification process for this department with personnel who are exposed to infectious diseases during the performance of their duties.

With few exceptions, exposure to infectious disease can be greatly minimized through simple precautions. Infectious substances are transmitted via an infected persons saliva, blood, urine, and fecal matter. Wash your hands, and keep the person from coughing or sneezing toward your mucous membranes. Generally your skin is a barrier against exposure to infectious contaminated, but if you have open sores, cuts, or abrasions on your hands, do not touch an infected person's blood under any circumstances. A real hazard for contamination is an infected person's blood, and an infected IV needle can be lethal. There should not be any more personnel than absolutely necessary for the treatment of a patient with a possible infectious disease.

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When personnel are exposed and/or suspect contamination to serious disease, it is their responsibility to notify the company officer responsible for their supervision as soon as possible. The supervisor has the responsibility to notify the Asst. Chief and the Fire Chief. **The company officer shall complete the following forms:**

- SPFD Infectious Exposure Form
- SPFD Personal Injury Report
- N.C. Fire Casualty Report

Copies of these Incident Reports along with the SPFD Initial Medical Evaluation Form should be forwarded to the Infection Control Nurse of the hospital, through the Fire Department administrative personnel and the Infection control Nurse Instructions will be given to exposed personnel.

The Infection Control Officer shall be notified within three (3) hours of the exposure of any personnel. In the absence of the Infection Control Officer the Deputy Fire Chief will be notified and will report to the Infection Control Officer (**Safety Officer**) at the earliest possible time.

The Stoney Point Fire Department shall ensure that any employee who has substance exposure receives medical guidance, evaluation, and where appropriate, treatment as soon as practical but within forty-eight (48) hours of the exposure.

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THE OBLIGATION TO FIND OUT IF A SIGNIFICANT RISK OF TRANSMISSION HAS OCCURRED RESTS WITH THE STONEY POINT FIRE DEPT.

DISINFECTANTS:

Following the initial cleanup, one of the following shall be used for cleaning blood and/or body fluids:

- Chemical germicides that are approved for use as hospital disinfectants and are tuberculocidal when used at recommended dilutions.
- Products registered by the ENVIRONMENTAL PROTECTION AGENCY as being effective against HIV with an accepted "HIV (Aids Virus)" label.
- A solution 5.25 percent Sodium Hypochlorite (household bleach) diluted between 1:10 and 1:100 with water.



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- A solution 5.25 percent Sodium Hypochlorite (household bleach) diluted between 1:10 and 1:100 with water.

EQUIPMENT CLEANING POLICY:

The Fire Department has made available containers of Sodium Hypochlorite (household bleach) and a spray bottle. This solution should be mixed freshly each time the need arises to clean equipment, in order to yield a 1:10 concentration of bleach and water. Do not use a stronger concentration. This solution is adequate for cleaning of equipment that will not come in contact with the patient's mucous membranes. The equipment will not be harmed in this concentration. While using household bleach, avoid breathing fumes and use only in a well ventilated area. Bleach will pit aluminum and should be used on aluminum only when absolutely necessary. Usually, copious amounts of soap and water will be adequate for cleaning aluminum.

POST CALL CLEANING PROCEDURE POLICY:

Priority cleaning should be carried out when handling blood; this is due to the possibility of the presence of Hepatitis B and AIDS Virus. All area covered with blood should be cleaned first with soap and water.

Disposable gloves must be worn at all times. The cleaning agent supplies (household bleach or Lifeguard) will be disinfectant of choice. Any other body excretions or secretions will be handled as blood spillage.

Cleaning material, disposable items, or equipment which has blood spillage should be treated as contaminated even if you think the patient is without disease.

Prior to leaving the incident scene, bandages, needles and infective equipment must be disposed of according to policy.

Microorganisms on contaminated patient care equipment are frequently associated with the transmission of infections to other patients when such equipment is not appropriately decontaminated. Therefore, post infectious call cleaning should primarily be directed toward those items that have been in direct contact with the patient or in contact with the patient's infective material. Household bleach 1:10 solution or approved disinfectant should be used.

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- Generally, when cleaning, personnel should use the same precautions to protect themselves that they would use if still providing patient care; however, a mask is not needed during cleaning unless aerosols are expected to be generated.
- All disposable items should be discarded. Articles that are contaminated (or likely to be contaminated) with infective material should be bagged, labeled, and disposed of in accordance with department policy.
- All equipment which is not discarded should be disinfected with the appropriate cleaning solution.

POST MORTEM HANDLING OF BODIES POLICY:

Generally, personnel should use the same precautions to protect themselves during post mortem handling of bodies that they would use if the patient were still alive; however, a mask is usually not necessary unless aerosols are expected to be generated. Investigative and medical examiner personnel should be notified about the patient's disease status so that appropriate precautions can be maintained during their investigation.

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LABELING OF CONTAMINATED MATERIALS AFTER THEY ARE BAGGED POLICY:

All bags ready for disposal or reprocessing (cleaning/disinfecting) must be labeled. A tag label must be secured on the bag. The following precautions must be listed on the label. Respiratory or blood/body fluid precaution, whichever is appropriate for the enclosed material. Personnel's name must also be written on the label along with bag contents, i.e. blood soaked bandages, O2 mask, etc.

BAGGING OF CONTAMINATED MATERIALS POLICY:

Used articles may need to be enclosed in an impervious bag before they are removed. On a patient with disease precaution, such bagging is intended to prevent inadvertent exposures of personnel to articles contaminated with infective material and prevent contamination of the environment. Most articles do not need to be bagged unless they are contaminated with infective material. A single bag is probably adequate if the bag is impervious and sturdy and if



the article can be placed in the bag without contaminating the outside of the bag; otherwise, double bagging should be used. Bags should always be labeled.

- Do not leave any contaminated equipment for paid personnel to clean.
- Do not leave any contaminated equipment at any location without notifying the Fire Chief or Scene Commander.

Bagging of articles will consist of two (2) categories:

- **DISPOSABLE ITEMS** which are or may be contaminated. This will include disposable item with blood or body fluid contamination.

Do not forget bloody or soiled bandages at the scene. To prevent contamination of the environment and/or the spread of disease, these items must be properly bagged and disposed of prior to your departure. Bagged contaminated items should be given to EMS Unit personnel in order for proper disposal. In the event an EMS Unit leaves prior to termination of an incident coordinate with Rescue Unit personnel to ensure contaminated items get to the hospital receiving facility for proper disposal.

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- **REUSABLE ITEMS** which are or may be contaminated - This will include any reusable items with blood or body fluids contamination. If this equipment will not be cleaned and/or decontaminated at the receiving facility, it will need to be bagged prior to returning to the station for processing.

Do not leave this equipment for others to clean and/or decontaminate. You are familiar with the extent of the contamination and any needed personnel precautions for this equipment.

NEEDLE / SYRINGE POLICY:

In general, personnel should use caution when handling all used needles and syringes because it is usually not known if a patient's blood is contaminated with hepatitis virus or other microorganisms.



To prevent needle stick injuries, used needles should not be recapped; they should be placed in prominently labeled, puncture resistant container designed specifically for this purpose. These containers should be carried on EMS Units, in which EMS personnel should ensure all needles are secured in a container. Needles should not be purposely bent or broken by hand.

Any item which is contaminated with blood and can cut or penetrate your skin is considered a sharp. All sharps are considered dangerous and must be handled and/or disposed of safely and properly. **Don't leave needles and bloody dressing at the scene.**

CLEANING, DISINFECTING AND STERILIZING PATIENT-CARE EQUIPMENT:

Cleaning, the physical removal of organic material or soil from objects is usually done by using water with detergents. Generally, cleaning is designed to remove rather than to kill microorganisms. We will use two (2) levels of disinfection (high, intermediate). The different level is achieved by the amount of soaking time in certain types of disinfection solution.

- Cleaning - Soap & water, to remove microorganisms.
- Disinfection - Chemical killing of microorganisms.
 - High - Ten (10) hours Disinfectant soak.
 - Intermediate - Thirty (30) minute Disinfectant soak.
- Sterilize - Mechanical killing of microorganisms.

CLEANING:

All objects to be disinfected should first be thoroughly cleaned with soap and water to remove all organic material (blood & tissue) and other residue.

STERILIZATION:

At the present time, the Fire Department does not carry any equipment which requires sterilization.

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HIGH LEVEL DISINFECTION:

Soak in disinfectant for ten (10) hours any equipment which touches mucous membranes.

CLEANING:

All objects to be disinfected should first be thoroughly cleaned with soap and water to remove all organic material (blood & tissue) and other residue.

STERILIZATION:

At the present time, the Fire Department does not carry any equipment which requires sterilization.

HIGH LEVEL DISINFECTION:

Soak in disinfectant for ten (10) hours any equipment which touches mucous membranes.

INTERMEDIATE LEVEL DISINFECTION:

Soak in Disinfectant solution for thirty (30) minutes. Equipment in this category includes those which do not touch mucous membranes and those that will not tolerate bleach solution. (Bag mask, suction tubing, etc.)

SPECIFIC EQUIPMENT CLEANING RECOMMENDATIONS ARTICLE AND DECONTAMINATION PROCEDURE:

AIRWAYS

- Oropharyngeal - High level disinfection or dispose.

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- BACKBOARDS - Clean/disinfect by wiping
 - BITE BLOCKS - Dispose

B/P CUFFS:

- Rubber bladder and tubes - Clean/disinfect by wiping Cloth cover - Bag according to policy and replace contaminated cover. Contaminated cover to be professionally cleaned.

SPHYGOMONANOMETER - Clean/disinfect by wiping

CERVICAL COLLARS:

- Hard, formed - Dispose
- Soft - Dispose

COLD PACKS - Dispose

DRESSING - If package open or wet, dispose

HOT PACKS - Dispose

OXYGEN DELIVERY EQUIPMENT:

- Extension tubing - Dispose
- Face Mask - Dispose
- Nasal Cannula – Dispose

Oxygen Humidifiers – Dispose

OXYGEN FLOW METER - Clean/disinfect by wiping

OXYGEN REGULATORS - Clean/disinfect by wiping

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OXYGEN TANKS - Clean/disinfect by wiping

PENLIGHTS - Clean/disinfect by wiping or dispose

POCKET MASKS - Intermediate level disinfection

RESTRAINTS:

- Cloth - Bag according to policy, professionally cleaned.
- Plastic/Leather - Clean/disinfect by wiping

RESUSCITATORS (BAG/VALVE/MASK)

- Bag - Intermediate level disinfection
- Valve - Intermediate level disinfection
- Masks - Intermediate level disinfection
- Disposable - One time use only. Dispose

SAFETY PINS - Dispose

SANDBAGS/HEAD BLOCKS - Clean/disinfect by wiping

SHEARS OR SCISSORS - Intermediate level disinfection

SPLINTS:

- Metal - Clean/disinfect by wiping
- Cloth - Bag according to policy

STERILE SOLUTION - Dispose

STETHOSCOPE - Clean/disinfect by wiping

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STONEY POINT FIRE DEPARTMENT INFECTIOUS EXPOSURE REPORT

Exposed Employee: _____ Rank: _____

Soc. Sec. #: _____ Home Phone: _____

Alarm #: _____ Vehicle Assignment: _____ District: _____

Name of Patient: _____ Sex: _____ Age: _____

DOB: _____ Address: _____

Suspected or Confirmed Disease: _____

Transported To: _____ Transported By: _____

If Emergency Transport, Unit #: _____ Time of Exposure:

Date of Exposure: _____ Type of Incident: _____

Which of the following were you exposed to:

Blood ___ Tears ___ Feces ___ Urine

Vomit ___ Sputum ___ Sweat ___ Other

What part(s) of your body became exposed; (Be Specific):

Did you have any open cuts, sores, rashes, that became exposed?

How did exposure occur? (Be Specific):

Did you seek medical attention: Yes ___ No ___ If so, where?

Date:

Infection Control Officer Contacted: ___ Date: ___ Time:

Supervisor's Signature: _____ Date: _____ Employee's Signature:

Date:

Infection Control (**Safety Officer**) Officer's Signature _____ Date:

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STONEY POINT FIRE DEPARTMENT PERSONAL INJURY REPORT

Location of Accident _____

Date of Accident: _____ Time of Accident: _____

Name of Supervisor: _____

Name of Injured: _____

Address: _____ City, State, Zip _____

Phone#: _____ Soc. Sec. #: _____

Sex: _____ Nationality: _____ Age: _____

Job Title: _____ # of Children Under 18: _____

Where Did Accident Happen?

How Did Accident Happen? (Describe Fully)

Describe Injury & Treatment:

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Name & Address of Physician:

Name & Address of Hospital:

Probable Length of Disability:

Date of this Report

Employee Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

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BLOODBORNE PATHOGEN EXPOSURE INITIAL MEDICAL EVALUATION

ORGANIZATION: STONEY POINT FIRE DEPARTMENT

Employee Name: _____ SS# _____

Job Title: _____ Occurrence Date: _____

Reported Date: _____

Description of circumstances resulting in exposure incident (include route(s) of exposure):

Description of the employee's duties as they relate to the exposure incident:

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The following information should be determined and documented and provided to the exposed individual UNLESS PROHIBITED BY STATE OR LOCAL LAW or unless it is infeasible to do so. If the information is given to the exposed individual, applicable State or Local laws regarding the confidentiality of such information should be described.

Applicable State or Local law(s) regarding identification and testing of source individual AND feasibility of such identification and testing:

Name of source individual: _____ Unknown _____

Status of source individual, if known or tested:

HbSag: _____ HIV: _____



Programs

Standard Operating Guidelines (SOG)

BLOODBORNE PATHOGEN EXPOSURE INITIAL MEDICAL EVALUATION

ORGANIZATION: STONEY POINT FIRE DEPARTMENT

EMPLOYEE NAME: _____

EXPOSED EMPLOYEE:

Previous HBV vaccination: Yes___ No___ If Yes, give shot dates:

Shot #1_____ Shot #2_____ Shot #3_____

Other Information: _____

Antigen or Antibody testing results of **exposed** employee:

HIV: _____ HBV: _____

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HEALTHCARE PROFESSIONAL RECCOMENDATIONS

HEALTHCARE PROFESSIONAL EXAMINATION DATE: _____

INDICATED

ADMINISTERED:

_____ Hepatitis B vaccination

This patient has been informed of the results of the medical evaluation and told of any medical conditions which result from exposure to blood or other potentially infectious materials which require further evaluation or treatment. **A copy of this document has been provided to the patient and to the Stoney Point Fire Dept. Inf. Control Officer.**

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Follow-up required: Yes ___ No ___ If Yes, next visit date

HEALTHCARE PROFESSIONAL (NAME/SIGANTURE)

DATE _____

These records shall be maintained in a confidential medical file for the duration of the employee's employment plus 30 years and will not be disclosed or reported to any person within or outside the workplace except as required by 1910.1030 or applicable law. The employee medical records will be provided upon request for examination or copying to the employee or to anyone having written consent of the employee, in accordance with 29 CFR 1910.20.