



OGLETHORPE COUNTY FIRE RESCUE STANDARD OPERATING PROCEDURES/GUIDELINES

TITLE: Infectious Disease Exposure Control Plan **SECTION/TOPIC: Emergency Operations**

ISSUE DATE: February 16, 2023

These SOPs/SOGs are based on FEMA guidelines FA-197

This standard meets or exceeds that of:

NFPA 1581: Standard on Fire Department Infection Control Program

1.0 SCOPE

1.1 This standard contains minimum requirements for a fire department infection control program.

2.0 PURPOSE:

2.1 The purpose of this standard is to provide minimum criteria for infection control in the fire station, in the fire apparatus, during procedures at an incident scene, and at any other areas where fire department members are involved in routine or emergency operations.

3.0 APPLICATION

3.1 The requirements of this standard apply to personnel providing rescue, fire suppression, emergency medical services, hazardous materials mitigation, special operations, and other emergency services.

4.0 BACKGROUND

4.1 Oglethorpe County Fire Rescue (OCFR) recognizes the potential exposure of its firefighters, in the performance of their duties, to communicable diseases. To minimize the risk of exposure, OCFR will implement an infection control plan.

5.0 RESPONSIBILITIES

5.1 Fire Department

- 5.1.1 Establish, implement, maintain, evaluate, and update the program.
- 5.1.2 Perform exposure determinations.
- 5.1.3 Provide personal protective equipment at no cost to members.
- 5.1.4 Inspect and maintain personal protective equipment.
- 5.1.5 Provide initial and annual training to members.
- 5.1.6 Offer the Hepatitis B vaccine at no cost to members.
 - 5.1.6.1 Members shall be reimbursed with proof of vaccination.
- 5.1.7 Investigate exposure incidents and attempt to prevent reoccurrences.
- 5.1.8 Maintain records.

5.2 Members:

- 5.2.1 Wear the appropriate personal protective equipment and minimize or eliminate potential exposure.
- 5.2.2 Inform direct supervisor and fire chief of an exposure.

- 5.2.3 Obtain or decline a Hepatitis B vaccine.
- 5.2.4 Participate in initial and annual training.
- 5.2.5 Always operate in a safe manner.
- 5.2.6 Any member presenting signs and/or symptoms of any illness **SHOULD NOT RESPOND** to emergency incidents during the infectious period, or while being sick
 - 5.2.6.1 Furthermore, if a member is in the same household with someone presenting signs and/or symptoms of any illness, they **SHOULD NOT RESPOND**
- 5.2.7 If a member suspects any illness, they should contact their primary care physician and self-report to their station chief by phone.
- 5.3 During Emergency Incidents Where Infectious Diseases Are Likely:
 - 5.3.1 Minimize the number of personnel entering a residence to the minimum needed to handle the emergency.
 - 5.3.2 If no life or property risk exists, speak to the resident from at least six feet away.
 - 5.3.2.1 Ask the resident:
 - 5.3.2.1.1 Is anyone within the residence sick or feeling sick (symptoms)?
 - 5.3.2.1.2 Has anyone in the residence traveled outside the country in the past fourteen days?
 - 5.3.3 For all fire calls, alarm calls, down wires, and wildland fires – respond as normal with full PPE.
 - 5.3.4 For all car accidents – any type of motor vehicle accident that requires close contact with a patient, respond in full PPE, along with Self Contained Breathing Apparatus (SCBA).
 - 5.3.4.1 When appropriate and available, wearing both N-95 masks and goggles will suffice.
 - 5.3.5 For all medical assists – respond as normal when paged.
 - 5.3.5.1 If a Med-Unit is not on scene, stage outside at a safe distance until Med-Unit arrives.
 - 5.3.5.2 If Dispatch and/or Med-Unit advises responders to don PPE, follow the instructions from the EMS crew.

6.0 HAZARD CONTROLS

- 6.1 Universal precautions will be observed to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.
- 6.2 Readily accessible hand washing facilities are also available to members who incur exposure to blood or other potentially infectious materials. If hand washing facilities are not readily accessible (while on scene, etc.) antiseptic cleanser in conjunction with a clean cloth/paper towels or antiseptic towelettes will be provided in department vehicles. If these alternatives are used, hand washing should occur (soap and running water) as soon as feasible. After removal of personal protective gloves, members shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible following contact.

- 6.3 Equipment which has become contaminated with blood or other potentially infectious materials shall be decontaminated as necessary unless decontamination of the equipment is not feasible.
- 6.4 All personal protective equipment will be provided without cost to members. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious material to pass through or reach the member's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.
- 6.5 Gloves shall be worn where it is reasonably anticipated that members will have hand contact with blood, other infectious materials, non-intact skin, and mucous membranes. Disposable gloves are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.
- 6.6 Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, should be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated.
- 6.7 Any potential health exposures shall be reported to the Chief immediately.

7.0 DECONTAMINATION

- 7.1 Decontamination of surfaces will be accomplished by utilizing a 20% bleach water solution or equivalent. Potentially contaminated surfaces will be decontaminated as soon as feasible after any spill of blood or other potentially infectious materials.
- 7.2 Cleaning wipes will be available within the apparatus.
- 7.3 Members will clean their face and their hands immediately after returning from a call with soap and water.
- 7.4 Apparatus will be cleaned a minimum of once a week with sanitizing materials.
 - 7.4.1 Including, but not limited to, steering wheel, seats, masks, packs, and anything touched by a member will be cleaned.