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AEROSOLIZED TRANSMITTED DISEASE EXPOSURE PLAN

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I. PURPOSE

This policy outlines the reasons and methods to reduce and report communicable disease exposures.

II. SCOPE

This policy shall apply to all San Diego Fire-Rescue Department (SDFD) personnel

III. AUTHORITY

The fire chief authorizes the information within this policy.

IV. POLICY

A. The San Diego Fire-Rescue Department will minimize exposure of all employees to infectious diseases by:

1. Requiring initial infection control training to all newly hired safety employees and non-safety employees whose job duties may cause them to come into contact with an infectious disease.
2. Requiring annual infectious control training to all safety and non-safety employees whose job duties may cause them to come into contact with an infectious disease via the on-line training program.
3. Providing all necessary Personal Protective Equipment (PPE).
4. Providing infectious disease vaccinations and infectious disease screening to employees.
5. Providing an exposure management procedure to employees who have been exposed to infectious disease.
6. Protecting the privacy rights of all employees by regarding and treating all employee medical information as confidential.
7. Prohibiting discrimination toward any employee because of health status, including infection and/or seroconversion with HIV or HBV.

B. Infection Control Plan

1. Introduction

a. Purpose

- 1) To establish a policy that will assist all Department personnel in minimizing the risk of contracting, exposing, and spreading infectious diseases.
- 2) To provide control measures to prevent an exposure to a communicable disease during operations.

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- 3) To provide specific procedures that comply with the requirements of: CA DIR Title 8 5193 and 1910.1030 (2012), Bloodborne Pathogens; the Ryan White Comprehensive Aids Resources Emergency Act of 1990, Pub. L. No. 101-381, 104 Stat. 576 (1990); CAL OSHA/Title 8, Cal. Code Regs, Title 8, Section 5199, Aerosol Transmissible Diseases; National Fire Protection Association, NFPA 1581, Standard on Fire Department Infection Control Program (2015).
- b. Scope
- 1) Safety employees in the following job classifications are reasonably anticipated to be exposed to blood, body fluids, and other potentially infectious substances in the performance of their typically assigned duties.
 - a) Firefighter, Firefighter/Paramedic
 - b) Engineer, Engineer/Paramedic
 - c) Captain, Captain/Paramedic
 - d) Battalion Chief
 - e) Single Role Paramedics
 - f) Lifeguard 2/3
 - g) Lifeguard Sergeant
 - h) Marine Safety Captain
 - i) Marine Safety Lieutenant
 - 2) Safety employees of any rank in a staff position who may be required to respond to an emergency or carry a first aid kit in their staff vehicle and render emergency care are reasonably anticipated to be exposed to body fluids, blood, or other potentially infectious substances.
 - 3) Fire prevention employees working in the field performing assigned duties or carrying a first aid kit in their staff vehicle and rendering emergency care are reasonably anticipated to be exposed to body fluids, blood, or other potentially infectious substances.
 - 4) Repair Facility and Storeroom personnel may occasionally encounter infectious substances on or in department emergency tools, materials, equipment, vehicles, or facilities.

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- 5) Student interns, ride-along personnel, and volunteers will be covered under the infection control plan with regards to post exposure medical follow up. However, the cost of medical care will be the responsibility of the individual.
- 6) Those deemed NOT to be at risk for exposure but covered in this infection control plan would include administrative staff, dispatchers and other non-patient care personnel.

2. Roles and Responsibilities

a. Administration of the Plan

- 1) Pursuant to Cal. Fire Code section 202, the fire chief shall be responsible for:
 - a) Ensuring the availability of resources required for the effective functioning of this infection control plan. This shall include funding for:
 - i. Procurement of equipment, supplies and PPE
 - ii. Employee health maintenance activities
 - iii. Adequate staffing to accomplish program goals
 - b) Delineating the authority and responsibilities of all the positions identified in the infection control plan.
 - c) Holding each department employee accountable for the proper discharge of their assigned duties
- 2) Emergency Medical Services (EMS) shall be responsible for:
 - a) Ensuring all members have met their initial and annual training requirements according to CA DIR Title 8 1593.
 - b) Assessing employee infection control training requirements, evaluating available training materials, ensuring the development of appropriate lesson plans, and selecting qualified instructors.
 - c) Ensure surge or multi-causality responses are developed and implemented (see Operations Manual Multi-Casualty Policy)
 - d) Storage, access and procuring access to PPE and respiratory protection equipment (see Operations Manual Pandemic Response Policy and Personal Protective Equipment Policy).
 - e) Providing initial infection control training to new safety and designated non-safety employees when their tasks involve a risk of occupational exposure. The course content shall include the following information:
 - i. Review of this infection control plan

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- ii. An explanation of the epidemiology, modes of transmission, and prevention of infectious disease such as HIV, HBV, and TB.
 - iii. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to infectious substances.
 - iv. An explanation of the proper selection use, decontamination, and disposal of PPE. An explanation of the use and limitations of methods that will prevent or reduce exposure to infectious disease, including appropriate engineering controls, work practices, and PPE.
 - v. Discussion of available vaccinations, including the Hepatitis B vaccine, their efficiency, safety, method of administration, benefits of vaccination, and their availability at no cost to the employee.
 - vi. An explanation of the appropriate actions to take and persons to notify in the event of both on and off-duty exposures to infectious substances.
 - vii. An explanation of the post-exposure evaluation and follow-up medical treatment provided to the employee.
 - viii. An explanation of the proper methods for decontamination and disposing of contaminated equipment, PPE, and medical waste.
 - ix. Access to medical records upon request.
- f) Annually providing one-hour infection control refresher training via on-line training.
- i. Provide opportunity for question and answers within 24 hours via email at sfdinfectiouscontrol@sandiego.gov
- g) Provide a copy of the regulatory text.
- i. [CA DIR Title 8 5199](#)
- h) Maintaining accurate and complete records of all training provided for a minimum of three years. Documentation to include:
- i. Dates of training
 - ii. Course content
 - iii. Names and qualifications of instructors
 - iv. Names and job titles of all attendees.

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- 3) Designated Infection Control Officer (DICO) shall be responsible for:
 - a) Fulfilling the role as established by The Ryan White Comprehensive AIDS Resource Emergency Act of 1990.
 - b) Serving as liaison between the Department and treating medical facilities, area hospitals, Medical Examiner's Office, and San Diego City's Occupational Medical providers in a potential or actual exposure.
 - c) Serving as the department's liaison with Worker's Compensation and Risk Management with regards to issues arising from provisions of the infection control plan.
 - d) Serving as the primary staff point of contact for:
 - i. First-line supervisors to report any possible infectious disease exposure
 - ii. Employees who desire information regarding exposure follow-up
 - iii. Employees who desire clarification regarding the provisions of the Department's infection control plan
 - e) Reviewing all Reportable Disease Exposure Reports submitted and if an exposure occurred, contacting the receiving hospital to request information regarding the patient's infectious status, and if unknown, requesting consensual testing of the patient.
 - f) Notifying an exposed employee of any pertinent information provided by receiving hospital, Medical Examiner's Office, or other health official as soon as possible, but no later than 48 hours following notification of an exposure.
 - g) Maintaining and ensuring the confidentiality of employee medical records.
 - h) Monitoring infection control plan compliance and quality assurance throughout the Department.
 - i) Annual review of the infection control plan and documentation
- 4) All supervisors and managers:
 - a) Become familiar with this infection control Plan and abide by its terms, policies, and procedures while supervising or providing emergency medical care, equipment decontamination, or encountering potentially contaminated equipment or waste.

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- b) Ensure that all components of the infection control plan are properly followed, particularly:
 - i. Health maintenance (assuring employees are fit for duty)
 - ii. Immediate notification and documentation of exposures
 - iii. Storage, maintenance, and availability of all necessary supplies, PPE, and equipment
 - iv. Training
 - v. Decontamination and waste disposal
 - vi. Proper use of PPE
- 5) All department safety and non-safety employees shall:
 - a) Become familiar with this infection control plan and abide by its terms, policies, and procedures whenever providing emergency medical care, equipment decontamination, or encountering potentially contaminated equipment or waste.
 - b) Each member must ensure his or her safety and health against occupational exposure by:
 - i. Practicing good hygiene such as proper hand washing
 - ii. Properly using infection control protective clothing, gear, and equipment
 - iii. Reporting any personal medical conditions which could require work restrictions
 - iv. Reporting and documenting all exposures
 - v. Assuring proper decontamination of equipment following incidents
 - vi. Completing annual training provided by the department
 - c) Report all suspected occupational exposures to their immediate supervisor as soon as possible after the suspected exposure.
 - d) Handle, store and treat and dispose of all regulated waste, needle and sharps in accordance with medical waste disposal procedures located in Operations Manual Biohazardous Equipment and Waste Policy.
 - e) Report off-duty or non-occupational exposures to the DICO before returning to work.
 - f) Provide the following:
 - i. Treating physician name

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- ii. Physicians' statement is indicating what precautions or workplace restrictions, if any, must be observed to protect the public or co-workers. Note: In compliance with the provisions of CA DIR Title 8 3204 and 29 C.F.R. section 1910.1020 (2011), employees will not be required to disclose specific information regarding health status.
 - iii. Information provided to the DICO shall be limited to an employee's fitness for duty, any restrictions of duty necessary for the protection of the employee, co-workers and/or the public, and anticipated duration of the restriction or absence.
 - g) Employees shall notify the DICO of a potentially serious or severe infectious condition before their return to duty.
3. Exposure Management and Reporting
 - a. In accordance with CA DIR Title 8 5193 and The Ryan White Comprehensive AIDS Resource Emergency Act of 1990, Part G, employees will be instructed to contact the DICO if they feel that they have been involved in an exposure situation. Exposure reporting shall be completed, as it relates to blood borne and airborne/droplet transmissible diseases.
 - b. Animal bite and sting prevention procedures
 - a. Insect Bite Prevention
 - i. Wear insect repellent and permethrin (when appropriate)
 - ii. Wear light colored long sleeve shirts, long pants, socks and hat (cover bare skin when appropriate)
 - iii. On wildfire calls, check for ticks, spider bites and any other bite or sting at end of each day or incident
 - b. Animal Bite Prevention
 - i. Do not approach or disturb animals, unless required as part of the response incident
 - c. Bite and Sting Incidents
 - i. Report all animal bites or tick exposures to supervisor
 - c. A reportable exposure is a specific eye, mouth, or another mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials (OPIM) that results from the performance of an employee's duties.

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- 1) Parenteral is the piercing of mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
- 2) Other Potentially Infectious Materials (OPIM) are:
 - a) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, *any body fluid that is visibly contaminated with blood*, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids
 - b) Any unfixed tissue or organ (other than intact skin) from a human (living or dead)
 - c) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions, or blood, organs, or other tissues from experimental animals infected with HIV or HBV
- d. The following occurrences should be reported directly to the designated officer:
 - 1) A contaminated needle stick injury
 - 2) Blood/OPIM in direct contact with the surface of the eye, nose, or mouth
 - 3) Blood/OPIM in direct contact with an open area of the skin
 - 4) Cuts with a sharp object covered with blood/OPIM
 - 5) Human bite (blood was drawn)
- e. Immediate actions post exposure to a sharps injury:
 - 1) Let the area bleed freely
 - 2) Wash the area with soap and water or the waterless hand wash solution
 - 3) Notify the first-level supervisor
 - 4) Notify Emergency Command and Data Center (ECDC) and have the DICO contacted
 - 5) Complete the San Diego County Communicable Disease Exposure Report Form and leave a copy with the treating medical facilities charge nurse
- f. Immediate actions post exposure to a splash/spray to the eye, nose, or mouth:
 - 1) Flush the area for 10 minutes with water
 - 2) Notify the first-level supervisor
 - 3) Notify ECDC and have the DICO contacted

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- 4) Complete the San Diego County Communicable Disease Exposure Report Form and leave a copy with the treating medical facilities charge nurse
4. Post Exposure Management
- a. The DICO will conduct the initial investigation of the incident and contact the appropriate hospital to seek source patient testing, if appropriate.
 - b. All testing will follow the California Health & Safety Code, Center for Disease Control and Prevention and Cal/OSHA requirements.
 - c. The medical facility will call the DICO to report the results of source patient testing.
 - 1) Medical records of exposure will be confidential.
 - 2) Confidential elements will include the following:
 - a) Documentation of the route of exposure, and the circumstances under which the exposure occurred
 - b) Test results of the source individual
 - c) Medical Records shall be retained by the Medical Provider Network for 30 years post separation of service
 - d) Records shall not release without employees expressed written consent
 - e) Employee medical record access shall be provided upon request to the employee or designated representative.
 - 3) In the case of a transported patient that is later suspected or diagnosed with an airborne or droplet transmitted disease, the medical facility will notify the DICO.
 - a) The DICO will interview the crew members to determine whether an exposure occurred.
 - d. Should exposure management/treatment be deemed necessary for the employee, the employee will be advised by the DICO of the treatment options available to him or her.
 - 1) They may be seen by their own physician of record
 - e. They may be seen by the City of San Diego Medical Provider Network.
 - f. Treatments for occupational injuries such as exposures require the completion of the appropriate forms (contained in the blue San Diego Fire-Rescue Department Injury Report Envelope):
 - 1) Employees Claim for Workers' Compensation Benefits, form RM-1642, forward to SDFD medical clerk.
 - 2) Supervisor contacts the Risk Management Call-In Center, 1-800-427-7980.

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- 3) Supervisor's Injury Investigation Report, form RM-1565.
Forward to SDFD's Medical Clerk.
- 4) Medical Status Report for Occupational Injury or Illness, form RM-1634
 - a) Employee completes the top portion of the form and takes it to the medical facility for each visit.
- g. The Occupational Medical provider offers the following services to the employee:
 - 1) Confidential follow-up blood screening
 - 2) Educational information
 - 3) Counseling for the employee and family
 - 4) Focused physical examinations
 - 5) Appropriate vaccinations
 - 6) Discussion of medically appropriate prophylaxis
 - 7) Physician's findings and diagnosis
- h. If an employee has developed or is under evaluation for any potentially infectious condition resulting from an off-duty exposure, the employee shall:
 - 1) Notify the DICO
 - 2) Provide DICO with the treating physician's statement indicating what precautions or work restrictions, if any, must be observed to prevent exposure to the public or co-workers
 - 3) The DICO shall notify the medical clerk as necessary
5. Exposure Prevention
 - a. Vaccination and Infectious Disease Screening Program
 - 1) Vaccination Program:
 - a) San Diego Fire-Rescue will comply with both Cal Code of Regulations Title 8, section 5199, Aerosol Transmissible Diseases, and the Centers for Disease Control and Prevention Guidelines for immunization and vaccination of healthcare workers.
 - 2) Safety employees found to not have proof of immunization will be offered the following immunizations:
 - a) Diphtheria
 - b) Tetanus
 - c) Rubella
 - d) Mumps
 - e) Measles
 - f) Influenza- seasonally

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- g) Pertussis
- h) Hepatitis B
- 3) Personnel may secure vaccines/immunizations through their own private health provider, or utilize the following providers at no cost:
 - a) City of San Diego Medical Provider Network
 - b) Current contracted Wellness provider
- 4) Personnel who elect to not participate in the vaccination program will be required to sign a declination form.
 - a) Employees who initially decline to participate in the vaccination program may at any time revoke their declination and elect to participate.
 - b) At that time, the Department shall make the vaccination available.
- b. Infectious Disease Screening Program
 - 1) All current screenings shall be provided on-duty and at no cost to the employee.
 - 2) The infectious disease screenings are:
 - a) Tuberculosis (TB):
 - i. PPD screening will be provided annually
 - ii. The employees will be required to sign a form indicating they will have the test results read within 48-72 hours
 - iii. Personnel with a positive PPD test will be referred to their doctor of record or the City of San Diego Medical Provider Network
 - iv. Personnel who elect not to participate in the PPD screening will be required to sign a declination form
 - b) HIV screening will be available if requested by the employee at no cost to the employee.
 - i. All results from HIV testing shall be provided directly to the employee and shall be maintained by the physician as confidential records.
- 6. Engineering Controls, Work Practices, and Hand Washing
 - a. Engineering Controls

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- 1) Engineering controls address redesign of equipment and procedures that serve to reduce employee exposure such as cleaning equipment or areas that have been contaminated, and the use of barrier techniques to reduce direct contact with blood and other potentially infectious materials (OPIM) and aerosol transmitted diseases.
 - 2) Safety employees will adhere to the following work practices and hand washing during their daily work to assist with risk reduction.
 - 3) These protocols are in accordance with the CDC; the National Fire Protection Association (NFPA) 1581 Infection Control recommendations; and Cal/OSHA regulations.
- b. Work Practices
- 1) All employees will incorporate standard precautions to reduce the risk for exposure to blood and OPIM.
 - 2) Universal precautions (UP) and body substance isolation (BSI) are concepts that consider blood and ALL body fluids, except sweat, to be potentially infectious.
 - a) Use of this concept does NOT require that there be good visibility and a controlled work environment.
 - b) Therefore, this can be followed in all work areas of employees.
 - 3) UP/BSI includes the wearing of appropriate personal protective equipment and adherence to infection control policies and procedures.
 - a) These measures are to be observed in all situations where there is a potential for contact with blood or other potentially infectious material.
 - 4) Body fluids that fall under-OPIM:
 - a) Cerebrospinal Fluid
 - b) Synovial Fluid
 - c) Amniotic Fluid
 - d) Pericardial Fluid
 - e) Pleural Fluid
 - f) Peritoneal Fluid
 - g) Saliva in dental procedures
 - h) Vaginal Secretions (sexual contact)
 - i) Semen (sexual contact)
 - j) Any body fluid that is visibly contaminated with blood
 - k) All body fluids in situations where it is difficult or impossible to differentiate between body fluids

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c. Hand Washing

- 1) Hand hygiene is one of the most important ways to prevent the spread of infections.
- 2) It is important to practice hand hygiene at key points in time to disrupt the transmission of microorganisms to patients including: before patient contact; after contact with blood, body fluids, or contaminated surfaces (even when gloves are worn); and after removing gloves (wearing gloves is not enough to prevent the transmission of pathogens in healthcare settings).

Procedure	Rationale/Action
Hands must be washed before and after patient contact	Handwashing is the single most important means of preventing the spread of infection
Scrub hands for at least 15 seconds Use friction rub action after soap is applied	Friction will assist in the removal of dirt as well as bacteria and other organisms
When running water is not available, use a waterless hand wash solution	A waterless agent such as Alcare, Hibistat, and Cal-Stat may be used. The routine use of antibacterial soap is NOT recommended
Rinse hands well under running water	
Dry with a paper towel	
Use a paper towel to turn off water faucet	Faucets were handled by soiled hands

7. Personal Protective Equipment (PPE)

- a. PPE is specialized clothing, gear, or equipment worn by employees for protection against infectious hazards.
- b. Personal protective equipment is considered appropriate only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the PPE will be used.
- c. The following minimum level of PPE shall be worn at any time employees contact a patient or during decontamination of equipment:
 - 1) Medical Aid Gloves
 - 2) Eye protection
- d. In addition to the above PPE, the following shall be available and worn as necessary:

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- 1) Fitted HEPA mask (N-100)
 - 2) Isolation Kit containing surgical hood, gown, and booties
- e. Exemptions to PPE
- 1) Exemptions to the use of PPE are granted only when, under rare and extraordinary circumstances, it is an employee's professional judgment that in the specific instance its use would prevent the delivery of health care, public safety services or would pose an increased hazard to the safety of an employee or their co-workers.
- f. Personal Protective Equipment Description
- 1) Medical Aid Gloves – Disposable gloves that will prevent body fluids from reaching the employee's skin.
 - 2) Safety Glasses/Goggles – Used to prevent or limit body fluids from entering the eye.
 - 3) Surgical Mask – Disposable mask to be worn by patient, employee, or both to prevent transmission to prevent body fluids from entering/exiting the mouth or nose.
 - 4) N-100 High-Efficiency Particulate Air Mask – Disposable fitted mask worn by employees to prevent transmission of Tuberculosis or Meningitis from entering the mouth or nose.
 - 5) Surgical Hood – Disposable hood used to prevent body fluids from contacting the head and hair.
 - 6) Non-Permeable Gown – Disposable gown that prevents body fluids from reaching the employee's uniform, undergarments, and skin.
 - 7) Surgical Booties – Disposable booties to wear over employee's boots to limit contamination of footwear.
 - 8) Clothing/Uniforms – Uniforms are considered personal protective equipment for department personnel.
- g. Care and Cleaning
- 1) There are three distinct levels of patient care equipment; each requires a different level of cleaning/decontamination.
 - a) Non-Critical Equipment- such as stethoscopes and blood pressure cuffs.
 - i. This level of equipment requires *Cleaning*.
 - b) Semi-Critical Equipment- such as backboards, vehicle walls and floors, communication headsets, and monitors.
 - i. This level of equipment requires *Disinfection*.

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- c) Critical Equipment- such as resuscitation equipment or intubation equipment.
 - i. This level of equipment requires *Sterilization or High-Level Disinfection*.
 - ii. San Diego Fire-Rescue resuscitation or intubation equipment is disposable.
 - iii. SDFD does not use any equipment that requires this level of cleaning/decontamination.

- 2) Definitions
 - a) Cleaning: is the physical removal of dirt and debris. Members should use soap and water, combined with scrubbing action.
 - i. The scrubbing action is the **KEY** to rendering all items safe for patient use.
 - ii. All equipment requires a minimum of cleaning. Cleaning must take place prior to any required disinfection.

 - b) Disinfection: is reducing the number of disease-producing organisms by physical or chemical means.
 - i. Members should clean the item with soap and water (if applicable) then apply a disinfection solution.
 - ii. Solutions such as department approved disinfectant are to be used.

 - c) High-Level Disinfection: is not applicable to our equipment.

- 3) Cleaning and Disinfecting
 - a) Cleaning and/or disinfecting should be done as soon as possible following patient care.
 - b) When appropriate, a cleaning/disinfecting area should be designated in each fire station/tower or facility.
 - c) The area should be well ventilated, have adequate lighting, and drainage connected to a sanitary sewer system.
 - d) The area should be separate from areas used for the following:
 - i. Cleaning of food and cooking utensils
 - ii. Food preparation
 - iii. Personal hygiene
 - iv. Sleeping

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- v. Living
- e) Disinfectants used shall:
 - i. Be approved by and registered as tuberculocidal with the U.S. Environmental Protection Agency (EPA)
 - ii. Care shall be taken in the use of all disinfectants.
 - iii. Members shall be aware of the flammability and reactivity of disinfectants and shall follow the manufacturers' instructions (check SDS).
 - iv. Disinfectants shall be used only with ventilation and while wearing appropriate infection control garments and equipment, including, but not limited to, cleaning gloves, face protection devices, and aprons.
- 4) Cleaning Clothing and Personal Protective Equipment
 - a) Uniforms are contaminated when covered with blood/OPIM, and the area is too large to spot clean with a disinfectant solution.
 - b) All contaminated clothing will be removed as soon as feasible and laundered.
 - c) Gloves will be worn when handling contaminated clothing before laundering.
 - d) All clothing contaminated with blood or other body fluids, to include personal clothing, will be laundered at the fire station or lifeguard facilities.
 - e) There is no need to destroy or dispose of contaminated clothing or for any additional cleaning by extraction or to be sent out for cleaning because of blood borne pathogens.
- 8. Aerosolized Transmitted Disease (ATD) Source Control Procedures
 - a. Pre-response/pre-patient contact
 - a. Ensure all supplies and equipment are available
 - i. Follow Department PPE resupply and stocking policies and/or procedures
 - a. Ensure PPE and supplies and equipment are stored in designated locations on vehicles
 - b. Initial Contact
 - a. Use universal precautions
 - b. Stand 6 feet from patient, assess, and use appropriate PPE
 - c. When respiratory protection is required, the following criteria is required:

TITLE O P E R A T I O N S M A N U A L	STANDARD INSTRUCTION 10		DEPARTMENT F I R E - R E S C U E
SUBJECT: INJURY AND ILLNESS PREVENTION PROGRAM COMMUNICABLE DISEASE AND AEROSOLIZED TRANSMITTED DISEASE EXPOSURE PLAN	SECTION 22	PAGE 18 of 18	EFFECTIVE DATE 22 February 2021

- i. Minimum respiratory protection for ATD exposure is N95 mask
 - ii. High hazard procedures for ATD exposure require N100 or better
 - d. Offer masks to persons who are coughing or show flu-like symptoms
 - i. For most situations offer a surgical mask or N95
 - ii. Consider non-rebreather O2 mask for patients requiring O2
 - e. Perform normal patient care procedures
 - i. Monitor to ensure the mask will not negatively impact the patient
 - ii. Avoid unnecessary aerosol producing procedures
 - iii. Utilize employee -recommended and selected needle protection and engineered sharps controls
 - iv. Perform safe handling and disposal of blood, other potentially infectious materials (OPIM), and sharps
 - v. Perform all procedures involving blood or OPIM to minimize splashing, spraying, splattering, and generation of droplets of these substances
 - vi. Properly remove and dispose of contaminated PPE
 - vii. Wash hands after removing PPE
- c. Walk-up patients and symptomatic employees
 - a. When patients or employees who have a known or potential communicable disease enter or make contact at a station/tower or facility, use initial contact procedures above.
 - i. Avoid allowing sick patients and employees from entering the station/tower (i.e. kitchen, office areas, sleeping quarters, etc.).
 - b. Remove any symptomatic employees from the station/tower or facility immediately and contact the DICO.
 - c. Safely move patient to an appropriate area outside the station/tower for assessment and transport.