

TITLE OPERATIONS MANUAL	STANDARD INSTRUCTION 02		DEPARTMENT FIRE
SUBJECT FIRE SUPPRESSION: COMMUNICABLE DISEASE EXPOSURE PREVENTION	SECTION 10	PAGE 1 of 4	EFFECTIVE DATE 07/01/01

X. COMMUNICABLE DISEASE EXPOSURE PREVENTION

A. The possibility of exposure to communicable disease on medical aid responses necessitates the following procedures be utilized:

1. Disposable gloves will be worn by all personnel making patient contact on medical aid responses. All used disposable items will be gathered immediately and disposed of in the red, Hazardous Waste bag inside the ambulance at scene.
2. Personnel who inadvertently get the victim's contaminants (excretion, secretions or blood) on their skin and/or clothing will make every effort to wash the contaminated area with provided disinfectant soap and water as soon as possible, even if this means using the apparatus water. Fire Fighters' hands are not known for their smoothness and, if a Fire Fighter's hands were to have cuts or abrasions and were to get a victim's contaminants on them, the risk of receiving infections or organisms into their system is greatly increased. To reduce these risk, personnel are directed to wear the appropriate P.P.E. for the incident.
3. Instructions to clean duty-related clothing: duty-related clothing includes turnouts, wildland garments, and station/work uniforms. Bed linens, dish towels, and other station/personal linens or other machine washables shall not be cleaned in washing machines or dryers designated for protective or work clothing due to the possibility of cross-contamination.

Before washing any part of the class B or C uniform, always run the machine through one complete wash cycle to prevent the possibility of cross-contamination. Run an empty load (no clothes). Set washing machine water temperature to "hot," add one cup of bleach and operate through a complete washing cycle to flush away any previous contaminants.

4. All non-disposable equipment that made contact with the patient will be thoroughly washed using disinfectant soap and water in a deep or mop sink, not in any other wash basin in the station.
5. Any Fire Fighter who has had any contact with the patient, or handled any equipment that has been in contact with the patient will wash with soap and water. The hands should be vigorously lathered and rubbed together for at least 15 seconds under a moderate-sized stream of water at a comfortable warm temperature. The hand washing technique itself is simple. It is also recommended that the above procedures be applied to the arms up to the elbows.

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6. Fire Fighters who accompany paramedic units to the hospital must make it a point to wash while at the hospital and before being picked up by their Company or Battalion Chief. This will help contain the spread of any possible contaminants that may be present.
7. In cases where sinks are not available, scrubbing with alcohol swabs may be acceptable, but excessive drying to the skin may result if this method is used too often.
8. Captains will be responsible for ensuring that proper level of decontamination have been taken by all members of the crews.
9. In incidents where a hospital has discovered that a patient did have some contagious condition, the Fire and Life Safety Health & Human Resources Division will be notified.
10. Personnel who suspect contact shall follow procedures outlined in S.I. 02 Section X.B.
11. The primary source of ventilation should be the equipment provided on the apparatus. Mouth to mouth resuscitation should only be used when all other sources of ventilation are not available.

B. Contact with Communicable Disease

Exposure to any communicable disease might require immediate "on the spot" prophylactic treatment. Serious exposure should be handled at the receiving hospital or at the City's designated health provider for Occupational Health. If treatment is not required immediately, the employee is to seek treatment through Health and Human Resources employee is treated any place other than the City's designated Occupational Health provider.

The City shall pay for preventive treatment only if the procedure below is followed:

1. Procedure
 - a. Inform immediate supervisor as soon as possible. The following information shall be given to the immediate supervisor:
 - 1) Type of exposure.
 - 2) Patients Name.
 - 3) Name of treating hospital or physician.

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- 4) How employee became aware of exposure.
- 5) Type of contact (how was employee exposed) direct contact or indirect contact.

- a) Direct Contact - direct exchange of blood or other body fluids capable of transmitting disease causing micro-organisms, between a susceptible host and an infected person.

Examples of this type of transmission include the splashing or spraying of bodily fluids onto open cuts, abraded skin, dermatitis, acne, open sores, or to mucous membranes such as the eye, nose and mouth.

- b) Indirect Contact - contact of a susceptible host with a contaminated inanimate object.

Examples of this type of transmission include percutaneous injection (needle-stick injuries, cuts with contaminated objects), or contact with contaminated surfaces.

- b. Complete a Reportable Disease Exposure Report (FD-1019) for personnel involved.
 - 1) Fill in shaded areas of report while at scene and send the white copy to the hospital with patient, attached to Prehospital Worksheet. Report must include patient name, date and receiving hospital.
 - 2) Upon return to station, completely fill out the remainder of form. Include type of patient contact, method of contamination, and protective items being worn by exposed personnel.
 - 3) Retain gold copy of report for station records and forward all remaining copies to Human Resources Division (MS 604) for processing.
- c. Complete and submit RM-1568 "Report of Minor Injury" to immediate supervisor.

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- d. Immediate supervisor shall contact the Human Resources Officer as soon as possible and advise them of the exposure ensuring that items a, b, c and d of #1 are provided. Forward minor injury report to Human Resources.
- e. The immediate supervisor shall ensure that the employee is sent to the City's provider for treatment.
- f. The Battalion Chief or second level supervisor shall ensure that all procedures are followed.
- g. Human Resources will administer the communicable disease program for Fire and Life Safety Services and will be available should questions arise. Contact may be made through FCC.

As a reference, some of the more common communicable diseases and contacts are:

*	Aids Hepatitis A Hepatitis B Hepatitis C	Tuberculosis Meningitis Lice/Scabies (mites)
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