



**GLASTONBURY FIRE DEPARTMENT
STANDARD OPERATING GUIDELINES**



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CATEGORY: EMERGENCY MEDICAL SERVICE
SUB-CATEGORY: FIREFIGHTER WELLNESS
SUBJECT: SCENE OPERATIONS

Section 1 – Introduction

A. Objectives

To prevent exposures to infectious disease through the proper selection of personal protective clothing and equipment when providing patient care or working around potentially infectious materials.

B. Applicability

This guideline applies to all incidents where there is the potential for an exposure to an infectious disease, regardless of where they occur (emergency and non-emergency).

C. References

Guide to Developing and Managing an Emergency Service Infection Control Program, U.F.S.A., 1992

29 CFR 1910.1030, Occupational Exposure to Blood Borne Pathogens

NFPA 1500, Fire Department Occupational Safety and Health Program, 1992

NFPA 1581, Standard on Fire Department Infection Control Program, 1991

Section II – Scene Operations

The blood, body fluids, and tissues of all patients are considered potentially infectious and universal precautions/body substance isolations procedures will be used for all patient contact.

While complete control of the emergency scene is not possible, scene operations should attempt to limit splashing, spraying or aerosolization of body fluids as much as possible.

A minimum number of members required to complete the task safely will be used for all scene operations. Members not immediately needed are to remain a safe distance from operations where communicable disease exposure is possible or anticipated.

Hand washing is most important in reducing disease transmission. Members should wash hands following: removal of PPE, patient contact, handling potentially infectious materials, cleaning, disinfecting, or decontaminating equipment, using the bathroom, before eating, before and/or after preparing food.

Eating, drinking, smoking, handling contact lenses or applying cosmetics or lip balm is prohibited except when:

- A. Hand washing has been completed, and
- B. Approved by the IC who may restrict it to certain areas of the scene.

Used needles and other sharps shall be disposed of into approved sharps containers. Needles shall not be recapped, resheathed, bent, broken or separated from disposable syringes.

For cardiopulmonary resuscitation and pulmonary resuscitation, the order of preference is:

- A. Bag valve mask system
- B. Pocket mask with one-way valve

Masks are to be used if an airborne communicable disease is known/suspected to be present. Mask patient where possible or mask rescuers if not practical.

The public should be reassured that the infection control PPE is used as a matter of routine for the protection of all members and the victims that they treat. The use of PPE does not imply that a given victim or member may have a communicable disease.

Patient confidentiality will be maintained at all times. Members shall release medical information to only those persons authorized to receive such information. Queries from other agencies or the media shall be referred to commanding officers.

At the conclusion of scene operation, all potentially contaminated patient care equipment will be removed for appropriate disposal, decontamination, or reuse.

In all cases, the minimum level of PPE recommended by on-scene EMS personnel is to be worn.

The attached table provides examples of recommended personal protective equipment for the protection against HIV and HBV transmission in the pre-hospital setting.

SPECIAL GUIDELINES

TASK	DISPOSABLE GLOVES	GOWN OR STRUCTURAL FIRE GEAR	MASK	EYE WEAR
Bleeding control, spurting blood	X	X	X	X
Bleeding control, minimal control	X			X
Emergency Childbirth	X	X	X	X
Blood Drawing	X	X	X	X
Venipuncture	X			X
Intubation	X		X	X
Suctioning	X		X	X
Handling, cleaning contaminated items	X	X	X	X
Measuring B.P.	X			
Administering injection	X			
Measuring temperature	X			
Vehicle/Extrication	X	X		
Other incidents/rescue w/potential infected patient/object contact	X	X		

Section III - Approval

Fire Chief Michael P. King

Date of Approval: 1/11/16