



GLASTONBURY FIRE DEPARTMENT
STANDARD OPERATING GUIDELINES



SOG NUMBER: FDO-103 ISSUED DATE: 01-23-96 EFFECTIVE DATE: 01-23-96
REVISION #: 2 REVISED DATE: 01-11-16 EFFECTIVE DATE: 01-11-16
CATEGORY: EMERGENCY OPERATIONS - GENERAL
SUB-CATEGORY: DEPARTMENT DIRECTIVE
SUBJECT: PERSONAL PROTECTIVE CLOTHING FOR MEDICAL EMERGENICES
RELATED GUIDELINES: EMS-003; EMS-004

Section I – Introduction

A. Objectives

To provide Department members with the appropriate equipment, clothing and supplies necessary to protect themselves from becoming in contact with potentially infectious diseases.

B. Applicability

This guideline applies to all operations.

C. References

Guide to Developing and Managing an Emergency Service Infection Control Program, U.S.F.A., 1992
29 CFR 1910.1030, Occupational Exposure to Blood Borne Pathogens
NFPA 1500, Fire Department Occupational Safety and Health Program, 1991
NFPA 1581, Standard on Fire Department Infection control Program, 1991

Section II – Equipment

All service and rescue trucks are provided with a full array of PPE and biohazard waste handling supplies. The materials stored in the compartments will include:

- Disposable latex and vinyl gloves
- Large/small biohazard bags
- Face masks
- Eye Shields
- Hand washing lotion
- Containers

All medical supply kits are to be provided with latex gloves and hand washing lotion as a minimum.

Full structural firefighting gear is to be utilized for body protection where splashes of potentially infectious materials are possible.

Biohazard trash cans are provided at each station as a handling aid.

Section III – Selection and Use of PPE

Emergency response is often unpredictable and uncontrollable. While blood is the single most important source of HIV and HBV infection in the workplace, in the field it is safe to assume that all body fluids are potentially infectious. For this reason, PPE will be chosen to provide barrier protection against all body fluids.

In general, members should select PPE appropriate to the potential spill, splash or exposure to body fluids. No SOG or PPE ensemble can cover all situations; common sense must be used. When in doubt, member should select maximum rather than minimal.

Disposable latex or vinyl gloves will be worn during any patient contact when the potential exists for contact with blood, body fluids, non-intact skin, or other infectious material.

Gloves should be replaced as soon as possible when soiled, torn or punctured. Personnel should wash hands as soon as practical following removal.

Structural firefighting gloves are to be worn over latex gloves if the member is participating in vehicle extrications efforts or potentially contaminated objects when sharp or rough edges are likely to be encountered.

Utility type liquid impervious gloves or latex gloves should be worn during the handling, cleaning, decontamination, or disinfecting of potentially contaminated patient care equipment or SCBA masks worn by another member.

Facial protection will be used in any situation where splash contact with the face is possible. Protection may be afforded by using both face mask and eye protection, or by using full face shield. When treating a patient with a known airborne transmissible disease, face masks should be used. The first choice is to mask the patient; if that is not possible, mask the member.

Face shields for structural firefighting helmets will not be used for infection control purposes.

Full structural firefighting clothing or fluid-resistant gowns are to be utilized where exposure to contaminated objects or victims is possible and where splashes or aerosolization of potentially infectious materials are likely to be encountered.

Section IV – Summary

Summary:

- If it's wet, it's potentially infectious – use gloves.
- If you could splash onto your face, use eye shields and mask or full face shield.
- If it's airborne, mask the patient or yourself.
- If you could splash onto your clothes, use a gown or structural firefighting clothing.

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Section V- Approval

Fire Chief:

Michael P. King

Date of Approval:

1/11/16