

*LOS PINOS FIRE PROTECTION DISTRICT
STANDARD OPERATING PROCEDURE*



TITLE	NUMBER	EFFECTIVE DATE	REVISION DATE
INFECTION CONTROL – PERSONAL PROTECTIVE EQUIPMENT	510	December 1 st , 2009	

SPECIFICATION, PURCHASE, STORAGE, AND ISSUE OF PERSONAL PROTECTIVE EQUIPMENT.

Standards for personal protective equipment will be developed by the EMS committee, and will be updated or modified as needed.

The department is responsible for the supply, repair, replacement, and safe disposal of infection control PPE.

The EMS Coordinator will assure proper supply levels of PPE for stations and response vehicles.

Available PPE (in addition to PPE for rescue and EMS response) will include disposable gloves, rubber gloves for disinfection purposes, facemasks, eye protection, full-face shields, fluid-impervious gowns, approved sharps containers, and leak proof disposable bags.

Disposable gloves will be constructed of a minimum of latex and/or nitrile rather than plastic, unless precluded by allergies. While both types provide equal protection, nitrile is more durable during on-scene operations.

Sharps containers will be closable, puncture resistant, and leak proof. Sharps containers will be color coded, labeled as biohazard, and immediately accessible.

All EMS responders will be issued a pocket mask with a one-way valve. Replacement pocket masks will be carried on every response vehicle and stocked at the station.



LOS PINOS FIRE PROTECTION DISTRICT STANDARD OPERATING PROCEDURE

SELECTION AND USE OF PERSONAL PROTECTIVE EQUIPMENT.

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

No standard operating procedure or PPE ensemble can cover all situations. Common sense must be used. When in doubt, select maximal rather than minimal PPE.

Disposable latex or nitrile gloves will be worn during any patient contact when potential exists for contact with blood, body fluids, non-intact skin, or other infectious material. All members will carry extra pairs of disposable gloves in turn out coats and or EMS clothing.

Gloves will be replaced as soon as possible when soiled, torn, or punctured. Hands must be washed after glove removal.

Disposable gloves will not be reused or washed and disinfected for reuse.

When possible, gloves should be replaced between patients in a multiple casualty incident. Hands should be cleaned with disinfectant cleaner, which will be immediately available.

Structural firefighting gloves or leather gloves will be worn in situations where sharp or rough edges are likely to be encountered. Latex/Nitrile gloves are to be worn in conjunction with any of the above.

Heavy-duty utility gloves may be used for the handling, cleaning, decontamination, or disinfection of potentially contaminated patient care equipment.

Facial protection will be used in any situation where splash contact with the face is possible. Facial protection may be afforded by using both a face mask and eye protection, or by using a full-face shield. When treating a patient with a suspected or known airborne transmissible disease, a facemask will be used. The first choice is to mask the patient, if this is not feasible, mask the member(s).

LOS PINOS FIRE PROTECTION DISTRICT STANDARD OPERATING PROCEDURE



Fluid-resistant gowns are designed to protect clothing from splashes. Firefighting turn out gear also protects clothing from splashes and is preferable in fire, rescue, or vehicle extrication activities. Gowns may interfere with, or present a hazard to, the member in these circumstances. The decision to use barrier protection will be left to the individual member. Turn out gear will always be worn for vehicle extrications. Remember leather cannot be cleaned if body fluids are splashed onto leather parts of gear.

Under certain circumstances, head covers and/or shoe covers will be required to protect these areas from potential contamination. Structural firefighting gear (impervious boots, helmets) also may be used for barrier protection. If foot covers are needed, they will be stocked in the ambulances.

Members who are not on duty, but respond to an emergency are expected to be properly clothed which includes socks, and full foot cover (no open toes/heels), long pants, and appropriate shirts. Clothing should not be revealing to a degree which may make other responders or patients uncomfortable.

SUMMARY

- If it is wet, it is infectious – use gloves
- If it can splash onto your face, use eye shields and mask, or full face shield
- If it is airborne, mask the patient or yourself
- If it could splash on your clothes, use a gown or structural firefighting gear
- If it could splash on your head or feet, use appropriate barrier protection

PPE PLAN FOR INFECTIOUS EXPOSURE

Task analysis chart:

Department issued personal protective clothing, uniforms or fire turnout shall be worn on all medical responses. Protection below is required in addition.

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Task / Situation	Gloves	Gown	Eye gear & Mask
Any light contact with blood or other body fluids. This includes starting IV's and drawing blood	XX		
Heavy bleeding or large amounts of other body fluids, etc.	XX	Recommend	XX
Spraying / splattering body fluids or situations when this can be anticipated	XX	Recommend	XX
Endotracheal intubation (including nasal); airway suctioning	XX	Optional	XX

The use of disposable exam gloves, donned before patient contact, is the standard for every medical response.

Larry Behrens

Larry Behrens, Fire Chief

December 1st, 2009

Date