

**Standard Operating Procedures Manual**  
**City of Poquoson Fire and Rescue**



**City of Poquoson  
Fire and Rescue**

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**GENERAL ADMINISTRATION**

**SOP#:** EMS 19.00

**Title:** Incident Infection Control

**Effective Date:** 10/17/2014

**Revised Date:** \_\_\_\_\_

  
\_\_\_\_\_  
Fire Chief's Signature

  
\_\_\_\_\_  
City Manager's Signature

**INCIDENT INFECTION CONTROL**

**I. PURPOSE**

To establish guidelines for personal, patient and community protection when responding to, evaluating and/or treating patients with potential or suspected infectious and/or communicable diseases. This policy will also provide general infection control guidelines for department personnel.

These guidelines are based on guidance/recommendations provided by the Centers for Disease Control and Prevention, the Virginia Department of Health Peninsula Health District, standard infection control practices and available epidemiologic information regarding the transmission of various infectious/communicable diseases, illnesses and/or viruses.

This SOP is not all-inclusive and cannot encompass all situations that may be encountered.

**II. APPLICATION**

All career and volunteer personnel

**III. PROCEDURES****Risk Factors to Consider**

Because patients with and/or developing a suspected infectious/communicable disease may present with differing signs and/or symptoms, infection control precautions should be instituted immediately for patients who meet the specific criteria for a known infectious/communicable disease, illness and/or virus. These signs or symptoms include, but are not limited to: fever, nausea, vomiting or respiratory symptoms. These risk factors will be relevant to the particular infectious/communicable disease, illness and/or virus for which additional information will be released by the department as it becomes available.

**General Precautions and Considerations**

When responding to, assessing, treating and/or transporting a patient(s) with a potential/suspected infectious/communicable disease, illness and/or virus, department members shall take any and/or all infection control precautions detailed below as applicable to the incident:

- Limit the number of persons having contact with the potential patient to only those that must assist with patient assessment, treatment and/or transport.
- A surgical mask, N95 mask or non-rebreather mask should be placed on potential patients as soon as possible during the triage/assessment process.
- Notify the Shift Supervisor and consider requesting additional manpower to assist in preparing the medic unit to receive and transport a patient with a potential/suspected infectious/communicable disease. These preparations will vary with each suspected disease but may include such examples as covering the interior of the patient compartment with plastic leaving only the necessary patient care equipment available to the AIC and covering the access between the patient

compartment and the cab of the medic unit.

- Patients shall not be loaded into the medic unit until it has been prepared for the receipt of a potential/suspected infectious/communicable disease patient.
- The Shift Supervisor should consider making contact with the York County Battalion Chief. York County has the ability to provide on duty MMRS team members to respond and assist using Level B personal protective equipment and Powered Air-Purifying Respirator. The MMRS team members can take over patient care and transport if this level of personal protective equipment is determined to be necessary.
- The York County or Newport News Regional Haz-Mat team may also be considered to respond and assist using Level B and/or Level A personal protective equipment. The Haz-Mat team members can begin to isolate and quarantine the residence and/or any department equipment, as necessary.
- Department members should consider the use of Self-Contained Breathing Apparatus in emergency situations.
- The AIC shall contact Medical Control as soon as possible to determine the transport destination.
- The Shift Supervisor shall consider notifying the Virginia EOC to contact the Regional Haz-Mat Officer if necessary. The Shift Supervisor shall also consider notifying the Peninsula Health District.

### **General Infection Control Precautions**

- Two-pair of gloves should be worn when assessing, treating, and/or transporting a patient with a potential/suspected infectious/communicable disease.
- Eye-protection (faceshield) should be worn when assessing, treating, and/or transporting a patient with a

- potential/suspected infectious/communicable disease.
- A minimum of an N-95 respirator shall be worn by department members during patient assessment, treatment and/or transport of a patient with a potential/suspected infectious/communicable disease.
  - Gowns, taped Tyvek suits, booties and/or other appropriate splash protection should be considered as PPE when assessing, treating and/or transporting a patient with a potential/suspected infectious/communicable disease.
  - Suspected patients with a potential/suspected infectious/communicable disease should be transported using the minimum number of department members and without other patients and/or passengers in the vehicle.
  - Receiving facilities must be notified prior to arrival of a patient with a potential/suspected infectious/communicable disease.
  - Any positive pressure ventilation should be performed using a resuscitation bag-valve mask.
  - Avoid aerosol-generating procedures, such as airway placement, administration of nebulized medications, tracheal suction, CPAP, etc. If it is necessary to perform these procedures, do so after the unit pulls to a safe location and stops and after donning the appropriate PPE including the N95.
  - If possible, avoid starting IV access during transport. IV access should be obtained after the unit pulls to a safe location and stops. Careful attention should be taken with the disposal of all sharps in the sharps container.

### **Detailed Guidelines for Medic Unit Patient Compartment Preparation**

Medic unit preparation will be done with the purpose of segregating the cab from the patient compartment and covering the cabinetry/shelving, ceiling, seating and floor with an impermeable barrier.

Supplies located on each Medic Unit:

- Plastic Sheeting
- Large plastic garbage bags

Duct tape  
Shears

**All sheeting should overlap prior sheets of plastic by at least 1 inch. All seams should be sealed by Duct Tape.**

1. Cover the ceiling of the patient compartment with plastic sheeting and affix with duct tape.
2. Place sheeting on the floor of the patient compartment and affix to bench seat, jump seat and walls.
3. Place plastic sheeting over the walls by affixing it to the edges of the sheeting for the ceiling and floor with duct tape to enable any flow of fluid to be captured on the sheet on the floor.
4. Wall sheeting should overlap with the upper portion over the lower portion to prevent any body fluid from leaking between sheets by gravity.
5. The stretcher locking mechanisms will need to be accessible through the plastic sheeting for safe transport. Seal these openings generously with duct tape so that all fluids flow to the sheeting on the floor.
6. **DO NOT COVER** ventilation ports. These are necessary for proper airflow and exchange.
7. Continue to overlap sheeting down and over seating to the floor. Cover rear doors with plastic sheeting and duct tape.
8. Cover the stretcher mattress with plastic or large garbage bags, sealing with duct tape.

### **Crew Preparation**

Operator – if potentially exposed, a third non-exposed operator shall drive the medic unit to the hospital and the original crew (AIC and operator) shall remain in the isolated area in the back of the truck. If the crew is originally a three person crew, the operator will assume no patient contact nor enter the patient compartment.

Prior to patient contact, each patient caregiver will don the PPE while the third crewmember assists by both checking for integrity issues or exposed body parts. Additional manpower may be requested for this task.



If additional responders are suspected to have been exposed/potentially exposed, they **shall not** return to their apparatus or station. In these cases, those personnel shall accompany the patient in the isolated patient compartment to the receiving hospital. If the number of cases is more than the medic unit can safely transport, an additional unit shall be requested, isolated and used to transport the personnel to the same receiving hospital.

### **Facility Arrival**

The Operator will notify the receiving facility of arrival and don PPE. Throughout movement of the patient into the facility, the patient care crew will take steps to prevent secondary contamination of any surfaces, such as avoiding touching door handles with contaminated gloves.

- The Operator should take all precautions to remain a safe distance from the patient to avoid contamination. The Operator may assist by opening doors and clearing the path for patient movement.
- The Operator will take a decontamination and disposal sheet and place it on the ground at the rear of the unit with a change of shoe coverings and gloves available for the patient crew.
- Any body fluid contamination on stretcher wheels will be disinfected with a commercial disinfectant or a 1:10 bleach solution.
- Patient crew will unload patient and then remove current shoe covering and outer gloves and put on clean ones so as not to track potential contamination into the receiving facility. Dispose of PPE in Biohazard bags.
- The patient will be transferred into hospital by patient crew at the direction of hospital staff.
- Patient crew will remove and dispose of PPE in the hospital isolation area at the hospitals direction following infection control procedures or on the decontamination sheet at the rear of the unit.
- The stretcher and all equipment will be considered potentially infectious and handled with the appropriate PPE until properly

decontaminated.

- The decontamination sheet, PPE, materials and equipment will be collected and double bagged with Red Biohazard Bags at the medic unit observing body fluid precautions and then placed in the rear of the medic unit for proper decontamination and disposal later.

### **Medic Unit Decontamination**

If the facility requests decontamination, the medic unit should be decontaminated onsite at their direction. Otherwise, the medic unit will be driven to its station, taking into consideration segregating it from nonessential personnel and equipment. Decontamination should occur indoors to prevent contaminated materials from incidentally being blown away or protecting it from weather.

Supplies:

- Impermeable Decontamination Sheet or Plastic sheeting
- Approved Tuberculocidal Disinfectant such as Sani-Sheets or 1:10 Solution of Bleach to Water Allowed to Dry for 10 minutes.
- Disposable rags
- Red Biohazard Bags
- Red Biohazard Containers
- PPE

### **Decontamination and Waste Disposal Procedures**

Prior to returning the unit to service, the Peninsula Health District shall be contacted for additional isolation, quarantine and/or decontamination guidance. The general procedures below may be used following treatment and/or transport of certain patients with potential/suspected infectious/communicable diseases.

The medic unit may be isolated and quarantined for a period of time in accordance with CDC recommendations and/or the Peninsula Health District Quarantine and Isolation Plan.

If the unit is not quarantined, the following

decontamination/disinfection procedures should be followed:

1. Don necessary PPE.
2. Compressed air that might re-aerosolize infectious material should not be used for cleaning the vehicle or equipment.
3. Lay impermeable sheet or plastic sheeting on the ground at the back of the medic unit and side doors and have Red Biohazard Containers available.
4. Clean up any body fluids and double bag (Red Biohazard Bags) cleaning materials, placing those materials into Biohazard Containers.
5. Red Biohazard Containers should be labeled "Class A Infectious Waste" and maintained separate from other red bag waste.
6. Double bag all disposable materials/equipment and place into Red Biohazard Containers.
7. Place equipment such as stretcher locks onto decontamination sheet for proper disinfecting.
8. Remove any contaminated materials from equipment and disinfect equipment using recommended disinfectant and place on clean sheet for drying.
9. Double bag all contaminated rags/wipes into properly labeled Red Biohazard bags.
- 10 Remove impermeable barriers from unit and double bag, placing those into Red Biohazard Containers.
- 11 Fold decontamination sheet and double bag, placing those into Red Biohazard Containers.
- 12 Place new contamination sheets out.
- 13 Wipe down all surfaces inside medic unit and outside door handles with recommended disinfectant and double bag materials, placing them in Red Biohazard Containers.
- 14 Remove PPE and place PPE in double bags, then place in Red Biohazard Containers
- 15 Using gloves, fold decontamination sheets, place in double bag, then place in Red Biohazard Containers.
- 16 Wash outside of medic unit in normal fashion and location using PPE.

**Follow-up of Members who Assess, Treat and/or Transport Patient With a Potential/Suspected**



**Infectious/Communicable Disease**

- Members who assess, treat and/or transport patients with potential/suspected infectious/communicable disease shall contact the department's Designated Infection Control Officer and complete an Infection Control Exposure Report. The Peninsula Health District and receiving facility staff shall be notified immediately by the DIO.
- Members who assess, treat and/or transport patients with potential/suspected infectious/communicable disease and develop symptoms during the post-exposure period should be directed to seek immediate medical evaluation and should be reported to Peninsula Health District and receiving facility staff shall be notified immediately by the DIO.
- Members who assess, treat and/or transport patients with potential/suspected infectious/communicable disease may receive initial and follow-up testing, be placed in quarantine and/or placed in isolation in accordance with Virginia Department of Health and the Peninsula Health District Quarantine and Isolation plan.

