

# Stratmoor Hills Fire Protection District Policy

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**Number:** D 8

**Date Issued:** November 30, 2005

**Revised:** September 18, 2019

**Date Effective:** October 16, 2019

**Subject:** INFECTION CONTROL

**Purpose:** It is the policy of Stratmoor Hills Fire Protection District to protect personnel who may be at risk of exposure and contact of infectious diseases while engaged in District operations.

To provide guidelines for controlling the risk of contracting infectious diseases while engaged in and cleaning up after emergency operations. To outline procedures necessary if personnel are exposed to an infectious disease.

## **Section 1. Major objectives:**

- 1.1 General policy for protection from infectious disease exposure.
- 1.2 Specific protection procedures
- 1.3 Exposure procedures
- 1.4 Identify the Infection Control Officer and duties

## **Section 2. District Responsibilities:**

- 2.1 Providing immunization to hepatitis B.
- 2.2 Maintaining a supply of protective equipment; i.e. latex gloves, mask, eye protection
- 2.3 Providing a record system for documenting exposures
- 2.4 Following-up infectious disease exposures.
- 2.5 TB Testing
- 2.6 Provide annual Flu Shots for employees and volunteers.

## **Section 3. Personnel Responsibilities:**

- 3.1 Wearing/using the appropriate protective equipment in the prescribed manner. Under no circumstances shall any aspect of personal safety be sacrificed in order to increase the speed of emergency operations. Participation in emergency operations shall not commence until involved personnel have donned all necessary protective equipment.

## **Section 4. Specific Protection Procedures**

- 4.1 The use of protective equipment shall be as directed in the following guidelines.
- (a) **POCKET/BAG MASK:** Mouth to mouth resuscitation is prohibited. Personnel must utilize a pocket mask or a bag valve mask.
  - (b) **GLOVES:** It is required that personnel form good self-protection habits. Use of latex or nitrile gloves is required whenever personnel have patient contact.
  - (c) **MASK:** Use of face mask is required whenever invasive procedures (intubation, field delivery, arterial bleeding situations) are encountered; anytime blood splatter is likely. If a mask is required by an invasive procedure, gloves must be worn.
  - (d) Patients identified as carriers of AIDS, Hepatitis B, or other infectious diseases should be covered with a mask (Oxygen or protective) in order to control exposure at the source.
  - (e) **EYE PROTECTION:** Protective eyewear is defined as sunglasses, prescription glasses, safety glasses or face masks. If protective eyewear is required by an invasive procedure, gloves must be worn.
- 4.2 Protective procedures shall include:
- (a) Participation in the Hepatitis B immunization program is mandatory unless employee signs a declination statement. New members with previous immunization will be tested and/or immunized as necessary.
  - (b) Personnel must wash their hands after each incident requiring patient contact. Gloves are not a substitute for washed hands. Gloves prevent gross soiling of the hands, while washing removes organisms from the hands. In field situations use the waterless hand cleaning solution and wash with soap and water as soon as possible.
  - (c) Broken skin should be covered when on duty. Bacteria and viruses cannot penetrate skin; there must be a break in the skin to permit entry through the skin.
  - (d) Clean body fluid spills as soon as possible. Personnel should wear gloves and soak up the spill with disposable towels. Cleanse the area with a fresh solution of bleach and water at dilution ratio of 1:100. Cleansing solutions should be changed on the first day of every month, as bleach solutions lose potency during storage.
  - (e) Reusable equipment used on a patient should be sterilized in a fresh of bleach and water at dilution ratio of (1:10) for at least five minutes. Personnel should wear gloves while performing this operation.
  - (f) Waste material from medical/trauma incidents, shall be disposed of in the designated "Bio/Medical Waste" container. Waste material shall include but not be limited to: solution wrappers, alcohol wipes, latex gloves, 4X4s etc... Not to be disposed of in these containers are blood tubes, needles, syringes, etc. These items will be disposed of in approved "Sharps" containers. "Sharps containers when 2/3 full, will be disposed of in the "Bio/Medical Waste" containers. Waste containers should not be used for waste that is not contaminated by body fluids or respiratory contaminants.
  - (g) The "Bio/Medical Waste" containers shall be located in an area relatively

secure from the public to prevent exposure and separate from medical supplies.

- (i) Handling contaminated needles presents the greatest risk of infection; prevention of such injuries is paramount.
- (ii) Used needles are the responsibility of those personnel who have administered the drug/med.
- (iii) Handle needles and "sharps" carefully.
- (iv) Use only one hand when recapping needles; if needles must be recapped
- (v) Do not bend, break or cut needles.
- (vi) Dispose of needles and sharps in the "sharps" containers only.

## **Section 5. Exposure Procedures**

- 5.1 Any personnel who suspect that they have been exposed should immediately follow the patient to the hospital and contact the emergency department physician and advise him/her of potential exposure. The employee will also complete the exposure form located at the hospital. The exposed employee will then make a copy of the exposure form and take it to Memorial Hospital EMS office.
- 5.2 The exposed employee must advise the Administrative Chief who will complete a Workman's Compensation First Report of Accident.

## **Section 6. Infection Control Officer – Normally assigned to the EMS Coordinator**

- 6.1 Duties:
  - (a) The Infection Control Officer will see that full waste containers will be disposed of by the waste management company under contract.
  - (b) The Infection Control Officer will see that all supplies necessary to implement the Infection Control Policy are available to all personnel at all times.
  - (c) The Infection Control Officer will see that all Department personnel are trained in the location and use of all equipment and supplies necessary to comply with the Infection Control Policy.

## **Section 7     Influenza Vaccinations for Stratmoor Hills Fire Department Members**

### **7.1     Purpose:**

Influenza vaccinations protect members, volunteers, non-employees, patients and families of Stratmoor Hills Fire Department (SHFD) from acquiring seasonal influenza disease and prevent the unnecessary spread of influenza between employees, volunteers, non-employees, patients and families. As a result, but for the exceptions set forth in this policy, all SHFD members must receive an annual influenza vaccination.

### **7.2     Definition:**

For this policy, SHFD members includes, but is not limited to: SHFD employees (clinical and non-clinical members); relief drivers; students; volunteers; or anyone within the SHFD structure who has the potential of exposure from patients or otherwise longer than casual contact with other members.

### **7.3     General Information:**

On February 24, 2012, the Centers for Disease Control and Prevention (CDC) expanded its recommendations for influenza vaccinations to everyone aged six months and older. The expanded recommendations took effect in the 2010 to 2011 influenza seasons. The new recommendation seeks to remove barriers to influenza immunizations and signals the importance of preventing influenza across the entire population. Within this recommendation, healthcare workers are a priority population; the CDC recommends that all healthcare personnel be vaccinated annually with the influenza vaccination.

Historically, national ratings for healthcare worker influenza vaccinations have been low, 42% according to the CDC, despite recommendations for this population to be vaccinated. By having its healthcare workers vaccinated against influenza, SHFD is creating a culture of patient safety by limiting exposure of acquired influenza to patients and their families and by protecting SHFD members against workplace transmission. Vaccination of SHFD members will also reduce workplace absenteeism due to illness from influenza, which will reduce SHFD's operational costs for providing care.

SHFD requires vaccinations for healthcare personnel in order to provide immunity to certain communicable diseases prior to employment / volunteering at SHFD. This policy expands that vaccination protection to the influenza virus and is in alignment with similar hospital and pre-hospital employment and credentialing policies.

### **7.4     Policy:**

As a condition of employment, or to maintain volunteer status, SHFD requires annual influenza vaccinations of all SHFD members who have jobs, duties, or a physical presence for pre-hospital; hospital; and patient care contact while conducting their work.

## 7.5 Procedures:

### 1. Where and When to Get the Vaccine:

- (a) Members must either receive the influenza vaccine provided by SHFD's EMS Coordinator or provide written proof of receipt of the required influenza vaccine(s) from another source. A vaccine received from a source other than SHFD shall not be reimbursed to the member. Immunization or proof of immunization must be completed annually.
- (b) New hires will be required to present proof of an influenza immunization or will be given the influenza vaccine at their health screening if the hire date is between October and June. New hires hired outside of those months and/or when the influenza vaccine is not available will be notified of the policy and will be expected to comply with obtaining a vaccination during the next flu season.
- (c) 3) The Department of Epidemiology and the Infection Prevention and Control will set the relevant dates of the anticipated influenza season each year. These dates will correspond to the dates for masking. In general, influenza season typically extends from December to March, but can start earlier or extend longer in certain years.
- (d) 4) Compliance with the annual mandatory influenza vaccination will be required no later than November 15th of each year, unless an alternative date based on Department of Epidemiology and the Infection Prevention and Control.

### 2. Prioritization:

- (a) Influenza vaccines provided by SHFD will be prioritized to; employees of SHFD; then SHFD volunteers.

### 3. Communication and Education:

Prior to the annual onset of the influenza season, SHFD will inform members of the vaccination requirement, the dates when the influenza vaccine(s) are available and the fact that vaccines will be provided at no cost to them and/or covered through insurance. This communication will be made through normal information distribution. Education on the influenza virus and the vaccine will continuously occur throughout SHFD EMS Coordinator or fire administration. Members will also be informed of the procedures and approved reasons for declining the vaccine and the consequences of refusing the vaccination.

### 4. Exemptions:

- (a) Only members meeting the contraindications listed below will be exempt from receiving the annual influenza vaccination. Contraindications are limited to specific medical circumstances.
- (b) Members who meet the requirements of contraindication for influenza vaccinations must complete a "Medical Declination of Seasonal Influenza" form.

- ( c) When working, volunteering, or pulling shifts at the SHFD fire station or on any SHFD apparatus, members who do not receive influenza vaccinations due to a contraindication must wear a mask for the duration of the influenza season. (See the Consequences and Non-Compliance section, below).

5. Approved Contraindications to Influenza Vaccinations:

Those people declining an influenza vaccine must have one of the valid contraindications, as listed below:

- (a) A person with severe (life-threatening) allergies to eggs or other components of the influenza vaccine. Documentation from the person's primary healthcare provider is required. (See the Verification of Contraindications section.)
- (b) A person who acquired Guillain-Barré Syndrome within six weeks after receiving an influenza vaccine is considered by the CDC to be at risk for receiving an influenza vaccine. Documentation is required from the person's primary healthcare provider.
- (c) If a member has a contraindication, but still desires to get the influenza vaccine, he/she should discuss it with his/her primary healthcare provider. If the primary healthcare provider administers the influenza vaccination to the person, he/she must provide documentation of having received the vaccination.

6. Verification of Contraindications and Mask Use:

- (a) (a)For a declination based upon medical reasons: Complete the "Medical Declination of Seasonal Influenza" form. The primary healthcare provider must sign the form. This document will be reviewed and verified by the SHFD Medical Director or EMS Coordinator, or assigned designee, with follow-up as needed with the primary healthcare provider.
- (b) (b)Upon verification of contraindications, all persons with approved contraindications to the vaccination will be required to provide signed written documentation which states that he/she will wear a mask at all times prior to making any patient contact or patient treatment area and when they are within three feet of SHFD patients, members, or visitors.
- (c) (c)The names of people required to wear a mask will be provided to their shift partners.
- (d) (d)Persons with valid and verified contraindications to the influenza vaccination will be given a bracelet or pin to be worn for identification.

7. Consequences for Non-Compliance:

- a. (a)Members without vaccination documentation or members who have not provided a valid declination by November 15th of each year will be considered to be non-compliant with the annual requirements.
- b. (b)After November 15th these members will receive a written warning from their supervisor informing them that they are not in compliance with this influenza vaccination policy.
- c. (c )The member will then have fifteen days to comply with this policy, either through vaccination or proof of valid contraindication.

- d. (d) If the member is not in compliance by November 30th, he/she will be suspended for three, (3), shifts without pay. After the three-day suspension, if the member is still not in compliance, he/she will be terminated.
  - e. If an administrative employee, (40-hour work week), is not in compliance by November 30<sup>th</sup> he/she will be suspended for five, (5), days without pay. After the five-day suspension, if the employee is still not in compliance, he/she will be terminated.
  - f. (e) If a volunteer member is not in compliance by November 30th, he/she will be suspended from the department for one week. After the week suspension, if the volunteer member is still not in compliance, he/she will be terminated.
  - g. (f) When people who have documented declinations do not comply by wearing a mask while in patient contact or within three feet of SHFD members, SHFD volunteers, patients or visitors and do not have documentation of influenza vaccination:
    - (i) On the first offense, they will receive a written warning from their supervisor that they are not in compliance with the SHFD influenza vaccination policy.
    - (ii) On the second offense the disciplinary process through the members' supervisors will be initiated and may include termination from the Fire Department.
8. Contingency Plan:
- a. (a) If there is a shortage of influenza vaccines that affects the supply of influenza vaccines for SHFD members use, the EMS Coordinator, along with Administration, will develop a contingency plan. This plan will include vaccine prioritization and distribution based on the influenza vaccine shortage and recommendations from the CDC and the Colorado Department of Public Health and Environment.
  - b. (b) Communication about mask use and compliance with the influenza vaccination plan will be sent to members in the event of an influenza vaccine shortage or delay.

## Medical Declination of Seasonal Influenza Vaccination

October – June

**According to the Stratmoor Hills Fire Protection District Policies Influenza Vaccinations for Stratmoor Hills Fire Department Members, a signed declination must be completed by all employees/volunteers/members who do not receive an influenza vaccination based on medical exemption as set forth in Stratmoor Hills Fire Protection District's Influenza Vaccinations (the "Policy"). This form must be completed by a healthcare provider identified below and returned to fire administration before November 15.**

My employer or affiliated health care agency, Stratmoor Hills Fire Protection District, has recommended that I receive an influenza vaccination in order to protect myself and the patients I serve. I have received and understand the information given to me about the risks and benefits of the vaccine.

I hereby certify based upon consultation with the medical professional completing this form that I have a medical contraindication to receiving the influenza vaccination.

I understand that because I work in a healthcare environment, I could place patients and co-workers at risk if I work while infected with the influenza virus. I will not attend work during any period in which I know that I am infected with the virus. I understand that at all other times during the influenza season (dates to be determined and communicated by the Department of Epidemiology) I will be required to wear a mask.

Name (Print):	
Signature	Date:

**The section below is to be completed by the member's primary healthcare provider. Healthcare providers signing this document must be a physician, a physician's assistant, or a nurse practitioner licensed in the State of Colorado.**

I have evaluated the above-mentioned member and verify that this person has one, or more, of the following medical contraindications to influenza vaccinations, as checked below:

- ☐ Documented severe anaphylactic allergy to influenza vaccine components.
- ☐ Personal history of Guillan-Barré Syndrome within six weeks of receiving an influenza vaccine.
- ☐ Severe anaphylactic allergic reaction to a previous influenza vaccine.

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Healthcare Provider Name (Print):	Provider CO License #:
Healthcare Provide Phone#:	Date:
Healthcare Provider Signature:	