

FIRE FIGHTERS GUIDANCE NOTE # 4-14

ISSUE: INFECTION PREVENTION AND EXPOSURE CONTROL PRACTICES

Firefighters risk contracting communicable diseases from exposure to blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, sharps, medical waste or soiled items. Routine practices for infection prevention and exposure control are based on the premise that all persons are potentially infectious, even when they display no symptoms (are asymptomatic). Therefore the same standards of practice should be used routinely with persons during care at all times, including in-station operations.

Routine practices are infection prevention and exposure control measures that include an ongoing or “point of care” risk assessment (to determine the potential for exposure to blood and body fluids or contaminated equipment), hand hygiene, barrier equipment, environmental controls and education.

The employer is responsible for assessing the potential risk of occupational exposure to communicable diseases in the workplace and for applying a standard of routine practices to prevent or reduce the risk of transmission at the scene and upon return to the station. The employer is also responsible for training workers on the routine practices so that the worker is able to perform a “point of care” risk assessment and evaluate the general risk of each patient encounter and determine the range of precautions to be implemented.

It is imperative that personnel consistently use routine practices when treating individuals or assisting with their care, including the following:

- proper hand washing
- cleaning and disinfection practices
- training and education on selection, use and limitations of personal protective equipment (PPE)
- education on infectious diseases and methods of spread/exposures

When the ongoing or “point of care” risk assessment indicates a potential for transmission, appropriate PPE should be used. When used properly, PPE provides an exposure barrier to prevent transmission from patient to worker and worker to patient. Barrier equipment includes:

- (a) Hand protection
- (b) Eye protection
- (c) Respiratory protection, and
- (d) Skin protection

Fire departments need to consult with persons who have expertise in infection control matters such as their local health officials (which may include the Medical Officer of Health), emergency medical services (EMS), Regional Infection Control Networks, Health and Safety Associations, or others, to determine the appropriate PPE for use in each of the categories listed above.

A worker's risk of contracting communicable diseases could also be reduced by immunization in accordance with the National Advisory Committee on Immunization (NACI) Canadian Immunization Guide (Public Health Agency of Canada), 7th Edition, 2006.

Reference:

GN # 2-5 Designated Officer Program for Communicable Disease

GN # 2-7 Reporting Exposures to Biological, Chemical or Physical Agents

GN # 4-1 Application of Firefighters – Protective Equipment Regulation

GN # 4-2 Eye Protection

GN # 4-9 Respiratory Protection Program

Section 21 Manual Appendix F: Exposure of Emergency Service Workers to Infectious Diseases Protocol, 2008

Section 21 Manual Appendix F: Preventing and Assessing Occupational Exposures to Selected Communicable Diseases: An Information Manual for Designated Officers, 1994