	STAFFORD COUNTY FIRE AND RESCUE DEPARTMENT		
	POLICY -		
	SUBJECT: Infection Control Program		FRD 100.253
APPROVED: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> Joseph A. Cardello County Fire Chief </div>  </div>		Page 1 of 30	Initiated 2/3/2022 Revised

A. PURPOSE


- 1.0 The Stafford County Fire & Rescue (SCFRD) is committed to providing a safe and healthy work environment. This plan outlines the necessary requirements to reduce, treat and prevent the spread of communicable diseases within the department and the community. The purpose of this exposure control plan is to eliminate or minimize employee/member occupational exposure to bloodborne pathogens, or other potentially infectious material (OPIM) from community exposure to communicable disease and to comply with the OSHA Bloodborne Pathogens Standard.
- 2.0 This Plan will address education and training with regard to these diseases, risk assessment, notification of exposure, testing, and post-exposure management.

B. SCOPE


- 1.0 This policy applies to all members, both career and volunteer, of the Department. Students and Ride Along individuals will be covered under this policy with regard to post exposure medical follow-up.

C. DEFINITIONS

- 1.0 Airborne Pathogens: Diseases transmitted by airborne droplet nuclei, which can remain suspended in air currents for hours. Examples of diseases requiring airborne isolation are tuberculosis, varicella, and measles.
- 2.0 Bloodborne Pathogens – Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).
- 3.0 Cleaning – The physical removal of dirt and debris. This is generally accomplished with soap, water, and physical scrubbing.
- 4.0 Clinical Laboratory – Facility that performs diagnostic or other screening procedures on blood or other potentially infectious materials.
- 5.0 Contaminated – Presence or the reasonable anticipated presence of blood or other potentially infectious material on an item or surface.
- 6.0 Contaminated Laundry – Laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.


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- 7.0 Contaminated Sharps – Any dirty/used object that can penetrate the skin including, but not limited to needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
- 8.0 Contact Isolations – Diseases transmitted by direct patient contact or by contact with items in the patient’s environment. Examples of diseases requiring contact isolation are MRSA, VRE, C difficile, RSV, Herpes simplex virus, and Scabies.
- 9.0 Decontamination – Physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
- 10.0 Disinfection – Process used to inactivate virtually all recognized microorganisms, but not necessarily all microbial forms such as bacterial endospores.
- 11.0 Droplet Isolation – Disease transmitted by large droplets. Droplet organisms usually fall to the floor within three feet of the patient. Examples of diseases requiring droplet isolation are Influenza, Mumps, Rubella, Meningitis, and Pertussis.
- 12.0 Engineering Controls – Means of eliminating or minimizing employee exposure and include the use of safer medical devices, such as needleless devices, shielded needle devices, and plastic capillary tubes.
- 13.0 Infectious Occupational Exposure – A skin, eye, mucus membrane, non-intact skin, or parenteral contact with blood and body fluids or other potentially infectious materials (OPIM’s) that may result from the performance of the employees/member’s duties.
- 14.0 HBV – Hepatitis B Virus.
- 15.0 HIV – Human Immunodeficiency Virus.
- 16.0 Immunization – Process or procedure by which a person is rendered immune to certain vaccine-preventable diseases. Examples of vaccine-preventable diseases are Measles, Mumps, Rubella (MMR), and Varicella Zoster (chickenpox).
- 17.0 Members (for purpose of this policy) – Shall include all career, civilian, and volunteer members of affiliated with the department.
- 18.0 Needleless Systems - A device that does not use needles for: (1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) The administration of medication or fluids; or (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.
- 19.0 Non-Infectious Exposure – Exposure to a non-infectious substance (i.e., chemicals, toxic gases or vapors, PCB’s, radiation, etc.) that may result from the performance of a Fire/EMS

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Department employee/member's duties.

- 20.0** Other Potentially Infectious Materials (OPIM) – (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, anybody fluid that is visibly contaminated with blood, and all bodily fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
- 21.0** Parenteral – The piercing of mucous membranes or the skin barrier through such events as needling sticks, human bites, cuts, and abrasions.
- 22.0** Personal Infection Control (PIC) Kits – Department issued waist pack, that has protective/isolation equipment and shall be worn on every individual EMS clinician on an EMS related incident.
- 23.0** Personal Protective Equipment – Equipment is worn to minimize exposure to hazards that cause serious workplace injuries and illnesses. These injuries and illnesses may result from contact with chemical, radiological, physical, electrical, mechanical, or other workplace hazards. Personal protective equipment may include items such as gloves, safety glasses and shoes, earplugs or muffs, hard hats, respirators, coveralls, vests, and full bodysuits.
- 24.0** Regulated Waste – Liquid or semi-liquid blood or other potentially infectious material (OPIM); contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM.
- 25.0** Shall – Indicates a mandatory requirement.
- 26.0** Sharps with engineered injury protections – A non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medication or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.
- 27.0** Source Individual – Any individual, living or dead, whose blood or body fluids, or other potentially infectious materials (OPIM's) could be a source of occupational exposure to an employee/member.
- 28.0** Standard Precautions – An approach to infection control in which all human blood and body fluids are treated as if known to be infected with bloodborne pathogens, including but not limited to, Human Immunodeficiency Virus (HIV), Hepatitis B (HBV), and Hepatitis C Virus (HCV). Therefore, appropriate personal protective equipment (PPE) shall be worn for all procedures/tasks where there may be a potential or anticipated exposure to blood and body


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fluids or other potentially infectious materials (OPIM's).

- 29.0** Sterilize– The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
- 30.0** Work Practice Control– Are controls that reduce the likelihood of exposure to communicable diseases by altering the manner in which a task is performed. Examples of work practice controls are prohibiting the recapping of needles, utilizing the one-handed scoop technique when recapping needles, and hand washing.

D. POLICY

- 1.0** OSHA requires employers to perform exposure determination concerning employees/members who may incur occupational exposures to blood or OPIM. This program has been developed in accordance with the National Fire Protection Standards 1581 and 1582 Infection Control Program and OSHA – Bloodborne Pathogens Standard 29 CFR 1910.1030, “Occupational Exposure to Bloodborne Pathogens. COVID-19 components are blended into this plan as the requirements are the same as those for Airborne and Bloodborne Pathogens.
- 2.0** This Exposure Control Plan shall be accessible to employees within 15 working days of their request, reviewed and updated at least on an annual basis in accordance with the Occupational Safety and Health Administration (OSHA), through 29 Code of Federal Regulations (CFR) 1910.1030 – Bloodborne Pathogens and reflective of all applicable state and federal regulations. A copy of the approved plan is available through the Deputy Chief of EMS.
- 3.0** Responsibilities
- 3.1** Members
- 3.1.1** Complying with the infection control practices outlined in the Infection Control Plan.
- 3.1.2** Immediately notifying the SCFRD On-Duty Supervisor of exposure to a communicable disease, blood and body fluids, or other potentially infectious materials (OPIM's)
- 3.1.3** Completing the Injury and Illness & REMS packet and give completed forms to the On-Duty Supervisor no later than **24-hours** post incident for documentation, counseling, and follow-up, as appropriate.
- 3.1.4** Scheduling and maintaining appointments with the physician or designated medical facility as recommended.
- 3.1.5** Maintaining confidentiality of source patients regardless of exposure to communicable diseases, blood and body fluids, or other potentially infectious

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materials (OPIM's).


- 3.1.6 Notifying the hospital staff to utilize proper isolation precautions when transporting patients with known or suspected communicable disease.
- 3.1.7 Reporting directly to the nearest medical center in the event of a life-threatening exposure/injury involving communicable diseases, blood and body fluids, or their potentially infectious materials (OPIM's).
- 3.1.8 Utilizing sick leave when experiencing no-work-related fever, flu-like symptoms, vomiting, diarrhea, lesions, and rashes of unknown origin and/or productive cough to minimize the risk of transmission of communicable diseases or other employees/members and to the public we serve.

3.2 Supervisors/Managers

- 3.2.1 Support and enforce compliance with the Infection Control Program.
- 3.2.2 Correct any unsafe acts and refer any individuals for remedial training if required.
- 3.2.3 Mandate safe operating practices on scene and in station.
- 3.2.4 Notification
 - 3.2.4.1 Notify the Infection Control Officer immediately of all reported communicable disease exposure.
 - 3.2.4.2 Completing the Injury Packet for all injuries or illnesses as the result of confirmed communicable disease exposure and forwarding the completed packet to the Designated Infection Control Officer within **24-hours** of receiving documents.
 - 3.2.4.3 Notifying, coordinating, communicating, and assisting the Infection Control Officer with members infection control concerns and exposure follow-up.

3.3 Training

- 3.3.1 Ensure initial medical evaluations, immunizations, and infection control training have been completed prior to allowing any individual to begin EMS response.
- 3.3.2 Participate in education and training programs prior to active duty and attend ongoing education and training programs.
- 3.3.3 Comply with the CDC work restriction guidelines.


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3.4 Designated Infection Control Officer

- 3.4.1 Providing 24-hour communicable disease exposure advice, post-exposure follow-up, and referral to the Occupational Health & Safety office, Reese Medical Associates.
- 3.4.2 Documentation of pre-and-post-testing, counseling, and medical treatment for exposure to communicable diseases, blood and body fluids, or other potentially infectious materials (OPIM's).
- 3.4.3 Documentation that employees/members have been informed about medical conditions resulting from the exposure incident.
- 3.4.4 Maintaining medical records on communicable disease exposures and treatment and some vaccination records.
- 3.4.5 Coordinating Vaccination Programs
 - 3.4.5.1 Ensuring members are offered and receive the Hepatitis B Vaccine within ten (10) working days of assignment. Obtaining the Hepatitis B Waiver/Request Form indicating acceptance or refusal of the Hepatitis B Vaccine or any desired change, as appropriate.
- 3.4.6 Reporting and documenting employee/member failure to keep follow-up appointments and treatments to the Occupational Safety and Health office, Reese Medical Associates.
- 3.4.7 Maintaining CONFIDENTIAL infection control exposure and immunization records for the duration of employment plus 30 years.
- 3.4.8 The Infection Control Officer will notify and interview employees/members involved in the exposure incident to determine the extent of exposure if any. The employee/member will be referred to the Panel of Physician.

3.5 Mary Washington Health and Wellness

- 3.5.1 Notifying the Infection Control Officer immediately of communications from hospitals, Medical Examiner's Office, and Medical Centers related to possible exposure to communicable diseases.
- 3.5.2 Forward written confirmed or suspected communicable exposure notices from hospitals, Medical Examiner's Office, and medical centers to the Infection Control Officer within **24-hours**.
- 3.5.3 Providing a written list identifying employees/members who may have

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transported a patient with a contagious disease.

3.6 Occupational Health Contractor

3.6.1 Providing Occupational Health and Safety post-exposure counseling, testing, follow-up appointments, and medical treatment.

3.7 SCFRD Trainers

3.7.1 Coordinating members new hire and annual education and training programs and developing infection control policies and procedures.

3.7.2 Maintaining training records.

4.0 Work Practice/Engineering Controls

4.1 Standard Precautions

4.1.1 Personal protective equipment (PPE) shall be worn for all procedures/tasks where there may be a potential or anticipated exposure to blood and body fluids or other potentially infectious materials (OPIM's).

4.1.1.1 OPIM include: Cerebrospinal Fluid, Synovial Fluid, Amniotic Fluid, Pericardial Fluid, Vaginal secretions, and Semen.

4.1.2 Hand Washing

4.1.2.1 Hands shall be washed before and after direct patient care and after touching blood and body fluids or other potentially infectious materials (OPIM's).


4.1.2.2 Hands shall be washed before eating, drinking, applying cosmetics, changing contact lenses, and after using the lavatory facilities.

4.1.2.3 Hands shall be washed immediately or as soon as feasible after the removal of gloves or other personal protective equipment (PPE).

4.1.2.4 Procedure

4.1.2.4.1 Scrub hands for at least 15 seconds, rinse hands under running water, dry with a paper towel, and use a paper towel to turn off the water.

4.1.2.4.2 Foamed alcohol hand degermer or antibacterial towelettes shall be used when hand-washing facilities are not readily available. When towelettes or alcohol foam degermer are used, cleanse hands for 60 seconds

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and wash hands with soap and running water as soon as possible.

*4.1.2.5 *Remember Hand washing is the most effective means to prevent the spread of infection. Wearing gloves does not mean you do not have to wash your hands.*

4.1.3 Food and Specimens

4.1.3.1 Eating, drinking, smoking, applying cosmetics or lip balm, chewing gum, and handling contact lenses is prohibited in areas where there is a risk of occupational exposure to blood and body fluids or OPIM's. Examples include emergency response vehicles and equipment disinfection areas. Storage of food and drinks are prohibited in places where blood and body fluids or OPIM's are kept.

4.1.4 Equipment and Clothing

4.1.4.1 All Specimens of blood and body fluids or OPIM's must be contained in leak proof containers or biohazardous plastic bags during handling and transport.

4.1.4.2 Equipment that may become contaminated shall be inspected for blood and body fluids or OPIM's on a regular basis and decontaminated as necessary.


4.1.4.3 Removal of blood and body fluids or other potentially infectious materials (OPIM's) from the skin and/or clothing must be done as soon as possible.

4.1.4.3.1 Work uniforms contaminated with blood and body fluids or OPIM's must be removed as soon as possible for more thorough cleaning.

4.1.4.3.1.1 Gloves will be worn when handling contaminated clothing prior to bagging and all contaminated clothing will be removed as soon as possible. Always wash hands after removal of PPE.

4.1.4.3.2 Clothing soiled with body fluids must be placed in a clear plastic bag until washed/laundered at the station.

4.1.4.3.3 If disinfection is not feasible, place the work uniform into a red bag for disposal at the nearest hospital.

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4.1.5 Procedure

4.1.5.1 Members should complete an Infection Control Exposure Report to track gear contamination and/or disposal.

4.1.5.2 Loss/Damage Reports should be completed and forwarded with the Clothing Request Form to Logistics & Support Services for replacement of contaminated work uniforms.

4.1.5.3 DO NOT SEND CONTAMINATED PPE OR WORK UNIFORMS TO LOGISTICS AND SUPPORT SERVICES.

4.1.6 Needleless Systems, Needle Devices, Non-Needle Sharps and Sharps Disposal

4.1.6.1 Needleless systems must be used for:

4.1.6.1.1 Withdrawal of body fluids after initial venous or arterial access is established.

4.1.6.1.2 Administration of medications or fluids.

4.1.6.1.3 Any other procedure involving the potential for an exposure incident for which a needleless system is available as an alternative for the use of needle devices.

4.1.6.2 In certain instances when needleless systems are not used, needle devices with engineered sharps injury protection must be used for:

4.1.6.2.1 Withdrawal of body fluids.


4.1.6.2.2 Accessing a vein or artery.

4.1.6.2.3 Administration of medications or fluids.

4.1.6.3 Non-needle sharps must include sharps injury protection. The only exceptions to the above requirements are:

4.1.6.3.1 The engineering control is not available in the marketplace.

4.1.6.3.2 In a rare situation, the licensed health care professional directly involved in a patient's care determines, in the reasonable exercise of clinical judgement, that use of the engineering control will jeopardize the patient's safety or the success of a medical procedure involving the patient. Such a determination must be documented

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in the patient's medical record.

4.1.6.3.3 After extensive evaluation, the Safety Committee determines that the available engineering control(s) is not more effective in preventing exposure incidents that alternative mechanism (e.g., work practices).

4.1.6.3.4 The engineering control does not have reasonably specific and reliable information on its safety performance and is being evaluated to determine such efficacy.

4.1.6.4 Staff Education for Sharps Safety Products.

4.1.6.4.1 Education regarding the use of all engineering controls such as sharps safety devices is provided prior to implementation of such devices and as needed to assure appropriate and successful use of all engineering controls.

4.1.6.5 Sharps Disposal.

4.1.6.5.1 **Never** attempt to re-sheath, break, bend, or otherwise manipulate contaminated needles or sharps.

4.1.6.5.2 Immediately after use, needles/sharps must be placed in a puncture resistant, leak-proof container with a color-coded red biohazard symbol.

4.1.6.5.3 The sharps container must be kept upright at all times. These containers are commonly referred to as a sharps boxes and kept on all ambulances, medic units, and at the hospital.


4.1.6.5.4 **When two-thirds (2/3) full**, the sharps container shall be left at the hospital for proper disposal.

4.1.6.5.5 Do not remove contaminated needles and other contaminated sharps from the device.

4.1.6.5.6 Do not overfill sharps containers and never put used needles in the trash.

4.1.6.6 EXECPTION to sharps disposal.

4.1.6.6.1 Contaminated sharps may be bent, recapped, or

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removed from device if:

4.1.6.6.1.1 The procedure is preformed using a mechanical device or a one-handed technique, AND;

4.1.6.6.1.2 It can be demonstrated that no alternative is feasible or such action is required by a specific medical procedure.

4.1.6.6.2 Procedure

4.1.6.6.2.1 One-handed recapping is accomplished by placing the needle cap on a horizontal, firm surface and placing the needle into the cap, lifting the capped needle vertically, and then securing the cap to the needle.

4.1.6.6.3 TWO-HANDED RECAPPING IS STRICTLY FORBIDDEN.

4.2 Personal Protective Equipment (PPE).

4.2.1 Personal Protective Equipment (PPE) for personnel shall be available in each vehicle and will include, but not be limited to disposable gloves, utility gloves, bag/mask device, protective eyewear & mask (surgical), N-95 or P100 half-mask respirators by 3M, gowns, waterless hand wash solution, a biohazard bag, and department uniforms (Extra supplies are located in the station).

4.2.2 Personal Infection Control (PIC) Kits – Mandatory Requirement.


4.2.2.1 All Operational members that will come in contact with a patient shall be issued a PIC kit. Members needing a PIC kid shall contact EMS 2.

4.2.2.2 Shall be worn by each individual EMS Clinician on EMS-related incidents where exposure to bloodborne, airborne or OPIM exists.

4.2.2.3 Personnel is responsible for the care, maintenance, and security of PIC Kits.

4.2.2.4 Minimum equipment shall include: 1-Set of protective eyewear, 1-N95, 2-medical gowns, one set of non-sterile exam gloves.

4.2.2.5 Additional equipment such as a pen lights, trauma sheers, and other supplies may be stored in the PIC kids. Additional items shall be clean and disinfected as needed.

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4.2.3 Use of PPE

4.2.3.1 The station officer will ensure that PPE is available and shall be worn for any task or procedure in which direct contact with blood or body fluids or OPIM's of the patient is anticipated.

4.2.3.2 Surgical mask and eye protection (goggles, helmet, visor, or glasses) shall be worn when splashing of blood, body fluids, OPIM, or when there is suspicion that an individual may have an airborne transmissible disease, to prevent mucous membrane exposure of the eyes, nose, and mouth.

4.2.3.2.1 Eye protection must meet the American National Standards institute Z87.1 requirement.

4.2.3.3 N95 respirators use;

4.2.3.3.1 Performing aerosol-generating procedures on the patient suspected for or diagnosed with COVID-19, medication condition suggested of an airborne disease, suspicion of active pulmonary tuberculosis, meningitis, chicken pox, measles, whooping cough or other airborne illness.

4.2.3.3.2 Consider for overdose incidents.

4.2.3.3.3 Location with potential for aerosolized mold and human/animal waste.


4.2.3.4 If a bag valve mask (BVM) is not available, pocket masks shall be utilized by all personnel who is trained in the administration of CPR, the proper use of the pocket mask, and the method for proper disposal or cleaning.

4.2.3.5 Disposable exam gloves shall be worn for ALL patient contact.

4.2.3.5.1 Department issued gloves shall meet minimum standards established by the National Fire Protection Association (NFPA) 1999.

4.2.3.5.2 These gloves may be worn under turnout gloves when extrication is necessary. The turnout gloves can then be quickly removed, leaving the examination gloves for intricate patient care procedures.

4.2.3.6 Open wounds or rashes must be covered with a waterproof dressing

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(for example, tegaderm) prior to providing direct patient care.

4.2.3.7 Heavy-duty utility gloves should be used when cleaning contaminated equipment, surfaces or when disposable gloves are insufficient. They can be washed and reused as long as they are not torn or cracked. Leather-Gloves are to be worn for extrication and search activities.

4.2.3.8 Radios, stretchers, or equipment that is touched or handled while wearing gloves contaminated or soiled with blood or body fluids or OPIM's must be considered contaminated until disinfected.

4.2.4 PPE shall be removed promptly after use of personal protective equipment in an emergency situation. An investigation will be conducted by the Infection Control Officer to determine if the non-use of personal protective was warranted to meet the needs of the patient.

4.2.4.1 If an employee declines the use of personal protective equipment in an emergency situation. An investigation will be conducted by the Infection Control Officer to determine if the non-use of personal protective was warranted to meet the needs of the patient.


4.2.4.2 Guide for the Use of Personal Protective Equipment.

Task	Gloves	Eyewear/ Mask	Gown
Airway	X	X	Available
CPR	X	X	If splatter or splash is anticipated
Decon Equipment	Medical	If splatter or splash anticipated	If splatter or splash anticipated
Extrication	Utility	X	If splatter or splash anticipated
Delivery	X	X	X
Epi-Pen	X	X	None
Suction	X	X	X
Trauma	X	X	If splatter or splash is anticipated
Vital Signs	X	X	None
Blood Glucose Assessment	X	X	None

****Personnel shall wear medical gloves, masks & eye protection during all phases of patient care.**

4.2.5 EMS vehicle ventilation.

4.2.5.1 For transport of patient suspect for or diagnosed with an airborne or

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droplet transmitted disease (example: COVID-19), the rear exhaust fan is to be turned on the high setting for duration of transport.

4.2.5.2 The HVAC system should be on the non-recirculating cycle.

4.3 Isolation/Communicable Diseases

4.3.1 Isolation precautions shall be used in addition to Standard Precautions for suspected/confirmed communicable disease/conditions.

4.3.2 Isolation precautions are based on the route of transmission of the disease/condition. **Airborne**, **Droplet**, and **Contact** are the three isolation categories that are currently recognized by the Centers for Disease Control and Prevention (CDC).

4.3.3 Clinicians should avoid contact with all moist and potentially infectious body substances. Hand washing immediately after glove removal even in the absence of visible soiling.

4.3.4 COVID-19

4.3.4.1 Wear an approved mask, during periods of high and substantial transmission ALL employees shall wear a mask in the workplace. During low to moderate community transmission, unvaccinated employees will wear a mask in the workplace.

4.3.4.2 Social Distance – The employee should maintain 6 feet and practice social distancing as work duties permit in the workplace.


4.3.4.3 Disinfect and Clean workspaces – Clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment routinely.

4.3.4.4 Stay home if sick – Employees shall notify their supervisor if they feel sick for additional guidance. (See Attachment #2 – Work Restrictions Guidelines) for additional guidance.

4.3.4.5 Return to Work – May return to work if it has at least been 5 days from onset of symptoms, symptoms have improved, 24-hours fever free without the use of fever reducing medications and following a telephone interview with supervisor, 24-hours prior to return to work date.

4.4 Vaccination and Immunization Practices

4.4.1 See Attachment #1 for a complete list of Vaccination Practices/procedures.

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4.5 Respiratory Protection Program

4.5.1 The Department will meet all compliance mandates with the OSHA 29CFR 1910.134 requirements.

4.6 Work Restrictions, Communicable Diseases, and Occupational Exposure Guidelines.

4.6.1 All members shall follow standard precautions.

4.6.2 Members who are exposed to a communicable disease on or off duty should contact your supervisor and DICO as soon as possible.

4.6.3 All illnesses listed under the work restriction guidelines program (Attachment #2 – Work Restrictions Guidelines) are to be reported to the DICO.

4.7 Post Exposure Incident, Evaluation, and Follow-up.

4.7.1 Post exposure actions:

4.7.2 Step 1 – Immediately Clean injured area

4.7.2.1 Wash the injured area with soap and water or germicidal hand washing solution.

4.7.2.2 Eye or mouth exposure rinse with tepid water for 15 minutes.


4.7.3 Step 2 – Report Incident/Exposure

4.7.3.1 **All blood, body fluids or OPIM's** (COVID-19 excluded) exposures shall be reported immediately to the SCFRD On-Duty shift supervisor. Shift supervisor shall immediately contact the Deputy Chief of EMS, who is responsible for medical follow-up and referrals.

4.7.3.2 The exposed EMS provider upon arrival at the Emergency Department will contact Mary Washington Health & Wellness nurse immediately. Monday – Friday 0730-1600, call 540-741-3600, if after hours or holidays call 540-741-1100, ask for the Health and Wellness nurse to be paged. If there is no response in 15 minutes, call 540-741-1100 and ask for Tami Jefferies to be paged.

4.7.3.2.1 Notify the Emergency Department Charge Nurse of your exposure and need for source patient testing.

4.7.3.3 Complete the Rappahannock Emergency Medical Services (REMS) Exposure report. Turn in copy of the completed reports to the Charge Nurse. *MWHC/REMS Exposure Packets are available in the EMS Rooms.

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4.7.3.4 SCFRD Providers must also complete the department injury packet and submit within **24-hours** of incident.

4.7.4 Step 3 – Employee/Member Counseling and Documentation.

4.7.4.1 The Infection Control Officer, or his/her designee, shall conduct the post-exposure evaluations and counseling.

4.7.5 Step 4 – Confidential post-exposure evaluation and follow-up counseling sessions.

4.7.5.1 Conducted by Infection Control contractor (Reese Medical Associates) within 72 hours (PEP medications shall be offered within 72 hours, as appropriate), and at no cost to employees/members who have been exposed to blood and body fluids or OPIM's.

4.7.5.2 Counseling shall include at a minimum, information related to HIV, HBV, HCV, standard precautions, and emotional/medical concerns.

4.7.6 Step 5 – Laboratory Testing and Informed Consent.


4.7.6.1 Mary Washington's Health & Wellness Department, or their designee, shall obtain source patient information. This shall include patient identification and the circumstances under which the exposure incident occurred, if feasible.

4.7.6.1.1 Laboratory testing shall be done on the source individual as soon as feasible after informed consent is obtained in order to determine HBV, HCV, HIV status. If the source patient's HBV, HCV, and HIV status are known, these tests do not need to be repeated.

4.7.6.1.2 When the law does not require the source individual's informed consent, the source individual's blood shall be tested and the results documented.

4.7.6.1.3 If the source is unable to be tested the member will contact the Designated Infection Officer and be referred to Reese Medical Associates for baseline testing.

4.7.6.1.4 If the source patient results return positive for HBV, HCV, or HIV the employee will be referred to Reese Medical Associates for baseline and follow-up testing as needed.

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4.7.6.1.4.1 The employee, if deemed necessary, will be offered Hepatitis B (HBV), Human IMMUNODEFICIENCY virus (HIV, Hepatitis C, and VDRL testing.

4.7.6.1.5 Exposures that require medical treatment (Prophylaxis) will be offered treatment that is in accordance with the published protocols set forth by the CDC.

4.7.6.1.5.1 Protocols for HBV, HCV, HIV, Syphilis, Tuberculosis, and COVID-19 are available.

4.7.6.1.5.2 If the exposure involves HIV and falls under the CDC Guidelines for offering post-exposure prophylaxis (PEP) the physician will access the CDC consultation line “expert” recommendations. The CDC consultation line can be reached by calling: 1-888-448-4911.

4.7.6.1.5.1 Confidential elements will include the following;


4.7.6.1.5.2 Documentation of the route of exposure, and the circumstances under which the exposure occurred: **In the state of Virginia, consent is NOT required.**

4.7.6.1.5.3 Results of the testing of the source individuals blood test shall be made available to the exposed employee. The exposed employee should hold this information **confidential**.

4.7.6.1.5.4 It is **NOT** a HIPAA violation for the medical facility to give the source patient’s test results to the exposed employee.

4.8 Airborne/Droplet Exposures

4.8.1 As required under the Ryan White Notification Law and OSHA, the medical facility will notify the DICO if a crew transported a patient suspect for or diagnosed with an airborne or droplet transmitted disease. The DICO will then interview the crew to determine if an exposure occurred.

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4.8.2 COVID-19 exposure, symptoms, or positive test results shall be reported when appropriate PPE was not utilized during incident response or off-duty exposure has occurred. Member will notify supervisor for determination (See attachment #1 work restriction guidelines).

4.9 Cleaning and Waste Disposal

4.9.1 Handling of Medical Waste

4.9.1.1 In accordance with Virginia State Law the Environmental Protection Department and OSHA regulation (9VAC20-120-140), all items will be placed into red biohazard waste bags and given to the medical facility for disposal or reprocessing. This includes dressing, contaminated medical equipment, and contaminated protective (non-cleanable) clothing.

4.9.1.2 All Sharps will be placed directly into a rigid container that is leak proof, puncture-resistant, and exhibit the universal biohazard symbol.

4.9.1.3 Medical waste is disposed of at Mary Washington Healthcare Center.

4.9.2 Cleaning, Disinfection and Sterilization

4.9.2.1 There are three distinct levels of patient care equipment, each of which requires a different level of cleaning/decontamination.


4.9.2.1.1 **Non-Critical Equipment** – such as stethoscopes and blood pressure cuffs. This level of equipment requires **Cleaning**.

4.9.2.1.2 **Semi-Critical Equipment** – such as stretchers, vehicle walls and floors, communication headsets, and defibrillators. This level of equipment requires **Disinfection**.

4.9.2.1.3 **Critical Equipment** – such as non-disposable resuscitation equipment or intubation equipment. This level of equipment requires **Sterilization or High-Level Disinfection**.

4.9.3 Cleaning

4.9.3.1 Cleaning is the physical removal of dirt and debris. Use of soap and water, combined with scrubbing action is the **KEY** to rendering all items safe for patient use.

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4.9.3.2 All equipment requires a minimum of cleaning prior to any required disinfection.

4.9.4 Disinfection

4.9.4.1 Disinfection is reducing the number of diseases producing organism by physical or chemical means.

4.9.4.2 Members should clean the item with soap and water then apply a Disinfection solution. **Solutions such as bleach and water at a 1:100 dilution ratio are acceptable disinfectants.**

4.9.4.3 A fresh Disinfectant Solution must be made every day.

4.9.4.3.1 **DO NOT** use bleach solution in the cleaning of electronic equipment unless recommended by the manufacturer.

4.9.4.4 Refer to the MSDS for each Disinfectant Solution to decide what personal protective equipment may be needed. Remember, Disinfectants can be toxic or caustic. Disinfection Solution should have an EPA Registry Number.

4.9.4.5 Routine disposal of the germicidal cleaning water in the drainage system is acceptable.

4.9.5 High-level of disinfection

4.9.5.1 High-Level Disinfection is the use of chemical liquids for sterilization. Members should clean items then place them in special solutions for a prescribed time. Items need to be removed using a sterile water.


4.9.5.2 Then items must be stored in sterile wrapping until the next use.

4.9.6 Cleaning Schedule

4.9.6.1 Station cleaning shall be done every day and focus on “high-touch” areas.

4.9.6.2 Emergency response apparatus shall be cleaned and disinfected at the beginning of every shift.

4.9.6.2.1 All emergency response apparatus shall be cleaned after each emergency incident using a disinfection solution.

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4.9.6.2.2 All vehicles that are contaminated with blood/body fluids will be cleaned and disinfected immediately after patient transport. This is to be documented in the station log book.

4.9.6.2.2.1 Disinfection of blood covered areas will be done with Bleach/Water solution at 1:100 dilution = ¼ cup bleach per gallon of water dilution. This solution can be used for 24-hours. Diluted bleach solution must NOT be stored in glass bottles.

4.9.6.3 Decontamination of the entire vehicle will be done by weekly and documented in the station log book.

4.9.6.4 In-station cleaning supplies will be maintained in the designated cleaning area. This will allow for adequate ventilation and rinsing of equipment.

4.9.6.5 Documentation of the cleaning will be noted on the Cleaning Record Form (Attachment #3). Variance from the standard will be set by the supervisor and based upon patient call volume.

4.9.6.6 Any equipment used and taken to the medical facility and left with the patient will be cleaned by the medical facility prior to return to the department. This is in accordance with OSHA 1910.1030.

4.9.6.7 All primary cleaning of apparatus shall be done at the station in the bay area.


4.9.6.8 Cleaning of apparatus not performed at the hospital shall be done in the decontamination area (typically apparatus bays of stations).

4.9.7 Contaminated Laundry

4.9.7.1 All bags containing contaminated uniforms will be placed in appropriate bags and send them back to the station to be washed. Individuals charged with laundering the contaminated clothing will put on gloves (heavy-duty dishwashing style).

4.9.7.2 Procedure

4.9.7.2.1 Carefully open the bag and empty the contents into the washing machine. If there is a chance for blood splatter, then a cover gown should be worn. No special solution needs to be added to the wash. No special

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washing cycle is required. No special washing machine is required. Use a normal washing method for uniforms.

4.9.7.3 Turnout Gear that is contaminated with blood or OPIM is to be bagged in a red biohazard bag and turned into logistic for appropriate cleaning. Follow the manufacture's recommendation for turnout gear.

4.9.7.4 To prevent possible contamination outside the work environment, station uniforms shall not be worn home and should be laundered at work as stated in OSHA's 29 CRF 1910.1030 – Bloodborne Pathogens.

4.9.8 Mandatory Infection Control Requirements.

4.9.8.1 All EMS Transport and Non-Transport Units.

4.9.8.1.1 Must be stocked with the minimum quantities of infection control equipment as outlined in Attachment #4 (VA OEMS Vehicle Supplies).

4.9.8.1.1.1 All employees/members are responsible for restocking the vehicle prior to returning vehicles to service.

4.9.8.2 Fire and Rescue Stations


4.9.8.2.1 Must maintain stock of the minimum quantities of infection control equipment as outlined in TABLE 2. All supervisors are responsible for restocking/ordering station supplies.

4.10 Education and Training

4.10.1 Stafford County Fire Rescue Department will ensure that training is offered in the appropriate language and word level for all members. Each member will have access to a copy of the OSHA standard and the department Infection Control Plan.

4.10.2 Training must include: A general explanation of communicable disease, Education regarding the use of all engineering controls such as sharps safety devices, and information on the appropriate person to contact for communicable disease exposure incidents, including but not limited to medical follow-up.

4.10.3 All members are required to receive infection control training **prior to riding**

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apparatus and/or providing patient care.

4.10.4 Mandatory refresher training will be conducted **annually** in accordance with established OSHA guidelines.

4.10.4.1 The DICO is responsible for the development and implementation of the Bloodborne Pathogens and Infectious Disease training program.

4.11 Record Keeping

4.11.1 The DICO will ensure that accurate record keeping will be established and maintained for each employee/member deemed to be risk for occupational exposure.

4.11.1.1 All member medical records will be kept confidential, contents will not be disclosed or reported to any person without the member's written consent, except as required by law or regulation.

4.11.1.2 All medical files will be locked and maintained by the DICO in conjunction with Reese Medical Associates.

4.11.1.3 Employee/member medical records will be maintained for at least the duration of their employment plus thirty years in accordance with OSHA standard, 1910.1030.

4.11.1.3.1 Records can be accessed upon written request and will be received within 15 days of request.

4.11.1.4 Information for the medical records will include Employee Name, A copy of the hepatitis B vaccine record, titer results, TB status, consent/denial forms, a copy of results of examination and follow up procedures.

4.11.1.5 As required by the OSHA regulations;


4.11.1.5.1 A copy of the healthcare providers written opinion(s) following an exposure;

4.11.1.5.2 A copy of the information provided to the healthcare provider as required to assist with medical follow up.

4.11.1.6 The Sharps Injury Log

4.11.1.6.1 All contaminated sharps injuries must be recorded.

4.12 Compliance Monitoring

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4.12.1 The Department must provide personal protective equipment, education, and training, pos-exposure reporting/follow-up for its employees at risk for exposure. They must also identify members that have job responsibilities placing them at risk and conduct compliance monitoring activities on a regular basis. The time frame between monitoring will be decided by the designated officer.

4.12.2 Members must comply with the established policy/procedures set forth in the Exposure Control Plan.

4.12.3 The purpose of compliance monitoring is to verify that the program for reducing member exposure is “on track”. It will also ensure that the service follows all applicable laws, standards, and guidelines. Compliance monitoring will also serve to identify training needs or problem identification.

4.12.4 This policy follows the OSHA General Duty Clause, Duties, Section 5 (b) – “each employee shall comply with occupational safety and health standards and all rules, regulations, and orders issued pursuant to this Act which is applicable to his own actions and conduct”.

4.12.5 Disciplinary Action Policy

4.12.5.1 The purpose of the exposure control plan is to reduce the risk for occupational exposure. Our plan is effective if followed as written. Periodic and unannounced monitoring will be conducted to ensure that employees are complying with this plan.

4.12.5.2 Compliance with the exposure control plan is a member’s responsibility. Non-compliance will be noted and records maintained of each incident and member interview. Retraining and education will be offered.

4.12.6 Training Records

4.12.6.1 All training records will be maintained for three (3) years. Training records are not confidential records and will be provided upon request to the employee/member or the employee/member’s representative within 15 days of the request.



STAFFORD COUNTY FIRE AND RESCUE
Attachment #1 FRD 100.253 Infection Control

Vaccination and Immunization Practices

Hepatitis B Vaccine (HBV)

- a. The Hepatitis B vaccine is recommended for all employees/members with anticipated occupational exposure to blood and body fluids or other potentially infectious materials (OPIM's). Exceptions are employees/ members who have received the complete vaccine series, have antibody testing that indicates immunity, or have a medical contraindication for the vaccine.
- b. The Hepatitis B vaccine is offered at no cost, within ten working days of initial assignment, during education and training sessions and annually. The Hepatitis B vaccine is administered as a series of three (3) injections at 0, 1 and 5-month intervals.
- c. Employees/ Members who accept or refuse the Hepatitis B vaccine must sign a consent or declination statement (waiver). The declination statement (waiver) can be rescinded at any time and the Hepatitis B vaccine shall be provided at no cost to the employee/member. Compliance with the vaccine schedule is the employee/member's responsibility.
- d. Employees who can show proof of previous vaccination against hepatitis B or who can document that they are antibody positive will not be candidates for the vaccine because they have immunity.
- e. Employees with a documented allergy to yeast will be offered HEPTAVAX HB (Plasma derived) vaccine. Should they decline to receive this vaccine, they will be asked to sign a declination form with added information on their allergy status.
- f. Each employee/member will receive an immunization card that will note the dates of administration of each dose of vaccine for their personal record.
- g. The Designated Officer will maintain complete records on vaccine administration. Records will be maintained for the duration of the employee's employment plus an additional thirty (30) years. If the individual is on the department for less than one (1) year, the records will be released to the individual at termination.
- h. Employees who decline the vaccination and decline to sign the declination form will be referred for counseling and possible administrative action under the disciplinary action policy.
- i. Currently, there are no formal recommendations from the Centers for Disease Control for booster doses of the Hepatitis vaccine at any interval. Should a formal recommendation for a booster be published, Stafford County Fire & Rescue Department will make booster doses available to "at risk" employees free of charge.

Varicella Vaccine (Chicken Pox)

1. Employees/members immunity to varicella will be reviewed and documented at pre-employment and during their scheduled health screenings. Varicella immunity can be documented by proof of prior immunization, reliable history of varicella infection, or a positive serologic titer. If the titer is negative, he/she will be offered the varicella vaccine at no cost unless medically contraindicated.



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2. Employees/members who receive the varicella vaccine should submit proof of vaccination for inclusion in their medical record

Influenza (Flu)

1. Flu vaccine will be offered to all employees free of charge (use of medical insurance is acceptable) and is recommended at the beginning of September and ending in mid- December of each year. The flu vaccine will be administered at designated dates, times, and locations as reported by the EMS division.
2. If receiving the flu vaccination from the EMS division a consent or declination form will need to be signed by the employee and will be retained on file in the employee/members medical record.
3. Employees/members who receive the flu vaccine should submit proof of vaccination for inclusion in their medical record

COVID-19

1. The COVID-19 vaccine is recommended for all employee/members with anticipated occupational exposures. The Stafford County Fire & Rescue Department may track employee compliance of the vaccine as required by the OSHA Temporary COVID-19 Regulation. Tracking will be monitored by the use of vaccine consent and declination forms and/or confidential electronic recording by the Designated Infection Control Officer.



STAFFORD COUNTY FIRE AND RESCUE
Attachment #2 FRD 100.253 Infection Control

2 RECOMMENDED WORK RESTRICTIONS FOR COMMUNICABLE DISEASES IN HEALTH CARE WORKERS

POST-EXPOSURE	WORK RESTRICTIONS	DURATION
NOTE: ALL EXPOSURES AT HOME AS WELL AS AT WORK SHOULD BE EVALUATED		
Ebola Virus (and other hemorrhagic fever viruses)	Determine whether physical exposure has actually occurred. Follow CDC guidelines. Monitor to assess the presence of fever or other symptomatology.	Through day 21 post-exposure.
Measles (Rubeola) (susceptible employees)	Exclude from work.	From day 5 through day 21 post-exposure and 4 days after onset of rash.
Meningococcus		
• asymptomatic employees	No restriction. Prophylaxis is recommended.	While asymptomatic.
• symptomatic employees (fever, intense headache, lethargy, stiff neck, and/or a rash that does not blanch under pressure)	Exclude from work. Close contacts and family members should be monitored.	
Mumps (susceptible employees)	Exclude from work.	From day 12 through day 26 post-exposure, or until 9 days after onset of parotitis.
Pertussis		
• asymptomatic employees	No restriction. Prophylaxis is recommended.	
• symptomatic employees	Exclude from work.	Until 5 days after initiation of antimicrobial therapy.
Rubella (susceptible employees)	Exclude from work.	From day 7 through day 21 post-exposure.
Varicella (Chicken Pox or Shingles)		
• Non-immune employees exposed to varicella zoster (chicken pox) or uncovered herpes zoster (shingles)	Exclude from work.	From day 8 through day 21 post-exposure.
• Vaccinated employees (those who have received 2 doses of vaccine)	Monitor daily during days 8-21 post-exposure. Exclude from work immediately if symptoms develop (fever, headache, skin lesions).	Until varicella is ruled out or lesions are dry and crusted.
ACTIVE DISEASE	WORK RESTRICTIONS	DURATION
Acute febrile respiratory illness / influenza-like illness (ILI) (temperature $\geq 38^{\circ}\text{C}$ or 100°F)	Exclude from work.	Until acute symptoms resolve and temperature $<100^{\circ}\text{F}$ for at least 24 hours without the use of antipyretic medications.
Conjunctivitis (Bacterial)	Exclude from work.	Until discharge (constant tearing) ceases and for 24 hours after effective treatment is initiated.

ACTIVE DISEASE	ACTIVE DISEASE	ACTIVE DISEASE
Conjunctivitis (Viral)	Exclude from work if experiencing tenderness in front of ears (preauricular lymphadenopathy) temperature $\geq 100^{\circ}$ F, work restrictions recommended by a physician, or eye drainage.	If adenovirus conjunctivitis is diagnosed, may RTW only when medically cleared by a physician (may remain infectious for ≥ 7 days).
Cytomegalovirus	No restrictions.	
Diarrheal diseases:		
• Acute stage (diarrhea with other symptoms)	Exclude from patient care and food handling.	Until symptoms resolve.
• <i>Clostridium difficile</i> (C-diff)	Exclude from work.	Until free from diarrheal stools for 72 hours and completion of antibiotic regimen.
• <i>E. coli</i>	Exclude from work.	Until symptoms resolve. Consultation is needed to verify the employee is asymptomatic and is educated on hand hygiene. Food handlers require 2 negative stool cultures.
• <i>Salmonella</i>	Exclude from work.	Until symptoms resolve. Consultation is needed to verify the employee is asymptomatic and is educated on hand hygiene. Food handlers require 2 negative stool cultures.
• <i>Shigella</i>	Exclude from work.	Until symptoms resolve. Consultation is needed to verify the employee is asymptomatic and is educated on hand hygiene. Food handlers and direct care providers are required to be asymptomatic and have 2 negative stool cultures 24 hours apart and ≥ 48 hours from last dose of antibiotics.
Diphtheria	Exclude from work.	Until symptoms resolve.
Enterovirus (Hand Foot & Mouth Disease)	Exclude from work.	Until symptoms resolve.
Hepatitis A	Exclude from patient care, contact with patient's environment, and food handling.	Until 7 days after onset of jaundice or 14 days after diagnosis if no jaundice.
Hepatitis B	May not perform exposure-prone invasive procedures until cleared by Employee Health. Infection Control and Employee Health will review and recommend procedures the employee can perform.	Until Hepatitis B serology indicates immunity to infection.
Hepatitis C	May not perform exposure-prone invasive procedures until cleared by Employee Health. Infection Control and Employee Health will review and recommend procedures the employee can perform.	Indefinitely (the majority of infected individuals become chronically infected).

ACTIVE DISEASE	WORK RESTRICTIONS	DURATION
COVID-19		
Unvaccinated and vaccinated employee-Symptomatic (suspected or confirmed COVID-19 positive)	Exclude from Work.	At least 5 days from onset of symptoms, symptoms have improved and 24 hours fever free without the use of fever reducing medication. Returning on the 6 th day, with strict mask usage days 6-10
Unvaccinated and vaccinated employee-Asymptomatic (confirmed COVID-19 positive)	Exclude from Work.	At least 5 days from positive test returning on the 6 th day, with strict mask usage days 6-10



STAFFORD COUNTY FIRE AND RESCUE
Attachment #3 FRD 100.253 Infection Control

Infection Control Equipment

Below is the minimum equipment requirements for Licensed Response Vehicles

EMS Transport Vehicles

- Waterless Antiseptic Hand Wash – 2 Bottles
- Exam Gloves – One (1) box each size
- Disposable Gowns – Eight (8)
- Faceshield/Eye wear – Four (4)
- Infectious Waste Bags – Four (4)
- Surgical Masks – Two (2) boxes
- N-95 – Two (2) Boxes
- Towels – Two (2)
- Blankets – Two (2)
- Sharps Container – One (1)
- Antiseptic Towelettes – one (1) container
- Bleach Solution – One (1) gallon bottle
- Avistat-D – Two (2) bottles

Non-EMS Transport Vehicles

- Waterless Antiseptic Hand Wash – 1 Bottle
- Exam Gloves – One (1) box each size
- Disposable Gowns – five (5)
- Faceshield/Eye wear – One for each riding position
- Infectious Waste Bags – Two (2)
- Surgical Masks – one (1) box
- Towels – Two (2)
- Blankets – Two (2)
- Sharps Container – One (1)
- Antiseptic Towelettes – one (1) container



STAFFORD COUNTY FIRE AND RESCUE
Attachment #4 FRD 100.253 Infection Control

**GUIDE TO THE CARE OF SPECIFIC CONTAMINATED
EQUIPMENT**

ITEM PROCEDURE

AIRWAY BACKBOARDS	1
BITE STICKS	1
B/P/CUFFS	2,3,5
BULB SYRINGE	1
CERVICAL COLLARS	1 or 2 (gross contamination)
DRESSINGS/PAPER PRODUCTS	1
DRUG BOXES	2,3
FIREFIGHTER , PPE	5
KED	3
LARYNGOSCOPE BLADES	4 or 1
LINENS	1 or 5
MAST SUIT	3
NEEDLES/SYRINGES	1
O2 CANNULAS/MASKS	1
HUMIDIFIERS	1
PENLIGHTS	2
RESTRAINTS	2 or 3
BAG/MASK DEVICE	1
SCISSORS	2 or 3
SPLINTS	2 or 3
STETHOSCOPE	2 or 3
STRETCHER	2 or 3
STYLETS	1
SUCTION CATHETERS	1
SUCTION JARS	1
UNIFORMS	5

Key:

- 1 = DISPOSE
- 2 = CLEANING (Soap & water)
- 3 = DISINFECTION (Bleach/water @ 1:100 or Sani-Cloth plus or Equivalent.
- 4 = HIGH-LEVEL DISINFECTION
- 5 = LAUNDER