

Huntington Beach Fire Department

Applicable (✓) to the following personnel:

- | | | | |
|----------------------|--------------------|---------------|-----------------------|
| Fire Administration | Fire Prevention | Fire Captain | Firefighter Paramedic |
| Chief Officer | ✓ Fire Suppression | Fire Engineer | Firefighter |
| ✓ Ambulance Operator | | | |

Infection Control and Disinfecting Procedures for COVID-19

The Center for Disease Control (CDC) has released recommendations for infection control and disinfecting procedures for pre-hospital personnel managing contact and transport of a person under investigation for COVID-19 (PUI). The CDC has also released a recommended list of cleaners to use which will eliminate the COVID-19 virus that may be residually left on a surface/counter, etc. The **only** product from this list that is currently in our inventory is the Clorox Bleach Germicidal Wipes. We are working on acquiring Cavicide1, which is approved for COVID-19 and is different than the Cavicide that we currently stock. Do not use the standard Cavicide to disinfect potential COVID-19. Cavicide1 will now be the only Cavicide available on our BoundTree website and the standard Cavicide will be phased out as it gets used for non-COVID-19 disinfecting.



Approved Disinfectants for COVID-19



Not for Use on COVID-19

The main method of transmission is from droplets. Best practice is to maintain a minimum distance of 6 feet, if possible. Also, placing a surgical mask on the patient for source control will dramatically decrease the chance of transmission to medical personnel. Universal precautions with gloves, goggles, gown, and N95 mask are required for patient contact. P100 masks should be used by anyone near the patient during aerosolizing procedures like CPR, intubation, CPAP, etc.

The goal for the treatment of these patients is to provide care outdoors or inside of the emergency transport unit, rather than in the environment where we found them. This will limit personnel exposure to potential fomites inside the occupancy. Try to avoid the use of our medical equipment inside the occupancy for the same reason.

For PUIs, utilize single-use disposable items, as possible. This would include disposable BP cuffs, SPO2, etc. Avoid allowing the patient to touch items within the Emergency Transport Unit. The disposable SPO2 sensor will provide a heart rate on the Philips MRx

screen as well. Utilize the cardiac monitor 3-lead if necessary to obtain a baseline rhythm if indicated based on your assessment, however, if a regular heart rate is acceptable, this can be obtained through the disposable SPO2 sensor.

Be certain to remove/change gloves when returning to the apparatus to open compartments, restock, and decon equipment. During transport, the driver and any passenger must doff gloves and gown before entry into the cab. Upon hospital arrival, gloves should be applied again before making contact with the patient. After transferring the patient to the emergency department, immediately bring the gurney outside of the ED and back to the ET unit. Do not allow anyone to touch the gurney. Change into a clean pair of gloves. Do not use contaminated gloves to open compartment doors on the ET unit to obtain cleaning supplies. Until further notice, **utilize ONLY the Clorox Bleach Germicidal Wipes** or **Cavicide1 spray** and thoroughly wipe down the gurney, soaking areas where the patient made contact. Currently, no other cleaning products we carry are recommended by the CDC for use in disinfecting COVID-19. Allow the residual liquid to air dry over 2 minutes.

Use an approved disinfectant to wipe down all medical equipment that was in contact with the patient or possibly in contact with droplets from the patient coughing, sneezing, or otherwise spreading body fluid. Wipe down all surfaces thoroughly and place all single-use medical equipment, wipes, towels, gloves, etc into a red bag and dispose of them correctly within the emergency department. Wipe down the exterior of the Clorox Bleach Germicidal Wipes container after use is complete and do this with a new set of gloves. This will avoid any potential contamination on the wipe container itself.

Any equipment that was brought into an occupancy with a PUI shall be completed in the same manner as above. Any part of the equipment which made contact with the interior of the occupancy needs to be wiped down (bottom of the cardiac monitor or drug box if it is placed on the floor, etc.). Also, ensure the disinfecting of the ePCR is completed as well. The virus can live on the surface of phones and tablets for up to 96 hours.

Once disinfecting is complete, wash hands thoroughly and avoid touching your face at any point during patient contact or cleaning procedures. Consider removal of uniform and laundry if there is potential for contamination or if your patient was classified as a "high-risk" (fever, cough, international travel and/or contact with someone who had recent international travel). When utilizing laundry, use the highest water temperature setting for washing and laundry dry completely before wearing it again. You can utilize the standard provided laundry soap.

During shift work, ensure to wash hands multiple times a day, beyond post-patient care. Wash hands after using the restroom, before eating, before food prep, etc. The best way to avoid transmission is to wash hands consistently and avoid touching your face. While washing hands, use a copious amount of soap with warm water. Wash

hands and create as much friction as possible, and wash for a minimum of 20 seconds. Alcohol-based hand sanitizer with at least 60% alcohol may be used for hands if soap and hot water are not readily available.

It is recommended at the start of each shift, a thorough disinfecting of frequently used equipment takes place, including door handles, compartment handles, interior door handles, seat belts, handheld radios, headsets, etc.

Contact Jeff Lopez, Battalion Chief/EMS at ext 5376 with any questions.

APPROVED:  _____
Jeff Lopez, Battalion Chief/EMS

DATE: 3/7/2020