



# CITY OF WINTER FIRE RESCUE

## STANDARD OPERATING GUIDELINE

# 320

**Vehicle Cleanliness and Decontamination**

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**Purpose:** To insure that ambulances that are being used for patient transport are properly cleaned after every transport in a standardize manner. To provide for the most sterile environment for Fire Department personnel and the patients they serve. This cleaning and disinfecting procedure is required and essential to ensure employee safety as well as that of the patients that are treated and transported daily.

**Scope:** The overall goal of infection prevention practices is to eliminate the risk of the transmission of pathogens between patients and between patients and the health care worker. The following recommendations should be implemented when cleaning and disinfecting.

**General:** Cleaning of critical items/equipment is an important step in the disinfection process to ensure the disinfecting of the items/equipment will be successful. Cleaning must be thoroughly done before “processing” because organic material may protect microorganisms from the disinfection process.

### **320.01 Routine Cleaning After Transport and Daily Cleaning**

Routine cleaning methods should be employed throughout the vehicle with special attention in certain areas as specified below:

1. Clean and disinfect non-patient-care areas of the vehicle according to the vehicle manufacturer’s recommendations.
2. Non-patient-care areas of the vehicle, such as the driver’s compartment, may become indirectly contaminated, such as by touching the steering wheel with a contaminated glove. Personnel should be particularly vigilant to avoid contaminating environmental surfaces that are not directly related to patient care (e.g., steering wheels, light switches). If the surfaces in the driver’s compartment become contaminated, they should be cleaned and disinfected according to the recommendations in item 4 below.

3. Wear non-sterile, disposable gloves that are recommended by the manufacturer of the detergent/disinfectant while cleaning the patient-care compartment and when handling cleaning and disinfecting solutions. Dispose of gloves if they become damaged or soiled or when cleaning is completed, in a sturdy leak proof bag that is tied shut and not reopened. Never wash or reuse disposable gloves. Avoid activities that may generate infectious aerosols. Eye protection, such as a faceshield or goggles, may be required if splashing is expected. Cleaning activities should be supervised and inspected periodically to ensure correct procedures are followed.
4. Frequently touched surfaces in patient-care compartments (including stretchers, railings, medical equipment control panels, adjacent flooring, walls, ceilings and work surfaces, door handles, radios, keyboards and cell phones) that become directly contaminated with respiratory secretions and other bodily fluids during patient care, or indirectly by touching the surfaces with gloved hands, should be cleaned first with detergent and water and then disinfected using an EPA-registered hospital disinfectant in accordance with the manufacturer's instructions. Ensure that the surface is kept wet with the disinfectant for the full contact time specified by the manufacturer. Adhere to any safety precautions or other recommendations as directed (e.g., allowing adequate ventilation in confined areas, and proper disposal of unused product or used containers).
5. Non-porous surfaces in patient-care compartments that are not frequently touched can be cleaned with detergent and water. Avoid large-surface cleaning methods that produce mists or aerosols or disperse dust in patient-care areas (e.g., use wet dusting techniques, wipe application of cleaning and/or disinfectant solutions).
6. Clean any small spills of bodily fluids (e.g., vomit from an ill patient) by cleaning first with detergent and water followed by disinfection using an EPA-registered hospital disinfectant from EPA List D or E in accordance with the manufacturer's use instructions and safety precautions.
7. Large spills of bodily fluids (e.g., vomit) should first be managed by removing visible organic matter with absorbent material (e.g., disposable paper towels discarded into a leak-proof properly labeled container). The spill should then be cleaned and disinfected as above.
8. Place contaminated reusable patient care devices and equipment in biohazard bags clearly marked for cleaning and disinfection or sterilization as appropriate.
9. Clean and disinfect or sterilize reusable devices and equipment according to the manufacturer's recommendations.
10. After cleaning, remove and dispose of gloves as instructed in a leak proof bag or waste container. State and local governments should be consulted for appropriate disposal decisions. Barring specific state solid or medical waste

regulations to the contrary, these wastes are considered routine solid wastes that can be sent to municipal solid waste landfills without treatment. .

11. Immediately clean hands with soap and water or an alcohol-based hand gel. Avoid touching the face with gloved or unwashed hands.

### **320.02 Equipment Cleaning**

Patient restraint straps (spine board, stretcher); remove immediately when contaminated with blood or body fluids or body substances/secretions and place in a red or appropriately marked biohazard bag.

1. Straps are washed upon return to the station in an appropriate detergent according to manufactures instruction and recommendations.
2. Air or machine dry as recommended

Equipment bags made of Cordura nylon; remove from service immediately when contaminated with blood, body fluids, or body substances/secretions and place in a red or appropriately marked biohazard bag.

1. The bags will be washed upon return to the station in appropriate detergent according to manufacturer instructions and recommendations.
2. Air or machine dry as recommended.

### **320.03 Contaminated Protective Firefighting Ensemble**

Turnouts that have been contaminated should be removed from the individual, bagged in a red bag or appropriate biohazard container and taken to the station. The turnouts should be first hosed off and brushed using liquid detergent that does not have any chlorine products. Once hosed off, the coat and pants should be separated from the liner (if possible) and quarantined from potential contact.

The quartermaster should be notified of the contaminated clothing as soon as possible.



James E. White  
Chief of Department