

East Lake Tarpon Special Fire Control District



SOP 511.1 Pandemic Flu Plan

**Implementation
Date: 10/27/2009**

Revision Date(s): 10/27/2009

Reviewed Date(s):

Forms or Attachments: None

Purpose:

The Pandemic Flu Plan is designed to offer guidance, continuity and organization to the delivery of emergency medical care during a significant infectious disease outbreak or pandemic. The plan seeks to achieve rapid containment to achieve the safety of personnel and patient accountability in order to reduce exposures and maximize the use of available EMS resources while providing reasonable patient care in the environment of limited resources. The department will seek to sustain public safety activities during times of prolonged or extended duress and recover and return to “normal” operations as quickly and safely as possible.

Scope:

This policy applies to all East Lake Tarpon Special Fire Control District (ELTSFCD) personnel. Company officers will be responsible for training their companies and individual firefighters are responsible for becoming familiar with and putting the policy into practice.

Definitions:

Alternate Medical Treatment Sites (AMTS): AMTS set up to care for patients with pandemic illness. Schools, churches, public buildings set up through the Public Health or volunteer agencies to care for the sick.

Epidemic: A localized outbreak of an infectious disease

Flu Terms:

Seasonal (or common) flu is an annual, recurring respiratory illness that can be transmitted person to person. Most people have some immunity and a vaccine is usually available.

Avian (or bird) flu is caused by the H5N1 or other identified influenza virus that may occur naturally among wild birds. This type of flu virus can be deadly to domestic fowl and can be transmitted from birds to humans.

Swine Flu is caused by the H1N1 influenza virus. This type of virus has already proven to be able to transmit human to human. H1N1 signs and symptoms include:

- Fever above 100.4
- Cough, sore throat
- Runny or stuffy nose
- Body aches
- Headache
- Chills
- Fatigue
- A significant number of sick people also reported diarrhea and vomiting.

Pandemic flu is virulent human flu that causes a global outbreak - or “pandemic” - of serious illness. Because there is little and/or natural immunity, the disease can spread easily from person to person.

Isolation: Sequestration of patients with infectious disease to prevent pathogen spread.

N95/N100 Masks: NIOSH rated particulate respirators.

Pandemic: The spread of a disease throughout a country, continent, or the world.

Pandemic EMS Activation Levels:

- WHO-3: No or very limited human to human transmission.
- WHO-4: Evidence of increased human to human transmission
- WHO-5: Evidence of significant human to human transmission.
- WHO-6: Efficient and sustained human to human transmission. Overwhelming impact on EMS and medical systems.

PPE: Personal Protective Equipment. Fit-tested HEPA masks, gloves, gowns, shields, eye protection.

Quarantine: Sequestration of individuals who have been exposed to infectious disease, but are not symptomatic, until a determined incubation period has passed.

WHO: World Health Organization.

Procedure:

I. Coordination

Unlike a typical emergency, a pandemic will occur over time and its impact will grow with the spread of the virus. To ensure employees have access to consistent information, ELTSFCD, in conjunction with Pinellas County resources, such as the Office of the Medical Director, Health Department, EMS Administration and other Pinellas fire rescue agencies will utilize several different means of existing communications to discuss health risks, family needs, staffing and service modifications. The Paramedic EMS Coordinator (LK 500) shall be the department's representative to these coordination efforts.

In addition, ELTSFCD will coordinate all staffing impacts of potential flu cases with its neighboring fire rescue agencies and cooperate to the extent possible to keep regular EMS units in-service through a shared work force policy.

It is likely and desirous that Pinellas County EMS working in concert with the Public Health component will develop a system wide plan that will deal with the "big picture" EMS system delivery during a pandemic event.

To the extent possible, this SOP will support and implement those system wide plans and may require modifications leading up to and during a pandemic event.

II. Phased Implementation Approach

The pandemic EMS Phases as identified in the State of Florida plan and included in the definitions shall serve as the ELTSFCD benchmark to implement different responses to a pandemic flu event. As the World Health Organization (WHO) activation levels increase in response to the spread of pandemic flu cases, this plan will escalate in its response with all lower level procedures remaining in place as other, more stringent procedures are introduced.

It is likely and desirous that Pinellas County EMS will develop its own set of system trigger points during a pandemic event to best suit the needs of the overall EMS delivery system. To the extent possible, this SOP may be modified to reflect these "home system" trigger points.

- A. LEVEL 3 - WHO-3: No or very limited human to human transmission.
- Review plan with all personnel and consider implementation of employee screening for symptoms, temperature and exposure.
 - Implement mandatory personal protection guidelines when responding to possible pandemic patients:
 - Based on current dispatch guidelines.

- Dispatch will alert responding crews.
- Crews also mandated to implement protection if patient displays specific signs and symptoms
- Review plans to manage increased volume of bio-hazard infectious waste.

B. LEVEL 4 - WHO-4: Evidence of increased human to human transmission.

- Review implementation of Level 3 operational changes.
- Implement mandatory personal protection guidelines on all responses.
- Masks, goggles, gloves, gowns, etc.
- Minimize time spent in infectious environment.
- Minimize number of people in close contact with patient.
- Increase efforts at personal hygiene and decontamination.
- Decontaminate EMS equipment
- Based on call volume and work loads, consider implementing alternative staffing plan
- Begin screening employees coming to work for symptoms, temperature, and exposure to ill patients.
- Continually survey employees' availability.
- Ensure availability of needed medical and non-medical items at stations to support sustained operations.
- Review and begin to practice agency "facilities plan, "to ensure vehicle equipment and personnel decontamination prior to entering station living quarters.
- Station quarters, including offices, "day room" and bunk rooms should be considered "sterile environment", with adequate decontamination of personnel required before entering. If the haz-mat environment is applied to this concept:
 - Scene is considered "hot zone
 - Truck bays and de-con areas are "warm zones"
 - Living quarters are "cold zones"
 - Assess volume of bio-hazard, infectious waste for increased vendor pick-ups or storage

C. LEVEL 5 - WHO-5: Evidence of significant human to human transmission.

- Review implementation of Level 4 operational changes.
- Monitor daily instructions and direction from Pinellas County EMS and Office of the Medical Director. Patient care will be provided according to any modified response, treatment, and transportation plans as directed by Medical Director. These modifications could include:
 - No response to minor complaints.
 - BLS response too many previous ALS calls.

- Possible pandemic flu patients transported to designated hospitals or alternative medical treatment sites, if identified.
- Consider securing fire station facilities, cancelling scheduled use of fire station community meeting room and eliminating all non-emergency activities, i.e. public education demonstrations, CPR courses, etc.
- Consider work schedule changes that may include altering the current 24/48 schedule to a 24/24 schedule or personnel reporting for extended, undetermined periods of time and other alternatives to achieve adequate staffing of apparatus.
- Fire rescue staff may contact off-duty employees to maintain a ready for duty situational status.

D. LEVEL 6 - WHO-6: Efficient and sustained human to human transmission. Overwhelming impact on EMS and medical systems.

- Review implementation of Level 5 operational changes.
- Monitor daily instructions and direction from Pinellas County EMS and Office of the Medical Director. Patient care will be provided according to any modified response, treatment, and transportation plans as directed by Medical Director. These modifications could include:
 - No response to minor complaints.
 - BLS response too many previous ALS calls.
 - Possible pandemic flu patients transported to designated hospitals or alternative medical treatment sites, if identified.
- Secure fire station facilities, cancelling scheduled use of fire station community meeting room and eliminating all non-emergency activities, i.e. public education demonstrations, CPR courses, etc.
- Implement any work schedule changes deemed appropriate to maintain adequate staffing.
- Fire rescue staff will contact off-duty employees to maintain a ready for duty situational status.

III. Employee Screening for Signs, Symptoms and Exposure

It will be the policy of ELTSFCD that with the potential of seasonal flu symptoms, colds and allergies to be similar to the H1N1 (Swine Flu) virus that all employees will be screened for health fitness. If employees exhibit signs or symptoms of the flu virus they shall call the EMS Coordinator/Infectious Disease Officer or their designee prior to their shift to make the determination of whether the employee reports to work.

- Employee reports symptoms that do not meet the H1N1 definition, such as colds, allergies, etc – If the employee does not report for duty they must keep in contact with the Infectious Disease Officer to report status of symptoms prior to returning to work on the next regularly assigned shift.
- Employee reports signs or symptoms meeting H1N1 definition– Do not report for duty.
- Recent exposure to H1N1 without signs or symptoms – Report for duty.
- Immediate family with signs or symptoms of H1N1 but employee is asymptomatic – Report for duty.
- Employees reporting H1N1 signs or symptoms while on-duty will be sent home.
- Employees suffering H1N1 signs or symptoms will not report for duty for seven consecutive days or 24-hours after becoming asymptomatic, whichever is greater.
- Leave hours shall be used in the order of sick leave, then vacation leave then unpaid leave.

During Level 5 or Level 6 operations fire rescue staff may contact employees ahead of their regularly scheduled shift to ascertain their health status and availability for duty.

IV. Essential Services, Continuity of Operations and Staffing

As the impact of a pandemic event worsens, services may be reduced, and staffing modifications are likely. Unlike a traditional emergency with a limited duration, a pandemic with great impact could last for extended periods of time with re-occurring waves that significantly impact our workforce and the service we provide. The Fire Chief and the Administrative Staff will determine the essential services within the department. During heightened risk in Level 5 or Level 6 operations, the fire department may reduce its normal operations to deliver the following essential services:

- Emergency and non-emergency response to all fire incidents
- Emergency and non-emergency response to all EMS incidents
- Administrative support of emergency and non-emergency operations

The Department shall conduct planning for cross-training both staff and shift personnel to ensure critical functions within the Department are covered to the greatest extent possible. When feasible, no less than three people should be cross-trained on critical skills. Critical skills would include apparatus operation, extrication operations and other similar skills that rise above required EMS and firefighting skill sets. Each Shift Officer shall assess and identify their personnel and conduct the necessary training to reach a “three deep” expertise within their shift to fill vital roles.

The Fire Chief shall base planning assumptions for staffing and operations with a loss of one entire shift and 50% of the administrative staff. This will include prioritizing service programs and the order in which they will be suspended or eliminated with incremental staffing shortages and attempt to indicate when it would be necessary to request staffing from other departments should shortages occur at vital positions.

In the event of a pandemic emergency, the following uniformed administrative staff personnel may be temporarily reassigned to field positions:

- 1 Fire Chief F/F EMT
- 1 Deputy Chief F/F EMT
- 1 Division Chief F/F Paramedic
- 3 District Chiefs F/F Paramedic

When conditions are present that present a shortage of the required number of personnel to minimally staff the on-duty ELTSFCD shift, the Fire Chief in coordination with the Shift Officers may reduce or assign staffing by unit type in the following order:

1. Rescue - staffing at two - one Paramedic one EMT
2. Engine Company staffing at two – one shift/acting officer, one FF/Paramedic, one FF/EMT (Minimum of 1 Paramedic).
3. Requesting and utilizing neighboring department personnel to fill vacant positions on Truck or Engine.
4. Reassign identified ELTSFCD staff positions to fill, vacant positions.
5. Identify and report in advance of the need to place Squad or Engine units out of service and cover with move-ups or second due units.

In addition, it may become necessary to alter the normal shift work assignments of ELTSFCD personnel. The EMS Coordinator/Infectious Disease Officer shall monitor the health status of all personnel and report to the Fire Chief when loss of staffing may result in operational deficiencies. The Fire Chief, in coordination with the shift officers, may alter shift assignments to ensure a continuous response capability including:

- Institute an altered shift staffing plan that may include a 2-shift work rotation of 24 on/24 off, 12 on/12 off or some other variation to continue the provision of services
- Recall personnel to extended work periods
- Other shift staffing solutions

V. Personnel Protective Equipment (PPE), Supply Logistics and Facility Maintenance

East Lake Tarpon Special Fire Control District has obtained and inventoried N95 masks, gloves, hand cleaner and protective eyewear. Additional EMS PPE supplies are available for order and delivery through the Sunstar warehouse system. Bulk supplies will be appropriately warehoused at the Sunstar warehouse until the risk warrants distribution to ensure its availability and suitability for use. ELTSFCD will conduct N95 mask fit testing on all personnel to insure the proper size and particulate protection.

Fire station cleaning and disinfecting supplies are stocked in the station and available for order and delivery through ELTSFCD's inventory ordering system.

During Heightened Risk in Level 5 or Level 6 operations the following actions shall be practiced by ELTSFCD personnel to limit the spread of the flu virus:

- Practice universal precautions per the Department's Infectious Disease Exposure Control Plan. Gloves, N95 filter masks, and protective eyewear shall be worn when dealing with high-risk persons (someone who has been exposed to; has signs and symptoms or has been diagnosed by a physician). These protective devices offer a layer of enhanced protection, but do not guarantee protection.
- Have the person of risk wear a surgical mask to further help with reducing the spread of germs.
- Maintain a distance of at least six feet, when possible during communications with others to reduce the likelihood of airborne risk. This social distancing is a method of helping slow or reduce the spread of a virus.
- Increase cleaning of tools and equipment that are frequently used or touched i.e.: stretchers, gear bags, door handles, phones, computer keyboards and mouse, elevator buttons, television remote controls, etc.
- Company officers will emphasize the need for hand washing following guidelines within the Infectious Disease Exposure Control Plan.
- Normal weekly duty assignments for disinfecting the fire station shall be undertaken daily and at any time a surface, i.e., equipment box, table top, counter top, door handle, bathroom fixture etc., is identified as having a possible exposure.
- Employees washing their hands in toilet rooms shall utilize a towel when touching fixtures and door handles. Additional waste baskets will be provided at the toilet room exteriors for the disposal of hand washing drying towels.

VI. Additional Information

The following information is provided outside the scope of this SOP for personnel to reference and use in training. In addition, all personnel should review the pertinent portions of the Infectious Disease Exposure Control Plan.

Family Support

The care and well-being of ELTSFCD employees is the number one priority and is paramount to ensuring our ability to professionally serve the public. Employees are strongly encouraged to have a family emergency plan.

Employees and their family members will have to shop, buy gas and have other limited public interaction during the course of a pandemic. They may also need to care for sick family members and be exposed to the pandemic illness. Simple, basic precautions are the best way to prevent infection. Remind your family to:

- Practice “Social Distancing”. Limit exposure to possibly infected individuals.
- Be careful what you touch and wash hands often with soap and water or alcohol based hand cleaner.
- Cover your cough. If a family member has a cough, have them wear a mask.
- In a pandemic situation, wear a simple procedure mask if you are within 6’ of anyone.
Clean surfaces that may have been contaminated.
- Exchange your emergency contact and medical information with your neighbors and family.
- Arrange for someone to check on your family.

One suggestion for taking care of yourself and your family is to prepare an “Employee Support Pack” or “HomePack”. The HomePack items are intended to support the guidelines above and offer protection away from home. As part of family disaster preparedness, employees may wish to purchase additional supplies for Infectious Disease HomePacks. The numbers provided below will support employee for up to 30 days. Increase amounts for the number of family members. Suggested items include:

- 1 box of 30 – 50 Procedure or Surgical masks - NOT fitted HEPA masks¹
- 1 box of Nitrile or Latex Gloves – 50 pair²
- Small containers of alcohol-based hand cleaner³ **or**
Antimicrobial hand wipe packets³
- Surface disinfectant wipes – such as Clorox or other non-chlorine wipes⁴
- Eye protection⁵

Prepare now, in the event of a pandemic, availability of many supplies will be severely limited.

¹ **Not reusable. Remove carefully and discard after exposure.** Medical experts agree that simple Procedure/Surgical masks are the most appropriate mask for general use. Flu virus is spread by droplets and simple masks offer protection. Rated (N95 or greater) masks must be individually fitted to offer rated protection and are only recommended for health care workers doing medical procedures within 3' of patients. In general, cone shaped particle masks do not provide a very good fit for larger and smaller faces. Use flat masks similar to Procedure or Surgical masks. If they fit you properly they are probably OK. Fit tested HEPA masks are uncomfortable for long term use and much more expensive.

² **Not reusable. Remove carefully and discard after exposure.** Nitrile gloves are recommended because of latex allergies in some individuals and because latex may break down in the presence of some cleaning products. If neither is available, consider vinyl.

³ **Available in a variety of stores.** Small, 1-2 oz. containers of alcohol based waterless hand cleaners are readily available, inexpensive, convenient and can be refilled. **Label should indicate 60% or greater alcohol content.** Examples are Purell and Avagard D Rated Hand Disinfectant packets are generally not available from consumer sources.

⁴ **Available in a variety of stores** NOT FOR HAND CLEANING. At home, normal disinfectant cleaners are adequate. Surface Disinfectant Wipes come in a large tub of >100. Keep in original sealed container for storage. For portability, place a convenient number in a zip lock bag.

⁵ Wrap around Safety Glasses or shields that provide splash protection.

Preventing the transmission of a novel virus:

- A fit tested, procedure mask (N95) or better, covering the caregiver's nose and mouth when providing direct care within one meter of the patient (three feet).
- Protective eye wear when providing direct care within one meter of the patient.
- Hand hygiene (i.e., using alcohol-based hand sanitizer or washing hands: before seeing the patient; after seeing the patient and before touching the face; and after removing and disposing of personal protective equipment.

- Examination procedures that minimize contact with droplets (e.g., sitting next to rather than in front of a coughing patient when taking a history or conducting an interview or examination)

All personal protective equipment cleared by FDA must be able to block the passage of small particles the size of most infectious materials. FDA is not aware of any studies that specifically test PPE with any influenza virus, and manufacturers have submitted no such data to FDA. Thus neither FDA, nor a manufacturer, knows to what extent PPE will protect you against novel influenza such as “Swine flu”. Keep in mind that other infection control practices, such as hand-washing, isolating sick patients, and using appropriate coughing etiquette, are also important to minimize your risk of infection.

CDC (Centers for Disease Control and Prevention), not FDA, makes recommendations for infection control practices, including recommendations specific to influenza.

As part of its overall infection control recommendations, CDC recommends that healthcare workers wear the following personal protective equipment during the care of a patient with suspected or confirmed flu (influenza) or novel virus:

- Surgical/N95 masks
- Medical gloves
- Surgical gowns

For more information about current CDC recommendations for controlling the spread of the flu, see <http://www.cdc.gov/>.

Droplet Transmission

Transmission occurs from large droplets that are equal to or over 5 microns in diameter. Examples of organisms transmitted by droplet transmission include: influenza virus, rubella virus, *Bordetella pertussis*, and respiratory tract viruses (e.g., adenovirus, rhinovirus, respiratory syncytial virus). Theoretically, droplet transmission is a form of contact transmission. However, the mechanism of transfer of the pathogen to the host is quite distinct from either direct- or indirect-contact transmission. Droplets are generated from the source person primarily during coughing, sneezing, and talking, and during the performance of certain procedures such as suctioning and endotracheal intubation. Transmission occurs when droplets containing microorganisms generated from the infected person are propelled a short distance through the air and deposited on the host's conjunctivae, nasal mucosa, or mouth. Because droplets do not remain suspended in the air, special air handling and ventilation are not required to prevent droplet transmission; that is, droplet transmission *must not* be confused with airborne transmission. Prevention of droplet transmission involves masking the source individual with a surgical mask or oxygen mask and the care giver, utilizing N95 mask, eye and gown protection,

especially when performing any procedure with the potential to generate respiratory droplets or aerosolization including, but not limited to: nebulized therapy, open suctioning, endotracheal intubation, bag-valve mask ventilation, non-invasive ventilation (i.e., CPAP, BiPAP), and ventilation using high frequency oscillation. These procedures pose a higher risk for transmission to the health care worker and others in the area where they are performed, but they do not necessarily pose high risk to the patients on whom the procedures are done.

Airborne Transmission

This type of transmission occurs by dissemination of either airborne droplet nuclei (small-particle residue [5 microns or smaller in size] of evaporated droplets containing microorganisms that remain suspended in the air for long periods of time) or dust particles containing or carrying the infectious agent. Microorganisms carried in this manner can be dispersed widely by air currents and may become inhaled by a susceptible host within the same room or over a longer distance from the source patient, depending on environmental factors; therefore, special air handling and ventilation are required to prevent airborne transmission.

Microorganisms transmitted by airborne transmission include *Mycobacterium tuberculosis* and the rubella and varicella viruses. In transport vehicles this can be accomplished by ventilation via non-recirculation AVAC and/or opening windows.

Masks, Respiratory Protection, Eye Protection, Face Shields

Various types of masks, goggles, and face shields are worn alone or in combination to provide barrier protection. A mask that covers both the nose and the mouth, and goggles or a face shield are worn by pre-hospital personnel during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions to provide protection of the mucous membranes of the eyes, nose, and mouth from contact transmission of pathogens. The wearing of masks, eye protection, and face shields in specified circumstances to reduce the risk of exposures to bloodborne pathogens is mandated by the OSHA bloodborne pathogens final rule. Surgical masks, but not N95 masks can and should be used on patients with respiratory illness if tolerated by the patient to limit the spread of droplets. N95, N100, and other type of respiratory masks need to have been fit tested for size and effective fit for the provider. An ongoing annual fit testing program for public safety personnel that meets the NIOSH guidelines for respiratory protection must be instituted in each department that is using respiratory protection.

Hand Washing and Gloving

Hand washing frequently is called the single most important measure to reduce the risks of transmitting organisms from one person to another or from one site to another on the same patient. The scientific rationale, indications, methods, and products for hand washing have been delineated in other publications. Washing hands as promptly and thoroughly as possible between patient contacts and after contact with blood, body fluids, secretions, excretions, and equipment or articles contaminated by them is an important component of infection control and isolation precautions. In addition to hand washing, gloves play an important role in reducing the risks of transmission of microorganisms.

Gloves are worn for three important reasons in pre-hospital settings.

1. Gloves are worn to provide a protective barrier and to prevent gross contamination of the hands when touching blood, body fluids, secretions, excretions, mucous membranes, and non-intact skin the wearing of gloves in specified circumstances to reduce the risk of exposures to bloodborne pathogens is mandated by the OSHA bloodborne pathogens final rule.
2. Gloves are worn to reduce the likelihood that microorganisms present on the hands of personnel will be transmitted to patients during invasive or other patient-care procedures that involve touching a patient's mucous membranes and non-intact skin.
3. Gloves are worn to reduce the likelihood that hands of personnel contaminated with microorganisms from a patient can transmit these microorganisms to another patient. In this situation, gloves must be changed between patient contacts and hands washed after gloves are removed.

Wearing gloves does not replace the need for hand washing, because gloves may have small, unapparent defects or may be torn during use, and hands can become contaminated during removal of gloves. Failure to change gloves between patient contacts is an infection control hazard. Department hand washing guidelines must be reviewed on a regular basis. Hand washing procedural reminders should be posted in the work place to reinforce training and improve compliance.

Gowns and Protective Apparel

Various types of gowns and protective apparel are worn to provide barrier protection and to reduce opportunities for transmission of microorganisms in hospitals. Gowns are worn to prevent contamination of clothing and to protect the skin of personnel from blood and body fluid exposures. Gowns especially treated to make them impermeable to liquids. The wearing of gowns and protective apparel under specified circumstances to reduce the risk of exposures to bloodborne pathogens is mandated by the OSHA bloodborne pathogens final rule. The recommended use of gowns may change as the virulence of a novel influenza is established, thus it is important that Designated Infection Control Officer keep up to date on current practices by consulting with CDC and the local health department. Proper training of the donning and doffing

of gowns and all other PPE should be practiced with regularity and defined in each organizations infection control manual.

Patient-Care Equipment and Articles

Many factors determine whether special handling and disposal of used patient-care equipment and articles are prudent or required, including the likelihood of contamination with infective material; the ability to cut, stick, or otherwise cause injury (needles, scalpels, and other sharp instruments [sharps]); the severity of the associated disease; and the environmental stability of the pathogens involved. Some used articles are enclosed in containers or bags to prevent inadvertent exposures to patients, personnel and to prevent contamination of the environment. Used sharps are placed in puncture-resistant containers; other articles are placed in a bag. One bag is adequate if the bag is sturdy and the article can be placed in the bag without contaminating the outside of the bag otherwise, two bags are used.

The scientific rationale, indications, methods, products, and equipment for reprocessing patient-care equipment have been delineated in other publications and should be outlined in each public safety department's infection guide. Contaminated, reusable critical medical devices or patient-care equipment (i.e., equipment that enters normally sterile tissue or through which blood flows) or semi-critical medical devices or patient-care equipment (i.e., equipment that touches mucous membranes) are sterilized or disinfected (reprocessed) after use to reduce the risk of transmission of microorganisms to other patients; the type of reprocessing is determined by the article and its intended use, the manufacturer's recommendations, infection control policy, and any applicable guidelines and regulations. Non-critical equipment (i.e., equipment that touches intact skin) contaminated with blood, body fluids, secretions, or excretions is cleaned and disinfected after use, according to each organizational infection control policy. Disposable equipment, if available, is the most effective means of cross contamination prevention.

Contaminated disposable (single-use) patient-care equipment is handled and transported in a manner that reduces the risk of transmission of microorganisms and decreases environmental contamination in the hospital; the equipment is disposed of according to infection control policy and applicable regulations.

Routine Equipment Cleaning

The fire trucks, rescue, or any vehicles that are responding to or could have the potential of transporting persons suspected of harboring, or transmitting a novel influenza virus, are cleaned using the same procedures used for patients on Standard Precautions, unless the infecting microorganism(s) and the amount of environmental contamination indicates special cleaning. In

addition to thorough cleaning, adequate disinfection of equipment and environmental surfaces (e.g., cots, patient cables, door handles, faucet handles) is indicated for certain pathogens, which can survive in the inanimate environment for prolonged periods of time. The methods, thoroughness, and frequency of cleaning and the products used are determined by the infection control policy and most current recommendations from CDC and local health departments. Office and living quarters should be routinely cleaned with particular attention to areas such as doorknobs and keyboards that are touched by multiple workers.