BEST PRACTICES

for Systematic Cleaning and Disinfecting Ambulances and Emergency Response Vehicles

BEST

- 15-20
- CAB **COMPARTMENT**

SINFE

+

EA

ETAILED

- Remove vehicle from service after patient is transferred to hospital
- Wearing PPE, seal off patient compartment from cab if possible
- Clean cab before returning to quarters wearing PPE, if safely done
- Return to headquarters and isolate the vehicle

High Hazard **Exposure likely**

Remove all equipment

> Confirm adequate cleaning

FRONT

UV-C or FOG cab

Remove all equipment patient compartment cabinets

PATIENT

BACK

Heavy cleaning all surfaces

UV-C or FOG compartments and box

2-STEPS CLEANING + DISINFECTION REQUIRED

STEP 1

- Remove all items from the vehicle
- Remove PPE that was used during return to headquarters
- Using gloves, goggles and masks, clean all the equipment with chemicals that are safe for the equipment being cleaned (not all chemicals are appropriate for every application)
- Clean all horizontal and vertical surfaces

STEP 2

- **UV-C** disinfection should be used in both patient and driver compartments OR
- Fogger, ionizer and spray application

CAUTION: A 2-step process of cleaning + disinfecting is the only way to reduce the likelihood of additional exposure to other patients and staff. Terminal cleaning significantly reduces that likelihood.

Not all UV-C is created equal.

Power, proximity, distance and angle to surface are factors affecting UV-C. Be sure your **UV-C** is efficacy tested and proven (third party lab tested).

BETTER

10-15

Moderate

Unknown exposure

Hazard

pathogen

Sweep + mop floors

Dashboard

Door panel

Use 2nd source of cleaning at ER if possible

FRONT

Sweep + mop floors DISINFECT

All horizontal surfaces in open area

BACK

Any equipment used on patient 02 bottle, monitor etc

Sharp container

Empty garbage

- Clean any surface exposed to organic matter
- Wipe/spray hard surfaces with disinfectant
- Chemical application should have < 2 minute dwell time
- Use Quaternary Ammonia (similar) cleaner on floors
- Consider (second step) 254nm UV-C, air purification, electric-static and fogger

CAUTION: Without additional steps in cleaning, patient-to-patient and patient-to-rescuer disease transfer is possible.

Recommendations: Understanding cleaning agents is essential in pre- and post-patient care preparations. Protecting first responders is the highest priority. Ventilation, safety equipment and environmentally friendly products can assist in keeping everyone safe.

Two steps of cleaning is much more effective in protecting everyone.

Clean + Disinfect = Protect

5-10

Hazard

Exposure unlikely

Rapid turn-around



- No signs patient is contagious or of infectious disease
- Cross ventilate
- Wear appropriate safety equipment
- Wipe/spray hard surfaces with disinfectant
- Chemical application should have < 2 minute dwell time
- Concentrate on high-touch surfaces and adjacent horizontal surfaces

CAUTION: 50% effectiveness is achieved when only using chemicals to clean (N.L. Havill, 2013), with 34-36% of targeted surface being missed.

Recommendations: Read directions of all chemicals. Dwell time (wet time) is very important when properly cleaning and disinfecting. Limit exposure of chlorine and ammonia-based products and never mix products. When available, it is always recommended to use a secondary process.

(Apply disinfectants in accordance with the manufacturer's recommendations. Follow contact times and safety precautions.)



Low

FRONT

Steering wheel

Door handles

Levers

Switches

Knobs

Seatbelts

Radio(s)



+

BACK

Stretcher

Mattress

Restraints

Railings Handrails

Handles



Contact us for more information:

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