

# Hauser Lake Fire Protection District

## Policy Statement

### Administration: Infection Control Policy

Effective Date: 10 / 13 / 2014

Policy 022

Revised: \_\_\_/\_\_\_/\_\_\_

## Infectious Disease Control Plan

**Purpose:** To provide a comprehensive infection control system that maximizes protection against communicable diseases for all members and for the public that we serve.

**Scope:** This policy applies to all members, career and volunteer, providing emergency response services. It has been developed in coordination with the Infectious Disease Department at Kootenai Health. Hauser Lake Fire Protection District (HLFPD) recognizes that communicable disease exposure is an occupational health hazard. Communicable disease transmission is possible during any aspect of emergency exposure, including in-station operations. The health and welfare of each member is a joint concern of the member, the chain of command and HLFPD. Although each member is ultimately responsible for his or her own health, HLFPD recognizes a responsibility to provide a safe workplace as much as possible. The goal of this program is to provide all members with the best available protection from occupationally acquired communicable disease and to decrease the risk of transmission to others.

### Policy:

- Provide emergency response services to the public without regard to known or suspected diagnoses of communicable disease in any patient.
- Regard all patient contacts as potentially infectious. Standard/Universal precautions will be observed at all times and will be expanded to include all body fluids and/or potentially infectious material.
- Provide all response members with the training and personal protective equipment (PPE) needed for protection from communicable diseases. All response members will be offered tuberculosis screening and Hepatitis B series immunization.
- Recognize the need for work related restrictions based on infection control concerns.
- Prohibit discrimination of any member for health reasons including infection or seroconversion, or both with Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) or Hepatitis C Virus (HCV).
- Regard all medical information as strictly confidential. No member's health information will be released without the signed written consent of the member.
- Fully inform any affected members if a patient is found to carry a communicable disease and if a probable exposure occurred, defined in 29 CFR 1910.1030, as soon as possible after the medical institution becomes aware of the condition.
- Provide facilities and equipment that do not expose members to additional health risks. This need also extends to preventing the spread of health risks encountered in the work environment to a member's home, family, and friends.

### A. Infection Control Officer:

HLFPD Chief will designate an infection control officer. In their absence the HLFPD Duty Chief shall assume these responsibilities (with assistance from Infectious Disease at Kootenai Health or Panhandle Health, as needed)

1. The infection control officer shall be responsible for:

- a. maintaining a liaison with the fire department physician, the infection control representative at Kootenai Health, Panhandle Health and other pertinent health care facilities and regulatory agencies.
- b. proper actions in the case of an exposure by a member to include notification, verification, treatment, and medical follow-up of members. Additionally, that documentation of the exposure incident takes place.
- c. examining compliance procedures and engineering controls to ensure their effectiveness in accordance with the operational requirements of this standard.
- d. being knowledgeable and cognizant of the issues associated with bioterrorism pathogens and emerging infectious diseases potentially encountered during the performance of job duties, including, but not limited to, the following:
  - Identification and screening
  - Immunizations
  - PPE
  - Health effects education
  - Post-exposure management
  - Post-incident management

e. reviewing this policy annually and / or whenever necessary to new or modified tasks and procedures which affect occupational exposure. The review will solicit input from firefighters / EMTs on any safer medical devices designed to eliminate or minimize occupational exposure.

### B. Training and Education.

HLFPD shall conduct initial and annual training and education programs for all members in accordance with state or federal regulations. The training program shall include the following:

- (1) Use of PPE
- (2) Standard operating procedures for safe work practices in infection control
- (3) Methods of disposal of contaminated articles and medical waste
- (4) Cleaning and decontamination
- (5) Exposure management
- (6) Medical follow-up
- (7) Information on the epidemiology, modes of transmission, and prevention of infectious diseases.

### **C. Infectious Disease Screening and Immunizations:**

1. All firefighters / EMTs are encouraged to maintain a current tetanus vaccine.
2. Each member will be offered the Hepatitis B vaccination series without charge within 10 days of their initial assignment. If the member declines, they must sign a Hepatitis Declination form (**Appendix A**) to be placed in their personnel file. If at a later date that member wishes to participate in the Hepatitis B program they will be able to do so at no cost to them.
3. All paid HLFPD personnel are highly encouraged to receive the annual Influenza immunization. Firefighters / EMTs, support staff and Commissioners will be offered the opportunity to receive the influenza immunization at no cost to the individual.
4. Members should be made aware that other immunizations are available through Panhandle Health or Occupational Health from Kootenai Health. HLFPD assumes no liabilities for additional immunizations other than those required by this document.
5. Members should be aware of their immune status. This includes TB, measles and other diseases identified by the Occupational Health department through Kootenai Health or the Center for Disease Control (CDC). All members will be offered a follow up booster for those who are non-immune to Hepatitis B following completion of the series.
6. If a member has a positive PPD (skin test for Tuberculosis exposure) history, the member may be referred to the department's physician for consultation. HLFPD will pay for this consultation.
7. All results from HIV tests shall be provided directly to the member, shall be maintained by the physician as confidential documents, and shall not be forwarded to any local, state, provincial, national, or international database unless mandated by public health statute.
8. A confidential health record shall be established and maintained for each member. Any exposures shall become part of a member's confidential health record maintained at the administrative office.
9. Personnel with illnesses that constitute a risk of infection to patients or other department members are highly encouraged to refrain from direct patient care and minimize close contact with those within the department. Department members who have a break in their skin need to cover the area with clothing and / or bandaging. Shift officers or the affected member are highly encouraged to contact the Infection Control Officer for follow up questions. A medical evaluation may be requested by the Infection Control Officer for conditions that involve a possible significant risk to the member, the patient population or other department members. HLFPD will pay for this consultation.

### **D. Exposure Incidents:**

1. If a member experiences an exposure incident, (specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that results from the performance of a firefighter / EMTs duties) the exposed area shall be immediately and thoroughly washed using water on mucosal surfaces and soap and running water on skin surfaces (if eyes affected irrigate with running water). If soap and running water are not available, waterless soap, antiseptic wipes, alcohol, or other skin cleaning agents that do not need running water shall be used until disinfectant soap and running water are available.
2. The member will immediately notify their shift officer of the incident.
3. As soon as possible the member is highly encouraged to immediately report to Kootenai Medical Center for medical guidance, evaluation and where appropriate, post-exposure treatment.
4. The member will sign in as a patient at the registration desk next to the Emergency Department.
5. The member will be evaluated by the Emergency Department Physician on Duty. Lab screening may be initiated as part of the evaluation.

6. The Emergency Department physician will deem if the source person (usually the patient) needs to have their blood drawn (patient is considered high risk for HIV or Hepatitis B). If this is the case the Emergency Department Physician can facilitate this in happening. HLFPD will pay for the testing of the source person.

7. The member will then be followed up by Occupational Medicine which will also include appropriate, confidential, post-exposure counseling and testing.

8. Documentation of the exposure needs to take place.

a. In all exposures the shift officer and affected member(s) need to fill out the

Infectious Exposure form (Appendix B) and submit it to the Director of Administration.

b. If a member has sought medical attention the "First Report of Injury" form needs to be filled out by the shift officer and be submitted to the Director of Administration within 48 hours of the

event. Additionally, the Duty Chief needs to be notified of the exposure prior to the end of the shift that the member was working.

c. In both cases involving an exposure and / or injury the "Fire Service Casualty" module needs to be filled out on the NFIRS report in which the incident occurred.

d. A copy of all forms relevant to the exposure incident will be placed in the member's confidential health record maintained at the administrative office. A copy of all information and forms will be made available to the member upon request.

9. Infection Control at the receiving hospital is responsible for notification to HLFPD for providers exposed to any patients with confirmed reportable diseases (TB, SARs, bacterial Meningitis, etc.) for surveillance follow up.

**E. Protective Equipment:** Supply items deemed as disposable are for one time use only. All the following equipment will be given or made available to each member responding to care for a patient:

- A variety of sizes of disposable gloves will be kept in all responding vehicles. Generally latex free gloves will be supplied as the main type of glove with the department. However gloves will be supplied individually to those with special needs (i.e. powder free).
- Helmet (fire) with face shield / goggles- This equipment may be used to protect the eyes, nose, and mouth from droplets of blood or other body fluids during extrication scenes. When EMS only helmets are used, protective eyewear is still required.
- Protective Eyewear – will be provided to each responder within the department. They will be worn when the helmet face shield / goggles are not used or on all other medical scenes when there is a reasonable chance of a body splash from a patient. Those wearing prescription glasses will be given a choice of safety glasses that fit over their own glasses, a disposable eye visor that covers the face or the use of the side visors attached to the providers own glasses.
- Waterless hand cleaner - To be utilized by personnel after patient contact when soap and water is not available. Waterless hand cleaner will be carried in all vehicles providing emergency medical care. Waterless hand cleaner is not a substitute for hand washing. Personnel need to wash their hands with a disinfectant soap as soon as they get to a facility with hand washing capabilities.
- Resuscitation equipment - Bag Valve Masks or other portable resuscitation equipment will be included on all responding apparatus that carry medical equipment.
  - Structural Firefighter gloves / Extrication gloves (EMS only responders) will be available for Firefighter / EMS responders.
- Full turnout gear or EMS only jumpsuits- This equipment is considered to provide an impermeable barrier against blood borne pathogens. Full turnout gear is generally used to provide protection against fire or rescue related hazards, but may be worn during certain patient care procedures, mostly during rescue or patient extrication. Whenever possible turnout gear is not to be worn into residences / businesses where the scene is strictly medical in nature. Turnouts are not to be worn in businesses when personnel are not attending to fire / rescue scenes, unless there is no other choice.
- Infectious waste bags - Each responding Fire / EMS apparatus will carry RED plastic bags for the containment of possible infectious materials. The process for disposal is outlined in "Infectious Waste Disposal" section of this policy.
  - Sharps disposal box - will be carried on each responding fire apparatus vehicle using sharps. These boxes are used to dispose of "sharp" objects like lancets, needles or scalpels. Containers may be in the sizes from portable "sharps shuttle" to larger sizes found on the ambulances.

- Particulate respirator (HEPA) masks –HEPA masks will be carried in jump kits of responding apparatuses. In order for masks to fit properly facial hair that prevents proper seal is not allowed.
- Surgical masks and Gowns – masks will be carried on all responding fire / EMS apparatuses in the jump kits. Additional gowns and masks are located in the compartments of the ambulances responding with the fire apparatus. These will be worn by providers if there is an increased chance of blood or body fluids splashes.
- Approved germicide, disposable towels & disinfectant wipes– will be carried on all transport units as the primary means to disinfect equipment following procedures / transports.

## **F. Infectious Disease Procedures for Prevention of Transmission of HIV/HBV and other infectious diseases**

These procedures will be adhered to unless the Firefighter / EMT temporarily and briefly declines to use personal protective equipment when under rare and extraordinary circumstances; or it is in the professional judgment that its use would endanger the provider or co-workers of emergency care; or prevented timely delivery of emergency care to the patient. The firefighter / EMT who is exposed to body secretions (blood, wound secretions) from a patient in this situation is highly encouraged to treat this as an exposure and go through the process as outlined in “Exposure Incidents” section of this policy.

### **1. Personnel Procedures**

- a. Firefighters / EMTs routinely respond to situations where direct exposure to blood and body fluids may occur. HLFPD members will use universal precautions in their approach to treating patients. By using universal precautions, the member is protected without diminishing patient care.
- b. All firefighters / EMTs will routinely use disposable gloves when providing patient care when contact with blood or body fluids may occur. This includes the cleaning of equipment.
- c. Gloves will be changed and disposed of after each patient contact and the cleaning of equipment. Gloves will not be worn by personnel driving any apparatus following patient treatment.
- d. Protective eye shield with facemask will be worn when droplets of blood or bodily fluids may come into contact with the rescuer's eyes, mouth, or nose. The fire helmet with the face shield or goggles may be considered as a protective barrier during these situations.
- e. Firefighters / EMTs will wear a particulate respirator (HEPA) when entering areas occupied by individuals with suspected or confirmed TB. Under no circumstances will a particulate respirator (HEPA) be used in the vicinity of suspected anthrax or other hazardous materials. SCBAs will be worn on those occasions.
- f. Protective clothing will be worn when splashes of blood or body fluids occur (e.g. spurting blood or childbirth). Protective clothing includes gowns with an impermeable rating, gloves, masks and safety glasses. Fire turnout gear / EMS Jumpsuits may be considered as protective clothing, but should not be routinely used for this purpose.
- g. Structural Firefighter / Extrication gloves will be worn when working in areas where sharp or jagged metals are present. Medical gloves will be worn under the structural firefighter / extrication gloves if there is a potential for exposure to bodily fluids during operations.
- h. After removal of PPE, including gloves, all members will wash their hands. Additionally, hands or other exposed skin surfaces will be washed immediately if contaminated with blood or other body fluids (for at least 10 seconds). In the event that soap and water are not immediately available, hands will be washed with approved waterless hand cleaner and then washed with soap and water as they become available. Do not smoke, drink, eat, handle contact lenses, or apply cosmetics while wearing gloves or after patient contact unless your hands have been washed.
- i. Disposable needles and other "sharps" will be disposed of in an approved puncture proof container marked with the biohazard label. Gloves will be worn during the process. Never break needles and avoid recapping needles. Personnel will use extreme caution when handling needles, lancets or other sharp objects.
- j. All respiratory assist (CPR/ventilation) of patients will be with a Bag Valve Mask, Pocket mask, or other approved devices. Mouth to mouth resuscitation is highly discouraged. Additionally all supplies used for the treatment of the respiratory problems are considered disposable and for one time use only.

k. Personnel with open sores, cuts, abrasions lesions or certain dermatological conditions that cause cracking of the skin will cover up any exposed area(s) with clothing and / or bandaging.

l. Whenever possible, patients with suspected / confirmed TB, meningitis or whooping cough should have their faces covered with a surgical or oxygen mask during transport.

m. Providers will wear gloves, masks and gowns when treating patients with suspected / confirmed illness with resistant organism, meningitis or whooping cough. Providers will wear this attire when inside the affected patient's room. As they exit the room the gown, mask and gloves will be removed. Another set of gloves will then be worn. No gown and mask is needed during transport unless the provider is actively providing patient care (i.e. suctioning patient's airway). As the transport crew arrives at the receiving destination they need to wear another gown, mask and gloves.

## **2. Equipment Cleaning Procedures**

a. Equipment cleaning will be accomplished at the destination facility whenever possible. Equipment picked up at the destination facility (gurneys, backboards, KED, vacuum splint) will be cleaned prior to placing into the transport unit departing the facility. Any cleaning performed at the stations will be done only on the apparatus floor and any dirty contaminated run off shall be drained into the sewer / septic system. No contaminated equipment will be cleansed, sterilized or disinfected in the living quarters or bathrooms.

b. Only soap & water (gross decontamination) and an FDA approved tuberculocidal germicide will be used to clean medical equipment (backboards, KED, vacuum splint).

d. Backboard straps will be grossly decontaminated with soap & water and then soaked in a bleach solution of 1:10 bleach to water solution (1-1/2 cups of bleach to 1 gallon of water) for 15 minutes and then air dried. Straps will be replaced as needed.

e. Contaminated turnouts / jumpsuits will be cleaned as soon as possible after the contamination. Areas of contamination will be spot cleaned with soap and water and rinsed off with clean water. Gloves will be worn during this process. Contaminated turnouts / jumpsuits will be laundered in the department turnout washer as soon as possible after the contamination.

f. All non-disposable items used in patient care will be disinfected using an approved disinfectant spray after each patient contact.

g. Any supplies / linens which come into contact with patient's body fluids will be discarded of in appropriate bins even if the seal on supplies are intact.

## **3. Laundry Procedures**

a. Contaminated clothing - If clothing (uniforms, etc.) becomes contaminated with blood or body secretions it will be removed as soon as practical. Contaminated clothing will be placed in a RED bag and transported to the department stations that have a washer / dryer. Hot water will be used to clean the uniforms. The washer used to clean the clothing will be decontaminated with a 1:10 concentration of bleach solution. The clothing will be dried at the station. Personnel must have an extra uniform at the station or access to clean clothing or coveralls. Under no circumstances will an employee wear contaminated clothing home or wash contaminated articles at home.

b. Gloves will be worn when bagging soiled laundry or when loading the washing machine with soiled material.

## **4. Infectious Waste Disposal Procedure:**

a. Infectious waste includes any disposable items that contain blood or body fluids.

b. Personal re-usable items will be cleaned and disinfected after each use (scissors and stethoscopes, thermometers) with an approved disinfectant.

c. "Sharps", needles and syringes will be disposed of in puncture proof containers. When the container is full, they will be capped, the lid taped and taken to the ambulance bay at Kootenai Health and placed in the Red bins in the bay. They will be bagged in a Red biohazard bag if any leakage is possible.

d. Contaminated disposable medical supplies, contaminated PPE (gloves, masks, gowns) and contaminated wastes will be placed in a RED biohazard bag, tied and taken to the ambulance bay at Kootenai Health and placed in the red bin located in the bay. Suction containers containing material will be sealed and disposed of as contaminated disposal material.

## **5. Transport Apparatus**

a. Consuming food or drinks in any part of transport capable vehicles are to be avoided as a rule (extraordinary exceptions may include providing oral drink during rehab or if the crew is restricted to that vehicle for an extended period of time in which hydration may take place). Edible items shall not be transported in the patient compartment of transport capable vehicles.

b. Sharps shall be placed in sharp containers as soon as possible after the device(s) is used. Extra precaution should be used in placing the sharps in the containers while the vehicle is moving. Avoid placing fingers inside the sharps containers.

c. Contaminated trash will be checked for fullness after each call and disposed of as the bags become full.

d. Any used linens will be emptied in the hampers at Kootenai Health. Dirty linens are not to be shaken as they are being placed in the hampers. If providers are unable to dispose of dirty linens directly then the dirty linens will be bagged up in a red bag and emptied into the hampers next time they are at Kootenai Health.

e. The interior of the patient compartment of the ambulances will be disinfected in a two step manner. Initially an approved germicide will be used to clean the patient compartment (to include shelving, seats, compartment doors, gurney and the floor) following each transport. Providers need to thoroughly and carefully clean any areas and equipment covered with body fluids. The second step includes re-wiping the same surfaces with the approved disinfectant wipes carried on each ambulance. In all cases providers cleaning equipment / compartment must wear disposable gloves during cleaning process and dispose of them once done with cleaning duties. In addition the interior of the patient compartments (to include shelving, seats, equipment, compartment doors, gurney and the floor) on all ambulances operated by HLFPD once a month a thorough cleaning as outlined in Appendix D will take place on these vehicles

f. Any member may initiate a discrepancy and report any conditions to the Chief or their designee in which the patient compartment is in poor repair (tears in seats or gurney, sharp edges on compartment shelving).

## **6. HLFPD Department Facilities**

a. Bulk EMS supplies will be maintained in a clean, dry environment with protection from sunlight, contamination and other physical damage. The storage areas will be kept secure.

b. Open and reusable medical supplies and equipment will not be stored in the living quarters to include personal lockers.

c. Turnouts / EMS jumpsuits will not be worn in the living quarters.

d. Any medical waste / sharps containers maintained at the stations shall be kept on the apparatus floor only and as filled will be placed in a RED biohazard bag, tied and transported to the ambulance bay at Kootenai Health and placed in the red bin located in the bay.

e. All foods removed from their original wrapper will be kept in tightly sealed food containers or wrapped with plastic food wrap.

g. HLFPD stations that are staffed with personnel will be well maintained with housekeeping duties performed on a routine basis. Living quarters cleaning will include as a minimum of vacuuming of carpets, mopping of floors, cleaning bathroom facilities and maintaining a clean kitchen before, during and after food preparation. Unmanned stations will be kept clean as well.

ADOPTED (DATE) \_\_\_\_\_

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HLFPD Commission Chair

**Appendix A – Hauser Lake Fire Protection District  
Hepatitis B Immunization Decision Form**

YES, I wish to receive the Hepatitis B immunization series. Employee Signature: \_\_\_\_\_

Employee Name (printed): \_\_\_\_\_

Date: \_\_\_\_\_                      Witness: \_\_\_\_\_

OR

I DECLINE the Hepatitis immunization series at this time. I understand that due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring the Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself. However, I decline the Hepatitis B vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious material and I want to be vaccinated with Hepatitis B vaccine, I can receive this vaccination series at no cost to me.

Employee Signature: \_\_\_\_\_

Employee Name (printed): \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

OR

I DECLINE the Hepatitis B vaccination series at this time 1) because I have previously received the complete Hepatitis B vaccination series, or 2) antibody testing has revealed that I have antibodies to the Hepatitis B virus and am considered immune, or 3) the vaccine is contraindicated for medical reasons.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_                      Witness: \_\_\_\_\_



**Appendix B – Hauser Lake Fire Protection District  
Infectious Exposure Form**

Employee's Name: \_\_\_\_\_

NFIRS Incident Report # \_\_\_\_\_

Name of Patient \_\_\_\_\_

Date of Birth of Patient \_\_\_\_\_

Address of Patient \_\_\_\_\_

Transported to \_\_\_\_\_

Transported by \_\_\_\_\_

Date of Exposure \_\_\_\_\_ Time of Exposure \_\_\_\_\_

Type of Incident (auto accident, trauma): \_\_\_\_\_

Exposure Type: (Choose all that apply)	Blood	Tears	Feces
	Urine	Saliva	Vomit
	Sputum	Sweat	Spray
	Splash	Needle Stick	

How did the exposure occur?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What part of the body became exposed? Be Specific

\_\_\_\_\_  
\_\_\_\_\_

Did you have any open cuts or sores that became exposed? Be specific:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Appendix B - Infectious Exposure Form-Page 2**

Did you seek medical attention?                      Yes                      No

Where? \_\_\_\_\_

When? \_\_\_\_\_

If NO to the question "did you seek medical attention?" what course of action was taken?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Treatment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If equipment is involved in the exposure:

Type of equipment: \_\_\_\_\_

Brand & Model of equipment: \_\_\_\_\_

Was affected member wearing appropriate body substance isolation at the time of exposure      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Was affected member Returned to Duty?                      Yes                      No

If not, when: \_\_\_\_\_

Contact Chief Officer:                      Yes                      No

Officer in Charge at Incident Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Affected Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

cc:      Personal Medical File

## Appendix D

### **Cleaning / Maintenance of Ambulances**

The interior of the patient compartment of the ambulances will be disinfected in a twostep manner. Initially an approved germicide will be used to clean the patient compartment (to include shelving, seats, compartment doors, gurney and the floor) following each transport. Providers need to thoroughly and carefully clean any areas and equipment covered with body fluids. The second step includes re-wiping the same surfaces with the approved disinfectant wipes carried on each ambulance. In all cases providers cleaning equipment / compartment must wear disposable gloves during cleaning process and dispose of them once done with cleaning duties. **In addition, the interior of the patient compartments (to include shelving, seats, equipment, compartment doors, gurney and the floor) on all ambulances operated by HLFPD will have a thorough cleaning done on a semi-annual basis using the same approved germicide.**

- All equipment located in the patient compartment will be removed, to include the gurney, all equipment / supply items off the shelves and equipment located car seat, stair chair, jump kits, AED, suction unit and thermometer. The items inside the cabinets do not need to be removed.
- All the surfaces inside the compartment (seats, shelves, walls) will be wiped down with an approved germicide.
- All the equipment (AED, suction unit, stair chair, gurney and thermometer) will be thoroughly wiped down using an approved germicide.
- The floor will be thoroughly scrubbed and mopped using an approved germicide.
- All items will be placed back into the patient compartment.
- The seats and all surfaces will be wiped down in the driver's compartment with an approved germicide. All the items located in the space between the two seats will be removed and that area will also be wiped down.
- Check the gurney floor mount for tightness. Also check the grab bar on the interior of the side patient compartment door for tightness.
- The individual(s) doing the cleaning will take note of any tears in the seats or any other items that are in poor repair and will report the problem to the shift officer who will initiate a discrepancy in Red Alert.

**The station officer will initiate a discrepancy and report any conditions to the Chief or their designee in which the patient compartment is in poor repair (tears in seats or gurney, sharp edges on compartment shelving).**

- Engine maintenance will include checking the engine coolant level and inspecting the batteries for corrosive matter around the leads
- **Semi-annual Cleaning:**
  - In addition to the weekly cleaning schedule there will be a semi-annual cleaning performed on all ambulances operated by HLFPD. This cleaning will consist of the following:
    - The cleaning will include all the items listed above but will also consist of:
      - Opening the patient cabinets and removing all supplies / linens and wiping down the spaces with an approved germicide.
      - Removing all the equipment out of the exterior cabinets and clean the interior of the cabinets.
      - Noting the equipment for serviceability.