

PREHOSPITAL INFECTION CONTROL

Updated Jan 14, 2026



This tool is designed to provide front line Paramedics, EST's and Superintendents with quick access to information related to a myriad of infectious and communicable diseases as well as corresponding infection control measures. The information presented here is meant to supplement a thorough point of care risk assessment. Please direct any questions to Regulatory Compliance and Infection Control at (613)580-3444 or ParamedicInfectionControl@ottawa.ca.

Required Documentation

Accident, Injury, Workplace Illness Report Form are to be submitted ONLINE. No hard copy or employee signature required.

- The employee experienced a high risk exposure (i.e.: needlestick), OR
- The employee is/has been assessed by a physician as a result of a workplace incident, OR
- The employee will lose time as a result of a workplace incident

Contact Reports are to be sent to ParamedicInfectionControl@ottawa.ca - no signature by employee required

- The employee came in contact with a suspected or diagnosed communicable/infectious disease, AND
- The employee wore their PPE from onset of contact, AND
- The employee wore all PPE required, for that specific disease as per the PIC, AND
- There was no failure in the PPE

Exposure Report are NOT to be submitted to WSIB but sent to ParamedicInfectionControl@ottawa.ca mailbox - no signature by employee required

- The employee was exposed to a suspected or diagnosed communicable disease and DID NOT wear all PPE required for that specific disease as per the PIC, OR
- The employee wore the appropriate PPE but NOT from the onset of this contact, OR
- There WAS a breach in the PPE

PPE Selection Colour Guide

Note (*)

Routine Practice	Gloves (recommended)	Always perform point of care risk assessment and hand hygiene
Contact	Gown, gloves and protective eyewear (considered)	
Droplet	Medical grade mask, protective eyewear OR face shield, gown and gloves	Due to the nature of the prehospital environment AIRBORNE PPE is RECOMMENDED
Airborne	Respirator, face shield, gown and gloves (Safety eyewear are optional)	REQUIRED PPE FOR ALL AGMP REGARDLESS OF SCREENING
Enhanced Precautions	Lakeland or equivalent coveralls, respirator, safety eyewear, face shield, gown and double gloves	

Disease Name (Common)	Scientific Name	Risk Group	Patient Contact			C&D Location		Cleaning & Disinfection		Reference	Comments
			Route of Transmission	PPE	Additional PPE Required	Field	HQ	UV Light	Chemical	PPE	
AIDS, HIV	Human Immunodeficiency Virus	3	Contact with Body Fluid	Routine Practice		x		x	Supplied Disinfectant	Routine Practice	Human Immunodeficiency Virus
ARD, Acute Respiratory Disease	Adenovirus Types 1, 2, 3, 4, 5 and 7	2	Contact, Droplet	Droplet	AIRBORNE RECOMMENDED	x		x	Supplied Disinfectant	Droplet	Adenovirus (types 1, 2, 3, 4, 5 and 7)
Avian Flu	Orthomyxoviridae	2	Contact, Droplet, Airborne	Airborne		x		x	Supplied Disinfectant	Airborne	Avian Influenza
Beaver Fever	Giardia	2	Fecal-Oral, Contact	Contact	Ensure contact precautions when pt is incontinent or diapered	x		x	Supplied Disinfectant	Contact	Giardia Lamblia
Botulism	Clostridium Botulinum	2	Environmental Exposure	Routine Practice		x		x	Supplied Disinfectant	Routine Practice	Botulism
CRE	Carbapenem Resistant Enterobacteriaceae	2	Contact	Contact		x		x	Supplied Disinfectant	Contact	CRE
C. Diff	Clostridium Difficile	2	Fecal-Oral, Contact	Contact		x		x	REScue Sporicidal	Contact	Clostridium Difficile Now referred to as <i>Clostridioides difficile</i> (CDI)
COVID-19	SARS-CoV-2, nCov, 2019 Novel Coronavirus	3	Contact, Droplet, Airborne	Airborne		x		x	Supplied Disinfectant	Airborne	COVID 19
Chickenpox	Varicella-Zoster Virus	2	Contact, Airborne, Droplet	Airborne		x		x	Supplied Disinfectant	Airborne	Varicella-Zoster Virus
Cholera	Vibrio Cholerae, Serogroup O1, Serogroup O139 (Bengal)	2	Fecal-Oral, Contact	Contact	Ensure contact precautions when pt is incontinent or diapered	x		x	Supplied Disinfectant	Contact	Cholera
Common Cold	Rhinovirus	2	Contact, Droplet	Droplet	AIRBORNE RECOMMENDED	x		x	Supplied Disinfectant	Droplet	Rhinovirus
Conjunctivitis	Adenoviruses, Picornaviruses, Enteroviruses	2	Contact	Contact		x		x	Supplied Disinfectant	Contact	conjunctivitis
Croup	Human Parainfluenza Virus	2	Contact, Droplet	Droplet	AIRBORNE RECOMMENDED	x		x	Supplied Disinfectant	Droplet	Croup
Dengue Fever	Dengue fever virus (DEN 1, DEN 2, DEN 3, DEN 4)	2	Vector	Routine Practice		x		x	Supplied Disinfectant	Routine Practice	Dengue
Diphtheria	Corynebacterium Diphtheriae	2	Contact, Droplet	Droplet	AIRBORNE RECOMMENDED	x		x	Supplied Disinfectant	Droplet	Diphtheria
Dysentary	Shigella Bacillus or Entamoeba Histolytica	2	Fecal-Oral	Contact	Ensure contact precautions when pt is incontinent or diapered	x		x	Supplied Disinfectant	Contact	Shigella
Epiglottitis	Haemophilus influenzae	2	Contact Droplet	Droplet	AIRBORNE RECOMMENDED	x		x	Supplied Disinfectant	Droplet	Haemophilus influenzae (type b)
ESBL	Extended Spectrum Beta Lactamase	2	Fecal-Oral, Contact	Contact	Ensure contact precautions when pt is incontinent or diapered	x		x	Supplied Disinfectant	Contact	ESBL
Farmer's Lung	Aspergillus S	2	Environmental Exposure	Routine Practice		x		x	Supplied Disinfectant	Gloves	Aspergillosis
Fifth disease	Parvovirus (B19)	2	Contact, Droplet	Droplet	AIRBORNE RECOMMENDED	x		x	Supplied Disinfectant	Droplet	Parvovirus B19
Food Poisoning	Salmonella Enterica	2	Ingestion, Contact	Contact	Ensure contact precautions when pt is incontinent or diapered	x		x	Supplied Disinfectant	Contact	Salmonella choleraesuis
Flesh Eating Disease	Group A Strep/Necrotizing Fasciitis	2	Contact, Droplet	Droplet	AIRBORNE RECOMMENDED	x		x	Supplied Disinfectant	Droplet	Streptococcus Pyogenes
Gangrene	Clostridium perfringens	2	Contact	Contact		x		x	Supplied Disinfectant	Contact	Gangrene
Gastroenteritis	Campylobacter species, adenovirus, cryptosporidium, E. Coli, Salmonella, Shigella	2	Ingestion, Contact	Contact	Ensure contact precautions when pt is incontinent or diapered	x		x	Supplied Disinfectant	Contact	E. Coli
German Measles	Rubella Virus	2	Contact, Droplet	Droplet	AIRBORNE RECOMMENDED	x		x	Supplied Disinfectant	Droplet	Rubella Virus
Hand, Foot and Mouth Disease	Coxsackievirus	2	Contact, Droplet	Droplet	AIRBORNE RECOMMENDED	x		x	Supplied Disinfectant	Droplet	coxsackievirus
Hemorrhagic Fever	Ebola Virus	4	Contact, Airborne, Droplet	Enhanced Precautions			x	x	Supplied Disinfectant	Enhanced Precautions	Ebola Virus
Hemorrhagic Fever	Crimean-Congo Hemorrhagic Fever Virus	4	Vector, Contact	Enhanced Precautions			x	x	Supplied Disinfectant	Enhanced Precautions	Crimean-Congo Hemorrhagic Fever Virus
Hemorrhagic Fever	Marburg Virus	4	Contact, Droplet, Airborne	Enhanced Precautions			x	x	Supplied Disinfectant	Enhanced Precautions	Marburg Virus
HEP A	Hepatitis A Virus	2	Fecal-Oral	Routine Practice	Ensure contact precautions when pt is incontinent or diapered	x		x	Supplied Disinfectant	Routine Practice	Hepatitis A Virus
HEP B	Hepatitis B Virus	2	Contact with Bodily Fluid	Routine Practice		x		x	Supplied Disinfectant	Routine Practice	Hepatitis B Virus
HEP C	Hepatitis C Virus	2	Contact with Bodily Fluid	Routine Practice		x		x	Supplied Disinfectant	Routine Practice	Hepatitis C Virus
HEP D	Hepatitis D Virus	2	Contact with Bodily Fluid	Routine Practice		x		x	Supplied Disinfectant	Routine Practice	Hepatitis D Virus
HEP E	Hepatitis E virus	2	Fecal-Oral	Routine Practice	Ensure contact precautions when pt is incontinent or diapered	x		x	Supplied Disinfectant	Routine Practice	Hepatitis E Virus
Herpes	Herpes simplex virus	2	Contact	Contact		x		x	Supplied Disinfectant	Contact	Herpes simplex

Influenza Virus	Influenza Types A, B, C, and H1N1	3	Contact, Droplet, Airborne	Airborne		X		X	Supplied Disinfectant	Airborne	Influenza Type A and B	
Legionnaires' Disease	Legionella pneumophila	2	Environmental Exposure	Routine Practice		X		X	Supplied Disinfectant	Routine Practice	Legionella	
Leptospirosis	Leptospira interrogans	2	Environmental Exposure	Routine Practice		X		X	Supplied Disinfectant	Routine Practice	Leptospirosis	
Listeriosis	Listeria Monocytogenes	2	Contact	Contact	Ensure contact precautions when pt is incontinent or diapered	X		X	Supplied Disinfectant	Contact	Listeria Monocytogenes	
Mad Cow Disease	Creutzfeldt-Jakob Disease	3	Contact with SOURCES/SPECIMENS of persons with CJD: brain, CSF, spleen, liver, lymph nodes, lungs, spinal cord, kidneys, cornea and lens, urine	Gloves	Contact with specimens listed Paramedic must wear Enhanced Precautions			X	Bleach	Enhanced Precautions	CJD	
Malaria	Genus Plasmodium	2	Vector	Routine Practice		X		X	Supplied Disinfectant	Routine Practice	Malaria	
Measles	Rubeola	2	Contact, Airborne, Droplet	Airborne		X		X	Supplied Disinfectant	Airborne	Measles Virus	
Meningitis (Bacterial)	Multiple pathogens may cause, most common is Neisseria Meningitidis	2	Contact, Droplet	Droplet	AIRBORNE RECOMMENDED	X		X	Supplied Disinfectant	Droplet	Bacterial Meningitis	
Meningitis (Viral)	Most commonly Non-Polio Enteroviruses	2	Contact, Droplet	Droplet	AIRBORNE RECOMMENDED	X		X	Supplied Disinfectant	Droplet	Viral Meningitis	
MERS - Middle East Respiratory Syndrome	MERS-CoV	3	Contact, Airborne, Droplet	Airborne		X		X	Supplied Disinfectant	Airborne	MERS - CoV	
Mpox	Monkeypox Virus	2	Contact, droplet	Droplet	AIRBORNE RECOMMENDED	X		X	Supplied Disinfectant	Droplet	Mpox Virus	Formerly known as Monkeypox
Mononucleosis	Epstein-Barr Virus	2	Contact, Droplet	Droplet	AIRBORNE RECOMMENDED	X		X	Supplied Disinfectant	Droplet	Epstein-Barr Virus	
MRSA/CA or HAI	Staphylococcus Aureus	2	Contact	Contact		X		X	Supplied Disinfectant	Contact	MRSA	
Mumps	Parotitis	2	Contact, Droplet	Droplet	AIRBORNE RECOMMENDED	X		X	Supplied Disinfectant	Droplet	Mumps	
Norovirus	Norwalk Virus	2	Fecal-Oral, Contact	Contact	Ensure contact precautions when pt is incontinent or diapered	X		X	Supplied Disinfectant	Contact	Norwalk Virus	
Plague	Yersinia Pestis	3	Vector, Contact, Droplet	Droplet	AIRBORNE RECOMMENDED	X		X	Supplied Disinfectant	Droplet	Yersinia Pestis	
Pneumococcal Disease	Streptococcus Pneumoniae	2	Contact, Droplet	Droplet	AIRBORNE RECOMMENDED	X		X	Supplied Disinfectant	Droplet	Streptococcus Pneumoniae	
Rabies	Rabies virus	3	Vector	Routine Practice	If patient has bitten another individual or saliva has contaminated an open wound or mucous membrane, wash exposed area thoroughly and administer postexposure prophylaxis	X		X	Supplied Disinfectant	Routine Practice	Rabies	
Ringworm	<i>Epidermophyton floccosum</i> , <i>Microsporum</i> spp., <i>Trichophyton</i> spp.	2	Contact	Contact		X		X	Supplied Disinfectant	Contact	Ringworm	Surfaces must be cleaned prior to disinfection, vacuum if required. Ensure 3 minute kill/wet time.
Rotavirus	Human Rotavirus (HRV)	2	Fecal-Oral, Contact	Contact	Ensure contact precautions when pt is incontinent or diapered	X		X	Supplied Disinfectant	Contact	Human Rotavirus	
RSV	Respiratory Syncytial Virus	2	Contact, Droplet	Droplet	AIRBORNE RECOMMENDED	X		X	Supplied Disinfectant	Droplet	Respiratory Syncytial Virus	
SARS	Severe Acute Respiratory Syndrome	3	Contact, Droplet, Airborne	Airborne		X		X	Supplied Disinfectant	Airborne	SARS	
Shingles	Varicella-Zoster Virus	2	Contact, Droplet, Airborne	Airborne		X		X	Supplied Disinfectant	Airborne	Varicella-Zoster Virus	
Smallpox Virus	Variola virus	4	Contact, Airborne, Droplet	Airborne		X		X	Supplied Disinfectant	Airborne	variola virus	
Soldier's Disease	Acinetobacter Baumannii	2	Contact	Contact		X		X	Supplied Disinfectant	Contact	Acinetobacter Baumannii	
Staphylococcal Disease	Staphylococcus Aureus	2	Contact	Contact		X		X	Supplied Disinfectant	Contact	Guidlines Staph. A	
Streptococcus	Streptococcus Pyogenes	2	Contact, Droplet	Droplet	AIRBORNE RECOMMENDED	X		X	Supplied Disinfectant	Droplet	Streptococcus Pyogenes	
Tetanus	Clostridium Tetani	2	Environmental Exposure	Routine Practice		X		X	Supplied Disinfectant	Routine Practice	Tetanus	
Tuberculosis (TB)	Tuberculosis (Mycobacterium)	3	Contact, Droplet, Airborne	Airborne		X		X	Supplied Disinfectant	Airborne	Mycobacterium Tuberculosis, M. Bovis	
Typhoid Fever	Salmonella Typhi	3	Contact	Contact	Ensure contact precautions when pt is incontinent or diapered	X		X	Supplied Disinfectant	Contact	Typhoid	
UTI	Many different bacteria	2	Contact	Routine Practice		X		X	Supplied Disinfectant	Routine Practice	UTI Guidelines	

Vancomycin-Resistant Enterococcus (VRE)	Enterococcus Faecalis, Enterococcus Faecium	2	Contact	Contact		X		X	Supplied Disinfectant	Contact	Vancomycin-Resistant Enterococci	
West Nile	West Nile virus	3	Vector	Routine Practice		X		X	Supplied Disinfectant	Routine Practice	West Nile	
Whooping Cough	Bordetella pertussis	2	Contact, Droplet	Droplet	AIRBORNE RECOMMENDED	X		X	Supplied Disinfectant	Droplet	Pertussis	
Yellow Fever	Flavivirus	3	Vector	Routine Practice		X		X	Supplied Disinfectant	Routine Practice	Yellow Fever	

Risk Group

<i>Risk Group 1 - low individual and community risk</i>	A microorganism, nucleic acid, or protein that is either a) not capable of causing human disease; or b) capable of causing human, but unlikely to do so. Those capable of causing disease are considered pathogens that pose a low risk to the health of individuals and a low risk to public health. RG1 pathogens can be opportunistic and may pose a threat to immunocompromised individuals. Neither of the RG1 subsets is regulated by the PHAC or the CFIA due to the low risk to public health. Nonetheless, due care should be exercised and safe work practices (e.g., good microbiological practices) should be followed.
<i>Risk Group 2 - moderate individual risk, low community risk</i>	A pathogen that poses a moderate risk to the health of individuals and a low risk to public health. These pathogens are able to cause serious disease in individuals but are unlikely to do so. Effective treatment and preventative measures are available.
<i>Risk Group 3 - high individual risk, low community risk</i>	A pathogen that poses a high risk to the health of the individuals and a low risk to public health. These pathogens are likely to cause serious disease in individuals. Effective treatment and preventive measures are usually available and the risk of spread of disease caused by these pathogens is low for the public.
<i>Risk Group 4 - high individual risk, high community risk</i>	A pathogen that poses a high risk to the health of individuals and a high risk to public health. These pathogens are likely to cause serious disease in individuals which can often lead to death. Effective treatment and preventive measures are not usually available and the risk of spread of disease caused by these pathogens is high for the public.

ROUTINE FIELD CLEANING and DISINFECTION

Supplied Disinfectant

The supplied disinfectant wipes are provided for general post-call cleaning and disinfection whereas the vehicle and equipment is not grossly contaminated and there were no known or suspected infectious diseases. PIDAC recognizes that routine cleaning and disinfection is more commonly accomplished in health care settings through a one-step process using a combined cleaner-disinfectant product.

Procedure

1. Perform Hand Hygiene
2. Don required PPE: Gloves at minimum; escalate to higher level of PPE if there is a risk of splashes or sprays (i.e. Gown, N95).
3. Keep the exhaust fan on at all times when cleaning and disinfecting in the back of the vehicle.
4. Place all biomedical waste in a clearly marked biohazardous waste receptacle (i.e. dressings, bandages)
5. Carefully dispose of any sharps that are found during cleaning in an appropriate sharps container
6. Place all used linens in laundry bag for laundering
7. Clean and disinfect all hard surfaces and high touch areas including floors in crew cab and patient compartment using supplied disinfectant wipes, using a different clean wipe for each different surface (i.e. radio, phone, computer keyboard, etc.)
8. Wipe from front to back, top to bottom, and from clean to dirty on all surfaces, DO NOT use a circular motion while cleaning.
9. Clean and disinfect stretcher including mattress and straps
10. Clean and disinfect crew bench, captains chair, jump seat to include seatbelts
11. Clean and disinfect all reuseable equipment (i.e. LP 15 cables, SPO2 cable, BP cuff, stethoscope, scissors, stair chair etc...)
12. Used wipes should be disposed as regular waste in garbage bags.
13. Allow surfaces to remain wet for **3-minutes (or recommended 'kill time')** to achieve the Bactericidal, Virucide, and Fungicidal effects.
14. Doff PPE and discard as regular waste in garbage bags
15. Perform hand hygiene
16. Restock used equipment as required and return to duty

Pest/Parasite	Scientific Name	Patient Contact			C&D Location		Cleaning & Disinfection				Reference	Comments
		Vector/Vehicle for Disease	PPE	Additional PPE Required	Field	HQ	Personal Decon	Exposure Treatment	Chemical	PPE		
Bed Bugs	Cimex Lectularis	No	Routine Practice	Coveralls		X	Required if coveralls not worn prior to patient contact/entering scene	n/a	Supplied Disinfectant	Coveralls and additional required PPE	Bed Bugs	If any bugs visualized or highly suspected on scene, patient or in equipment/amb clean and vacuum all areas of vehicle & equip at HQ
Cockroaches	Order Blattodea	No	Routine Practice	Coveralls		X	Required if coveralls not worn prior to patient contact/entering scene	n/a	Supplied Disinfectant	Coveralls and additional required PPE		If any bugs visualized or highly suspected on scene, patient or in equipment/amb clean and vacuum all areas of vehicle & equip at HQ
Fleas	Siphonaptera	No	Routine Practice		X			n/a	Supplied Disinfectant	Gloves	Fleas	Patient normally has bites below the knees
Houseflies	Musca domestica	No	Routine Practice		X			n/a	Supplied Disinfectant	Gloves		
Body/Pubic Lice	Pediculus humanus humanus, Pthirus pubis	No	Contact			X	Required if in direct contact with the patient, or material that has touched the patient prior to donning gown	n/a (Kwellada-P Crème can be considered for prolonged exposure)	Supplied Disinfectant	Contact	Body Lice	If any bugs visualized or highly suspected on scene, patient or in equipment/amb clean and vacuum all areas of vehicle & equip at HQ
Head Lice	Pediculus humanus capitis	No	Contact			X	Required if in direct contact with the patients head or material has touched the head prior to donning gown	Kwellada-P Crème	Supplied Disinfectant	Contact	Head Lice	If any bugs visualized or highly suspected on scene, patient or in equipment/amb clean and vacuum all areas of vehicle & equip at HQ
Maggots	Dermatobia hominis, Cochliomyia hominivorax, Chrysomya bezziana	May cause myiasis (though typically not in North America)	Contact		X			n/a	Supplied Disinfectant	Contact	Myiasis	
Mice and Rats	Peromyscus maniculatus, Peromyscus leucopus	Mouse feces could be contaminated with Hanta Virus	Routine Practice	Airborne precautions if environment contaminated with feces	X	X		n/a	Supplied Disinfectant	Airborne	Hanta virus	PPE for C&D for Mice/Rat noted inside the truck, possibility of feces contaminate
Scabies	Sarcoptes Scabei	Contact	Contact			X	Required if gown not worn prior to patient contact	NIX dermal cream	Supplied Disinfectant	Contact	Scabies	If any bugs visualized or highly suspected on scene, patient or in equipment/amb clean and vacuum all areas of vehicle & equip at HQ
Ticks	Dermacentor variabilis, Borrelia burgdorferi	Lyme Disease, Rocky-Mountain Spotted Fever, Ehrlichiosis, Anaplasmosis	Routine Practice		x	X	X	Doxycycline might be Rx by MD	Supplied Disinfectant	Routine Practice	Ticks	If tick is found embedded in the skin, use tweezers to carefully grasp the tick as close to the skin as possible and pull slowly upward, avoiding twisting or crushing the tick. Place tick in airtight bag and label. Proceed through shower to remove any other unattached ticks. Consider physician assessment for possible prophylaxis for Lyme Disease (200mg of doxycycline)

SUPPLIED DISINFECTANT	
FIELD CLEANING and DISINFECTION	
<p>Supplied disinfectant wipes are provided for general cleaning and disinfection of common pathogens and Tuberculosis</p> <p>Disinfectant 'KILL TIMES' may vary dependant on the supplied chemical disinfectant</p>	
Procedure	
<p>Appropriate when:</p> <ul style="list-style-type: none"> • Proper PPE was worn. • No personal decontamination/uniform change is required. • No gross contamination occurred. 	
<p>Notify your Operations Superintendent of any contact or exposure to a patient with a known or suspected history of communicable disease for direction on cleaning and disinfection, and Designated Officer documentation.</p>	
<u>No Visible Body Fluids</u>	
<ol style="list-style-type: none"> 1. Perform Hand Hygiene 2. Don required PPE: Gloves at minimum; escalate to higher level of PPE if there is a risk of splashes or sprays (i.e. Gown, N-95, Safety Eyewear/Faceshield) 3. Keep the exhaust fan on at all times when cleaning and disinfecting in the back of the vehicle. 4. Contaminated linens should be placed in a laundry bag for laundering or disposal. 5. Clean and dry all surfaces prior to disinfection using supplied disinfectant wipes. 6. Contaminated reusable equipment should be placed in a separate labelled bio-hazard bag for laundering or disposal. 7. Disinfect all surfaces and equipment used using supplied disinfectant wipes, using a different clean wipe for each different surface. 8. Wipe from front to back, top to bottom, and from clean to dirty on all surfaces, DO NOT use a circular motion while cleaning or disinfecting. 9. Allow surfaces to remain wet for <u>recommended kill time</u> to achieve the Bactericidal, Virucide, Fungicidal and Tuberculocidal effect 10. Used wipes should be disposed as regular waste in garbage bags, unless human tissue is attached, then into a labelled bio-hazard bag for an appropriate waste disposal. 11. Following appropriate doffing procedures remove and discard PPE. 12. Perform Hand Hygiene 	
<u>Visible Body Fluids</u>	
<ol style="list-style-type: none"> 1. Perform Hand Hygiene 2. Don required PPE: during cleaning and disinfecting PPE remains the same as when with the patient; i.e. N95, safety eyewear, nitrile gloves and gown. 3. Keep the exhaust fan on at all times when cleaning and disinfecting in the back of the vehicle. 4. Contaminated/soiled linens should be placed in a laundry bag for laundering or disposal. 5. Contaminated reusable equipment should be placed in a separate labelled bio-hazard bag for laundering or disposal. 6. Contaminated waste should be placed in a separate labelled bio-hazard bag for disposal. 7. If minor visible soiling (blood, body fluid) is present, it must be removed prior to cleaning and disinfection. 8. Remove visible soiling by blotting up the fluids with disposable towels. If more than 10 towels are required, contact your Operations Superintendent 9. Clean and dry all surfaces prior to disinfection using supplied disinfectant wipes. 10. Disinfect all surfaces using supplied disinfectant wipes, using a different clean wipe for each different surface. 11. Wipe from front to back, top to bottom, and from clean to dirty on all surfaces, DO NOT use a circular motion while cleaning or disinfecting. 12. Allow surfaces to remain wet for <u>recommended kill time</u> to achieve the Bactericidal, Virucide, Fungicidal and Tuberculocidal effect. 13. Used wipes should be disposed as regular waste in garbage bags, unless human tissue is attached, then into a labelled bio-hazard bag for an appropriate waste disposal. 14. Following appropriate doffing procedures remove and discard PPE. 15. Perform Hand Hygiene 	

Rescue Sporicidal

FIELD CLEANING and DISINFECTION

Rescue Sporicidal wipes are provided for cleaning and disinfection of ***Clostridioides difficile* (CDI) ONLY**
(formerly C.Diff)

PROCEDURE

Appropriate when:

- Proper PPE was worn.
- No personal decontamination/uniform change is required.
- No gross contamination occurred.

Notify your Superintendent of any contact or exposure to a known or suspected communicable disease for direction on the required cleaning, disinfection, and Designated Officer documentation.

SAFETY NOTE: EYE PROTECTION IS REQUIRED WHEN USING RESCUE SPORICIDAL WIPES TO REDUCE THE RISK OF POTENTIAL SPLASH/EXPOSURE TO THE EYES DURING CLEANING AND DISINFECTION PROCEDURES

No Visible Body Fluids

1. Perform Hand Hygiene
2. Don required PPE: gown, N95, safety eyewear, and nitrile gloves for cleaning and disinfection procedures.
3. Keep the exhaust fan on at all times when cleaning and disinfecting in the back of the vehicle.
4. Contaminated linens should be placed in a labelled bio-hazard bag for laundering or disposal.
5. Contaminated reusable equipment should be placed in a separate labelled bio-hazard bag for laundering or disposal.
6. Clean and dry all surfaces prior to disinfection using Rescue Sporicidal wipes.
7. Wipe down all surfaces with Rescue Sporicidal wipes, ensuring coverage of the entire surface.
8. Allow surfaces to remain wet for **10-minutes** to achieve the Sporicidal effect.
9. Allow surfaces to remain wet for **10-minutes** to achieve the Sporicidal effect.
10. Place contaminated linens in a labelled bio-hazard bag for an appropriate waste disposal.
11. Following appropriate doffing procedures remove and discard PPE.
12. Perform Hand Hygiene

Visible Body Fluids

1. Perform Hand Hygiene
2. Don required PPE: Gloves, mask, eye protection and gown.
3. Keep the exhaust fan on at all times when cleaning and disinfecting in the back of the vehicle.
4. Contaminated/soiled linens should be placed in a labelled bio-hazard bag for laundering or disposal.
5. Contaminated reusable equipment should be placed in a separate labelled bio-hazard bag for laundering or disposal.
6. Contaminated waste should be placed in a separate labelled bio-hazard bag for disposal.
7. If minor visible soiling (blood or body fluid) is present, it must be removed prior to cleaning and disinfection.
8. Remove visible soiling by blotting up the fluids with disposable towels. *If more than 25 towels are required, contact your Operations Superintendent*
9. Clean and dry all surfaces prior to disinfection using Rescue Sporicidal wipes.
10. Wipe from top to bottom, and from clean to dirty on all surfaces, DO NOT use a circular motion while cleaning or disinfecting.
11. Disinfect all surfaces using Rescue Sporicidal wipes, using a different clean wipe for each different surface.
12. Wipe from front to back, top to bottom, and from clean to dirty on all surfaces, DO NOT use a circular motion while cleaning or disinfecting.
13. To disinfect all surfaces apply Rescue Sporicidal and allow surfaces to remain wet for 30 minutes to achieve the Sporicidal effect
13. Used wipes should be disposed as regular waste in garbage bags, unless human tissue is attached, then into a labelled bio-hazard bag for an appropriate waste disposal.
14. Following appropriate doffing procedures remove and discard PPE.
15. Perform Hand Hygiene

Standard Cytotoxic Handling Procedure

General

1. Conduct a risk assessment and don appropriate PPE, gown and gloves at minimum (Enhanced PPE may be required - Lakeland donning/doffing checklist – high risk PPE Bag) when handling cytotoxic drug spills or body fluids within a 48 hour window of patient receiving cytotoxic drugs
2. All PPE and non-sharp solid waste go in supplied biohazard bags
3. All sharps go in a supplied sharps container and disposed of into supplied biohazard bag
4. Discard gloves between each drug or body fluid interaction
5. Tie up supplied biohazard bags tightly (double-knot)
- 6. Any contact/exposure with chemotherapy drugs and/or cytotoxic body fluids will need additional cleaning and decontamination measures at headquarters. Contact your Superintendent Operations for further direction.**
8. Complete a Contact or Exposure Report, IR's, WSIB Reports

Body Fluid Spills

1. Reusable items that are not soaked or saturated (dripping) with cytotoxic drugs or body fluids may be laundered
2. Remove contaminated PPE, (uniform, clothing and linens from yourself first if contaminated), and then assist the patient
3. Use towels/absorbent pads to absorb the spill and discard items into supplied biohazard bag
4. Place all contaminated materials into supplied biohazard bags

Personal Protective Equipment

1. Minimum gown & gloves
2. Escalate personal protective equipment based on risk assessment (Lakeland suit/gown, mask, safety glasses/faceshield and gloves) when there is a risk of blood and/or other potentially contaminated body fluids generated by splashes or sprays

Unmanageable Cytotoxic Drug or Body Fluid Spills

1. Stop working and drop absorbent material (towels/absorbent pads) on the spill to prevent spreading
2. Remove PPE if contaminated
3. Don new PPE before re-entering spill area

First Aid Measures

Procedure for dealing with contaminated clothing and personal protective equipment

1. Immediately remove any contaminated personal protective equipment and clothing and dispose of in the supplied biohazard bag. Don Tyvek suit
2. Package clothing for laundering that is not overtly contaminated
3. Notify CACC/Field Superintendent

Procedure for dealing with direct skin, eye and other body contact of employees

1. Remove affected clothing and wash the affected skin and flush thoroughly with copious amounts of water
2. For eye exposure, immediately flood the affected eye with clean water by continuous irrigation for a period of 15 minutes
3. Notify CACC and Field Superintendent immediately
4. Second crew may be necessary to respond to scene and assume patient care
5. Seek medical advice and medical attention as necessary

Ensure that all cytotoxic waste generated on scene from a suspected or known cytotoxic threat will be handled safely and properly disposed of

1. Removes from scene and places all potentially contaminated biomedical/cytotoxic waste (sharps container(s), disposable equipment, linen and used PPE) into supplied biohazard bag.
2. Transporting crew will notify receiving facility of actual or potential cytotoxic event and follow directions regarding patient transfer of care.
3. Paramedic(s) will notify the Field Superintendent on completion of the call with a suspected or known high-risk cytotoxic event involving blood and/or other body fluids to include excreta and/or spilled medication and complete documentation as necessary
4. Return to HQ for personal decontamination procedures and high-level vehicle & equipment decontamination as required.

SUPPLIED DISINFECTANT

HQ CLEANING and DISINFECTION

Disinfecting wipes are provided for general cleaning and disinfection of common pathogens and Tuberculosis
Disinfectant 'KILL TIMES' may vary dependant on the supplied chemical disinfectant

Procedure

Appropriate when:

- Proper PPE was not worn
- Personal contamination has occurred and personal decontamination/uniform change is required.
- AGMP and/or Gross contamination occurred.

Notify your Operations Superintendent of any contact or exposure to a patient with a known or suspected history of communicable disease for direction on cleaning and disinfection, and Designated Officer documentation.

1. If directed to return to HQ for cleaning and disinfection and/or personal decontamination, park in the Vehicle Decontamination Line and advise Supt via the intercom or vehicle cell phone.
2. **Do not enter HQ or the Decontamination Bay until directed to do so.**
3. Follow decontamination bay protocols for personal decontamination.
4. Clean and disinfect vehicle and equipment as per above below

No Visible Body Fluids

1. Perform Hand Hygiene
2. (N-95, Safety Eyewear/Faceshield)
3. Keep the exhaust fan on at all times when cleaning and disinfecting in the back of the vehicle.
4. Contaminated linens should be placed in a laundry bag for laundering or disposal.
5. Contaminated reusable equipment should be placed in a separate labelled bio-hazard bag for laundering or disposal.
6. (by Logistics)
7. different surface.
8. cleaning or disinfecting.
9. Tuberculocidal effect
10. Used wipes should be disposed as regular waste in garbage bags, unless human tissue is attached, then into a labelled bio-hazard bag for an appropriate waste disposal.
11. Crew uses prepared mop & bucket to clean & disinfect vehicle floors - crew & vehicle compartments
12. Following appropriate doffing procedures remove and discard PPE.
13. Perform Hand Hygiene

Visible Body Fluids or Gross Contamination

1. Perform Hand Hygiene
2. Don required PPE during cleaning and disinfecting PPE remains the same as when with the patient, i.e. N95, safety eyewear, nitrile gloves and gown
3. Keep the exhaust fan on at all times when cleaning and disinfecting in the back of the vehicle
4. Contaminated/soiled linens should be placed in a laundry bag for laundering or disposal
5. Contaminated reusable equipment should be placed in a separate labelled bio-hazard bag for laundering or disposal
6. Contaminated waste should be placed in a separate labelled bio-hazard bag for disposal
7. If minor visible soiling (blood or body fluid) is present, it must be removed prior to cleaning and disinfection
8. Remove visible soiling by blotting up the fluids with disposable towels
9. Clean and dry all surfaces prior to disinfection using supplied disinfectant wipes or mop
10. Disinfect all surfaces using supplied disinfectant wipes, using a different clean wipe for each different surface
11. Wipe from front to back, top to bottom, and from clean to dirty, on all surfaces, do not use a circular motion while cleaning or disinfecting
12. Allow surfaces to remain wet for **recommended kill time** to achieve the bactericidal, virucide, fungicidal and Tuberculocidal effect
13. Used wipes should be disposed as regular waste in garbage bags, unless human tissue is attached, then into a labelled bio-hazard bag for an appropriate waste disposal
14. Crew uses prepared mop & bucket to clean & disinfect vehicle floors - crew & vehicle compartments
15. Following appropriate doffing procedures remove and discard PPE
16. Perform Hand Hygiene

UV LIGHT

HQ CLEANING and UV LIGHT DISINFECTION

Disinfecting wipes are provided for general cleaning and disinfection of common pathogens and Tuberculosis

Procedure

Appropriate when:

- Proper PPE was not worn
- Personal contamination has occurred and personal decontamination/uniform change is required.
- AGMP and/or Gross contamination occurred.

Notify your Operations Superintendent of any contact or exposure to a patient with a known or suspected history of communicable disease for direction on cleaning and disinfection, and Designated Officer documentation.

1. If directed to return to HQ for cleaning and disinfection and/or personal decontamination, park in the Vehicle Decontamination Line and advise Supt via the intercom or vehicle cell phone.
2. **Do not enter HQ or the Decontamination Bay until directed to do so.**
3. Follow decontamination bay protocols for personal decontamination.
4. Clean and disinfect vehicle and equipment as per above below

No Visible Body Fluids

1. Perform Hand Hygiene
2. Don required PPE: gown, N95, safety eyewear, and nitrile gloves for cleaning and disinfection procedures.
3. Keep the exhaust fan on at all times when cleaning and disinfecting in the back of the vehicle.
4. Contaminated linens should be placed in a laundry bag for laundering or disposal.
5. Contaminated reusable equipment should be placed in a separate labelled bio-hazard bag for laundering or disposal.
6. Contaminated disposable equipment should be placed in a separate labelled bio-hazard bag for an appropriate waste disposal.
7. Crew uses prepared mop & bucket to clean & disinfect vehicle floors - crew & vehicle compartments
8. Crew uses prepared mop & bucket to clean & disinfect vehicle floors - crew & vehicle compartments
9. Crew uses prepared mop & bucket to clean & disinfect vehicle floors - crew & vehicle compartments
10. **Disinfect all surfaces using UV light application:**
 - ☐ Apply warning signage to all doors / windows
 - ☐ Apply UV safety lenses (only those supplied with the UV lights)
 - ☐ Ensure vehicle is plugged in to shore power
 - ☐ Place x 1 UV light in crew compartment of vehicle

- ☐ Hang 1 UV Light from the roof rail of the patient compartment
- ☐ Ensure power switch is turned off
- ☐ Plug light(s) in to 120V outlet in vehicle and ensure inverter is turned on
- ☐ Set Delay Timer(s) for 60 seconds
- ☐ Set Light Timer(s) for 10 minutes
- ☐ Vacate the vehicle immediately
- ☐ Close all doors to patient compartment
- ☐ Advise anyone working in the area that UV light has been activated
- ☐ Wait 15 minutes
- ☐ Return to vehicle, unplug UV light(s) and return to safe storage area

11. Following appropriate doffing procedures remove and discard PPE

12. Perform Hand Hygiene

13. Complete UV Light Usage Log

Visible Body Fluids or Gross Contamination

1. Perform Hand Hygiene
2. Don required PPE during cleaning and disinfecting PPE remains the same as when with the patient, i.e. N95, safety eyewear, nitrile gloves and gown
3. Keep the exhaust fan on at all times when cleaning and disinfecting in the back of the vehicle
4. Contaminated/soiled linens should be placed in a laundry bag for laundering or disposal
5. Contaminated reusable equipment should be placed in a separate labelled bio-hazard bag for laundering or disposal
6. Contaminated waste should be placed in a separate labelled bio-hazard bag for disposal
7. If minor visible soiling (blood or body fluid) is present, it must be removed prior to cleaning and disinfection
8. Remove visible soiling by blotting up the fluids with disposable towels
9. Clean and dry all surfaces prior to disinfection using supplied disinfectant wipes or mop and prevention solution (as supplied by Logistics).
10. Wipe from front to back, top to bottom, and from clean to dirty on all surfaces; DO NOT use a circular motion while cleaning or disinfecting
11. Used wipes should be disposed as regular waste in garbage bags, unless human tissue is attached, then into a labelled bio-hazard bag for an appropriate waste disposal
12. Crew uses prepared mop & bucket to clean & disinfect vehicle floors - crew & vehicle compartments

13. Disinfect all surfaces using UV light application:

- ☐ Apply warning signage to all doors / windows
- ☐ Apply UV safety lenses (only those supplied with the UV lights)
- ☐ Ensure vehicle is plugged in to shore power
- ☐ Place x 1 UV light in crew compartment of vehicle
- ☐ Hang 1 UV Light from the roof rail of the patient compartment
- ☐ Ensure power switch is turned off
- ☐ Plug light(s) in to 120V outlet in vehicle and ensure inverter is turned on
- ☐ Set Delay Timer(s) for 60 seconds
- ☐ Set Light Timer(s) for 10 minutes

- ☐ Vacate the vehicle immediately
- ☐ Close all doors to patient compartment
- ☐ Advise anyone working in the area that UV light has been activated
- ☐ Wait 15 minutes
- ☐ Return to vehicle, unplug UV light(s) and return to safe storage area

14. Following appropriate doffing procedures remove and discard PPE

15. Perform Hand Hygiene

16. Complete UV light uUseage Log

REScue Sporicidal

HQ CLEANING and DISINFECTION

REScue Sporicidal wipes and REScue Concentrate are provided for cleaning and disinfection of Clostridium Difficile (C-Diff) only

PROCEDURE

Appropriate when:

- Proper PPE was not worn
- Personal contamination has occurred and personal decontamination/uniform change is required.
- Gross contamination occurred.

Notify your Operations Superintendent of any contact or exposure to a patient with a known or suspected history of communicable disease for direction on cleaning and disinfection, and Designated Officer documentation.

SAFETY NOTE : EYE PROTECTION IS REQUIRED WHEN USING RESCUE SPORICIDAL WIPES TO REDUCE THE RISK OF POTENTIAL SPLASH/EXPOSURE TO THE EYES DURING CLEANING AND DISINFECTION PROCEDURES

1. If directed to return to HQ for cleaning and disinfection and/or personal decontamination, park in the Vehicle
2. **Do not enter HQ or the Decontamination Bay until directed to do so.**
3. Follow decontamination bay protocols for personal decontamination.
4. Clean and disinfect vehicle and equipment as per above below

No Visible Body Fluids

1. Perform Hand Hygiene
 2. Don required PPE: gown, N95, safety eyewear, and nitrile gloves for cleaning and disinfection procedures.
 3. Keep the exhaust fan on at all times when cleaning and disinfecting in the back of the vehicle.
 4. Contaminated linens should be placed in a labelled bio-hazard bag for laundering or disposal.
 5. Contaminated reusable equipment should be placed in a separate labelled bio-hazard bag for laundering or disposal.
 6. Contaminated disposable equipment (e.g., REScue Sporicidal wipes, REScue Concentrate, etc.) should be placed in a labelled bio-hazard bag for disposal.
 7. Clean and disinfect all surfaces (e.g., walls, floors, equipment, etc.) using REScue Sporicidal wipes or REScue Concentrate.
 8. Allow surfaces to remain wet for **10-minutes** to achieve the sporicidal effect.
 9. Allow surfaces to remain wet for **10-minutes** to achieve the sporicidal effect.
- bio-hazard bag for an appropriate waste disposal.
- vehicle compartments

12.	Following appropriate doffing procedures remove and discard PPE.
13.	Perform Hand Hygiene
<u>Visible Body Fluids</u>	
1.	Perform Hand Hygiene
2.	Don required PPE: gown, N95, safety eyewear, and nitrile gloves for cleaning and disinfection procedures.
3.	Keep the exhaust fan on at all times when cleaning and disinfecting in the back of the vehicle.
4.	Contaminated/soiled linens should be placed in a laundry bag for laundering or disposal.
5.	Contaminated reusable equipment should be placed in a separate labelled bio-hazard bag for laundering or disposal.
6.	Contaminated waste should be placed in a separate labelled bio-hazard bag for disposal.
7.	If minor visible soiling (blood or body fluid) is present, it must be removed prior to cleaning and disinfection.
8.	Remove visible soiling by blotting up the fluids with disposable towels.
9.	Clean and dry all surfaces prior to disinfection using Rescue Sporicidal wipes or mop and Prevention solution (as supplied by Logistics)
10.	Disinfect all surfaces using Rescue Sporicidal wipes, using a different clean wipe for each different surface.
11.	Wipe from front to back, top to bottom, and from clean to dirty on all surfaces, DO NOT use a circular motion while cleaning or disinfecting.
12.	To disinfect all surfaces apply Rescue Sporicidal and allow surfaces to remain wet for to <u>30 minutes</u> achieve the Sporicidal effect
13.	Used wipes should be disposed as regular waste in garbage bags, unless human tissue is attached, then into a labelled bio-hazard bag for an appropriate waste disposal.
14.	Crew uses prepared mop & bucket to clean (Prevention), & disinfect (Rescue concentrate), vehicle floors - crew & vehicle compartments
15.	Following appropriate doffing procedures remove and discard PPE.
16.	Perform Hand Hygiene

Cleaning and Disinfection of the 3M TR-300 and M-307 Helmets

1. **Cleaning PAPR- in field-after every patient contact (if not grossly contaminated)**

- Perform hand hygiene
- Don nitrile gloves
- Leave filters and battery in place
- Inspect the PAPR body, filter, battery, supply hose and helmet to identify any damage or excessive wear (i.e. tearing of straps)
- The outer surfaces of the PAPR should be cleaned regularly
- Use supplied disinfectant wipes to clean and disinfect the PAPR, hose, and helmet, use mechanical action to remove any soil
- Do not allow any of the cleaning agent to enter the filter body
- **Do not use any organic solvents, or abrasive cleaners as they may weaken and damage the plastic**
- **Do not allow liquid to enter the air outlet port on the motor housing area**
- **Do not use compressed air or a vacuum to clean the interior of the motor/blower as it may cause damage**
- **Use caution when cleaning around the battery pack connections where the battery is situated on the bottom of the blower**
- Let sit for recommended kill time (Dependent on supplied cleaning product)
- Wipe PAPR body, hose and helmet with clean water-soaked cloth and air dry
- The helmet should be individually issued and can be wiped out using a respiratory cleaning wipe
- Once dry, place PAPR, hose and helmet in personal respirator bag

2. **If your respirator is grossly contaminated and requires additional cleaning- in field**

- Do initial wipe down
- Leave filters in place to prevent solution and contaminants from entering filter media
- Perform more aggressive cleaning as required (repeat steps above)
- If the PAPR, hose or helmet cannot be cleaned, put all components in a biohazard bag and contact your Superintendent to manage disposal
- Remove gloves and perform hand hygiene

t

ng

r/motor. Ensure this area is thoroughly dry before next use or storage

ake arrangements with Logistics to assist with deep cleaning your equipment



Bleach

HQ CLEANING and DISINFECTION

Headquarters Bleach Protocol to be used as directed by the PIC document.

Procedure

Notify your Operations Superintendent of any contact or exposure to a patient with a known or suspected history of Creutzfeldt-Jakob disease for direction on cleaning and disinfection, personal decontamination and Designated Officer documentation.

If ACCEL TB or RESCue wipes have been used at any time, there must be a 20 minute waiting period prior to using any other disinfectant

SAFETY NOTE : EYE PROTECTION IS REQUIRED WHEN USING BLEACH TO REDUCE THE RISK OF POTENTIAL SPLASH/EXPOSURE TO THE EYES DURING CLEANING AND DISINFECTION PROCEDURES

1. If directed to return to HQ for cleaning and disinfection and/or personal decontamination, park in the Vehicle Decontamination Line and advise Supt via the intercom or vehicle cell phone.
2. Do not enter HQ or the Decontamination Bay until directed to do so.
3. Follow decontamination bay protocols for personal decontamination.
4. Clean and disinfect vehicle and equipment as per above below

No Visible Body Fluids

1. Perform Hand Hygiene
2. Don required PPE: gown, N95, safety eyewear, and nitrile gloves for cleaning and disinfection procedures.
3. Keep the exhaust fan on at all times when cleaning and disinfecting in the back of the vehicle.
4. Contaminated linens should be placed in a labelled bio-hazard bag for laundering or disposal.
5. Contaminated reusable equipment should be placed in a separate labelled bio-hazard bag for laundering or disposal.
6. Clean and dry all surfaces and equipment used using prepared Task-Wipes wipes (soap & water), using a different clean wipe for each different surface prior to disinfection.
7. Wipe from front to back, top to bottom, and from clean to dirty on all surfaces, DO NOT use a circular motion while cleaning or disinfecting.
8. Wipe cleaned surfaces dry upon completion of cleaning
9. Used wipes should be disposed as regular waste in garbage bags, unless human tissue is attached, then into a labelled bio-hazard bag for an appropriate waste disposal.
10. Crew uses prepared mop & bucket (soap & water) to clean vehicle floors - crew & vehicle compartments
11. Perform Hand Hygiene and don new gloves.
12. To disinfect all surfaces, repeat the same steps as cleaning. Apply bleach mixture and allow surfaces to remain wet for to **10-minutes - DO NOT WIPE DRY**
13. Following appropriate doffing procedures remove and discard PPE.
14. Perform Hand Hygiene

Visible Body Fluids

1. Perform Hand Hygiene
2. Don required PPE: gown, N95, safety eyewear, and nitrile gloves for cleaning and disinfection procedures.
3. Keep the exhaust fan on at all times when cleaning and disinfecting in the back of the vehicle.
4. Contaminated/soiled linens should be placed in a labelled bio-hazard bag for laundering or disposal.
5. Contaminated reusable equipment should be placed in a separate labelled bio-hazard bag for laundering or disposal.
6. Contaminated waste should be placed in a separate labelled bio-hazard bag for disposal.
7. If visible soiling (blood or body fluid) is present, it must be removed prior to cleaning and disinfection.
8. Remove visible soiling by blotting up the fluids with disposable towels.
9. Clean and dry all surfaces prior to disinfection using prepared Task-Wipes wipes or Mop and soap & water solution (as provided by Logistics) .
10. Wipe from front to back, top to bottom, and from clean to dirty on all surfaces, DO NOT use a circular motion while cleaning or disinfecting.
11. Used wipes should be disposed as regular waste in garbage bags, unless human tissue is attached, then into a labelled bio-hazard bag for an appropriate waste disposal.

Cleaning and Disinfection of the 3M 7500 Series Respirator

1. **Cleaning Respirator- in field-after every patient contact (if not grossly contaminated)**

- Perform hand hygiene
- Don nitrile gloves
- Remove filters and place on a clean surface
- Inspect the facepiece to identify any damage or excessive wear (i.e. tearing of straps)
- Use supplied disinfectant wipes to clean and disinfect the respirator and filters. Do not allow any of the cleaning agent to enter the filter media
- Use mechanical action to remove any soiling
- Wipe the outside of the filter body. Do not attempt to clean the filter media and do not let the disinfecting solution reach inside the filter media
- Let sit for recommended kill time (Dependent on supplied disinfectant and recommended kill time)
- Wipe respirator and filters with clean water-soaked cloth and air dry
- Wipe inside of respirator with supplied respirator wipes
- Once dry, place respirator and filters in personal respirator bag

2. **If your respirator is grossly contaminated and requires additional cleaning- in field**

- Do initial wipe down
- Leave filters in place to prevent solution and contaminants from entering filter media
- Perform more aggressive cleaning as required (repeat steps above)
- If respirator cannot be cleaned, put respirator in a biohazard bag and contact your Superintendent to make arrangements with the
- Remove gloves and perform hand hygiene

3. **Cleaning and disinfection- After AGMP or grossly contaminated respirator and filters**

Logistics section will prepare a cleaning and disinfection station

- 1 wash basin with warm water and neutral cleaning solution
- 1 rinse basin with warm water
- 1 disinfection basin with supplied disinfection solution at the appropriate concentration
- 1 rinse basin with warm water
- Dry wipes to remove excess water from respirator

HQ Cleaning & Disinfection Process

- Perform hand hygiene
- Don gown and gloves
- Don surgical mask
- Don safety eyewear
- Remove respirator from biohazard bag

Filters

- Remove filters from respirator, hold the filter by the edges and ensure you do not touch the filter media or liquid enters the filter media
- If filters are beyond cleaning, dispose in biohazard bag
- Clean filter body with supplied disinfection wipes
- Set filter on clean surface for recommended kill time (Dependent on supplied disinfectant and recommended kill time)
- Wipe with clean damp cloth and air dry

Respirator

Disassemble respirator if required

- Clean the facepiece by immersing it in warm water with a neutral detergent, not to exceed 120oF (49OC), and scrub with soft brush
- Rinse thoroughly with fresh warm water
- Disinfect with supplied wipes or the AHP concentrate if its grossly contaminated for the recommended contact time
- Rinse or wipe the respirator with fresh warm water or damp wipe
- Air dry in a non-contaminated area
- Inspect and reassemble (if required)

er and 3M 7093 P100 Filter

er the nosepiece of the respirator or filter body

ide the filter body

th Logistics to deep clean your respirator

ilter body (the filters are not to be immersed in the cleaning solution)

ft brush until clean.

NOTE: Medical or sterile packaged equipment is not to be placed into the cabinet

- ❖ Use in a well-lit area as there are no interior lights
- ❖ Kit bags that have been opened, or uniform items being placed into the cabinet for disinfection including AGMP's are to
- ❖ ***Uniforms or kit bags that are visibly soiled or grossly contaminated will still require laundering and will not go through***

Procedure

1. Perform hand hygiene and don appropriate personal protective equipment (ppe) as listed for the known or suspected d
2. Ensure that the wheel brakes have been applied in its functioning location
3. Open cabinet doors by unlocking black knobs at the top and bottom of the cabinet
4. Place empty kit bags or uniform items in the cabinet using the garment rod or shelving
 - Larger items on the top shelves to allow O-Zone to circulate
 - For best results, do not place items on top of each other i.e. bags within bags will be removed and placed o
5. Close and lock the doors using the black Knobs at the top and bottom of the doors
6. Turn the power on
7. Press the cycle button
 - The first part of the cycle is generating purified air through fan 1 for 3 minutes
 - Red lights will appear then disappear in a circular fashion indicating time remaining for the portion of
 - 20 seconds of red circles going in the opposite direction indicate the change from fan 1 to fan 2
 - Fan 2 will now operate for 3 minutes
 - Yellow lights on the display appear to count down the Ozone destruct phase
 - Green dots on the display indicate the cycle is complete and the equipment can be removed
8. Doff PPE and perform hand hygiene

CAUTION

- ❖ ***Do not open doors while in Cabinets are in operation***
- ❖ ***There is no emergency stop button***
- ❖ ***Should you wish to stop a cycle that has already started, use the on/off button***

Cabinets

be emptied of contents prior to placement in the cabinet for disinfection
by *this process*

disease in the PIC Document

on a shelf on their own.

the cycle