Attachment B

Version 2.0 August 7, 2020

Veterans Transportation Service (VTS)

Patient Transport PPE and Vehicle Cleaning/Disinfection

Standard Operating Procedure

Following the tenets of Standard Precautions as described by the Centers for Disease Control and Prevention (CDC), everyone should be thoughtful and aware of potential situations or interactions where there is the potential for transmission of an infectious disease and should take appropriate actions to mitigate the potential for spread of those infectious diseases. Standard Precautions set the foundation for prevention of transmission of infectious agents. The concept of Standard Precautions includes a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which health care is delivered. These practices include the following: hand hygiene; respiratory etiquette; use of personal protective equipment (PPE) such as gloves, gown, mask, eye protection, or face shield, depending on the anticipated infectious exposure; along with principles of environmental cleaning and disinfection.

VTS Operator/Driver PPE

During the COVID-19 pandemic, below please find considerations for PPE usage for VTS following tenets of Standard Precautions from CDC.

ROUTINE TRANSPORTS:

When VTS or a VA station employee driver/operator is transporting any patient who is **not** diagnosed as a COVID-19, the following PPE is required for transport:

Facemask at all times (universal source control).

Eye Protection (e.g., goggles or face shield) when loading, securing, and unloading wheelchair or stretcher patients, but does not need to be worn during actual driving to reduce risk of a visual hazard.

Gown as needed (based on exposure to body fluids or contact with patient when loading, securing, and unloading wheelchair and stretcher patients).

Gloves as needed (based on exposure to body fluids or contact with the patient when loading, securing, and unloading wheelchair or stretcher patients).

COVID-19 TRANSPORTS:

When VTS and VA station employee driver/operator is transporting a patient with COVID-19, the following PPE is required for transport.

Fit-tested N95 Respirator or equivalent (if available) or Facemask at all times*
Eye Protection (e.g., goggles or face shield) *
Gloves (based on exposure to body fluids or contact with the passenger)
Gown (based on exposure to body fluids or contact with the passenger)

*CDC recommends that drivers wear an N95 respirator or facemask (if respirator is not available) and eye protection such as a face shield or goggles (as long as they do not create a driving hazard).

https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html
OTHER POTENTIAL INFECTIOUS DISEASES TRANSPORTS (e.g., tuberculosis, chickenpox or disseminated shingles, measles, etc.):

Please refer to your local medical center policies and procedures for these other agents to be consistent with your established practices.

Face Covering of Patients/Passengers

All passengers (patients and accompanying family members/caregivers) must wear a facemask or cloth face covering to cover both of mouth and nose constantly during the transportation regardless the presence or absence of respiratory symptoms.

- If the passenger refuses to wear a facemask or cloth face covering during the transportation, the VTS and VA station employee driver/operator should decline providing the transportation.

- If the passenger needs medical exemption of mask/cloth face covering, the exemption must be directly from a Licensed Medical Provider with prescriptive authority at VA. Self-report of medical exemption from the Veteran or family/caregiver is not acceptable.

VTS Donning of Personal Protective Equipment Before Transport

Note: Driver/Operator will Don PPE prior to entering the vehicle, engaging patient

VTS procedures for Donning of PPE is as follows:

1. Donning (Putting on):
- Perform hand hygiene before putting on any PPE
- General approach to putting on this PPE combination for respiratory pathogens

- Gown
- Respirator or Facemask (if not worn already)
- Goggles or face shield
- Gloves

Additional Considerations for Transport of Patients with Potential Infectious Diseases: If VTS or station Operators/Drivers become aware of a patient who is infected or possibly infected with a respiratory infectious disease, they should notify the receiving health care facility that the patient is a confirmed or suspected COVID-19 patient or other infectious respiratory disease, so that appropriate infection prevention and control precautions may be taken prior to patient arrival.

- Keep the patient separated from other people as much as possible.

- The patient should wear a facemask (if not available, a cloth face covering at minimum) to cover both the nose and mouth constantly during the transport to contain any droplets generated during coughing or sneezing.

- Family members and other contacts of patients with confirmed or suspected COVID-19 or other infectious respiratory disease should not ride in the transport vehicle. If a family member or other contacts must ride in the transport vehicle, they should wear a facemask (if not available, a cloth face covering at minimum).

- Whenever possible, use vehicles that have isolated driver and patient compartments that can provide separate ventilation to each area.

- Close the door/window between these compartments before bringing the patient on board.

- During transport, vehicle ventilation in both compartments should be on non-recirculated mode to maximize air changes that reduce potentially infectious particles in the vehicle.

- If the vehicle has a rear exhaust fan, use it to draw air away from the cab, toward the patient-care area, and out the back end of the vehicle.

- Some vehicles are equipped with a supplemental recirculating ventilation unit that passes air through HEPA filters before returning it to the vehicle. Such a unit can be used to increase the number of air changes per hour (ACH). If so equipped, replacement of filters should occur per manufactures instructions. Link: (https://www.cdc.gov/niosh/hhe/reports/pdfs/1995-0031-2601.pdf).

- If a vehicle without an isolated driver compartment and ventilation must be used, open the outside air vents in the driver area and turn on the rear exhaust ventilation fans to the highest setting. This will create a negative pressure gradient in the patient area.

- Follow routine procedures for a transfer of the patient to the receiving health care facility (e.g., wheel the patient directly into an examination room).

Cleaning and Disinfecting VTS Transport Vehicles after Transporting a Patient

The following are guidelines for cleaning or maintaining VTS transport vehicles and equipment after transporting a patient:

- After transporting the patient, leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles.
    - The time to complete transfer of the patient to the receiving facility and complete all documentation should provide sufficient air changes.
- When cleaning the vehicle, VTS operators should wear a disposable gown and gloves. A face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly, to include the provision of adequate ventilation when chemicals are in use.
- Clean and disinfect the vehicle in accordance with standard operating procedures. All surfaces that may have come in contact with the patient or materials contaminated during patient care (e.g., stretcher, rails, control panels, windows, floors, walls, seat belts, work surfaces) should be thoroughly cleaned and disinfected using an EPA-registered hospital grade disinfectant in accordance with the product label.
- Disinfection products with EPA-approved emerging viral pathogens claims for use against SARS-CoV-2 are to be used. Refer to List N on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2. Check with local infection prevention and control professional if there are any questions.
- Clean and disinfect reusable patient-care equipment before use on another patient, according to manufacturer's instructions.
- Follow Standard Operating Procedures for the containment and disposal of used PPE and regulated medical waste.
- Follow Standard Operating Procedures for containing and laundering used linen. Avoid shaking the linen.

VTS procedures for Doffing of PPE after transport is as follows:

Note: Operator/Driver will maintain all PPE until after the vehicle is Fully Terminal Cleaned. Upon the completion of PPE Doffing procedure, the operator will dispose of all contaminated PPE inside a regular trash container, unless the PPE is wet /saturated with body fluids, in which case it will need to be disposed of in a Bio-Hazard container.

1. **Doffing (Taking off): See the following link to CDC guidelines:**

   https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE_11x17.pdf

- First: Remove gloves and discard directly in a trash receptacle
- Second: Remove gown and discard directly in a trash receptacle
- Third: Perform hand hygiene
- Fourth: Remove face shield / eye goggles
- Fifth: Remove respirator/facemask if necessary and discard directly in a trash receptacle
- Sixth: Perform hand hygiene

Documentation and Reporting of Vehicle Cleaning/Disinfection

Mobility Managers or the facility management official in charge of vehicles will create a cleaning or disinfecting Checklist to be completed and submitted by VTS /Station Drivers /Operators after each vehicle cleaning and disinfection.

The checklist shall contain at minimum the following:

- Date and Time of Cleaning /Disinfection:
- Vehicle Identification:
- Driver/Operator Name:
- Cleaning Method Used:
    - Wipe down
    - Spray

- UVC Light:
    - Duration while on the floor
    - Duration while hanging from the ceiling
    - Verification that all windows and doors were closed during UVC operation

- Driver/Operator Signature:

Use of UVC Disinfecting Unit for Cleaning and Disinfecting VTS Transport Vehicles (Optional).

ONLY use the UVC Disinfecting Unit <u>AFTER MANUAL CLEANING !!!!!!!!.</u>

Use of UVC Units should occur at the end of each transport day if the facility decides to implement it.

Note: See manufacturer instructions on use of the UVC Unit. A copy is enclosed with each unit and become familiar with the processes contained in the Instructional Video at: https://www.youtube.com/watch?v=c0Fn3a_lHcA&feature=youtu.be

Use of the provided UVC Disinfectant/Decontamination portable unit:

- Park vehicle in an area where there is no human pedestrian traffic to prevent UV light exposure to eyes of passersby—but which allows for an electrical extension cord to access the vehicle for the UVC Unit.

- Set UVC Unit on the floor in the center of the vehicle

- Startup vehicle and turn the AC/Heat fan on High Setting

- Close all doors and windows

- Place UVC Warning Signs on Windshield Dashboard, windows, and door(s).

- Set timer on UVC Unit for 10 minutes
    - The units have a timer on them that allows for one minute to leave the vehicle after it has been started.

- Exit vehicle immediately closing door behind you.

- If there is an urgent need for an employee to enter the vehicle when the light unit is operating, they will need to be wearing full length pants, a long sleeve shirt, gloves that cover their entire hands, and sunglasses that wrap around the eye area.

- Once initial UVC Unit operation is complete—**USE THE HANDLE TO PREVENT BURNS FROM THE UVC UNIT BEING HOT FROM OPERATION. ----**Hang UVC unit from the ceiling OR from a IV pole in the center of the vehicle and set timer for 10 minutes.

- Exit vehicle and close door behind you.

- Once UVC Unit operation is complete:

    - Turn off vehicle AC/Heater fan

    - Turn off vehicle

    - Disconnect from electrical extension cord and place the UVC Unit and extension cord in a safe/secure area where it will not be damaged.

Any broken bulbs should be treated as hazardous material and appropriate gloves and disposal of bulb pieces should be performed as specified by your local GEMS Program Manager or Safety Officer.

USE OF UVC UNIT DOES NOT REPLACE /ENVIRONMENTAL SURFACE CLEANING AND DISINFECTING !! CDC Guidance for Disinfecting NEMT and EMS Vehicles (ambulances): See Link below:

https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html

https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html

Follow-up and/or Reporting Measures by VTS Operators/Drivers After Caring for Patient with Confirmed or Suspected COVID-19

VTS and station Operators/Drivers should be aware of the follow-up and/or reporting measures they should take after caring for a patient with confirmed or suspected COVID-19:

- VA facilities should develop policies for assessing exposure risk and management of VTS personnel potentially exposed to SARS-CoV-2 in coordination with state and/or local public health authorities and local VA facility infection prevention and control professional. Decisions for monitoring, excluding from work, or other public health actions for VTS Operators with potential exposure to SARS-CoV-2 should be made in consultation with Transportation Chief,

Executive Leadership Team, and local VA facility Occupational Health. Refer to CDC guidance, Interim U.S. Guidance for Risk Assessment and Public Health Management of Health care Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19), for additional information.

- VTS personnel who have been exposed to a patient with suspected or confirmed COVID-19 should immediately notify their chain of command to ensure appropriate follow-up.

  - Any unprotected exposure (e.g., not wearing recommended PPE) should be reported to Occupational Health Services, a supervisor, or a designated infection control officer for evaluation.

  - VTS and station Operators/Drivers should be alert for fever or other symptoms of COVID-19 (e.g., respiratory symptoms such as cough, shortness of breath, sore throat). See CDC link for further information about COVID-19 symptoms: https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html. If symptoms develop, they should self-isolate and notify their supervisor and Occupational Health Services. In addition, it may be required that the local Public Health Authority be notified to arrange for appropriate evaluation.

  - Based on local assessment of the situation and actions taken (e.g., self-quarantine), appropriate OSHA documentation may need to be completed.

Definition of Terms:

Source Control: Use of cloth face coverings or facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. If a person has a tracheostomy (trach), it is important to cover the tracheostomy as well as the nose and mouth.

Personal Protective Equipment (PPE): Personal protective equipment (PPE) is used every day by health care personnel (HCP) to protect themselves, patients, and others when providing care. PPE helps protect HCP from many hazards encountered in health care facilities (e.g., gown, gloves, mask, eye protection).

Face Covering: Typically, textile (cloth) covers that are intended for source control (e.g., bandanas, cloth masks). Face coverings are not personal protective equipment (PPE).

Facemask: Facemasks are personal protective equipment (PPE) and are often referred to as surgical masks or procedure masks. Facemasks are designed to protect against splashes and sprays to the nose and mouth and also can provide source control.

N95 Respirator or equivalent: A respirator is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne

particles (including dust particles and infectious agents), gases, or vapors. Respirators are certified by the CDC/NIOSH, including those intended for use in health care. Health care personnel should be medically cleared and fit tested if using respirators with tight-fitting facepieces (e.g., NIOSH-approved N95 respirator) and trained in the proper use of respirators, safe removal and disposal, and medical contraindications to respirator use.

Eye Protection: Eye protection (i.e., goggles or a face shield that covers the front and sides of the face) protect the eyes from splashes or sprays. Reusable face shields and goggles should be cleaned and disinfected after each use. Face shields are not a substitute for a facemask.

Note: Protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect the eyes from all splashes and sprays and not considered as eye protection. Regular reading glasses, prescription lenses or glasses, and sunglasses are also not typically considered eye protection.