



FIRE RESCUE DEPARTMENT
4111 LAND O' LAKES BOULEVARD, SUITE 208
LAND O' LAKES, FLORIDA 34639

ADMINISTRATIVE ORDER

NUMBER 20-36

March 17, 2020

RESPONSE TO COVID-19

Administrative Order 20-36 has been developed to provide a consolidated method of information dissemination regarding the COVID-19 pandemic.

ORGANIZATIONAL PILLARS

- ❖ Operational Improvement
- ❖ Health, Safety and Wellness

RELATED ADMINISTRATIVE ORDERS

- [20-37](#) – COVID-19 Employee Screening & Dismissal from Duty
- [20-36](#) – Response to COVID19 – Master A.O.
- [20-35](#) – COVID-19 Definitions, communication, and status
- [20-34](#) – International Travel Screenings And Isolation (employees)
- [20-32A1](#) – Patient Travel Screenings And Isolation (Patients)
- [20-27](#) – Clorox ® Electrostatic Sprayer

MARCH 17, 2020 UPDATE

With the information overflow regarding the COVID-19 pandemic, we wanted to provide a single location to obtain the latest information regarding the department's response, as well as a tool to locate all previously disseminated materials that are related to the matter. Therefore, effective with this Administrative Order (A.O. 20-36), all subsequent A.O.'s on the subject will be attached to this master A.O. for easy reference. In addition to the distribution of any new A.O.s, this master A.O. will also be re-distributed as an "Amended" A.O.

Because it has been over a decade since the last global pandemic (H1N1 of 2009) that has affected our agency, a very large percentage of our team has never experienced a response to such an event. This applies to the whole of society. Coupled with the advent of social media and the vast array of misinformation being propagated, there can be a lot of confusion and anxiety. Therefore, part of our job is to remain vigilant and informed of the facts through continued research and education in a rapidly changing environment.

Pasco County, as a government agency, has taken the approach to follow all Centers for Disease Control (CDC) and World Health Organization (WHO) directives as provided through the state's Department of Health. Although some of these directives may be unpopular, it is imperative that they be followed in order to minimize our personal risk, as well as, those we come into contact with. Historically, enacting preventative measures in a timely manner, has changed the impact of a pandemic by slowing the spread of disease, thereby reducing the impact to a more manageable level. Unquestionably, the disease will continue to spread. The goals of these mitigation efforts are to keep the transmission at a controlled rate as to not overload the medical community, including our first responders.

Pasco County Fire Rescue is very fortunate to have a doctoral-level full-time Infection Control Officer. Dr. Christine McGuire-Wolfe specializes in infectious disease prevention and mitigation in a pre-hospital setting. Due to this recent pandemic, we will be providing Dr. McGuire-Wolfe additional help at Fire Rescue Headquarters in order to aid our employees. This will include monitoring of our personnel, researching best practices for prevention mitigation and the tracking of all expenses and resources related to the COVID-19 response.

The identification of COVID-19 virus is less than six months old and therefore we are learning new information each day. Early indications are that the most vulnerable group are those over age 60 and those with underlying health conditions. Anyone can contract the disease, but the impact will be most significant in our vulnerable populations, that include the elderly and those with pre-existing medical conditions. Therefore, we must do all we can to limit its possible transmission.

First and foremost, if you are not feeling well, do not come to work. It is advisable for all personnel to check your temperature daily. We have provided scanning thermometers at each fire station with an "Employee Tracking" sheet for that purpose. If you develop a fever, contact Dr. Christine McGuire-Wolfe via cell phone @ 1-727-207-4986 to complete the initial screening process. If you have a fever above 100.3°F, contact your physician. COVID-19 is highly contagious and is easily transmitted through infectious respiratory droplets exhaled from the infected individual. These potentially infectious droplets fall to the ground due to gravity before travelling six feet from the source of origin. This means that personnel outside of a six-foot radius from the patient are at very minimal risk. However, personnel operating within the six-foot radius must be diligent in PPE use to prevent transmission.

If you are currently sick, see A.O. 20-34 regarding how to confidentially report your illness. For those who work in an office environment, it may be possible for you to work from home. See your supervisor for instructions ahead of time in order to obtain approval and get the technology set up. Prior to any known exposures in the office environment, we will be ensuring that all employees are able to maintain the CDC's six feet of separation from other employees. In the event of an exposure, determinations regarding the need for isolation of specific employees will be made based on location of the employee's workspace and likelihood of previous exposure. For twenty-four-hour field employees, exposures will be reported and treated like any other infectious disease exposure. Instructions will be provided on a case-by-case by the Infection Control Officer based on the circumstances surrounding the exposure.

This will be a prolonged event. Unlike a hurricane preparation, our response will be ongoing and will likely last several months before it tapers off. We know that on-going exposures to potentially infectious diseases is an inherent risk in our profession, therefore, we must continue to exercise safe practices. The threat will always exist. As Pasco County Fire Rescue (PCFR) establishes new protocols for COVID-19, we are strengthening our capacity for on-going and future emerging infection (Zika, Ebola, SARS, MERS, Measles, etc.).

In order to minimize exposure to large groups (groups of ten or more as recommended by the CDC), we are temporarily suspending through at least March 30th most public special events, non-emergent inspection activities at nursing homes and assisted living facilities, and training exercises (Level III, Cadet Program, Volunteer Training and Specialty Courses), in accordance to the guidance provided by the CDC.

We are also temporarily suspending all large group meetings (Staff) and those will be conducted through electronic formats (mainly e-mail). Furthermore, Fire Rescue Support Services (FRSS) is working hard to ensure adequate supplies of Personal Protective Equipment (PPE), disinfectants, and other items remain available in stock, ahead of any unanticipated shortages. Fortunately, we were ahead of the game a few weeks ago and placed a large request through the State's WebEOC system for fulfillment. However, it still may be necessary to adjust our burn rate of consumption if adequate levels of supplies become difficult to maintain.

One of the best things you can do now is to educate yourself. Be sure to utilize reputable sources that are backed by the CDC and the WHO. More importantly, maintaining a healthy immune system is paramount. The CDC recommends getting adequate rest/sleep, practicing good hygiene, avoiding large crowds, and eating well are all good strategies to stay healthy. While at work, utilizing proper PPE as indicated for yourself and the suspected COVID-19 patient has shown to nearly eliminate the possibility of transmission. Even during your time off and away from work, it is extremely important to adhere to the recommendations of the CDC so that you will remain healthy enough to come in to work so that we can, in turn, provide our services to the community. This includes limiting attendance at large gathering events (more than 10 people) and participating in air travel.

This is a fast-moving event and we may not always have the best factual evidence at our disposal, but we may not have the luxury to wait until that evidence becomes available. There is no doubt that this event is a creating a rapidly changing environment for public safety and, therefore, our recommendations will likely change over time. We will do our best to disseminate the latest information as it relates to our operations and provide any relevant evidence in the event of any course-corrections along the way. In the meantime,

we will focus primarily on mission-critical operations and continue to do what we do best – deliver premier service while doing so safely and efficiently.

- [Current COVID-19 infections by Johns Hopkins University](#)
- [Current International Association of Fire Chiefs COVID-19 Dashboard](#)

MARCH 13, 2020 UPDATE

A.O. 20-35 has been developed to establish a means to submit questions regarding COVID 19- related issues, provide the confirmed information about the current situation, and delineate a common understanding of definitions.

MARCH 13, 2020 UPDATE

A.O. 20-34 has been developed to assist employees who have experienced an exposure that does not meet the requirements for quarantine as outlined by the Centers for Disease Control and the Florida Department of Health. It provides for confidential reporting of self-monitoring progress.

FEBRUARY 27, 2020 UPDATE

A.O. 20-32 has been developed to ensure that patients with potentially infectious diseases related to international travel, including COVID-19 and measles, are properly identified in a timely fashion and that appropriate steps are taken to minimize the risk of transmission to the crew members and the community.

FEBRUARY 13, 2020 UPDATE

A.O. 20-27 has been developed to reinforce the need for regular, effective disinfection of apparatus and station dormitory areas through consistent use of approved disinfectant products.



Scott M. Cassin
Fire Chief



PASCO COUNTY FIRE RESCUE DEPARTMENT

4111 LAND O' LAKES
BOULEVARD LAND O'
LAKES, FLORIDA 34639

ADMINISTRATIVE ORDER

NUMBER 20-37

March 16, 2020

COVID-19 EMPLOYEE SCREENING & DISMISSAL FROM DUTY

Effective immediately, crews will complete a shift-change screening process to assess their communicable disease risk to their crew members, patients, and the community as a whole. This process should be completed for each employee *before* they relieve the personnel from the departing shift. The station Captain is responsible for completing the form, but the preceding shift's Captain may begin the screening process for the on-coming shift if crew members report for duty early. The completed form must be submitted to the Battalion Chief before 10 am each shift day. After reviewing for completeness, the Battalion Chief will forward to the Infection Control Officer and Shift Commander via e-mail.

The form includes an assessment for fever and four additional screening questions based on currently identified risk for COVID-19. If any of the questions are answered "yes", the employee must be sent home from duty unless otherwise cleared by the Infection Control Officer (ICO). These exceptions will be rare and must include a solid, alternate explanation for symptoms. Employees that are sent home from duty will receive a monitoring number and further directions from the Infection Control Officer based on the date of the exposure or onset of symptoms (typically 14 days).

Infrared thermometers will be delivered to the stations, headquarters, fire rescue supply services, and training during the week of March 16, 2020 and will be designated for the sole use of employees. The Centers for Disease Control (CDC) allows for subjective reporting of fever in these circumstances. This process will be implemented at shift change on March 17, 2020. Once infrared thermometers are available at the stations, a reading will be taken for each employee at every shift screening until this A.O. is rescinded. Station Captains will be responsible for securing the infrared thermometers after completing the shift screening – any unaccounted for thermometers will be the responsibility of the station officer.

One COVID-19 infected employee who presents to the workplace can easily place 20 firefighters on quarantine for 14 days. This occurrence can rapidly lead to unnecessary illness in fellow employees. Even if the exposed employees do not become ill, this quarantine period can result in a significant reduction in the available workforce.

Effective immediately, any employee (regardless of work assignment), who meets any of the following criteria, will be required to remain off duty until the window of risk has passed (typically 14 days, to be determined by the ICO).

- Fever (temperature defined at 100.4°F or above), current or within the last 14 days
- Symptoms of respiratory infection (such as cough or fever)
- History of travel internationally, including cruise, within the past 14 days.

- Close contact with a known COVID-19 case in the past 14 days.
- Travel within the U.S via airplane within the past 14 days.

Employees are reminded that following current Department of Health and Centers for Disease Control Recommendations can decrease the likelihood of transmitting communicable disease to loved ones, co-workers, and patients. These are unusual times that require ethical decision making for the betterment of the department and the community. This order will be rigorously enforced during the COVID-19 pandemic.



Christine McGuire-Wolfe, PhD, CIC, CPH
Infection Control Officer

Thru



Timothy Reardon

Division Chief – Quality Assurance and Standard

Attachment:

1. Employee Screening Form

Pasco County Fire Rescue – Employee Screening Form

This form should be completed for each apparatus with ongoing crew members each morning and signed by the station Captain. This form should be forwarded to the appropriate Battalion Chief before 10 am each shift day. Employees assigned to Training, Headquarters, and Fire Rescue Supply will follow a similar process, with forms submitted to the Infection Control Officer by 9 am each day.

Any crew member that cannot provide an valid "No" answer to all screening questions should be dismissed from duty.

Date: _____

Crew Last Names and Bunker #:

Passed? Y/N



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As the officer overseeing the crew listed above, I have completed the screening questions below and verify that the crew does not present with signs or illness or flags for potential COVID-19 exposure.

- Does the employee present with fever?
- Does the employee have symptoms of a respiratory infection (such as cough and sore throat)?
- Has the employee traveled internationally (including travel on a cruise ship) within the past 14 days?
- Has the employee had close contact with a known or suspected COVID-19 case in the past 14 days?
- Has the employee traveled within the U.S. by airplane within the past 14 days?

_____ Station Officer

_____ Date



FIRE RESCUE DEPARTMENT
4111 LAND O' LAKES BOULEVARD
LAND O' LAKES, FLORIDA 34639

ADMINISTRATIVE ORDER

NUMBER 20-35

March 13, 2020

COVID 19 DEFINITIONS, COMMUNICATION, and STATUS

Administrative order 20-35 has been developed to establish a means to submit questions regarding COVID 19- related issues, provide the confirmed information about the current situation, delineate a common understanding of definitions.

ORGANIZATIONAL PILLARS:

- ❖ Operational Improvement
- ❖ Health, Safety and Welfare

COVID-19 COMMUNICATION GROUP

Earlier today, PCFR established an internal email group for communication regarding issues, concerns, and questions related to COVID-19. This email group can be accessed at "FRCOVID19" and will be addressed, as appropriate, by a team of key administrative personnel, in a timely fashion.

LOCAL STATUS

Pasco County Fire Rescue has a total of 33 employees under daily temperature monitoring. Pasco County, as a whole, has had one confirmed COVID-19 case, who was a close contact of an individual who recently returned from China. That patient was not transported by EMS. That patient is in isolation at home and will be tested by the Health Department (for a negative viral load) before his/her isolation status is lifted. A case that was considered high risk for COVID-10 infection tested negative today.

A third patient has been tested and results are pending – isolation was not necessary as the patient is deceased. That patient was identified as a possible COVID-19 patient and the time of dispatch and the crew appropriately and assertively used PPE, which significantly reduced the risk of transmission (if the patient tests positive).

The staff of FRSS has successfully procured additional stock of personal protective equipment (PPE), including N95 and N100 masks. At the beginning of the week, laser thermometers will be delivered to the stations, to be dedicated for crew assessment and monitoring.

Local schools have extended spring break in order to provide a "speed bump" to transmission within the community and local groups events have also been cancelled to minimize the likelihood of a transmission amplifying event.

DEFINITIONS for EXPOSURE and PREVENTION

Pasco County Fire Rescue's Infection Control responses to communicable disease risks and exposure are based on recommendations issued by the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO). Definitions of commonly used terms are listed below.

- Self-monitoring: The employee monitors themselves by taking their temperature twice/day and evaluating for the presence of respiratory symptoms (cough, shortness of breath, sore throat). Self-monitoring typically includes a definitive end point and clear points of contact in the event that fever or other symptoms develop.
- Active monitoring: Public health authorities assume responsibility for regular communication and assessment of the potentially exposed individual.
- Self-monitoring with delegated supervision: The employee completes self-monitoring with oversight by the infection control program (and coordination with the health department).
- Quarantine: Involves the separation of exposed individuals, who are still healthy, from the rest of the population. Although the term quarantine is often used in common language, true quarantine involves an official declaration from the public health authorities and oversight by law enforcement.
- Self-isolation: Voluntary action taken by an individual once they begin to experience symptoms. During self-isolation, the individual is ill but takes steps to avoid interaction and spread within the community.
- Close contact for healthcare exposures: Involves a) being within approximately 6 feet of a person with COVID-19 for a prolonged period of time or b) having unprotected direct contact with infectious secretions or excretions of the patient.

If you have questions or concerns, please submit them using the FRCOVID19 e-mail address. If you are an employee on temperature monitoring and have questions or concerns, please contact ICO McGuire-Wolfe.

Sent with permission from Chief Cassano



FIRE RESCUE DEPARTMENT
4111 LAND O' LAKES BOULEVARD
LAND O' LAKES, FLORIDA 34639

ADMINISTRATIVE ORDER

NUMBER 20-34

March 13, 2020

INTERNATIONAL TRAVEL SCREENINGS & ISOLATION

Administrative Order 20-34 has been developed to ensure that patients with potentially infectious diseases related to international travel, including COVID-19 and measles, are properly identified in a timely fashion and that appropriate steps are taken to minimize the risk of transmission to the crew members and the community.

ORGANIZATIONAL PILLARS:

❖ Operational Improvement

❖ Health, Safety and Wellness

As Pasco County responds to cases of COVID-19 and other communicable diseases, it may become necessary to place specific employees on daily temperature monitoring for a specified window of time (typically 14 days, but not to exceed 21 days). This sort of monitoring is necessary after possible exposures that do not meet the guidelines for quarantine as outlined by the Centers for Disease Control and the Florida Department of Health.

Employees that are identified for temperature monitoring will be notified individually. A "call in" employee number will be assigned. This number will be used to maintain confidentiality when temperatures are reported in, as personnel assigned to light duty will be helping with tracking.

Employees who do not have current access to a thermometer will be provided with an oral thermometer upon request. Each morning, prior to 10 am, and evening, before midnight, the employee must obtain and record a temperature. Each weekday morning, the employee under monitoring should call the front desk at Fire Rescue Headquarters (813-929-2750). The light duty personnel will maintain a log of reported temperatures based only on your assigned numbers. An example reporting conversation is listed below:

"I am calling to report a monitored temperature...#7. Last night's temperature was 99.0 and this morning's temperatures in 98.3. No symptoms to report."

COVID Symptoms:

- **Fever**
- **Shortness of breath**
- **Cough**

Weekend temperature readings should be sent via text to ICO McGuire-Wolfe with simply the employee # and temperature ("#7 – PM 98.4, AM 99.1).

Any symptoms or temperatures above 100.4°F (even without symptoms) should be reported immediately by the employee to the ICO McGuire-Wolfe via cell at 727-207-2986 or county extension 2641.

Brian Swartout
Deputy Chief - Administration



PASCO COUNTY FIRE RESCUE DEPARTMENT
4111 LAND O' LAKES BOULEVARD
LAND O' LAKES, FLORIDA 34639

ADMINISTRATIVE ORDER

NUMBER 20-32A1

March 17, 2020

PATIENT TRAVEL SCREENINGS and ISOLATION

Administrative Order 20-32A1 was developed to notify personnel of amendments within A.O.20-32. A version of *Administrative Order 20-32* with track changes outlining the adjustments has been attached to this order for convenience. As of the date on this order, all previous versions are invalid.

Administrative Order 20-32 has been developed to ensure that patients with potentially infectious diseases related to international travel, including COVID-19 and measles, are properly identified in a timely fashion and that appropriate steps are taken to minimize the risk of transmission to the crew members and the community.

ORGANIZATIONAL PILLARS:

❖ Operational Improvement

❖ Health, Safety and Wellness

Effective immediately, Pasco County Fire Rescue will implement a two-tier screening approach to identify patients with a history of recent international travel (within the last 21 days) and experiencing symptoms consistent with an infectious disease.

TIER 1: All calls for service to the Emergency Communications Centers related to a medical complaint (not trauma), will be questioned with the following prompts:

"Has the patient traveled outside of the United States or been on a cruise within the past 21 days?"

"Has the patient traveled via airplane (even within the United States) within the past 21 days?"

A positive response will be relayed to the crew prior to arrival on scene. Immediately upon exiting the apparatus, crew members will don a surgical mask and ensure that a N95 mask and other PPE is readily available. If the crew is able to make contact at the door, either in person or verbally, and the patient is physically able to come to the door, the patient should be strongly encouraged to do so. Crew members will maintain a 6 foot distance from the patient while confirming the travel risk information and performing the Tier 2 screening.

TIER 2: The crew will question the patient (or family members, bystanders) to determine the following:

[For COVID-19]

- Is the patient experiencing fever or symptoms of lower respiratory illness?

Consider the following questions for high risk flags:

- Has the patient traveled internationally, including a cruise within the past 14 days?
- Has the patient traveled by airplane (domestically or internationally) within the past 14 days?

- Has the patient had close contact with a known COVID-19 patient within the past 14 days?

[For measles]

- Is the patient experiencing fever or rash with a history of international travel within the past 14 days?

[For Ebola]

- Is the patient experiencing signs and symptoms of Ebola Virus Disease [EVD] such as fever, severe headache, muscle pain, weakness, fatigue, diarrhea, vomiting, abdominal pain, unexplained hemorrhage?

AND

- Has the patient travel internationally or had contact with a person with confirmed Ebola Virus Disease within the past 21 days?

If any of these categories is met, then Tier 2 isolation procedures should be implemented, as outlined in the attachment entitled, "Tier 2 Isolation". In order to conserve limited resources, a minimum of 2 crew members (or the minimum number of crew members needed to effectively render patient care) will don higher level PPE.



Timothy Reardon – Division Chief of Quality Assurance and Standards



PASCO COUNTY FIRE RESCUE INFECTION CONTROL – TIER 2 ISOLATION

Once a patient has been determined to fall into one of the following risk groups, Tier 2 isolation procedures will be implemented, as outlined below. In order to conserve limited resources, a minimum of 2 crew members (or the minimum number of crew members needed to effectively render patient care) will don higher level PPE.

COVID-19 risk

- Experiencing fever or symptoms of lower respiratory illness

Consider the following questions for high risk flags:

- Has the patient travelled internationally, including a cruise, within the past 14 days?
- Has the patient traveled by airplane (domestically or internationally) within the past 14 days?
- Has the patient had close contact with a known COVID-19 patient within the past 14 days?

Measles risk

- Experiencing fever or rash

AND

- History of international travel within the past 14 days

Ebola Viral Disease (EVD) Risk

- Is the patient experiencing signs and symptoms of Ebola Virus Disease [EVD] such as fever, severe headache, muscle pain, weakness, fatigue, diarrhea, vomiting, abdominal pain, unexplained hemorrhage?

AND

- Has the patient travel internationally or had contact with a person with confirmed EVD within the past 21 days?

Personal Protective Equipment (PPE): Appropriate protection against the transmission in Tier 2 cases includes:

- Single pair of disposable gloves
- Disposable isolation gown
- N95 mask (or higher)
- Eye protection through goggles or disposable face shield that fully covers the front and sides of the face.

Prevention of Transmission:

Basic infection control principles, such as handwashing, can help to minimize the transmission of the virus. Unless crews are masked with N95 or higher, they should maintain a 6 foot distance between themselves and the patient until it is determined that symptoms and risk factors do not exist.

During transport, set the ventilation on non-recirculated mode to maximize air changes (and reduce potentially infectious particles). To create a negative pressure gradient in the patient compartment (similar to a TB room in the hospital, open the outside air vents in the cab and turn on the rear exhaust fans to the highest setting.

To prevent unintentional transmission through the mucous membranes of the eyes, nose, and mouth, personnel should avoid touching their face while working.

Family members or other contacts of COVID-19 patients should not ride in the Rescue unit.

Exercise caution when performing aerosol-generating procedures, such as BVM ventilation, suctioning, orotracheal intubation, nebulizer treatment, CPAP, or CPR. If possible, the rear doors of the vehicle should be opened (while the vehicle is not in motion)

and the HVAC system activated during these procedures. If the rear doors are able to be opened, be sure they are facing away from pedestrian traffic or bystanders.

Isolation: The cab of the rescue unit should be considered “clean” while the patient care compartment is considered contaminated. Whichever crew member is driving should remove and dispose of PPE (except mask) and perform hand hygiene prior to entering the cab. The driver should wear the N95 mask for the duration of the transport. Upon arrival at the receiving facility, the driver should don PPE before opening the rear doors of the Rescue unit.

Documentation: Any documentation of patient care, either in the ePCR or written, should be completed after transfer of patient care, disposal of PPE, and handwashing.

Disinfection: After transporting the patient, leave the rear doors of the rescue open to allow sufficient air changes to remove potentially infectious particles.

When cleaning the vehicle, the crew should wear (new) gown, gloves, face shield or facemask with goggles. High frequency touch surfaces (such as buttons and handles) in both the cab and patient care compartment should be wiped with Clorox® hydrogen peroxide wipes. Any surface that had patient contact should be wiped with Clorox® hydrogen peroxide wipes. Both compartments of the Rescue should be sprayed with the Clorox® T-360 delivered through the electrostatic sprayer. The Rescue will be out of service until the Engine involved in the call or the EMS Supervisor transports the sprayer to the receiving facility.

All biohazard containers and trash cans in the Rescue should be emptied and disposed of at the receiving facility prior to disinfecting.

If the disease of concern is “Ebola Virus Disease”, then the disinfection process should be completed twice.

Notifications: Early in the patient transport, the receiving facility should be notified that the Rescue is enroute with a patient requiring “airborne transmission precautions and isolation”.

After transfer of care, the EMS supervisor should be contacted regarding the transport so that the Infection Control Officer can be notified. In turn, local and state public health officials will be notified.

Unfortunately, exposure to pathogens is an occupational hazard that cannot be completely avoided. When a patient is suspected of having an infectious disease, implementing steps to prevent transmission is the wisest course of action. In the event of exposure, there are definitive steps to be taken to protect you and your family. Please be assured that, as with any other exposure, our priority is your health and well-being.



FIRE RESCUE DEPARTMENT
4111 LAND O' LAKES BOULEVARD
LAND O' LAKES, FLORIDA 34639

ADMINISTRATIVE ORDER

NUMBER 20-27

February 13, 2020

CLOROX® ELECTROSTATIC SPRAYER

Administrative order 20-27 has been developed to reinforce the need for regular, effective disinfection of apparatus and station dormitory areas through consistent use of approved disinfectant products.

ORGANIZATIONAL PILLARS:

❖ Operational Improvement

❖ Health, Safety and Welfare

Effective immediately, Clorox® Hydrogen Peroxide Cleaner disinfectant wipes will be distributed to each station for the purposes of disinfection after patient transport. Clorox® Electrostatic disinfectant sprayers, equipped with Total 360® disinfectant cleaner will be positioned at designated stations throughout the county until such time that a unit is purchased for each individual station. Electrostatic sprayers will be located at Stations 13, 16, 17, 19, 21, 23, 24, 26, and Training. Ultimately, it is planned that each station will have their own electrostatic sprayer within the next 12 months.

After routine patient transport, the patient care compartment can be disinfected through the use of hydrogen peroxide wipes on all frequent touch surfaces (such as the action areas, hand rails, cardiac monitor, etc). At a minimum, crews should disinfect that patient care compartment with the electrostatic sprayer once per shift OR after transporting a patient with suspected infectious disease OR during episodes of suspected outbreak conditions. Please note: the disinfectant sprayers are not effective against pests, such as lice or bed bugs. Prior to spraying the patient compartment, any visible contamination (such as gross blood) should be removed and frequent touch surfaces should be wiped down with hydrogen peroxide wipes.

The hydrogen peroxide wipes should be applied to the intended surface until it is completely wet and then wiped clean. No rinsing is needed and the area should be allowed to air dry. The wipes are compatible for use with a variety of surfaces, including vinyl, stainless steel, glass, plastic, and chrome.

Use of the electrostatic sprayers is fairly simple:

- The back of the patient compartment can be effectively sprayed without lifting the unit into the patient care compartment.
- Consider removing any paper products from the area to be treated.

- A mask may be donned to protect against any possible respiratory irritation during spraying. Eye protection is recommended.
- With the sprayer nozzle 2-4 feet away from surfaces, start at the high point and work to the lowest area, using a slow, side to side motion.
- Wiping is not required to ensure disinfection, but you may choose to wipe specific surfaces for polishing,
- Bystanders may immediately enter the area after treatment is complete.

T360 Disinfectant, when applied through the electrostatic sprayers, kills 99.9% of bacteria in 5 seconds. Viral organisms have a longer kill time (about 2 minutes). The disinfectant inhibits the growth of mold and mildew for up to 7 days. The agent is effective against Coronaviruses, as well as Hepatitis, Norovirus, MRSA, and many others.



Destruction Date: indefinite

For more data about the effectiveness of hydrogen peroxide wipes, [click here](#).

For the Safety Data Sheet (SDS) for the hydrogen peroxide wipes, [click here](#).

For the Safety Data Sheet (SDS) for the T360 Disinfectant, [click here](#).

A handwritten signature in blue ink, appearing to read "Tim Reardon", is positioned above a horizontal line.

Timothy Reardon – Division Chief of Quality Assurance and Standards