GUIDELINES

INFECTION PREVENTION AND CONTROL IN IFRC VEHICLES

COVID-19 Pandemic
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1. Introduction
The COVID-19 pandemic is unprecedented in recent history. It is both a public health crisis, and a humanitarian crisis that is impacting the lives, health and livelihoods of people around the world. The potential impact of COVID-19 on the world’s most vulnerable people already affected by displacement, conflict, natural disasters and climate change makes it the most urgent threat of our times. The COVID-19 has globally infected over 4.4 Million with more than 300,000 deaths.

This guideline has been developed as part of the IFRC ongoing commitment to promote optimal standards of infection prevention and control within the organisation and working to support the effort of the National Societies in the fight against COVID-19 pandemic. It aims to provide staff with an easy to use reference guide that integrates relevant background information into comprehensive procedures for everyday use.

The guideline promotes the use of ‘Standard Principles of Infection Control’ with the principle that every passenger is a potential risk of COVID-19 virus infection. This in itself minimises a large area of risk from infection, as the status of the majority of people is unknown.

The guideline encourages physical distancing, use of personal protective equipment for high-risk activities, which will support staff in minimising the risk of contracting COVID-19 virus. Every member of staff has a responsibility to reduce such risks, and adherence to the procedures contained in this guideline will help ensure a safer environment for all concerned.

Practices in this guideline reflect current ‘best practice’ in Health services. Infection prevention and control is an important part of an effective risk management programme to improve the quality of patient care and the occupational health of staff.

2. Scope and purpose
This document is intended for all users of IFRC vehicles, loaned or rental vehicles used for the movement of IFRC staff/volunteers in a sitting position in their duty care activities.

Infection prevention and control is a fundamental requirement to ensure safe practice where exposure to potential pathogenic micro-organisms can occur, this can affect either the IFRC/NS staff or the public.

3. Responsibility
The IFRC Head of Country Office and the Secretary General of the National Society are responsible for ensuring that there are effective arrangements in place for the control of infections.

The country operation logistics unit with consultation of the Health Department is responsible to oversee local infection prevention and control procedures, and report to the Head of Country Office and the NS Secretary General.

All the staff and NS volunteers have a responsibility to protect themselves, as well as making all reasonable effort to safeguard the welfare of the beneficiaries and all other persons encountered in their duties. Adherence to the procedures contained in this guideline will significantly assist staff in achieving community health safety.

All managers with operational or support service links for infection control are responsible for monitoring compliance with the procedures laid out in this guideline.
4. Standard precautions of infection control

The driver and passengers should assess each situation when determining the precautions necessary. The staff member’s individual skills, the facilities available and the likelihood of coming into direct contact or exposure with the novel COVID-19 virus must form the basis of the assessment. It is not always possible to identify people who may spread infection to others, therefore precautions to prevent the spread of COVID-19 virus must always be followed:

- Hand hygiene
- Personal protective clothing and equipment (medical PPE reserved for designated high-risk activities)
- Non-Touch Seating Technique in vehicle and ventilation
- Vehicle cleaning and disinfection
- Safe procedures for waste management

4.1. Hand hygiene

Hand hygiene is the single most effective measure in the prevention of the spread of infection. Hand hygiene has been shown to play a very important role in the prevention of healthcare associated infections.

Soap and water or Alcohol-based hand sanitizer are an effective and rapid means of hand decontamination, used on visibly clean hands. They are useful in situations where hand-washing facilities are inadequate, or where frequent hand cleansing is necessary.

<table>
<thead>
<tr>
<th>Action</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hands must be decontaminated with soap and water and dried thoroughly</td>
<td>To avoid contaminating oneself, the other passengers or patients with COVID-19 virus that may be</td>
</tr>
<tr>
<td>before and after all contact of suspected/confirmed contaminated</td>
<td>on your hands.</td>
</tr>
<tr>
<td>surfaces.</td>
<td></td>
</tr>
<tr>
<td>Hands must be decontaminated preferably with Alcohol hand rub</td>
<td>70% isopropyl alcohol kills most germs</td>
</tr>
<tr>
<td>when hands are not visibly soiled and where there has been no</td>
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<tr>
<td>exposure to suspected infectious surfaces.</td>
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<tr>
<td>The procedure for hand washing with soap and water and second</td>
<td>Contact time must at east be 30 seconds for hand rub to be effective.</td>
</tr>
<tr>
<td>alcohol-based hand rub.</td>
<td></td>
</tr>
<tr>
<td>When decontaminating hands using an alcohol hand rub, hands should</td>
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<tr>
<td>be free from dirt and organic material. The hand rub solution</td>
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<tr>
<td>must come into contact with all the surfaces of the hand, until the</td>
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<tr>
<td>solution has evaporated, and the hands are dry.</td>
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<tr>
<td>The hands must be rubbed together vigorously, paying particular</td>
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<tr>
<td>attention to the tips of fingers, the thumbs and the areas between</td>
<td></td>
</tr>
<tr>
<td>the fingers.</td>
<td></td>
</tr>
<tr>
<td>Always wear disposable gloves when contact with suspected infectious</td>
<td>Reduces risk of exposure to COVID-19 virus.</td>
</tr>
<tr>
<td>surface/body is anticipated.</td>
<td></td>
</tr>
<tr>
<td>Use nitrile gloves instead of latex gloves, where possible.</td>
<td>Reduces risk of latex sensitivity</td>
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</tbody>
</table>
Wash hands after gloves are removed. | Gloves do not always provide a complete impermeable barrier; on removing gloves hands can become contaminated.

Keep fingernails short and clean. | Microbes can thrive beneath fingernails.

Do not wear false nails or nail polish | False nails and nail polish discourage thorough hand washing. Micro-organisms thrive in nail glue and in cracked nail polish.

Do not wear wrist watches, bracelets and rings with stones and ridges. | High numbers of bacteria can be found on skin under rings, wrist watches and bracelets.

Do not wear long sleeved garments or roll up sleeves above elbows when undertaking hand hygiene; ‘Bare Below the Elbows’ | Ensures all areas of the hands/wrists are washed effectively, following the WHO technique

Soap dispensers should be wall mounted with disposable cartridges; bars of soap and refillable dispensers must not be used. | Do not use bars of soap as they provide medium on which bacteria thrive.

If only hand taps are available these can be turned off using paper towels

Soft paper towels with good drying properties should be used. | Wet surfaces transfer micro-organisms more effectively than dry ones. Paper towels rub away transient organisms from hands.

Foot operated pedal bins should be used to dispose of paper towels | Hands will be re-contaminated by lifting the lid of the bin manually.

Hands must be decontaminated:
- Before and after each work shift or work break. (Remove jewellery prior to handwashing)
- Before and after physical contact with suspected infectious surface/body or patient contact
- Before putting on, and after removing, protective clothing, including gloves
- After using the toilet, blowing your nose or covering a cough or sneeze
- Whenever hands become visibly soiled
- Before preparing or serving food, before eating, drinking and before and after smoking.
- After carrying out a cleaning procedure
- After handling contaminated laundry and waste

4.2. Personal Protective Clothing and equipment
Wearing PPE is one of the standard precautions for preventing and controlling the spread of the virus that causes COVID-19 that should be practised by all staff caring for sick personnel and involved in dead body management activities. For the PPE usage in different context, please refer to the IFRC Personal Protective Equipment Guide COVID-19, in following link.
4.3. Non-Touch Seating Allocation in vehicle (Physical Distancing) and ventilation

The most effective way to protect oneself and others from COVID-19 while travelling is to

1) practise physical distancing in a vehicle while sharing with other passengers
2) ensure there is always good air circulation in the vehicle
3) Wear a cloth mask
4) Ensure that no one with symptoms of respiratory illness be allowed in the vehicle.

The design layouts with specific seating arrangement in a vehicle with additional partitioning measures can contribute in reducing the risk of transmission.

- The space and distance between people must be considered to minimize physical contact
- Respect at least 1-meter distance between each person on board.

**Driver separation partition – Passenger vehicle**

The physical separation of the driver from its passengers using a fixed or removable wall is to be encouraged.

If modified land cruisers are available in the mission, they should be given priority for the transfer of personnel and volunteers who are sick. There should be only one land cruiser determined per delegation.

Simple driver separation partition may be attainable through local modification. See separation examples in the appendices.

**Seat Allocation in a Land Cruiser HZJ76 or HZJ79 "Double Cabin"**

Maximum of 2 people per vehicle (driver - passenger/patient) unless a caretaker is absolutely necessary for the well-being of the sick personnel or volunteer.

**Seat Allocation in a Land Cruiser HZJ79 "Single Cabin"**

Maximum 1 person (driver) per vehicle
**Seat Allocation in a city vehicle**
Maximum of 2 people per vehicle (driver - passenger/patient) unless a caretaker is absolutely necessary for the well-being of the patient.

**Vehicle WITHOUT separation partition**

**Vehicle WITH separation partition**

**Seat Allocation in a Minibus**
Maximum 1 person per seat when using a minibus unless a caretaker is absolutely necessary for the wellbeing of the patient.

**Vehicle WITHOUT separation partition**

**Vehicle WITH separation partition**

### 4.4. Special precautions
In addition to the usual barrier gestures in the context of COVID-19 (safety distance, coughing/sneezing in the elbow hollow or a disposable handkerchief thrown immediately after use, hand hygiene, use of masks by anyone with respiratory symptoms, etc) it is important to respect the following gestures:

**Use of the daily cleaning protocol**
- Before each daily use or between each shift or after transporting suspected staff member/volunteer, the driver cleans and disinfects the vehicle using the “daily” Protocol.

**Before getting into the vehicle**
- Driver and passengers wash their hands with water and soap or a hydro-alcoholic solution.
- Passengers are responsible for the loading/unloading of their respective luggage and cargo.
- The driver assigns the passengers their respective seats by respecting 1 m of distance between each person. See section 4.3. Non-Touch Seating Allocation in vehicle (Physical Distancing).

**On board the vehicle**
- Roll window open: The front and rear window should be opened to create negative pressure and air flow.
- Use of heating and air conditioning only if windows are closed; *never activate inside air recycling option of the A/C.*

*Before getting out of the vehicle*
- Driver and passengers close their windows.
- Passengers are responsible for the loading/unloading of their respective luggage and cargo.

*After getting out of the vehicle*
- Driver and passengers wash their hands with water and soap or a hydro-alcoholic solution
- The driver cleans/disinfects the vehicle as well as disposes of waste if necessary.

5. Vehicles and equipment
Vehicle use will be impacted by the COVID-19 pandemic, so it must be included in the strategy of movement and use of vehicles. It is therefore essential to assess the real need and the capacity of your fleet of vehicles by considering the following:
- Reduction of HR capacity due to confinement context.
- The reduction in transport capacity per vehicle due to the reduction in available seats (respect for distances between passengers).
- The time it takes to clean-disinfect vehicles.

**Note:** Avoid sharing vehicles between several drivers as much as possible during the day.

5.1. Standard Vehicle - Passenger transportation

*Preparation*
- Clean and disinfect the vehicle using the "daily" and "weekly" procedure
- Remove from the vehicle anything that is not absolutely necessary.
- If possible, protect the vehicle's seats with machine washable or waterproof protective covers.
- Set up the on-board equipment, see next paragraph.
- Make on-board access plans, determine the number of passengers and seats to be occupied, display them.
- Display available prevention signs inside and outside the car.

*On-board equipment*
- Soap and water or Hydro-alcoholic gel.
- Bottles (or hand sprayer) with disinfectant cleaner.
- Disposable wipes or fabrics.
- Garbage bags.
- If several drivers using the vehicle in the same day: the maintenance registration sheet
5.2. Ambulance and Mobile Health Units – Patient transportation

Ambulances are used to respond to medical emergencies as such with COVID-19 Pandemic. The IFRC provides technical support to the National Societies operating Emergency Medical Services with ambulance specifications design to have adequate patient transportation units to treatment referral centres. These ambulances transport paramedics and other first responders from NS volunteers to the scene, carrying equipment for administering emergency care. The provision of adequate equipment and tools will prevent the spread of COVID-19 virus and minimise the of risk of infection. The specific IPC procedures for ambulance usage, cleaning and decontamination are clearly defined in PAHO’s EMS guidance, reference below links:


5.3 Management of the dead – transporting bodies

Vehicles directly involved in transporting secured bodies (in decontaminated body bags or coffins) in COVID-19 response, in particular the Toyota Land Cruiser Pickup units, should be disinfected as per standard protocols for regular vehicles transporting other people. Special precautions are not required.

Vehicles directly involved in transporting unsecured/unprepared bodies in mass fatality scenarios in COVID-19 response, in particular the Toyota Land Cruiser Pickup units, should be first cleaned with regular household soap or detergent and then, after rinsing, disinfected with regular household disinfectant containing 0.5% sodium hypochlorite or with 0.5% free chlorine solution, on a daily basis. PPE should be worn while cleaning, including mask, goggles, a fluid-resistant apron, and gloves, and hand hygiene with soap and water should be performed after removing PPE.

Vehicles directly involved transporting the dead in COVID-19 response, in particular the Toyota Land Cruiser Pickup units, are disinfected with a liquid soap or the usage of diluted chlorine solution on a daily basis. In order to address the issues of potential damage to the original vehicle paint and consequential rusting of the vehicles, it is recommended to protect the cargo bed with an epoxy marine paint and the undercarriage with a bitumen-based coating mass in order to prevent the muffler and other metal parts from rust and further harm. Additionally, a chlorine resistant hard top canopy with internal compartments to enable easy access and handling during loading/unloading of COVID-19 victims must be fitted on the cargo body.

**Warning:** Do not keep the spare wheel inside the cargo space to avoid contamination during tyre replacement.

**Preparation**
- Clean and disinfect the vehicle using the "daily" and "weekly" procedure
- Remove from the vehicle anything that is not absolutely necessary.
- If possible, protect the vehicle’s seats with machine washable or waterproof protective covers.
- Set up the on-board equipment.
- Remove the spare wheel from the cargo bed
- Display available prevention signs inside the cargo bed canopy

IFRC Fleet Covid-19 Guidelines for vehicle use.
On-board equipment
- Soap or Hydro-alcoholic gel.
- Bottles (or hand sprayer) with disinfectant cleaner.
- Bottles (or hand sprayer) with water for rinsing if necessary.
- Disposable wipes.
- If possible, handwashing water in an easy-to-handle container.
- Garbage bags.
- If several drivers using the vehicle in the same day: use the maintenance registration sheet (see Annex 3).

6. Vehicles cleaning and decontamination procedures
All staff have an individual responsibility to keep the vehicles used in IFRC infectious disease control operation clean and thus to reduce the risk of cross infection to themselves, their colleagues and their patients. This can best be achieved by all staff members participating in frequent and routine cleaning activities. The choice of method of decontamination depends on the type of material to be disinfected, the level of decontamination required for the procedure and the microorganisms involved. As coronaviruses have a lipid envelope, a wide range of disinfectants are effective.

It is possible that these viruses can survive in the environment with the amount of virus contamination on surfaces likely to have decreased significantly by 72 hours, so high standards of hygiene both externally and internally of vehicles is vital for the control of infection. The vehicles are exposed to potential infection sources on a daily basis. At a minimum, clean and disinfect commonly touched surfaces in the vehicle at the beginning and end of each shift and between transporting passengers who are visibly sick. Ensure that cleaning and disinfection procedures are followed consistently and correctly, including the provision of adequate ventilation when chemicals are in use. Doors and windows should remain open when cleaning the vehicle. When cleaning and disinfecting, individuals shall wear disposable gloves compatible with the products being used.

To ensure effective disinfection of vehicles and equipment, detergents, disinfectants and cleaning materials are available for use, and a two-level approach shall be adopted: Routine cleaning and Deep cleaning.

**Routine cleaning**
This is the cleaning of the vehicle and equipment that takes place to maintain a good standard of cleanliness and hygiene. It is expected that the following is undertaken at the start and end of every shift:
- All visible surfaces to be wiped over with detergent and water. (take care with any electrical equipment)
- Start at the back, inside the vehicle and then move to the outside.
- All frequently touched interior surfaces (seats, harm rests, interior/exterior door handles, belt buckles and driver controls, interior dashboard and door panels, radio) shall be sprayed with a 0.5% chlorine solution and left in the open air to dry for 10 minutes.
- The vehicle floor to be mopped with detergent.
- The cab area should be cleaned separately - attention to steering wheel, gear leaver, indicators and hand break

Note: All equipment must be cleaned with detergent and water after every case transported, whether they appear contaminated or not.
Deep Clean

Deep Cleaning should be a planned scheduled event. It involves the cleaning of all the vehicle interiors and equipment comprising of stretchers, mattresses, carry chairs, wheelchairs, spinal boards and scoops, thoroughly over and above the general routine cleaning by the driver.

7. Waste Management

Common waste: (wipes, disposable seat covers...) are deposited in a solid garbage bag. This garbage must be destroyed according to the same procedures as medical waste from a health care structure. The raison being that if contaminated gloves and masks that still look good are found by others, they may be tempted to collect and sell them, and this bears the risk of cross contaminating themselves and others.

8. Recommendations on cleaning and disinfection

- All frequently touched interior surfaces (seats, harm rests, interior/exterior door handles, belt buckles and driver controls, interior dashboard and door panels, radio) shall be sprayed with a 0.5% chlorine solution and left in the open air to dry for 10 minutes. Simple liquid soap can also be used.
- Technique: Always from the dirtiest to the cleanest, from the top down and from the inside out.
- When the decontamination procedure has been completed, a sticker or tape marked with the date and time of decontamination shall be affixed to the dashboard.
- Vehicles that are disinfected and ready for use must be clearly separated from those that are to be disinfected.
## Annex 1. Vehicle cleaning method

<table>
<thead>
<tr>
<th>EQUIPMENT</th>
<th>CLEANING METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dashboard</td>
<td>Disinfect:</td>
</tr>
<tr>
<td>Steering wheel</td>
<td><em>Daily OR</em></td>
</tr>
<tr>
<td>Selectors and control buttons</td>
<td><em>Between each transfer</em></td>
</tr>
<tr>
<td>Radio, GPS screen</td>
<td>OR</td>
</tr>
<tr>
<td>Rear-view mirror</td>
<td><em>After transporting suspected or sick staff member/volunteer</em></td>
</tr>
<tr>
<td>Gear shifter</td>
<td></td>
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<tr>
<td>Handbrake</td>
<td></td>
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<tr>
<td>Seat belt tongue and buckle</td>
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</tr>
<tr>
<td>Seat adjustment handles/controls</td>
<td></td>
</tr>
<tr>
<td>Inside doors (glass lift, handle...)</td>
<td></td>
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<tr>
<td>Interior windows</td>
<td></td>
</tr>
<tr>
<td>Outdoor handles</td>
<td></td>
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<tr>
<td>Mobile phone</td>
<td></td>
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<tr>
<td>Vehicle keys</td>
<td></td>
</tr>
<tr>
<td>Pens</td>
<td></td>
</tr>
<tr>
<td>Seats</td>
<td>Disinfect, Vacuum cleaning if possible:</td>
</tr>
<tr>
<td>Ground</td>
<td><em>Weekly, after transporting suspected or sick staff member/volunteer</em></td>
</tr>
<tr>
<td>Carpet</td>
<td></td>
</tr>
<tr>
<td>Cleanable seat covers (waterproof)</td>
<td></td>
</tr>
<tr>
<td>Fabric seat covers</td>
<td>Machine wash at 60°C:</td>
</tr>
<tr>
<td>Work clothes</td>
<td><em>Weekly, soiled</em></td>
</tr>
</tbody>
</table>

IFRC Fleet Covid-19 Guidelines for vehicle use.
Annex 2: Common cleaning and disinfection products

Consult your WATHAB, or Medical referent in case of doubts.
For all products, follow the manufacturer's or your referent recommendations for:
- Concentration and mode of dilution
- Contact time

How to prepare a 0.5% bleach solution?
1. Note the % of sodium hydrochloride noted on the undiluted bleach bottle
2. To obtain the mixing ratios between bleach concentrate and water, you can use the following formula:
\[
\text{Undiluted bleach concentration (XX\%) / Desired Bleach Concentration (0.5\%) – 1 = equal parts of water required for solution preparation}
\]

<table>
<thead>
<tr>
<th>Commonly found bleach in supermarkets</th>
<th>Ratio to prepare 0.5% bleach solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.5%</td>
<td>1-part bleach/ 4 parts of water</td>
</tr>
<tr>
<td>5%</td>
<td>1-part bleach/ 9 parts of water</td>
</tr>
<tr>
<td>8%</td>
<td>1-part bleach / 15 parts of water</td>
</tr>
<tr>
<td>12%</td>
<td>1-part bleach / 23 parts of water</td>
</tr>
</tbody>
</table>

Bottle with 0.5% chlorinated solution + rinse:
Provide 2 bottles, 1 opaque for chlorinated solution, the other for water to rinse.
- Prepare 0.5% chlorinated solution in an opaque bottle in advance; If you use a spray bottle, do not spray directly on the surface to be cleaned but in the paper towel or cleaning cloth and then wipe it on the surface, wait 5 minutes.
- Rinse with water; if using a spray bottle, do not spray directly on the surface to rinse but in the paper towel or cleaning cloth and then wipe it on the surface to rinse.
- Discard the rest of the chlorinated solution at the end of the day.
- Risk of damages on dashboard and metal parts.

If available, alcohol 70% (isopropyl): Warning: highly flammable!
- Apply on paper towel or cleaning cloth, then wipe it on the surface to be disinfected.
- No rinsing needed.
- Preferable for electronic equipment (radio, GPS, screen, phone...).

If available, standard virucid wipes EN 14476:
- For example, ARSILOM; ARVO 21 SR; ASEPTIL; SANYTOL.
- Refer to the manufacturer's recommendations for application and contact time.

If available, standard virucid hand spray EN 14476:
- For example, Sanytol.
- Do not spray directly on the surface to be cleaned but on the paper towel or cleaning cloth and then wipe the surface.
- Some products require a rinse, in this case provide a bottle / bucket / sprayer with water.
  Do not spray directly on the surface to be cleaned but in the paper towel or cleaning cloth and then wipe it on the surface.
Annex 3: Example of cleaning and disinfecting record sheet

Follow-up sheet for daily cleaning

(All Types)

<table>
<thead>
<tr>
<th>ICRC VEHICLE ID N°:</th>
<th>WEEK:</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Week ……/……/……… To ……/……/……… One sheet per Week / Vehicle

<table>
<thead>
<tr>
<th>Operation carried out each day when using the vehicle</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
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</thead>
<tbody>
<tr>
<td>Vacuum floor and seats</td>
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<tr>
<td>Cleaning and disinfection with a detergent and disinfectant solution.</td>
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<tr>
<td>Dashboard</td>
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<tr>
<td>Steering wheel</td>
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<td>Handbrake</td>
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<tr>
<td>All \ handles inside / outside</td>
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<td>Gear lever</td>
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<tr>
<td>Ventilation controls</td>
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<tr>
<td>On-board communication kit</td>
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<tr>
<td>Seat and seat handles/controls</td>
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<tr>
<td>Floor</td>
<td></td>
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<tr>
<td>Door interior</td>
<td></td>
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<tr>
<td>Disposal of waste and washing and disinfection of the cleaning agent</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Cleaning agent</th>
<th>Name:</th>
<th>Name:</th>
<th>Name:</th>
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<th>Name:</th>
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IFRC Fleet Covid-19 Guidelines for vehicle use.