From:	Sandra Vasecka
To:	Julie Merritt; Kyla Tripp; Grp. City Council and City Web Site
Subject:	RE: Follow up info/alternatives for the purchase of kart kleen devicesPublic Safety and Health
Date:	Tuesday, November 16, 2021 3:59:16 PM

Kyla,

Thank you for the follow-up and detailed explanation. I went on my first ride along in 2019, before COVID. During that ride-along the officer mentioned things like drugs and bodily fluids would contaminate their uniforms almost on a daily basis. This was before they even had a locker room to change into, and had to bring the contaminated uniform home. When I went on my second ride along while I was attending the Citizens Law Enforcement Academy in February of 2020 (right before COVID) I heard the same thing from other officers as well.

During the committee meeting your comments really resonated with me, and I appreciate you taking the time to offer your knowledge on the subject. After I initially voted no after hearing your public comment, I thought long and hard about it, I asked more questions about the equipment, and as you see, I ended up supporting it. I did not know that there are "blind spots" with this machine, and as you suggested individual wands might be something to look at as well.

I understand you are not against the purchase, just trying to inform us best as you can, since I am nowhere close to your credentials on this subject. I really appreciate your time to share your knowledge on this! Thank you for reaching out, and please do so in the future with any other comments, ideas, or concerns in the future.

Sandra Vasecka
Ward 6
Missoula City Councilwoman

From: Julie Merritt <MerrittJ@ci.missoula.mt.us>
Sent: Monday, November 15, 2021 9:39 PM
To: Kyla Tripp <kylatripp7@gmail.com>; Grp. City Council and City Web Site <Council@ci.missoula.mt.us>
Subject: Re: Follow up info/alternatives for the purchase of kart kleen devicesPublic Safety and Health

Kyla

I appreciate the time you have taken to provide this input. I don't doubt your qualifications and understanding of the situation. We voted tonight to approve the equipment that the Chief recommended.

Julie Merritt

Sent from my Verizon, Samsung Galaxy smartphone
Get Outlook for Android

From: Kyla Tripp <kylatripp7@gmail.com>
Sent: Monday, November 15, 2021 9:36:09 PM
To: Grp. City Council and City Web Site <Council@ci.missoula.mt.us>
Subject: Follow up info/alternatives for the purchase of kart kleen devicesPublic Safety and Health

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Sandra Vasecka and other city council members,
I am reaching out to provide some more context, additional information, and recommendations on the purchase of a disinfectant locker, incidence response bag, and entrance unit as proposed by Chief of Police, Jaeson White. Firstly I would like to clarify that I am not advocating against the purchase of devices/equipment to enhance the safety of our officers but rather provide insight on sanitization best practices, this is why I have included alternative options that are more feasible and safe at the end of this document. I feel it may be important to get some background on my experience and qualifications to provide more confidence on my ability to make these recommendations.
My qualifications: I am a PharmD licensed in 10 states, each of which required passing individual examinations, background checks, and many other continuing education requirements. I have worked as a non-sterile compounder, a sterile compounder, hospital intern,, and community pharmacist at Walgreens for 3 years and currently, I am a quality control manager responsible for the creation and maintenance of standard operating procedures, sever as a consultant during accreditation evaluations,, and state board and FDA inspections
Pharmacy information: Local, high-risk sterile compounding facility that specializes in ophthalmic preparations and injections. The pharmacy is licensed to dispense in all 50 states and as such we undergo annual state board inspections, certification bodies (NABP and PCCA), and biannual FDA inspections,
My responsibilities: aside from developing and overseeing the implementation of various quality procedures I am also responsible for the environmental monitoring (EM) of the cleanroom. The EM program is modeled after current good manufacturing practices (cGMP) issued by the FDA and in compliance with United States Pharmacopeia (USP) regulations and includes daily microbial testing of the air and surface in each ISO classified area, air particle counts, pressure differentials across various lab rooms, temperature/humidity monitoring, and I implemented and perform cleaning and agent validations.

HOW UV SANITIXATION WORKS: this process uses UV as a mechanism to create energy capable of breaking bonds that denature the cell walls of bacteria and viral DNA/RNA strands but every microbe possesses different physiological characteristics that require a different strength and contact time UV radiation this is known as "UV dose" measured in Joules per meter squared (J/m2). Efficacy of sanitizing methods is evaluated by counting log reduction of microbes, this particular equipment has a claim to a 3 log reduction or 99.9% reduction in bacterial colonies or viral loads. I would like to address the concerns of Julie Merrit directly, as her headshake and eye roll indicated her disagreement with the statement that a UV wand is equally capable of disinifecting - UV radiation is an effective bactericidal method of decontamination whether the source is a wand or a cabinet, the only difference is the method of application and with proper training (required of both devices) both achieve the same log reduction of bacteria however, neither of these devices are entirely appropriate or necessary for the intended uses described.

Cons of Kart Kleen sanitization devices:

1. UV sanitization devices used outside of a cleanroom environment may put officers at a higher risk as it can create a false sense of security because those handling items are under the false impression that the items are clean and safe when in reality they have not been completely sanitized and some items can harbor microbes in places where UV light does not make contact with a surface. For complete, successful decontamination, the UV light must directly shine on surfaces for a microbe specific amount of time to reach an intensity high enough to denature the organisms. Irregularly shaped items can have crevices, blocked or shadowed areas that are not properly penetrated by the light, creating "microbial hideouts" these items can include wrinkled/folded clothing with pockets and zippers; vests, and tactical equipment worn by officers; and evidence
2. In all cleanrooms the most common source of contamination is the personnel, this makes personal aseptic technique crucial to maintaining a clean environment as such, compounders are taught not to rely on primary engineering controls like HVAC, ISO 5 containment hoods, and HEPA filters but rather they are to focus on their actions that may affect the preparation and the surrounding environment. this concept is similar with devices used to decontaminate, they reduce the bioburden but in order to maintain the cleanliness of the object, the technician must use proper aseptic technique to avoid reconamination
3. To achieve a clean truly sterile item it must be contained within an ISO classified room and handled by properly trained personnel covered in head to toe PPE this is because once an item has been sanitized unless you are moving it into a cleaner area, it will remain in the same air/location it was previously exposed to before entry, it is much like showering before a workout. Or think of it like donning a pair of sterile gloves to protect the surfaces you touch, as soon as you touch a surface that is not decontaminated the gloves are no longer sterile and you will now contaminate all subsequent surfaces (in a cleanroom you must alcohol your gloves with 70% IPA if contamination is suspected before touching other surfaces or you may even have to remove the gloves, perform hand hygiene and re-don sterile gloves)

    1. this is why cleanroom staff and quality personnel design material handling procedures based on the material handled, the room design, and intended use of the item with very special awareness of air quality and decontamination processes as the objects move further into the cleaner ISO classified locations of the lab.

4. A sanitization of equipment at the end of the day is no more useful than washing your hands after you eat. These officers are busy, they are in and out of their vehicles, and interacting with members of the public, every movement they make is a movement into contamination.
5. Chief White mentioned a reduction in handling by using a UV cabinet however, this is not the case, removing equipment to place in the cabinet requires just as much manipulation as if you were to take it off to use a UV wand and Julie Merrits headshake in disapproval does not change this fact but I am more than willing to listen to her argument to the contrary and the credentials she possesses in decontamination protocol
6. These devices require a specific sanitization/cleaning protocol that can put the operator at risk that should include special training on proper handling, cleaning agents, and PPE - yes even a device used to sanitize require cleaning and general maintenance. i.e. the TSA-like entrance unit contains plastic curtains that all dirty items pass through, those curtains are now covered in contaminants that need to be cleaned or you risk

contamination of operators or cross contamination of items

7. Regarding the incident response bag the same concerns apply, the officer has to place the item in the "box" and once removed, they are handled by an officer or other personnel that have not been sanitized by UV light leaving the items open to immediate contamination to microbes once removed. Additionally, how many of these will be purchased, if the decontamination is so important it should be available for use by ALL personnel? If only a few, how will you decide which cars/officers will receive the response bag?

Alternative options:

1. Hiriging a consultant to evaluate current procedures over the span of 1 day that can provide recommendations for easy improvements to current procedures that will result in safer and cleaner practices than the very expensive cabinets and intake devices.
2. Stock up on PPE such as gloves, N95 masks, portable hand sanitizers, 70% IPA wipes, and bleach or Virex as a cleaning agent. people receiving evidence or items from the public can don gloves prior to handling and spray or wipe the item with a cleaning agent, place in a bin that has recently been wiped down with IPA and then remove the gloves prior to moving to next item(s)
3. Rapid COVID-19 tests such as the binax now kits are self administrable, results take 15 minutes and they are available for purchase at most drugstores ($23 for 2 tests), they do not require special labs or equipment, can be administered in the field and results are easily interpreted. This provides the opprotunity to perform regular testing of employees to identify and quarantine exposed officers and to screen the public when prolonged periods of contact are required to identify and implement PPE protocol for sick individuals to ensure the officer is safe during the encounter.
4. Some money can be allocated to create incentives for employee vaccination or cover the PTO that must be taken for COVID-19 sick/exposed personnel
5. Hand held UV devices for each vehicle and offices for support personnel. Thse are a less expensive option and can be used to disinfect items and surfaces throughout the day, although not superior to cleaning with bacterical agents this option may be useful for as an alternative when an item is not easily cleaned by wiping or if agents are not compatible

Thank you for your time and consideration of more effective alternative options
-Kyla Tripp, PharmD