

Purpose

The purpose of this document is to provide cleaning and disinfection guidelines to help prevent transmission of COVID-19 infections from shared medical equipment and environmental surfaces. The SARS-CoV-2 virus that causes COVID-19 has the potential to survive for several hours to days on surfaces. Therefore, there is risk of spreading the virus from potentially contaminated inanimate objects and surfaces to susceptible individuals. Cleaning and disinfection of shared equipment and increasing the frequency of environmental cleaning and disinfection, particularly of high-touched surfaces, can prevent infections. Enhanced cleaning (minimum twice daily cleaning) is an effective control strategy during increased community transmission and outbreaks.

Scope

This document was developed to assist long-term care facilities, assisted living, MHSU, and other congregate community settings with IPC cleaning and disinfection best practices. While this document is directed at this specific patient population, the guidelines apply across all health care settings.

Definitions

- **Cleaning.** The physical removal of foreign material (e.g., dust, soil and organic material such as blood) from a surface or object
- **Disinfection.** A process that reduces the number of microorganisms to a level at which they do not present a risk to patients/residents. In order for disinfection to be effective, surfaces and equipment must be thoroughly cleaned prior to disinfection
- **Manufacturer's Instructions for Use (MIFU).** Check the MIFU to determine if the same wipe can be used as a cleaner and a disinfectant, otherwise another product must be used for cleaning surfaces prior to disinfection (e.g., a detergent and water)
- **Disinfectants.** Must have a Drug Identification Number (DIN) from Health Canada
- **MIFU and Safety Data Sheet (SDS).** Follow the product MIFU and the SDS for use of cleaners and disinfectants (e.g., storage, contact time, safe use and disposal, etc.)

Equipment Cleaning/Disinfection

- As much as possible, dedicate reusable medical equipment to a resident on droplet precautions (e.g. thermometer, BP cuff, commode)
- As per routine practices, reusable medical equipment used on a resident must be cleaned and disinfected before using on another resident. Any resident-specific equipment (e.g., mobility aids) that are brought into the facility with the resident upon admission or transfer should be cleaned and disinfected.
- Use Health Canada approved hospital-grade cleaning/disinfectant wipes that are effective against COVID-19 virus (SARS-CoV-2): <https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html>. Some examples of cleaning/disinfectant wipes include:
 - 0.5 % Accelerated Hydrogen Peroxide (AHP) wipes; e.g., Accel Intervention wipes and Oxivir TB wipes (1-minute contact time)
 - Quaternary ammonium compound (QUATs) based disinfectant; e.g., Caviwipes (3-minute contact time)
- Clean and disinfect using a two-step process. Use one wipe to clean the surface. Use a second wipe to disinfect the surface. Multiple wipes maybe needed depending on the amount of soil present and the surface area to be disinfected. If the disinfectant is validated by MIFU to be a disinfectant with a cleaning agents, the same product can be used for cleaning and disinfection. However, a two-step process, using a

minimum of two wipes must still be followed. Otherwise, use a pH-neutral cleaner followed by a disinfectant wipe

- Ensure the type of disinfectant used on the equipment is validated by the equipment MIFU to ensure compatibility
- Wear Personal Protective Equipment (PPE) as determined by disinfectant product SDS and additional precautions
- Ensure the equipment remains wet for the disinfectant contact time for enveloped viruses (e.g., influenza) as specified by MIFU

Enhanced Daily Environmental Cleaning/Disinfection

- Minimum twice daily cleaning of the affected unit or facility. The first routine clean/disinfection of the day is undertaken followed by a second environmental clean/disinfection, approximately 6-8 hours after the first clean. The second cleaning/disinfection focuses on frequently touched surfaces and areas on the unit and in the affected resident rooms on droplet precautions
- To facilitate effective environmental enhanced cleaning, unit staff and environmental services should ensure:
 - All horizontal surfaces are clear for cleaning
 - Hallways are free from equipment and clutter
 - Clean linen and supplies are protected in a clean room, closet or enclosed cart
 - Surfaces or furniture that are damaged, cracked or torn cannot be cleaned must be removed from use and replaced (e.g., torn mattresses, cushions or chairs)
- Use Health Canada approved hospital-grade disinfectants that are effective against COVID-19 virus (SARS-CoV-2): <https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html>. Some types of cleaning/disinfectants include:
 - 0.5 % Accelerated Hydrogen Peroxide (AHP). Examples include Accel Intervention and Oxivir TB
 - ≥ 1,000 ppm Sodium hypochlorite/bleach. Examples include Clorox Bleach or PCS 10000 wipes
- Follow cleaning and disinfection best practices:
 - Wear appropriate personal protective equipment (PPE) based on disinfectant SDS and when entering/cleaning the rooms of residents on additional Droplet/Contact precautions
 - Work from clean to dirty; high to low areas. Clean rooms of unaffected rooms followed by rooms on Droplet/Contact Precautions
 - Ensure there is a dedicated housekeeping cart for affected unit, which is not taken to other units/areas
 - Follow MIFU on how to prepare, store and use cleaning and disinfection products
 - Use a two-step process: first pass to clean the surface, followed by a second pass to disinfect the surface. If the disinfectant is validated by MIFU to be a disinfectant with cleaning agents, the same product can be used for both cleaning and disinfection, however, a two-step process must still be followed. Otherwise, use a pH-neutral cleaner followed by a disinfectant wipe
 - Apply adequate friction to remove visible soil (cleaning) prior to disinfection of surfaces
 - Ensure the surface remains wet for the disinfectant MIFU contact time
 - If a bucket of cleaning/disinfection solution is used, use fresh cloths for each resident space. Do not double dip the cloth in disinfectant solution

- Frequently touched surfaces in a resident's rooms include but is not limited to:
 - Door knobs/handles
 - Telephone/remote control
 - Bed rails and bed controls
 - Bed-side table
 - Over-bed table
 - Light switches
 - Alcohol based hand rub dispensers
 - Ceiling lift handles/controls
 - Resident mobility aid handles
 - Mobile medical equipment (e.g. IV pump)
 - Resident bathroom (toilet area, sink handles/faucet, soap dispenser, counter, grab bars)
- Frequently touched surfaces on a facility unit includes but is not limited to:
 - Common areas still in use (lounges, table tops, chairs)
 - Nursing/Care Team Station
 - Door knobs/handles
 - Light switches
 - Hand rails
 - Elevator buttons
 - Soiled Utility Room
 - Alcohol based hand rub dispensers
 - Staff lounge and washrooms

Isolation Discharge (Terminal) Cleaning/Disinfection

A thorough cleaning and disinfection must occur in a resident room before Droplet/Contact precautions are discontinued on a resident or when a resident on Droplet/Contact precautions is discharged from the room. Remove and replace privacy curtains. Remove Droplet/Contact precaution signage after completion of cleaning.

References

Fraser Health Infection Prevention and Control. (2020). IPC Recommendations for Environmental Cleaning for COVID-19 in Community Healthcare Settings. Retrieved from:

[http://fhpulse/quality_and_patient_safety/infection_control/novel_coronavirus/FH%20COVID-19%20Cleaning%20and%20Disinfection%20for%20Community%20Settings%20\[Mar%209\].pdf](http://fhpulse/quality_and_patient_safety/infection_control/novel_coronavirus/FH%20COVID-19%20Cleaning%20and%20Disinfection%20for%20Community%20Settings%20[Mar%209].pdf)

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