Room Disinfection for Suspected/Confirmed COVID-19 Patients: Process Change

What is changing with room cleaning for suspected/confirmed COVID-19 patients?

- The nurse and/or PCA caring for the patient should disinfect high-touch surfaces daily and remove soiled laundry and trash in suspected/confirmed COVID-19 patient rooms.
- EVS will be notified by the care team when additional support is needed. (For example mopping floors, disposal of waste, etc. In the event of a large blood spill or other potentially infectious materials, EVS can assist with cleanup per standard processes)

Why will nurses/PCAs disinfect high-touch surfaces for suspected/confirmed COVID-19 patients?

- Per the CDC[1]: "In general, only essential personnel should enter the room of patients with COVID-19. Healthcare facilities should consider assigning daily cleaning and disinfection of high-touch surfaces to nursing personnel who will already be in the room providing care to the patient."
- Nurses/PCAs wiping down COVID-19 rooms will limit the number of team members exposed to these environments. (containing the virus)
- Regular cleaning will reduce the bioburden levels on surfaces by removing/destroying the microorganisms that cause COVID-19.
- Nurses and PCAs in rooms caring for COVID-19 patients already have on PPE, which will conserve resources.

What is not changing? EVS will continue to perform discharge cleans and all other routine/standard work. Per the CDC[1] "After discharge, terminal cleaning may be performed by EVS personnel."

Which cleaning products can we use for suspected/confirmed COVID-19 patient rooms?
Confirmed COVID-19 products:

- Purple Top PDI Sani Wipes
- Clorox Hydrogen Peroxide Wipes
- Clorox Bleach wipes
- EcoLab Oxycide
- Complete listing can be found on the CDC website.

What cleaning product communication should I look for to know if a product can be used for suspected/confirmed COVID-19 environments?

Communication outlets for products will say:

- "[Product name] has demonstrated effectiveness against viruses similar to COVID-19 on hard non-porous surfaces. Therefore, this product can be used against COVID-19 when used in accordance with the directions for use against [name of supporting virus] on hard, non-porous surfaces."
    - This type of claim will be made only through the following communications outlets: technical literature distributed exclusively to health care facilities, physicians, nurses and public health officials, "1-800" consumer information services, social media sites and company websites (non-label related). **Specific claims for "COVID-19" will not appear on the product or master label.**
- Also see additional information about EPA-approved emerging viral pathogens claims.
- If there are no available EPA-registered products that have an approved emerging viral pathogen claim for COVID-19, products with label claims against human coronaviruses should be used according to label instructions.

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What should we do with COVID-19 patient trays?

- Per the CDC[2] "Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures." Routine Procedures: **Standard and Transmission-Based Isolation Precautions:** https://iuhealth-ahc.policystat.com/policy/6161723/latest/ (This is a system policy)

Are disposable dishes and eating utensils necessary for a COVID-19 patient?

- No, the combination of hot water and detergents used in dishwashers is sufficient to decontaminate dishware and eating utensils. Therefore, no special precautions are needed for dishware (e.g., dishes, glasses, cups) or eating utensils. If adequate resources for cleaning utensils and dishes are not available, disposable products may be used.

After a COVID-19 patient discharge, how should EVS team members perform a terminal clean?

- EVS team members should follow standard operating procedures for terminal cleans for both regular and negative airflow rooms.
- Reminders for negative airflow rooms:
    - EVS team members should refrain from entering the vacated room until sufficient time has elapsed for enough air changes to remove potentially infectious particles[3]. Refer to the "**Standard and Transmission-Based Isolation Precautions"** policy.
    - After this time has elapsed, EVS team members may enter the room and should wear a gown and gloves when performing terminal cleaning.
    - A facemask and eye protection should be added if splashes or sprays during cleaning and disinfection activities are anticipated or otherwise required based on the selected cleaning products.

Should we clean suspected/confirmed COVID patient rooms differently?

- Per the CDC[2], "Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed."

Resource:

1. *CDC - Healthcare Infection Prevention and Control FAQs for COVID-19*: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html
2. *CDC - Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons under Investigation for COVID-19 Healthcare Settings* https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html
3. More information on clearance rates under differing ventilation conditions is available

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