PROCEDURE TITLE:
Patient Room Terminal Cleaning; Coronavirus Disease-2019 (COVID-19)

To be reviewed biannually by:
Trinity Hospitality Services EVS Advisory Council

REVIEW BY: March 27, 2022

NOTE: Routine cleaning and disinfection procedures (e.g. 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 COVID-19 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed. Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19. Coronaviruses are enveloped viruses, meaning they are one of the easiest types of viruses to kill with the appropriate disinfectant products. The EPA published a list of disinfectants that are effective against these viruses on 3/3/2020.1 Contact Infection Prevention and Control for investigation and guidance on use of disinfectants that are in use but not on this EPA list N.

To minimize number of colleagues needing to enter the room and to conserve use of available personal protective equipment for a patient under investigation or confirmed COVID-19, daily cleaning and disinfection of the occupied patient room will be provided by clinical personnel caring for the patient. Management of laundry, food service tray and utensils, and medical waste should also be performed in accordance with routine procedures.

Upon discharge or disposition of the patient, EVS technicians will provide discharge cleaning and disinfection using the procedure outlined below. For inpatient locations, if testing of the PUI does not confirm active infection, follow routine discharge cleaning and disinfection procedures.

SCOPE/APPLICABILITY

This Procedure is intended to apply to all Environmental Services (EVS) Departments.

EQUIPMENT & SUPPLIES

- Microfiber mops
- Hospital-/EPA-approved disinfectant(s)
- Neutral floor cleaner
- Microfiber buckets with microfiber cloths
- Caution, Wet Floor sign
- Red bags (these are only required for regular Regulated Medical Waste)
- Clear plastic bags, or the waste bags normally used by facility
- Step ladder, if applicable
- Clean curtains, if applicable
- Alcohol-based hand rub
ISOLATION PRECAUTIONS

- The following transmission-based precautions will be in effect for a person under investigation (PUI) or confirmed COVID-19 for the duration of their episode of care: **Standard, Contact, & Droplet precautions.**
- For the purpose of the discharge or transfer (terminal) patient room clean, **Droplet, Contact and Standard precautions are required.** Once the patient is discharged the focus and important work of EVS is on disinfection of surfaces – especially those that people touch a lot - in the room and bathroom.
- CDC recommends that once the patient has been discharged or transferred, environmental services personnel, should not enter the room used for isolation without appropriate personal protective equipment (PPE)
  - Appropriate PPE for a room in which the patient has had no recent aerosol generating procedure (AGP) is:
    - Standard mask
    - Eye protection or face shield
    - Gown
    - Gloves
  - **Cleaning can begin as soon as the patient is no longer in the room.**
- If an Aerosol Generating Procedure (AGP) was performed earlier during the day of discharge, or transfer, follow the procedure below.
  - If AGP sign (below) is posted on door, the EVS technician will check with the charge nurse or manager of the unit in which any room used for isolation of a patient under investigation (PUI) or confirmed COVID-19 to find out if an aerosol generating procedure (AGP) was performed within 1.5 hrs. before the patient was discharged or transferred out of the isolation room.
  - If an AGP was provided to the patient within 1.5 hours
    - **IMPORTANT:** Delay room cleaning and entry into the room for cleaning until the specified time has passed for enough air changes to remove potentially infectious particles (See Table 1 B below). This will be posted on the AGP sign attached. If unsure – check with your supervisor before starting the cleaning.
      - If the patient was in an airborne infection isolation room (AIIR), which usually has 12 air changes/hour, wait 35 minutes before starting discharge/terminal cleaning.
      - If the room was a standard inpatient room – contact infection prevention and/or facility engineer at the ministry Trinity Hospitality Services Page 3 for the wait time needed for the room used for isolation before starting discharge cleaning. (See also Table 1 B)
      - If the EVS technician is ready to perform discharge cleaning and it has been more than 1.5 hours since the patient was discharged proceed with the room cleaning procedure below - no need to wait. Use the following PPE:
        - Standard mask
        - Eye protection or face shield
        - Gown
        - Gloves
      - If the room is needed and there's no time to wait – EVS technician will wear the following PPE; a. N95 respirator b. Eye protection c. Gown d. Gloves

PERSONAL PROTECTIVE EQUIPMENT (PPE)

- Isolation gown
- Single-use nitrile disposable gloves
- Standard (procedure) mask
- Face shield
- **Perform Hand Hygiene and Wear Appropriate PPE.** Before putting on any protective equipment, techs should perform hand hygiene with alcohol-based hand rub.

**KEY PRINCIPLES TO UNDERSTAND WHEN DONNING (putting on) and WORKING IN PPE, and DOFFING (taking off PPE)**

Healthcare workers must understand the following basic principles to ensure safe and effective PPE use:

- PPE must be donned correctly in proper order before entry into a patient care area and not be later modified while in a contaminated area.

**CLEANING/DISINFECTION**

1. **Clinical staff should initially bag all patient care items such as suction canisters, medications, and clean up any body fluid spills.**
2. **“Caution, Wet Floor” signs should be appropriately placed before any cleaning procedures begin.**
3. **Bag all linens**
4. **Empty All Trash Receptacles.** All disposable paper products should be discarded and placed into the garbage. When handling trash, be careful to be aware of and avoid any protruding hypodermic needles and other sharp objects. If these are observed notify the Supervisor to communicate with patient care unit leadership. If trash must be compacted, use a smaller receptacle or dustpan. Use both hands to remove the trash liner and hold the bag away from the body at all times.
5. **Remove garbage and linen.**
6. **Take down any privacy curtain(s) if present.** Process via normal manner. Replace privacy curtain with clean one.
7. **Perform high dusting.**
8. **Disinfect Miscellaneous Items.** Disinfect miscellaneous items such as phones, nurse call buttons, and TV remotes.
9. **Move Items Away from Walls.** Begin by first moving bed, furniture, and equipment away from the walls.
10. **Disinfect Walls if visibly soiled.** Disinfect walls with visible soil using a micro-fiber mop head saturated with disinfectant. a. After spot cleaning of walls, begin cleaning the other surfaces in the room.
11. **Disinfect Entire Bed:**
   a. Position the head and foot of the bed to full upright position, which resembles a “V” shape.
   b. For safety, unplug the bed while cleaning, and move the bed away from the wall.
   c. Mattress, footboard and headboard (both sides), removing to clean if possible. Check mattress for signs of wear and holes or tears. If found – notify supervisor that mattress needs to be addressed before next patient is admitted.
   d. Undercarriage of bed (down to the wheels)
12. **Patient Contact Items.** Thoroughly clean all the patient contact items:
   a. Over-bed table inside and out, under the tabletop, including leg and base
   b. Bedside table and nightstand, including the outside and inside of all drawers
13. **Disinfect All Remaining Items in the Room.** Start at the door and work around the room, moving in the same direction until all surfaces have been disinfected. Use a disinfectant to clean the interior and exterior of closets, low ledges, and window sills; wipe down furniture, including legs and arms, tops of pictures, light switches, pictures, and door knobs.
14. **Sink, Surfaces, and Fixtures of Restroom Sink.** In the restroom, clean the sink and wipe down all surfaces and fixtures with a disinfectant. Next, clean the shower or tub area. Wipe down all fixtures, soap dishes, walls, and mirror with a disinfectant.

15. **Toilet Bowl.** Clean the inside of the toilet bowl with a bowl mop and a disinfectant, push down water level with a bowl mop, squirt disinfectant cleaner onto the bowl-mop head, then swab all surfaces and flush.

16. **Remaining Surfaces of the Toilet.** Use a disinfectant to wipe down the flush valve, pipes, toilet seat, followed by the exterior of the bowl.

17. **Mopping Procedures:**
   a. Move bed to one side of room and mop the other half of the room with neutral floor cleaner
   b. Push the bed to other side of room.
   c. Use a figure-eight motion when mopping the floor.
      - Use the mop head to clean corners and baseboards.
      - Allow floor to air dry and reverse procedure after the next cleaning cycle.

18. **Cleaning Supplies.** All cleaning supplies will be processed in normal manner (e.g. Microfiber to laundry, disinfect mop handles, toilet brush caddy, microfiber bucket etc.).

19. **Remove mask** (if worn)
20. **Remove goggles** (if worn)
21. **Remove gloves**
22. **Remove gown**
23. **Perform Hand Hygiene.** Perform hand hygiene with alcohol-based hand rub.
24. **Properly Discard All Contaminated PPE and Disposable Items.** Per normal waste practices

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Accessed 3/4/2020
Table B.1. Air changes/hour (ACH) and time required for airborne-contaminant removal by efficiency *

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DEFINITIONS

C.L.E.A.N.SM is the THS EVS program structure, resource and tools to support the work of the EVS leadership and colleagues.

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Procedure means a document designed to implement a policy or a description of specific required actions or processes.

Regional Health Ministry ("RHM") means a first tier (direct) subsidiary, affiliate or operating division of MercyOne that maintains a governing body that has day-to-day management oversight of a designated portion of MercyOne operations and includes at least one hospital.

Hospitality Services ("HS") means the system infrastructure that is aligned to support the interests of MercyOne and all the RHM’s in the effective operation of the Environmental Services (EVS) department.

Standards or Guidelines mean additional instructions and guidance which assist in implementing Procedures, including those developed by accreditation or professional organizations.

Integrated Clinical Services ("ICS") means the infrastructure to make it easier for our clinicians and colleagues to deliver the finest care to each patient/resident.

REFERENCES

Further guidance concerning this standard may be obtained from Environmental Services Department.