COVID-19 Terminal Room Cleaning & Disinfection: Cleaning of Cohorted (Non-Private) Multi-Patient Rooms/Wards

Updated October 27, 2020

PROCEDURE TITLE:
Patient Room Terminal Cleaning; Coronavirus Disease -2019 (COVID-19)
Cleaning of Cohorted (Non-Private) Patient Rooms/Wards

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. Coronaviruses do not linger, or float in the air, for a prolonged time unless an aerosol generating procedure is performed. Even in these instances virus is in contaminated droplets that will fall to the floor within 6 ft. of the patient. This procedure includes procedures for EVS technicians to follow that will keep them safe and protected against possible exposure. The source of the virus is the patient with the infection who is coughing and/or sneezing. 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.

Management of laundry, food service tray and utensils, and medical waste should also be performed in accordance with routine procedures. It is recommended that curtains are removed from all private rooms with solid doors. This is not possible in a multi-patient room however.

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) for medical waste containers in the room. This is more common in ICU but not necessarily in all rooms.
- 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: Droplet, Contact & Standard precautions.
• For the purpose of the discharge or transfer (terminal) of the non-private patient room clean, 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.
• Because this room or space contains multiple patients EVS technician will put on the following. If any of the patients in the room received an AGP during the 1.5 hours prior to an AGP – use N95 instead of a mask.
• 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). Cleaning can begin when the patient is no longer in the room.
  o Appropriate PPE for a room in which the patient was COVID-19+ or a PUI is:
    ▪ Respirator (N95 or PAPR)
    ▪ Standard mask
    ▪ Eye protection or face shield
    ▪ Gown
    ▪ Gloves
    ▪ Cleaning can begin as soon as the patient is no longer in the room.

• 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), 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. Curtains: Inspect curtains, if soiled, remove and process appropriately. If not visibly soiled there is no need to replace. This includes multi-patient rooms. a. When a unit is converted from COVID-19/PUI to non-COVID-19, the curtains must be removed, processed and replaced.
5. 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.
6. Remove garbage and linen.
7. **Remove privacy curtains for the area of the patient being discharged or transferred.** Process via normal manner.
8. **Disinfect Miscellaneous Items.** Disinfect all high touch items such as doorknobs, light switches, 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 in general area of discharged patient.
10. **Disinfect Walls if visibly soiled.** 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, including high touch items for all other patient areas.** 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.
    d. Use the mop head to clean corners and baseboards.
    e. 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 (eg. Microfiber to laundry, disinfect mop handles, toilet brush caddy, microfiber bucket etc).
19. **Remove respirator and don procedural mask (if located in a non-cohorted unit, do not remove respirator while on unit)**
20. **Replace privacy curtain around the bed used by the patient that was discharged**
21. **Remove mask (if worn)**
22. **Remove goggles (if worn)**
23. **Remove gloves**
24. **Remove gown.**
25. **Perform Hand Hygiene.** Perform hand hygiene with alcohol-based hand rub.
26. **Properly Discard All Contaminated PPE and Disposable Items.** Per normal waste practices.

DEFINITIONS

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

Trinity Hospitality Services (“THS”) means the system infrastructure that is aligned to support the interests of Trinity Health 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.

RESPONSIBLE DEPARTMENT

Further guidance concerning this standard may be obtained from the Trinity Hospitality Services Shared Services model.

APPROVALS

Initial Approval: March 29, 2020
Subsequent Review/Revision(s): October 26, 2020