COVID-19 Occupied Room Cleaning & Disinfection

PROCEDURE TITLE: Occupied Patient Room Cleaning; Coronavirus (COVID-19)

EFFECTIVE DATE: July 20, 2020

REVIEW BY: March 20, 2022

Summary of changes: removed PPE Guidelines and added links to PPE Guidebook in order to ensure guidance is aligned with most recent updates.

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. It is recommended the cleaning and disinfections takes place each shift and after Aerosol-Generating 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 procedure.

If a room requires a more in-depth level of cleaning than a high touch wipe down and replacement products, unit management may reach out to the local manager or supervisor of EVS to coordinate periodic room cleaning, e.g. if the patient's stay is prolonged. Local EVS management will ensure EVS technicians are trained in proper donning, doffing and use of PPE. EVS staff are to follow the same PPE requirements as clinical care staff in COVID+ or PUI units.

SCOPE/APPLICABILITY

This Procedure is intended to apply to all MercyOne Environmental Services Departments and direct patient care colleagues.

PROCEDURE

ON-SITE TEAM RESPONSIBILITIES: Essential, direct patient care colleagues and clinicians are responsible for daily cleaning and disinfection in the room or area used to care for a PUI and patient with confirmed COVID-19.
EQUIPMENT & SUPPLIES

- Disposable, pre-saturated disinfectant wipes (EPA registered and hospital approved)-if not available, microfiber saturated with EPA-approved disinfectant
- Red bags-to be supplied only for waste that meets the requirements for Regulated Medical Waste guidelines and if room has a medical waste container, e.g. more common in ICU.
- Clear plastic bags, or waste bags normally used by medical center.
- Alcohol-based hand rub

COVID-19 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, and Standard precautions.

PERSONAL PROTECTIVE EQUIPMENT: See PPE Guidebook

CLEANING / DISINFECTION of ISOLATION ROOM AND EQUIPMENT

1. Request EVS staff stand by to assist with waste/linen removal by the direct care colleague
2. Cleaning Equipment & Supplies Assure disinfectant wipes are in the room. Ask EVS technicians for waste bags and clean liner for used linen hamper as well as any other supplies, e.g. microfiber mop.
3. Bag all used linens
4. Empty All Trash Receptacles. All disposable paper products should be discarded and placed into the garbage. When handling trash, be careful to avoid protruding hypodermic needles and other sharp objects. 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. Hand bagged waste and linen to EVS at entry doorway who will take care of next steps following their routine procedures.
6. Disinfect the following high touch items: (focus on surfaces and equipment around the patient, e.g. bedrails, overbed table, RN call, infusion pump, etc.)
   a. Bed rails/controls
   b. Tray table
   c. IV pole (grab area)
   d. Call box/button
   e. Telephone
   f. Overbed table
   g. Chair
   h. Room sink
   i. Room light switch
   j. Room inner door knob/plate
7. Mobile patient care equipment.
   a. As much as possible dedicate medical equipment, e.g. isolation precautions stethoscope, needed for patient care to the isolation room for entire duration of their inpatient admission.
   b. All non-dedicated, reusable medical equipment used for patient care must be cleaned and disinfected according to manufacturer’s instructions and facility policies.
   c. Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly
8. Cleaning Supplies. All cleaning supplies will be processed in normal manner (eg. Microfiber
to laundry, disinfect mop handles, toilet brush caddy, microfiber bucket etc.).

After completing daily cleaning and ready to exit isolation room:
1. Remove gown and fold gown over gloves and pull these off without touching exterior of gloves. If gown is disposable, discard into waste container. If gown is reusable place in linen hamper.
2. Remove eye protection or faceshield – if supply is limited, disinfect with disposable disinfectant wipe rather than discard
3. Remove respiratory protection; mask, N95 or PAPR. Follow local ministry respiratory conservation process rather than discard if applicable
4. Perform Hand Hygiene. Perform hand hygiene with alcohol-based hand rub, or if hands are visibly soiled, soap and water.
5. Properly Discard All Contaminated PPE and Disposable Items. Follow normal waste management practices.

Accessed 3/4/2020

COVID 19 Occupied patient room

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<thead>
<tr>
<th>Notify EVS</th>
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<tbody>
<tr>
<td>Gather waste, sharps and linen, hand to EVS</td>
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<tr>
<td>With a disinfectant wipe clean the following in the patient room:</td>
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ADDENDUM FOR SURGE AREAS
To support clinical staff during this pandemic Environmental Services has been asked, in some cases, to provide additional assistance. This is not true in all ministries, but in those hardest hit we have adopted the following protocols.

It is important for EVS to be flexible, visible and over communicate with our clinical teams.

Steps to follow:

- EVS Manager/Supervisor is assigned to each COVID-19 unit to be available to clinical staff daily. • EVS will mop COVID-19 patient room(s) floors and bathroom floors no more than every 72 hours unless there is a large spill or other emergent issue.
  - Manager/Supervisor tracks COVID-19 rooms to assure each is serviced accordingly
  - Manager/Supervisor provides cleaning supplies and paper products to the COVID-19 rooms as requested by Nursing
  - Sharps containers waste, soiled linen, Regulated Medical Waste needing to be emptied, the Nurse will notify the EVS Supervisor who will come to the room and receive these items for proper disposal from the Nurse at the door, not entering the room.
  - For floors or bathrooms in an unusual need of cleaning, the Nurse will notify the EVS Supervisor who will assign a team member to address
  - Disinfect all equipment used in patient rooms when process is complete.

- Nurses will continue to perform disinfection of the high touch items in proximity to the patient daily.

PPE Requirements for EVS Colleagues

- Support Services staff are to wear appropriate PPE when entering PUI or COVID-19 positive patient rooms. Refer to the PPE Guidebook for more detail.
- Designated EVS staff will follow strict contact-droplet isolation cleaning procedures
- EVS staff will be trained in proper donning and doffing of all PPE and participate in fit testing in accordance with CDC and OSHA guidelines.
- Prior to entering a room
  - Perform hand hygiene
  - Don the respirator
  - Don isolation gown
  - Don gloves
  - Don goggles or face shield
- Complete cleaning
- When exiting the room:
  - Refer to the PPE Guidebook for instructions on doffing PPE. Follow all local policies regarding re-use, extended use, disposal or decontamination.