COVID-19 Occupied Room Cleaning and Disinfection

Updated November 30, 2020

What's Changed: Updated daily cleaning and disinfection decision making criteria; added link to Room Cleaning Decision matrix; updated mopping frequency; updated high tough object list.

Notes: 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 (AGPs) 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 (PPE) for a patient under investigation or confirmed COVID-19, the frequency of daily cleaning and disinfection of the occupied patient room, by the EVS colleague, will be decided utilizing the Room Cleaning Decision Matrix and in dialog between the CNO/Clinical leadership and EVS leadership. Management of laundry, food service tray and utensils, and medical waste should also be performed in accordance with routine procedures. It is recommended the disinfection of high touch objects by clinical staff takes place each shift and after AGPs.

Upon discharge or disposition of the patient, EVS technicians will provide discharge cleaning and disinfection using the procedure outlined in the COVID 19 Patient Discharge Room Protocol. 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-19+ or PUI units.

SCOPE/APPLICABILITY

This Procedure is intended to apply to all Trinity Health Environmental Services Departments and direct patient care colleagues at ministries enrolled in THS EVS program.

PROCEDURE

ON-SITE TEAM RESPONSIBILITIES: EVS will provide a full patient room clean and disinfection based on the frequency decided by the local ministry utilizing the EVS Occupied COVID 19 Room Clean Matrix Tool.
EQUIPMENT & SUPPLIES

- Disposable, pre-saturated disinfectant wipes (EPA-registered and hospital approved); if not available, microfiber cloth saturated with EPA-registered disinfectant
- Red bags for waste that meets the requirements for Regulated Medical Waste guidelines and if room has a medical waste container (e.g. ICU, Emergency Department, etc.)
- Clear plastic bags, or waste bags normally used by facility
- Linen bags
- Alcohol-based hand sanitizer (minimum concentration 60% ethyl or 70% isopropyl alcohol)

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. The unit manager will coordinate all requests for EVS cleaning and disinfection
2. As is the current practice, clinical staff will continue to disinfect high touch items per shift, after AGPs are performed and as needed.
3. Cleaning Equipment & Supplies: Assure disinfectant wipes are always in the room. Ask EVS technicians for waste bags and clean liner for used linen hamper as well as any other supplies.
4. Bag all used linens in the designated linen bag.
5. 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.
6. 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.
7. Disinfect the following high touch items: (focus on surfaces and equipment around the patient, e.g. bedrails, overbed table, RN call, infusion pump, etc.) using either disposable wipe or microfiber cloth (do not saturate electrical components such as light switches)
   a. Bed rails/controls
   b. Overbed table
   c. IV pole (grab area) and pump
   d. Call box/button
   e. Room sink and handles
   f. Counter tops
   g. Room light switch
   h. Room inner doorknob/plate
   i. Bedside commode (if used)
8. 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.
9. Cleaning Supplies. All cleaning supplies will be processed by EVS colleagues according to their normal procedure (eg. microfiber cloth to laundry, 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 face shield – if supply is limited, disinfect with disposable disinfectant wipe rather than discard.
3. Remove respiratory protection; mask, N95 respirator, or PAPR. Follow local ministry respiratory conservation process rather than discard if applicable. a. All colleagues using an N95 respirator must be fit tested prior to use.
4. Perform Hand Hygiene. Perform hand hygiene with alcohol-based hand sanitizer (minimum concentration 60% ethyl or 70% isopropyl alcohol) or if hands are visibly soiled, soap and water.
5. Properly Discard All Contaminated PPE and Disposable Items. Follow normal waste management practices.

COVID-19 Occupied patient room

With a disinfectant wipe clean the following in the patient room:

1. Bed rails/ controls
2. Overbed table
3. Counter tops
4. IV pole (grab area) and pump
5. Call box / button
6. Bedside table handle
7. Room sink and handles
8. Room light switch
9. Room inner doorknob and plate
10. Bedside commode (if used)

ADDENDUM FOR SURGE AREAS

To support clinical staff during this pandemic, Environmental Services has been asked in some cases to provide additional assistance. Work with local leadership to ensure that EVS staffing is sufficient to support the number of requests coming from the clinical teams.

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

1. EVS Manager/Supervisor is assigned to each COVID-19 unit to be available to clinical staff daily.
   a. EVS will mop COVID-19 patient room(s) floors and bathroom floors no more than every 48 hours unless there is a large spill or other emergent issue.
   b. Manager/Supervisor tracks COVID-19 rooms to assure each is serviced accordingly
   c. Manager/Supervisor provides cleaning supplies and paper products to the COVID-19 rooms as requested by Nursing
   d. 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.
   e. 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
   f. Disinfect all equipment used in patient rooms when process is complete.
2. **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 precautions during 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.