
MISSOURI DELTA MEDICAL CENTER
HOUSEKEEPING DEPARTMENT
POLICY & PROCEDURE
H671

**Cleaning after COVID-19 or Suspected COVID-19
Patient by Nursing and EVS Staff during PPE Shortage**

Effective: March 2020

Reviewed: March 2020

PURPOSE:

Cleaning protocol for all sites providing care for patients with known or pending COVID-19 Diagnosis.

PPE'S:

In general, only essential personnel should enter the room of patients with COVID-19. Healthcare Leadership 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. If this responsibility is assigned to EVS personnel, they should wear all recommended PPE's when in the room. PPE's should be removed upon leaving the room, immediately followed by performance of hand hygiene.

DELAY or DOWN TIME PRIOR TO CLEANING:

How long does an examination room need to remain vacant after being occupied by a patient with confirmed or suspected COVID-19? (NO PATIENT IN THE ROOM!!!)

Although spread of SARS-CoV-2/COVID-19 is believed to be primarily via respiratory droplets, the contribution of small respirable particles to close proximity transmission is currently uncertain. Airborne transmission from person-to-person over long distances is unlikely.

The amount of time that the air inside an examination/patient room remains potentially infectious is not known and may depend on a number of factors including the size of the room, the number of air changes per hour, how long the patient was in the room, if the patient was coughing or sneezing, and if an aerosol-generating procedure was performed. In general an All (isolation) rooms will have a minimum of 12 ACH (Air Changes Per Hour) and should be able to be entered without a N95 respirator after one (1) hour, **but all other precautions and PPE's will be worn during disinfection and cleaning**. Normal Patient Rooms that do not have the 12ACH will need at least three (3) hours before entering the room without the N95 respirator, **but all other precautions and PPE's will be worn during disinfection and cleaning of room**.

For a patient who was not coughing or sneezing, did not undergo an aerosol-generating procedure, and occupied the room for a short period of time (e.g., a few minutes), any risk to HCP (Health Care Personnel) and subsequent patients likely dissipates over a matter of minutes. However, for a patient who was coughing and remained in the room for a longer period of time or underwent an aerosol-generating procedure, the risk period is likely longer. For these higher risk scenarios, it is reasonable to apply a similar time period (3 hours) as that used for pathogens spread by the airborne route (e.g., measles, tuberculosis) and to restrict HCP and patients without PPE's from entering the room until sufficient time has elapsed for enough air changes to remove potentially infectious particles.

ROOMS MAY BE CLEANED WITHOUT THE DELAY TIME WHEN WEARING

APPROPRIATE PPE'S. Rooms must be cleaned before the next patient is placed in the room with the respective precautions. The delay or down time is specifically used for allowing entrance into the room by those cleaning without N95 Respirator PPE. Reasoning is to save limited supply of N95 respirators for patient care staff.

CLINIC SITES:

- **NO DOWNTIME** of room is required
- Treat cleaning per **DROPLET/CONTACT PRECAUTIONS** protocol (same as influenza)
 - Droplet/Contact = **Surgical Mask, Goggles/Face Shield, Gloves, and Gown**
- Use bleach with appropriate contact/dwell time
 - 1 ounce bleach to 10 ounces of water
 - Bleach dwell time 10 minutes or until dry
 - Yellow top bleach wipes, if available
 - Yellow top wipes dwell time 4 minutes or until dry
- Room can re-open when dry
- Double bag waste into red biohazard bags and process in normal medical waste stream

INPATIENT UNITS – FOLLOWING DISCHARGE:

STANDARD – CONTACT-DROPLET PRECAUTIONS - NORMAL ROOM

- Unit staff strips room and cleans per facility protocol and packages garbage
- **NO DOWNTIME** of room is required
- Treat cleaning per DROPLET/CONTACT PRECAUTIONS protocol (same as influenza)
 - Droplet/Contact = **Surgical Mask, Goggles/Face Shield, Gloves and Gown**
- Use bleach with appropriate contact/dwell time
 - 1 ounce bleach to 10 ounces of water
 - Dwell time 10 minutes or until dry
 - Yellow top bleach wipes, if available
 - Yellow top wipes dwell time 4 minutes or until dry
 - Or use PROTEXUS SYSTEM – 4 tablets to one container
 - Protexus System dwell time 5 minutes or until dry
- Room can re-open when dry
- Waste can be disposed of in regular clear bag trash
- Room can reopen

INPATIENT UNITS – FOLLOWING DISCHARGE:

AIRBORNE RESPIRATOR/CONTACT PRECAUTIONS -ISOLATION ROOM

- Unit staff strips room and cleans per facility protocol and packages garbage in doubled red biohazard trash bags. These bags may be thrown in normal trash receptacle. (NO SHARPS)
- **DOWN TIMES:**
 - Standard process: Isolation Rooms have a greater air exchange rate than normal rooms. When Possible, Close room for **1 hour** prior to cleaning and maintain AIRBORNE RESPIRATOR/CONTACT PRECAUTIONS for cleaning. If cleaning is needed prior to the 1 hour down time in order to facilitate rapid turnover, **maintain Airborne Respirator/Contact Precautions for cleaning.**

- The COVID Nursing Team will perform room cleaning when PPE's are limited. Environmental Services staff will assist outside the room as needed with supplies and cleaning instruction.
- Initially spray all surfaces with PROTEXUS SYSTEM (4 tabs per container) wait 5 minutes
- Use bleach with appropriate contact/dwell time
 - 1 ounce bleach to 10 ounces of water
 - Dwell time 10 minutes or until dry
 - Yellow top bleach wipes, if available
 - Yellow top wipes dwell time 4 minutes or until dry
 - Or use PROTEXUS SYSTEM – 4 tablets to one container. Contact Housekeeping Coordinator ext. 7335, or 7586 for machine. Or page for housekeeping on overhead pager to request Protexus system.
 - Protexus System dwell time 5 minutes or until dry
- Room can re-open when dry
- In isolation rooms double bag room trash with red biohazard waste bags. These will be thrown in **normal trash receptacles unless soaked or drenched in body fluids.**

ED OPEN BAYS:

- **NO DOWNTIME** of room is required
- Treat cleaning per DROPLET/CONTACT PRECAUTIONS protocol (same as influenza)
 - Droplet/Contact = **Surgical Mask, Goggles/Face Shield, Gloves, and Gown**
- Use standard cleaners (e.g. quaternary/"purple top") with appropriate contact/dwell time 2 minutes or until dry
- Room can re-open when dry
- Double bag all waste and process in normal medical waste stream

ED PRIVATE ROOMS:

- **USE INPATIENT PROTOCOL ABOVE**

LINEN AND CURTAINS:

- **DO NOT** throw linen and curtains in biohazard
- Linen and curtains should be **DOUBLE BAGGED** using normal linen bags.

ADDITIONAL REMINDERS FOR MEDICAL ENVIRONMENTAL SERVICES STAFF:

- N95's should not be worn if not fit tested in the last year. This includes personal masks.
- Practice good hand hygiene and remind others to do as well
- If you are unsure about what PPE to use do not hesitate to ask
- Do not double mask.

CHEMICALS:

The following chemicals have been approved for use to clean rooms with COVID-19 patients

- QT-TB – 10 minute dwell time
- LPHse – ½ ounce per gallon water – 10 minute dwell time
- Bleach – 1 ounce bleach to 10 ounces water – 10 minutes dwell time
- Protexus System – 4 tablets per container of water - 5 minutes dwell time

Ref. CDC, ASHRAE170