

Guidelines for Cleaning and Disinfection for SARS-CoV-2 (the virus that causes COVID-19)

- Dedicated medical equipment should be used for resident care.
- All non-dedicated, non-disposable medical equipment used for resident care should be cleaned and disinfected according to the manufacturer's instructions for use (IFUs) and facility policy between residents.
 - If there are no IFUs for cleaning/disinfecting, consider it for individual use only.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly. Audit staff (observe and document) and provide written feedback to personnel.
- Use EPA-approved disinfection products from "List N: Disinfectants for Use Against SARS-CoV-2" available at <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>.
- Follow the IFUs of all cleaning and disinfection products (e.g., concentration, application method, contact time, and use appropriate PPE).
- Clean the surface first, and then apply the disinfectant as instructed on the disinfectant manufacturer's label. Ensure adequate contact time for effective disinfection.
- Adhere to safety precautions and other label recommendations as directed (e.g., allowing adequate ventilation in confined areas, proper disposal of unused product or used containers and donning appropriate PPE). Do not mix chemicals.
- Wear disposable gloves when cleaning. Always perform hand hygiene before putting on and after removing gloves.
 - Staff should perform hand hygiene, wash hands with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer that contains 60 to 95% alcohol. Soap and water should be used if the hands are visibly soiled.
- Treat multi-occupancy rooms as different rooms, meaning that one set of gloves and cleaning cloths are used to clean each resident's section of the room. This will minimize cross-contamination. The bathroom should be treated as a separate space with fresh gloves and cloths. If a cleaning cloth is used to clean the toilet, a fresh cloth should be used to clean the handrails.
- Terminal cleaning should include changing/cleaning of privacy curtains.
- Management of laundry, food service utensils, and medical waste should also be performed in according to IFU and facility policy.

Best Practices for Long-Term Care Facilities:

- Establish written cleaning/disinfection policies which include routine and terminal cleaning of resident rooms, cleaning when contact/droplet precautions are in place, high-touch surfaces and common areas, and handling of shared equipment (e.g. blood pressure cuffs, rehab therapy equipment, etc.).
- Establish policies and procedures to ensure that reusable medical devices (e.g. blood glucose meters, wound care equipment, etc.) are cleaned and reprocessed appropriately prior to use on another resident.
- Dedicated reusable medical devices are considered a "best practice." If a facility decides to use dedicated equipment (e.g. glucometers), each device should be labeled with the resident's name for resident safety. Dedicated equipment should be cleaned and disinfected prior to storage.

- Avoid using product application methods that cause splashing or generate aerosols.
- Cleaning activities should be supervised and inspected periodically to ensure correct procedures are followed.
- Review cleaning and disinfection products and protocols with floor staff and housekeeping:
 - Ensure they understand the necessary contact time/treatment time
 - Differences between porous and non-porous surfaces
- Room cleaning:
 - Daily cleaning
 - High touch surfaces every shift (door handles, bedside tables, bed rails, TV remote, call button, light switches)
- Facilities 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 resident.
- When cleaning, work from the least to most dirty, and highest to lowest. Start with the least dirty areas such as mirrors and proceed through the resident's room to the dirtiest spots, such as bathroom/toilet to reduce the risk of cross-contamination and spread of infection-causing pathogens.

Resources:

- Infection prevention and control guidance for COVID-19 can be found on CDC's website: "Healthcare Infection Prevention and Control FAQs for COVID-19" located at <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html> and "Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Healthcare Settings" located at <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- Detailed information on environmental infection control in healthcare settings can be found in CDC's "Environmental Cleaning and Disinfection Recommendations" located <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>
- Additional tools for environmental cleaning in healthcare settings are available at: <https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/services.html> <https://www.cdc.gov/hai/pdfs/toolkits/environmental-cleaning-checklist-10-6-2010.pdf>
- The Minnesota Hospital Association has an example of an effective cleaning guidebook which can be modified to include representative pictures of furniture in your facility to customize training for Environmental Services Staff, available at: <https://www.mnhospitals.org/Portals/0/Documents/ptsafety/CDICleaning/4.%20Environmental%20Services%20Cleaning%20Guidebook.pdf>