# Cleaning and Disinfection of Environmental Surfaces COVID 19

Humboldt House

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Policy Statement

Environmental surfaces will be cleaned and disinfected according to current CDC recommendations for disinfection of healthcare facilities and the OSHA Bloodborne Pathogens Standard.

Policy Interpretation and Implementation

1. The following categories are used to distinguish the levels of sterilization/disinfection necessary for items used in resident care and those in the resident’s environment:
2. **Critical items** consist of items that carry a high risk of infection if contaminated with any microorganism. Objects that enter sterile tissue (e.g., urinary catheters) or the vascular system (e.g., intravenous catheters) are considered critical items and must be sterile.
3. **Semi-critical items** consist of items that may come in contact with mucous membranes or non-intact skin (e.g., respiratory therapy equipment). Such devices should be free from all microorganisms, although small numbers of bacterial spores are permissible. (Note: Some items that may come in contact with non-intact skin for a brief period of time (e.g., hydrotherapy tanks, bed side rails) are usually considered non-critical surfaces and are disinfected with intermediate-level disinfectants.)
4. **Non-critical items** are those that come in contact with intact skin but not mucous membranes.
5. Non-critical environmental surfaces include bed rails, some food utensils, bedside tables, furniture and floors.
6. Most non-critical items can be decontaminated where they are used (as opposed to being transported to a central processing location).
7. Non-critical surfaces will be disinfected with an EPA-registered intermediate or low-level hospital disinfectant according to the label’s safety precautions and use directions.
8. Most EPA-registered hospital disinfectants have a label contact time of 10 minutes.
9. By law, all applicable label instructions on EPA-registered products must be followed.
10. **Devices** that are used by staff but not in direct contact with residents (e.g., computer keyboards, PDAs, etc.) shall be cleaned and disinfected regularly daily by the environmental services staff / nursing staff.
	1. **DEVICES used by residents:**
		1. Devices shared between residents in same zones only, i.e. green to green, yellow to yellow etc.
		2. Only approved disinfecting wipes to be used between use.
		3. Staff to assist and manage devices between residents to assure proper sanitizing with approved wipes.
11. Intermediate and low-level disinfectants for non-critical items include:
12. Ethyl or isopropyl alcohol;
13. Sodium hypochlorite (5.25-6.15% diluted 1:500 or per manufacturer’s instructions);
14. Phenolic germicidal detergents;
15. Iodophor germicidal detergents; and
16. Quaternary ammonium germicidal detergents (low-level disinfection only).
17. Manufacturers’ instructions will be followed for proper use of disinfecting (or detergent) products including:
18. Recommended use-dilution;
19. Material compatibility;
20. Storage;
21. Shelf-life; and
22. Safe use and disposal.
23. A one-step process and an EPA-registered hospital disinfectant designed for housekeeping purposes will be used in resident care areas where:
24. uncertainty exists about the nature of the soil on the surfaces (e.g., blood or body fluid contamination versus routine dust or dirt); or
25. uncertainty exists about the presence of multidrug-resistant organisms on such surfaces.
26. Detergent and water will be used for cleaning surfaces in non resident care areas (e.g., administrative offices).
27. High-level disinfectants/liquid chemical sterilants will not be used for disinfection of non-critical surfaces.
28. Housekeeping surfaces (e.g., floors, tabletops) will be cleaned on a regular basis, when spills occur, and when these surfaces are visibly soiled.
29. Environmental surfaces will be disinfected (or cleaned) on a regular basis and when surfaces are visibly soiled.
30. Walls, blinds, and window curtains in resident areas will be cleaned when these surfaces are visibly contaminated or soiled.
31. Disinfecting (or detergent) solutions will be prepared as needed and replaced with fresh solution frequently (e.g., floor mopping solution will be replaced every three resident rooms, or changed no less often than at 60-minute intervals).
32. Mop heads and cleaning cloths will be decontaminated regularly (e.g., laundered and dried at least daily).
33. Horizontal surfaces will be wet dusted regularly clean cloths moistened with an EPA-registered hospital disinfectant (or detergent). The disinfectant (or detergent) will be prepared as recommended by the manufacturer.
34. Spills of blood and other potentially infectious materials will promptly be cleaned and decontaminated. Blood-contaminated items will be discarded in compliance with federal regulations (i.e., OSHA Bloodborne Pathogens Standard).
35. The following procedures will be implemented for site decontamination of spills of blood or other potentially infectious materials (OPIM):
36. Use protective gloves and other PPE (e.g., when sharps are involved use forceps to pick up sharps and discard these items in a puncture-resistant container) appropriate for this task.
37. Disinfect areas contaminated with blood spills using an EPA-registered tuberculocidal agent, a registered germicide on the EPA Lists D and E (i.e., products with specific label claims for HIV and HBV) or freshly diluted hypochlorite solution.
38. If sodium hypochlorite solutions are selected use a 1:100 dilution to decontaminate nonporous surfaces after a small spill (e.g., <10 mL) of either blood or OPIM.
39. If a spill involves large amounts (e.g., >10 mL) of blood or OPIM, or involves a culture spill in the laboratory, use a 1:10 dilution for the first application of hypochlorite solution before cleaning in order to reduce the risk of infection during the cleaning process in the event of a sharps injury.
40. Follow this decontamination process with a terminal disinfection, using a 1:100 dilution of sodium hypochlorite.
41. If the spill contains large amounts of blood or body fluids, the visible matter will be cleaned with disposable absorbent material, and the contaminated materials discarded in an appropriate, labeled container.
42. Protective gloves and other PPE appropriate for this task will be used.
43. In units with high rates of endemic *Clostridium difficile* infection or in an outbreak setting, dilute solutions of 5.25%–6.15% sodium hypochlorite (e.g., 1:10 dilution of household bleach) will be used for routine environmental disinfection. (Note: Currently, no products are EPA-registered specifically for inactivating *C. difficile* spores.)
44. If chlorine solution is not prepared fresh daily, it will be stored at room temperature for up to 30 days in a capped, opaque plastic bottle. (Note: A 50% reduction in chlorine concentration will occur by day 30.)
45. An EPA-registered sodium hypochlorite product is preferred, but if such products are not available, generic versions of sodium hypochlorite solutions (e.g., household chlorine bleach) may be used.