



ISSA/IEHA Tip Sheet

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Guidance for Cleaning & Disinfecting in Healthcare Environments Response to Coronavirus Disease (COVID-19)

Environmental Services (EVS) personnel are vital to the protection of patients, workers, visitors and others in the healthcare environment, due to the cleaning and disinfecting services they provide. During the COVID-19 pandemic, EVS in most organizations are also considered essential personnel. Your role is very important to your organization and the ability to reduce virus transmission and assist in infection control. Therefore, your job must not be taken lightly. This tip sheet provides basic guidance to consider when providing your healthcare cleaning and disinfecting services as best practice.

COVID-19 (Coronavirus Disease from 2019) is a respiratory disease caused by a specific virus that is infecting humans. The virus is called “Severe Acute Respiratory Syndrome Coronavirus 2” or “SARS-CoV-2.” It is believed to spread from person to person, primarily through respiratory droplets produced when an infected person coughs or sneezes. However, the virus can also spread by people touching a contaminated surface or object and then touching one’s mouth, nose, or possibly the eyes.

Employers and workers should follow these general practices to help prevent:

Hand Hygiene

Because evidence shows touching of contaminated surfaces or infected patients and then touching the face is a highly likely form of transmitting the SARS-CoV-2 virus, hand hygiene is an extremely important element in proper reduction of cross contamination in healthcare settings, as well as in protecting EVS workers while conducting their tasks.

- Frequently wash your hands with soap and water for at least 20 seconds.
- If soap and running water are not available, use an alcohol-based hand rub (also known as hand sanitizer) that contains at least 60% ethanol or 70% isopropanol. A higher-based alcohol sanitizer is recommended.
- Remember to avoid touching your eyes, nose, or mouth with unwashed hands.
- Practice social distancing of at least 6 feet or 1.5 meters. If you must be in close contact with people who are sick, follow your organization’s protocols for personal protective equipment worn when entering areas with infected people, and follow proper distancing requirements at all times.

Preparing to Clean & Disinfect

Properly prepare supply carts or trolleys per your organization’s policy and procedures.

- All carts should have a box of disposable gloves and a sufficient amount of microfiber mops and



cloths to complete the number of rooms on each schedule.

- The mop bucket solution and in-room cleaning caddy bucket with the disinfectant solution must be changed immediately after use with every COVID-19 isolation room.
- If cleaning a room has had a confirmed case of COVID-19, best practice is to ensure the room has been vacant for at least 24 consecutive hours to help reduce the viral load (amount of active virus) on surfaces before cleaning and disinfecting.

Personal Protective Equipment

EVS workers must don (put on) the appropriate personal protective equipment (PPE) required according to chemical manufacturer use guidelines for the chemical and its intended application, prior to cleaning and disinfecting surfaces.

- When preparing to clean a COVID-19 isolation room, wear the appropriate PPE which is: (disposable gloves, disposable gown, goggles, shoe covers, hair bonnet, N95 respirator mask or surgical mask).
- Refer to the [ISSA/GBAC PPE Tip Sheet](#) for specific details regarding PPE when an infected individual is present, versus when you are cleaning a room where a person is no longer present.
- Wash hands before putting on PPE.
- **Donning and doffing procedures are extremely important** when dealing with any isolation room. You should have documented policies and procedures describing a recommended sequence for safely donning and doffing PPE.
- After every COVID-19 isolation room, disposable gloves and gowns must be disposed of in the appropriate waste bag and discarded in the appropriate waste stream, per your organization's guidelines. If reusable gowns are used, they must be placed in the appropriate waste bag per your organization's guidelines and placed in the appropriate soiled linen hamper.
- If reusable gloves are used, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 in isolation only and should not be used for other purposes/locations. Consult the gloves manufacturer's instructions for the proper cleaning and disinfection of the gloves, using the appropriate disinfectants.
- **Wash hands immediately after gloves are removed.**

Cleaning & Disinfecting

When cleaning a patient room or public space, make sure you follow your organization's cleaning procedures for those specific areas. Patient room cleaning will have a different set of steps or level of cleaning than public areas.

- If an infected individual has been in a room, follow the isolation room cleaning requirements



stated earlier, utilizing the appropriate PPE. Don the proper PPE before entering the room and doff the PPE upon completion of cleaning the room. Then wash hands.

- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- It is extremely important that all high-touch surfaces are disinfected at all times, during normal as well as pandemic healthcare conditions. This includes: chair handles, bed side rails, door handles, telephone, light switches, bedside dresser, over-bed table, monitors, keyboards, etc. if it is the EVS department's responsibility.
- Disinfecting the patient restroom floor and patient room floor are also critical, during normal as well as pandemic healthcare conditions. When cleaning the patient room, you should use, at a minimum, 2 microfiber cloths and 2 microfiber mops. One cloth and mop for the patient restroom and the other for the room itself. If using disinfecting wipes, you may use as many as required to properly clean and disinfect the patient room, taking care to only use the wipe within a specific room, to avoid cross-contamination between the patient room and restroom.
- For disinfection, use a disinfectant that has been approved by your country's regulatory agency to be effective in deactivating SARS-CoV-2. Many countries around the world are expediting their review and registration processes to help increase access to disinfectants and meet growing demand. Check with your country's authority on chemical registrations to determine what its most current policies are.
- The US Environmental Protection Agency (EPA) has posted a list of more than 300 disinfectants that meet EPA's criteria for use against SARS-CoV-2 (N List): <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>. The European Centre for Disease Prevention and Control (ECDC) has provided guidance regarding biocidal products having virucidal activity which are authorized under the Biocidal Products Regulation as efficacious against SARS-CoV-2 coronavirus https://www.ecdc.europa.eu/sites/default/files/documents/Environmental-persistence-of-SARS_CoV_2-virus-Options-for-cleaning2020-03-26_0.pdf.
- Follow manufacturer's instructions for all cleaning and disinfection (concentration, application method, contact time, etc.). Following the manufacturer's dilution ratio and recommended contact time is extremely important and should be followed.
- Additionally, some diluted bleach solutions can be effective against coronaviruses when properly diluted. The bleach solution must have the minimum 1000 parts per million (PPM) required of sodium hypochlorite to gallons or liters of water. The sodium hypochlorite solution can be used if appropriate for the surface and can be used to disinfect COVID-19 rooms. Follow the manufacturer's instructions for proper dilution ratio, application, ensuring a contact time of at least one minute, and allowing proper ventilation during and after application.
- Check to ensure the product is not past its expiration date.

- Never mix bleach with or any other cleaning chemical or cleanser.
- In public spaces, use disinfectant solution or wipes to regularly disinfect all high-touch surfaces such as light switches, elevator buttons, handrails, drinking fountains, phones, door push plates and handles, counters, desks, keyboards, screens etc. Allow dwell time for the disinfectant to work.
- For floor care, use vacuum cleaners, auto scrubbers and carpet extractors that provide high-level filtration. Use dusting methods that capture dust. While there is no definitive evidence that human coronavirus can infect via dust particles, it is better to remove all such particles for highest confidence of viral load reduction. See [ISSA/GBAC Tip Sheet for Disinfecting of Cleaning Machines](#) to further reduce chance of cross-contamination.
- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination, if present. Clean and disinfect with appropriate chemicals indicated for use on these surfaces and approved by your country's chemical regulatory body.
- Cleaning of all high-traffic areas in the ancillary areas, and or office and administrative buildings should be done per your organization's policy, but more frequently as needed during an infectious outbreak situation. Clean with a registered anti-viral disinfectant cleaner, with a 5 to 10-minute contact period. Surfaces that are frequently touched by hands will be wiped with a solution of disinfectant according to label instructions. All fixtures should be dried with appropriate micro-fiber cloths after the 5 to 10-minute contact period. Surfaces that are frequently touched by hands include - lobby doors, common area/security/reception stands, elevator call buttons (hall call buttons), restroom fixtures (counters, sinks, toilets) and breakroom.
- If more in-depth disinfection is required, consider the use of an electrostatic spray system for chemical application. For non-chemical disinfection, consider the use of a steam vapor machine. Do not use brooms or dust mops for dry soil removal, instead, consider using a backpack vacuum for higher success of removing surface contaminants. While there is no definitive word on whether coronavirus can infect via dust particles, it is better to remove all such particles for highest confidence of viral load reduction.

Laundry & Linens

- Staff should don appropriate PPE before handling possibly contaminated items.
- Launder items as appropriate in accordance with the manufacturer's instructions.
- After loading washers, doff PPE and wash hands.
- Whenever possible, launder items using the hottest appropriate water temperature during the Flush stage, and the bleaching cycle should be set at 145 degrees Fahrenheit, 63 degrees Celsius.
- Dry items completely at the appropriate temperature.



End of Shift

- Prior to the end of the shift, make sure you clean and restock your cart.
- While wearing appropriate PPE, place all soiled, bagged isolation reusable microfiber mops and cloths in the appropriate bins for in-house or off-site laundering.
- Doff PPE if wearing any, wash hands and change clothes, including shoes.
- Place soiled clothes in a bag to be taken home or to be laundered.

About ISSA

As the leading trade association for the cleaning industry worldwide, ISSA is committed to helping its members change the way the world views cleaning. The association provides members with the business tools they need to promote cleaning as an investment in human health, the environment, and an improved bottom line. For more information about ISSA's Europe, Middle East and Africa regional support, visit www.issa.com/emea or send an email to emea@issa.com.

About IEHA

IEHA, a Division of ISSA, focuses on the healthcare and hospitality sectors of cleaning. This 1,300-plus member professional association was founded in 1930 and merged with ISSA in 2017. IEHA provides members with an array of channels through which Executive Housekeepers and their teams can achieve personal and professional growth. For more information, visit ieha.org.

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