Technical Bulletin

SUMMARY OF RECOMMENDATIONS FOR PERFORMING DISCHARGE CLEANING OF COVID-19 ISOLATION PATIENT ROOMS

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This document is a summary of the CDC guidelines 'Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings', and the CDC's 'Healthcare Infection Prevention and Control FAQs for COVID-19'.

Please use this guidance in conjunction with your facility's standard policies and procedures.

A standardized pictogram is available at Isolation Discharge Cleaning

RECOMMENDATIONS

Each setting will need to determine if any additional personal protective equipment (PPE) is required to perform the terminal clean based on the Transmission Based Precautions used by the facility for COVID patients. Use of a respirator or mask will be linked to a calculation of the number of air changes per hour (ACH), and the time elapsed since the patient was discharged. See Table 1. If the room has not had enough air changes, EVS technicians may be required to wear a mask or respirator.

1. Adhere to Standard and Transmission-Based Precautions

Standard Precautions assume that every person is potentially infected or colonized with a pathogen that could be transmitted in the healthcare setting. Elements of Standard Precautions that apply to patients with respiratory infections, including COVID-19, are summarized below. Attention should be paid to training and proper donning (putting on), doffing (taking off), and disposal of any PPE.

A. Perform Hand Hygiene
Staff should perform hand hygiene by using alcohol based hand rub (ABHR) with 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If at any point in the cleaning process hands are visibly soiled, wash hands using soap and water before returning to ABHR.

B. Gown
Put on a clean isolation gown upon entry into the patient room. Ensure that the gown is tied in the back.

C. Don appropriate mask (if required) and add eye protection (if required).

D. Don gloves
Put on clean, non-sterile gloves upon entry into the patient room or care area. Change gloves if they become torn or heavily contaminated and perform hand hygiene as indicated by hospital policy.

2. Environmental Hygiene

Clearly defined roles for cleaning and disinfection should be created with infection prevention, nursing and EVS. Some facilities may have nursing staff perform daily cleaning to help preserve PPE.

Dedicated medical equipment should be used when caring for patients with known or suspected COVID-19.

All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies.

Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.

Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 in healthcare settings.

- Refer to List N on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.

If EVS is responsible for cleaning and disinfection of areas in which aerosol-generating procedures are performed, (e.g., Bronchoscopy suite), ensure that proper protocol is followed.

Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.

After environmental hygiene process is completed, removal of PPE should occur in the following sequence to avoid possible contamination:

A. Remove gown and gloves as per hospital policy (some facilities will have gloves removed first, and hand hygiene performed, before removing gown)
B. Remove goggles/eye shield (if used)
C. Remove N-95 or mask (if used)
D. Perform hand hygiene

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TABLE 1. Air changes per hour (ACH) and time required for removal efficiencies of 99% and 99.9% of airborne contaminants*

	Minutes required for removal efficiency†	
ACH	99%	99.9%
2	138	207
4	69	104
6	46	69
12	23	35
15	18	28
20	14	21
50	6	8
400	<1	1

* This table can be used to estimate the time necessary to clear the air of airborne *Mycobacterium tuberculosis* after the source patient leaves the area or when aerosol-producing procedures are complete.
† Time in minutes to reduce the airborne concentration by 99% or 99.9%.

References

https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html

https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html

Centers for Disease Control and Prevention. Guidelines for preventing the transmission of *Mycobacterium tuberculosis* in health-care settings, 2005. MMWR 2005;54(No. RR-17):20