

# Coreworks, Emergency Preparedness Plan Information

## Coronavirus (COVID-19), Middle East Respiratory Syndrome, (MERS-CoV)

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**Background:** Middle East Respiratory Syndrome (MERS) is a viral respiratory illness that was first reported in the Middle East in 2012. The coronavirus causes the infection and is called MERS-CoV. Most of the people infected have developed severe respiratory disease, with a 30% mortality rate. Standard, contact, and airborne precautions, including eye protection, are used for managing hospitalized patients.

### **Procedure:**

Note that as the MERS-CoV outbreak evolves, CDC recommendations may be updated and revised. Consult the CDC's MERS-CoV website (<http://www.cdc.gov/coronavirus/mers/infection-prevention-control.html>, accessed July 26, 2018) frequently and the hospital's infection prevention and control department for the most current recommendations.

1. Follow standard procedures, per hospital policy, for cleaning/disinfection of environmental surfaces and equipment and management of textiles and laundry.
2. Use an EPA-registered hospital disinfectant to disinfect hard non-porous surfaces.

### **Supportive Information:**

The Centers for Disease Control and Prevention. Middle East Respiratory Syndrome (MERS). Available at: <http://www.cdc.gov/coronavirus/mers/index.html> Accessed July 26, 2018.

## **Coronavirus Daily and Discharge Cleaning Protocol Airborne/Droplet and Contact Isolation combined Identified areas**

### **Practice and Purpose:**

To provide standardized environmental cleaning to reduce organism contamination of surfaces and prevent the spread and transmission of these organisms from the environment to the hands of patients, visitors and healthcare workers.

Scope: All patient rooms with patients having or being ruled out for the 2019 Novel Coronavirus and surrounding support areas.

When a novel (new) virus appears, the CDC and DOH recommendations will evolve as new information is learned. This may result with policy and procedure changes.

### **Equipment:**

- Standard Cart set up with microfiber cloths and mops

- All Personal Protective Equipment (PPE) in accordance with the CDC recommended isolation signs. PPE includes: gloves, goggles or face shield, N-95 respirator and liquid-impervious gown (Associates must have been fit tested within the previous year).
- Waste can liners
- Linen hamper liners
- Approved disinfectants meeting CDC recommendations – Label claims that must have SARs –MERs or Human Coronavirus effectiveness. Example, Oxivir 1 RTU or saturated wipe, by Diversey. Alternatively, a product with an EPA-approved emerging viral pathogens claim is also approved.
- Clean Bed linen (upon discharge)
- Clean Cloth Privacy Curtains and Cloth Shower curtains ( as indicated by your policy)

**Policy:**

Proper cleaning/disinfection will include but is not limited to strict adherence to the *order* that each room is cleaned/disinfected. Education and training should include proper understanding of hand hygiene and proper use of PPE, waste and linen disposal. EVS associates should notify EVS supervisor should concerns be noted during cleaning procedure.

**Procedure – Discharge Room Cleaning:**

1. Ensure the room has been vacant for 2 hours post discharge or 1 hour for negative air pressure rooms to allow for 90% of the air to be purged before entering.
2. Ensure you have all cleaning/disinfecting equipment assembled prior to entering room.
3. Protect you, patients, and the environment by performing hand hygiene with appropriate method: ABHR (Alcohol Based Hand Sanitizer) or antimicrobial soap and water prior to donning proper PPE.
3. Don proper PPE; Gown, N – 95 respirator (properly fit tested), Goggles / Face Shield and gloves.
  - a. PPE should always include proper attire per signage posted for Airborne, Droplet or Contact isolation as some patients can have more than one type.
  - b. PPE is not to be worn outside the room. PPE should be discarded and associate should perform hand hygiene with soap and water if there is any reason to leave the room. The daily exception is the N-95 respirator, which is removed outside the room, for associate safety.
  - c. Use a PPE partner if needed to ensure PPE is properly donned.

4. Collect and remove all trash and soiled linen from around the room. Empty waste and linen hampers.
  - a. This includes all waste in the restroom trash can.
  - b. Regulated medical waste should be disposed of in accordance with local disposal standards.
  - c. Open all dispensers and remove and dispose of all paper towels and toilet tissue exposed to the open environment.
  - d. Do not replace plastic liners in trashcans or hampers until the room has been totally cleaned.
  - e. Properly remove and discard any linen that may be in linen closets inside room that may have been exposed to the open environment. These should be placed in a soiled linen bag and sealed tight.
5. Remove any cloth privacy curtains or shower curtains placing them in bags according to individual policies. Do not replace until room is cleaned.
6. Using approved disinfectant carefully wipe down all High Touch horizontal surfaces that have been in contact with patients, visitors and healthcare workers.
  - a. Always work from high to low when cleaning and dusting.
  - b. Always follow recommended manufacturer guidelines for the proper surface contact time and approved square feet the wipe is registered for use and discard wipes and use additional wipes for multiple surfaces.
  - c. Make sure to wipe down bedside table with approved disinfectant, sink area, computer keyboards, workstation areas, and IV poles or any medical equipment in the room that has been agreed upon by the community. High touch surfaces should all be cleaned according to approved policy and manufacturer guidelines (validate this with the Infection Prevention department).
  - d. Ensure disinfectant is approved to clean equipment and touch screens before cleaning.
7. Using approved disinfectant cleaner move around the room thoroughly wiping down high touch surfaces. Begin inside the room and clean the high touch surfaces in the restroom last; ending with the disinfection of the toilet.
  - a. High touch surfaces in the room include but are not limited to:
    - Room light switch
    - Room inner door knobs
    - Tray tables
    - IV poles (grab areas)
    - Call box and button
    - Telephones and buttons
    - Bed rails/controls
    - Bedside tables
    - Bedside table handles

- Chairs- arms and seats
- Room sink fixtures

b. High touch surfaces in the restroom include:

- Bathroom inner door knob/plate
- Bathroom mirror
- Shower handles
- Bathroom handrails by toilet
- Bathroom light switch
- Bathroom sink fixtures
- Toilet flush handle
- Toilet seat- top and bottom
- Wipe the rest of the toilet last
- Toilet bid pan cleaner
- Bedside commodes should be cleaned last and marked according to community policy to identify it has been disinfected and ready for use by the next patient.

8. Begin by performing damp dusting then wiping down the rest of the room.

- a. Damp dust TV and stands.
- b. Damp dust over bed lights.
- c. Damp dust high surfaces around the room beginning at entrance to the room and moving around the room in a circle.
- d. Damp dust high dust surfaces in the restroom last.
- e. Dust mop the floor.

9. Wipe down the patient bed.

- a. Inspect mattress prior to cleaning for rips, tears, leaks. Report any of these to your supervisor (These beds should still be cleaned/disinfected but not reused until repaired prior to use on patients).
- b. Apply cleaner/disinfectant on the mattress and allow it to remain wet for the appropriate dwell time per manufacturer guidelines. Clean mattress on all surfaces top, sides, and bottom.
- c. Wipe down the under bed frame, below the mattress cover, and all surfaces of the bed including springs, wheels, and discard cloths whenever visibly soiled and use a clean cloth.
- d. Wipe down all reusable pillows.

10. Inspect the walls and all other vertical surfaces, wiping down any spots or stains with a separate clean cloth.

11. Remove cleaning supplies and throw away disposable wipes and place cleaning cloths in the laundry as appropriate per ministry guidelines.

12. Replace trash and linen liners.
13. Wet mop the floor using cleaner disinfectant (Do not re use mops for additional rooms).
14. Allow floor to dry.
15. Place "Yellow Caution sign" in doorway while floor dries.
16. Properly remove (doff) your PPE per policy; gown, gloves, goggles/face shield and N-95 respirator and throw away.
17. Perform hand hygiene with appropriate product; ABHR or antimicrobial soap and water.
18. Remove Isolation door sign.
19. Obtain clean bed linen, cloth privacy and shower curtains to replace and prepare room for next patient's use.
20. Ensure room is set up following your local Picture Perfect procedure.
21. Replace hand sanitizers and paper towels/toilet tissue in the room and restroom. Make sure the expiration date is visible when replacing hand sanitizers.

**Occupied Room Cleaning Procedure :**

1. Ensure you have all cleaning equipment assembled prior to entering room.
2. Protect you, patients, and the environment by performing hand hygiene with ABHR or *soap and water* prior to donning proper PPE.
3. Validate isolation type with your supervisor or nursing care team if not sure of sign posted on isolation door.
4. Don proper PPE; liquid-impervious gown, gloves, and mask (optional if splashing or vapors are of concern when not required by isolation signage).
  - a. PPE should always include proper attire per signage posted for Airborne, Droplet or Contact isolation as some patients can have more than one type.
  - b. PPE is not to be worn outside the room except the N-95 respirator. PPE should be discarded and associate should perform hand hygiene with ABHR or soap and water if there is a need to leave the room for any reason.
5. Collect and remove all trash and soiled linen from around the room. Empty waste and linen hampers. Replace liners.

6. Inspect any cloth privacy curtains or shower curtains for visible soiling and replace as needed.
7. Using approved disinfectant cleaner, carefully wipe down all horizontal surfaces that may have been touched by patients, visitors and healthcare workers.
  - a. Always work from high to low when cleaning and dusting.
  - b. Always follow recommended manufacturer guidelines for the proper surface contact time and approved square feet the wipe is registered for use and discard wipes and use additional wipes for multiple surfaces.
  - c. Make sure to wipe down bedside table, sink area, computer keyboards, workstation areas, and IV poles or any medical equipment in the room that has been agreed upon by the local community.
  - d. High touch surfaces should all be cleaned according to hospital approved policy and manufacturer guidelines (validate this with the Infection Prevention department).
8. Using approved disinfectant wipes move around the room thoroughly wiping down high touch surfaces. Begin inside the room and clean the high touch surfaces in the restroom last; ending with the disinfection of the toilet.
  - a. High touch surfaces in the room include but are not limited to:
    - Room light switch
    - Room inner door knobs
    - Tray tables
    - IV poles ( grab areas)
    - Call box and button
    - Telephones and buttons
    - Bed rails/controls
    - Bedside tables
    - Bedside table handles
    - Chairs- arms and seats
    - Room sink fixtures
  - b. High touch surfaces in the restroom include:
    - Bathroom inner door knob/plate
    - Bathroom mirror
    - Shower handles
    - Bathroom handrails by toilet
    - Bathroom light switch
    - Bathroom sink fixtures
    - Toilet flush handle
    - Toilet seat- top and bottom

- Wipe the rest of the toilet last
  - Toilet bed pan cleaner
  - Bedside commodes should be cleaned last
9. Using approved disinfectant begin by performing damp dusting then wiping down the rest of the room.
    - a. Damp dust TV and stands.
    - b. Damp dust over bed lights.
    - c. Damp dust high surfaces around the room beginning at entrance to the room and moving around the room in a circle.
    - d. Damp dust high dust surfaces in the restroom last.
    - e. Dust mop the floor.
  10. Remove cleaning supplies and throw away wipes and cloths.
  11. Wet mop the floor using hospital approved cleaner (Do not re use mops for additional rooms).
  12. Place "Yellow Caution sign" in doorway while floor dries.
  13. Remove (doff) your PPE per policy; gown, gloves, goggles/face shield and respirator (outside the room only) and throw away.
  14. Perform hand hygiene with appropriate ABHR or antimicrobial soap and water after removal of PPE.
  15. Replace any hand sanitizers and paper towels in the room and restroom that need supplied. Make sure the expiration date is visible when replacing hand sanitizers.
  16. Remove linen and trash bags out of the room to soiled utility with clean gloves.

**Procedure for Cluster Event Cleaning:**

1. In the event that a specific area has a known or identified cluster of suspected HAI episodes the EVS and Infection Prevention Departments will agree on types and duration of the interventions necessary to address.
2. Cluster Event cleaning will typically be in areas not addressed with in the patient room cleaning process. This will include but is not limited to:
  - a. Hallways and alcoves
  - b. Nurses Stations
  - c. On Unit Staff Restrooms
  - d. On Unit Staff Lounges
  - e. Staff Locker rooms (including locker room showers and bathrooms)
  - f. Dirty supply areas
  - g. Clean supply areas

- h. Offices
    - i. Conference rooms
- 3. All high touch surfaces will be wiped using an approved disinfectant at least 4 times per shift, that the unit is staffed, unless otherwise directed.
- 4. High touch surfaces include but are not limited to:
  - a. Door or drawer handles / knobs / strike plates
  - b. Hand rails
  - c. Light switches
  - d. Soap and Hand Hygiene dispensers
  - e. Sinks and faucets
  - f. Toilets
  - g. Counters
  - h. Tables
  - i. Chairs
  - j. Glass
  - k. Key Boards / touch screens (if cleanable)
  - l. Phones – keypads and handles
  - m. Isolation carts
  - n. Linen Carts
- 5. Assure you have all cleaning equipment assembled prior to beginning.
- 6. Protect you, patients, and the environment by performing hand hygiene with ABHR or soap and water prior to donning proper PPE.
- 7. Don proper PPE; Gown, gloves, and mask (optional if splashing or vapors are of concern when not required by isolation signage).
  - a. PPE should always include proper attire.
  - b. PPE is not to be worn outside the room. PPE should be discarded and associate should perform hand hygiene with ABHR or soap and water if there is a need to leave the room for any reason.
- 8. Collect and remove all trash and soiled linen from around the area. Empty waste and linen hampers. Replace liners.
- 9. Using approved disinfectant carefully wipe down all horizontal surfaces that have been touched by patients, visitors and healthcare workers.
  - a. Always work from high to low when cleaning.
  - b. Always follow recommended manufacturer guidelines for the proper surface contact time and approved square feet the wipe is registered for use and discard wipes and use additional wipes for multiple surfaces.



- c. Make sure to wipe down all high touch surfaces. High touch surfaces should all be cleaned according to hospital approved policy and manufacturer guidelines (validate this with the Infection Prevention department).

#### References:

Centers for Disease Control and Prevention. 2019 Novel Coronavirus. Available at: [www.cdc.gov](http://www.cdc.gov).

Centers for Disease Control and Prevention. Guh A. & Carling P. Options for evaluating environmental room cleaning. 2010. <https://www.cdc.gov/hai/pdfs/toolkits/Environ-Cleaning-Eval-Toolkit12-2-2010.pdf>. Accessed February 1, 2020.

Centers for Disease Control and Prevention. Guidelines for environmental infection control in health-care facilities. 2003. <https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines-P.pdf>. Accessed February 1, 2020.

Centers for Disease Control and Prevention. Rutala WA, Weber DJ, and the Healthcare Infection Control Practices Advisory Committee (HICPAC). Guideline for disinfection and sterilization in healthcare facilities, 2008. <https://www.cdc.gov/infectioncontrol/pdf/guidelines/disinfection-guidelines-H.pdf>. Accessed February 1, 2020.

#### Tips:

- If your community is using Electro-Static Spraying of Peracetic Acids, this will be an adjunct to terminal discharge cleaning. Manufacturer policies for pre-cleaning prior to use of these technologies must be closely followed. Infection Prevention Department should be consulted for changes to this policy.
- The important point for EVS is to remove the curtain that is being changed prior to cleaning the room and hang the new curtains after the room is clean.
- In the event of a cluster of similar isolations on one unit or area, review competency with all associates for the above procedures.
- Change micro fiber mop after isolation room. It is not recommended to reuse isolation mop, cloths or water in additional rooms.
- Secure Housekeeping carts and chemicals when not in use.
- Clean equipment and return supplies to the cart or cleaning closet after use.