

ENVIRONMENTAL INFECTION CONTROL SUSPECTED OR CONFIRMED COVID-19

Policy:

The facility has environmental infection control procedures in place to prevent transmission of COVID-19.

General principles:

- Residents with known or suspected COVID-19 should be placed in a single-person room with a dedicated bathroom if possible. The door to the room should remain closed.
- Airborne Infection Isolation Rooms (AIIRs) should be reserved for patients who will be undergoing aerosol-generating procedures.
 - o AIIRs are single-patient rooms with negative pressure relative to the surrounding area and with a minimum of 6 air exchanges per hour.
 - Air from these rooms should be exhausted directly to the outside or be filtered through a high-efficiency particulate air (HEPA) filter directly before recirculation.
 - o Room doors should be kept closed except when entering or leaving the room, and entry and exit should be restricted to essential caregivers.
 - o Monitor and document the proper negative-pressure function of these rooms.
- Only essential personnel should enter the room of patients with COVID-19.
- Daily cleaning and disinfection of high-touch surfaces should be assigned to nursing
 personnel who will be in room providing care. If assigned to environmental services
 personnel, they should wear all PPE when in room, remove PPE upon leaving and
 perform hand hygiene.
- 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 policy.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant
 https://www.epa.gov/coronavirus 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, including those patient-care areas in which aerosol-generating procedures are performed.
- HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.

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- Environmental Services staff dedicated the COVID unit should use appropriate PPE and clean rooms according to the policy for cleaning and disinfecting isolation rooms in the Infection Control Program manual.
- Additional steps are taken for rooms with confirmed or suspected COVID-19:
 - o Mop heads are removed, bagged, labeled and sent for cleaning.
 - Non-disposable cleaning towels/rag are placed in plastic bags, labeled and sent to laundry
 - o Water from mop or other buckets are changed between rooms.

Terminal leaning/disinfection of COVID-19 rooms

Terminal cleaning should be performed by environmental services personnel. Follow above guidelines with the addition:

- Cleaning should occur after enough time has allowed for adequate air changes to occur, removing potentially infectious particles.
- Minimum air exchanges in rooms is 2 per hour. It is recommended the room be vacant from 138-207 minutes before a resident or HCP without PPE enters to allow enough time for air changes to remove potentially infectious particles.
- EVS staff should enter room wearing a gown, gloves and mask with eye protection if there is a risk of splashes when terminally cleaning a vacated room.
- Shoe covers are not recommended as of 4/1/2020

https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html

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