



Recommendations for cleaning in response to Covid19 (Euhan Coronavirus)

This document aims to provide guidance about the environmental cleaning in non-health care facilities (e.g. rooms, hotels, public offices, transports, schools etc.) where 2019 novel coronavirus (2019-nCov) confirmed or strongly suspected.

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This document is directed toward competent trained mitigation personnel who have been properly fit tested and trained for the PPE equipment and cleaning/ disinfection equipment being used.

The causative agent involved in the current outbreak is an acute respiratory disease belonging to the family of *Coronaviridae*, a large family of enveloped, positive-sense single stranded RNA virus. Coronavirus are transmitted in in most instances through large respiratory droplets and contact transmission with surfaces. However, other modes of transmission are suspected as well. It is suspected that the viral particles can survive for several days on surfaces indoors.

Due to the potential survival of the virus on surfaces for several days, the premises and areas potentially contaminated should be cleaned before re-use, using products containing antimicrobial agents know to be effective against coronavirus.

Preparing to apply disinfection measures to the project

- JSA-Job safety analysis
- Equipment designation (Fogger- 30 to 50 microns)
- PreVasive product selection (Noroxycdiff EPA 6 log High Level disinfection) (BAC Organic Antimicrobial Cleaner)
- (PPE) Tyvecks, Gloves, eye protection
 - a) Filtering face mask (FFP) respirators class 2 or 3
 - b) Goggles or face shield
 - c) Disposable long-sleeved water-resistant PPE
 - d) Disposable gloves

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Examples of FFP3 respirators:



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Qualitative fit test

A qualitative respirator fit test needs to be performed before choosing a respirator for regular use as part of the PPE ensemble. A fit test verifies the seal between the respirator and the PPE users' face. The test is based on an indicator aerosol, sprayed on the user while wearing the respirator under a designated test hood. If the test person can detect the aerosol, the fit test is leaking. Another model, style or size which fits the user properly must be found. Employers have to provide users with a reasonable selection of sizes and models to choose from.



Minimization of exposure risk. This can be achieved through:

- Systematic qualitative fit-testing of respirators;

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- The principle of "no skin exposed";
- Actively-assisted donning.

PPE user needs to test the coverall's fit by kneeling down and lifting the arms when fully covered by the PPE ensemble. This needs to be done before entering a contaminated work zone. Shoe coverings – outer and inner. Gloves outer and inner.



USE AIR TIGHT GOGGLES

Use outer and inner gloves

Practical hints

- Check that the gloves have not expired as this will compromise their integrity. If possible, provide different colours to differentiate inner and outer gloves.



- Latex gloves should not be the only option provided, as allergies are a common issue in healthcare settings. Nitrile gloves, although less flexible, are a good alternative.
- Gloves with extended cuffs are useful to cover potential gaps between the coveralls sleeves and the hand.

Practical hints

Inner gloves

- a glove of intermediate thickness works well as an inner layer
- consider gloves with extended cuffs as they cover a larger section of the coverall sleeves



- Ideally, the inner pair of gloves should have a longer sleeve than the outer pair of gloves. This makes it easier to change gloves.

The outer pair of gloves should be adapted to the tasks that the PPE user has to perform. Consider the combinations shown below:

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Minimization of secondary contamination risk. This can be achieved through:

- Fixed connections of gloves/boots to coverall enabling 'one stroke' doffing;
- Actively-assisted doffing; have a coworker check your PPE on and off
- Strict barrier based on a model of three zones with high, low and no transmission risk. Clear Zone, Transition Zone, Operating zone

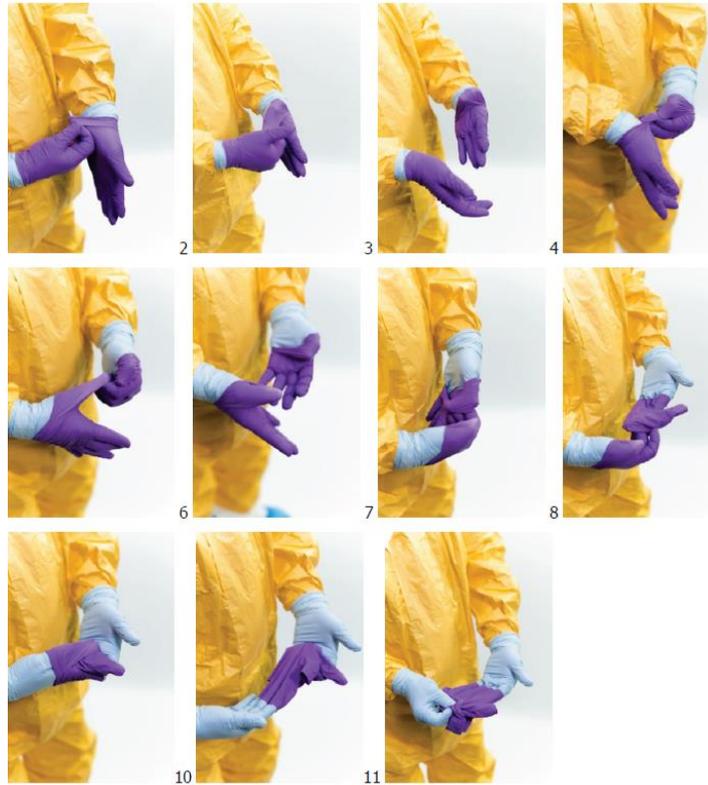
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Barriers

- Mark Zones Clearly
- Instruction to workers should be displayed at the entrance to the clear zone
- Use disposable PPE, remove and place outer ppe in plastic bag.
- Remove inner PPE in the clear zone and place into plastic bag or disinfection solution, sanitize hands before leaving with an alcohol-based sanitizer.
- PPE is put on in the Clear Zone

Properly removing the outer glove keeping the inner glove under layer clean in the transition zone



Remove booties and (PPE) after removing outer gloves, fold and roll down tyveck leaving face and goggles on. Remove goggles and face mask before exiting the transition zone. Immerse goggles and re-useable face mask in a solution of sodium hypochlorite .5percent minimum before moving to the clear zone.

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Several antimicrobial agents have been tested or the actives recommended for cleaning and disinfection for coronavirus by CDC and EPA.

PreVasive Recommendations

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**When using chemical products for cleaning, it is important to keep the facility ventilated in order to protect the health of the cleaning personnel.*

Step 1) EPA registered for efficacy against coronavirus - Noroxydiff-pre-disinfection

Use as label directed for Coronavirus disinfection, this knocks down the viral contamination prior to entering the site.

4 oz per gallon of clean water

Fog on touch contaminated surfaces

Step 1 A- Load reduction – Pre Fog

Step 2) Dry Microfiber wipe – linear overlapping strokes on surfaces

Then Detergent clean with **PreVasive BAC antimicrobial** cleaner (contains botanicals, alcohol and detergents for effective surface cleaning). Dispose of all cleaning microfiber towels in a secure poly bag for disposal

***If required: Post inspection – ATP, or surface sample for hygiene cleaning less than 50RLU**

Step 3) EPA registered Noroxydiff- post disinfection

Top to bottom, Rear to exit

Use as label directed for Coronavirus disinfection

4 oz per gallon of clean water

Fog on touch contaminated surfaces after cleaning

Items to Clean and Disinfect by Room Type

NOTE: Fabrics cannot be disinfected, so they must be sanitized. All hard surfaces must be disinfected.

Kitchen/Food Areas

Bathroom

Classrooms

Offices

Hallways/other

- cafeteria tables and chairs
- countertops, Desks, electronic equipment
- doorknobs

- floors-hard surfaces/wood
- food contact surfaces
- light switches
- paper towel/napkin dispensers
- push doors
- salt and pepper shakers
- sink hardware
- soap dispensers

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- tabletops
- bathroom stalls
- countertops
- doorknobs
- floors-hard surfaces/wood

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- handrails
 - light switches
 - paper towel/napkin dispenser
 - sink hardware
 - sinks
 - soap dispensers
 - toilets
 - water fountains
 - books
 - carpets
 - chairs
 - computer keyboards and mice
 - countertops
 - devices
 - bedrails, mattress, exercise equipment
 - doorknobs
 - floors- hard surfaces/wood
 - games
 - hard toys
 - light switches
 - mats
 - paper towel/napkin dispensers
 - pillows
 - plush toys
 - rugs
 - sink hardware
 - sinks
 - soap dispensers

- tabletops/desktops
- water fountains
- carpets
- chairs
- common telephones
- computer keyboards and mice
- countertops
- doorknobs
- floors- hard surfaces/wood
- light switches
- rugs
- shared office equipment
- tabletops/desktops
- water fountains
- carpets
- diaper-changing pads
- diaper-changing tables
- doorknobs
- floors- hard surfaces/wood
- handrails
- light switches
- playground equipment
- rugs
- water fountains,
 - Patient movement apparatus (aging care) nurse stations

* This is not an all-inclusive list. There may be other items in the facility that need to be cleaned and disinfected. Any shared items, high-touch items, and items that have been or likely have been contaminated by vomit or fecal matter must be cleaned and disinfected.