What's Changed: ED rooms or bays are not to be held for air changes after a patient is discharged; EVS colleagues must wear PPE appropriate to COVID+ or PUIs when cleaning those rooms; curtains must be changed when visibly soiled or dirty.

Note:
Routine cleaning and disinfection procedures (e.g. applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for COVID-19 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed. Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19. Coronaviruses are enveloped viruses, meaning they are one of the easiest types of viruses to kill with the appropriate disinfectant products. The source of the virus is the patient with the infection who is coughing and/or sneezing. The EPA publishes and maintains a list of disinfectants that are effective against these viruses.¹ Contact Infection Prevention and Control for investigation and guidance on use of disinfectants that are in use but not on this EPA list N.

Management of laundry, food service tray and utensils, and medical waste should also be performed in accordance with routine procedures. It is recommended that curtains are removed from all private rooms with solid doors.

Upon discharge or disposition of the patient, EVS technicians will provide discharge cleaning and disinfection using the procedure outlined below. For inpatient locations, if testing of the PUI does not confirm active infection, follow routine discharge cleaning and disinfection procedures. After proper terminal cleaning, non-ED acute care rooms may be turned over to the next patient. Air changes in these spaces will properly cycle the air the appropriate number of times during the terminal clean. Do not hold non-ED acute care rooms after terminal cleans are complete. For ED guidance, see the Emergency Department COVID-19 Patient Room Cleaning guidelines. For clinic guidance, see the Emergence Guidebook.

Scope/Applicability:
This Procedure is intended to apply to all Trinity Health Environmental Services (EVS) Departments.
Equipment & Supplies

- Microfiber mops
- Hospital-/EPA-approved disinfectant(s)
- Neutral floor cleaner
- Microfiber buckets with microfiber cloths
- Caution, Wet Floor sign
- Red bags (these are only required for regular Regulated Medical Waste) for medical waste containers in the room. This is more common in ICU but not necessarily in all rooms.
- Clear plastic bags, or the waste bags normally used by facility
- Step ladder, if applicable
- Clean curtains, if applicable
- Alcohol-based hand rub

Isolation Precautions

- The following transmission-based precautions will be in effect for a person under investigation (PUI) or confirmed COVID-19 for the duration of their episode of care: **Standard, Contact, & Droplet precautions**.
- For the purpose of the discharge or transfer (terminal) patient room clean, **Standard, Contact & Droplet precautions are required**. Once the patient is discharged the focus and important work of EVS is on disinfection of surfaces – especially those that people touch a lot - in the room and bathroom.
- CDC recommends that once the patient has been discharged or transferred, environmental services personnel should not enter the room used for isolation without appropriate personal protective equipment (PPE). **Cleaning can begin when the patient is no longer in the room.**
  - Appropriate PPE for a room in which the patient was COVID-19+ or a PUI is:
    - Respirator (N95 or PAPR)
    - Face shield
    - Gown
    - Gloves
  - Per the CDC guidelines (see Infection Control section, “What personal protective equipment (PPE) should be worn by environmental services (EVS) personnel who clean and disinfect rooms of hospitalized patients with SARS-CoV-2 infection?”), if the PPE described above it not available to the EVS colleague, the EVS colleague **must** wait the minimum number of air changes after the patient leaves before entering the room.

Personal Protective Equipment (PPE)

- Isolation gown
- Single-use nitrile disposable gloves
- Respirator
• Face shield
• **Perform Hand Hygiene and Wear Appropriate PPE.** Before putting on any protective equipment, techs should perform hand hygiene with alcohol-based hand rub.

**Key Principles to Understand when Donning (putting on), Working in, and Doffing (taking off) PPE**
Healthcare workers must understand the following basic principles to ensure safe and effective PPE use:
• PPE must be donned correctly in proper order before entry into a patient care area and not be later modified while in a contaminated area, such as a patient room.

**Cleaning/Disinfection**
1. Clinical staff should initially bag all patient care items such as suction canisters, medications, and clean up any body fluid spills.
2. **Caution, Wet Floor** signs should be appropriately placed before any cleaning procedures begin.
3. Bag all linens
4. **Curtains:** Inspect curtains, if soiled, remove and process appropriately (Trinity Health EVS Colleagues have access to this file. Contact your EVS leadership, if access is needed.). If not visibly soiled there is no need to replace. This includes multi-patient rooms.
5. **Empty All Trash Receptacles:** All disposable paper products should be discarded and placed into the garbage. When handling trash, be careful to be aware of and avoid any protruding hypodermic needles and other sharp objects. If these are observed notify the Supervisor to communicate with patient care unit leadership. If trash must be compacted, use a smaller receptacle or dustpan. Use both hands to remove the trash liner and hold the bag away from the body at all times.
6. **Remove garbage and linen:** Process via normal manner.
7. Perform high dusting.
8. **Disinfect High Touch Items:** Disinfect all high touch items such as doorknobs, light switches, phones, nurse call buttons, and TV remotes.
9. **Move Items Away from Walls:** Begin by first moving bed, furniture, and equipment away from the walls.
10. **Disinfect Walls if visibly soiled:** Disinfect walls with visible soil using a micro-fiber mop head saturated with disinfectant. After spot cleaning of walls, begin cleaning the other surfaces in the room.
11. **Disinfect the Entire Bed:** For safety, unplug the bed while cleaning, and move the bed away from the wall.
   a. Position the head and foot of the bed to full upright position, which resembles a “V” shape.
   b. Disinfect Entire Bed: Mattress, footboard and headboard (both sides), removing to clean if possible. Check mattress for signs of wear and holes or tears. If found – notify supervisor that mattress needs to be addressed before next patient is admitted.
   c. Undercarriage of bed (down to the wheels)
12. **Patient Contact Items:** Thoroughly clean all the patient contact items:
   a. Over-bed table inside and out, under the tabletop, including leg and base
   b. Bedside table and nightstand, including the outside and inside of all drawers
13. **Disinfect All Remaining Items in the Room:** Start at the door and work around the room, moving in the same direction until all surfaces have been disinfected. Use a disinfectant to clean the interior and exterior of closets,
low ledges, and windowsills; wipe down furniture, including legs and arms, tops of pictures, light switches, pictures, and doorknobs.

14. **Sink, Surfaces, and Fixtures of Restroom Sink.** In the restroom, clean the sink and wipe down all surfaces and fixtures with a disinfectant. Next, clean the shower or tub area. Wipe down all fixtures, soap dishes, walls, and mirror with a disinfectant.

15. **Toilet Bowl.** Clean the inside of the toilet bowl with a bowl mop and a disinfectant, push down water level with a bowl mop, squirt disinfectant cleaner onto the bowl-mop head, then swab all surfaces and flush.

16. **Remaining Surfaces of the Toilet.** Use a disinfectant to wipe down the flush valve, pipes, toilet seat, followed by the exterior of the bowl.

17. **Mopping Procedures:**
   a. Move bed to one side of room and mop the other half of the room with neutral floor cleaner
   b. Push the bed to other side of room.
   c. Use a figure-eight motion when mopping the floor.
   d. Use the mop head to clean corners and baseboards.
   e. Allow floor to air dry and reverse procedure after the next cleaning cycle.

18. **Cleaning Supplies.** All cleaning supplies will be processed in normal manner (eg. Microfiber to laundry, disinfect mop handles, toilet brush caddy, microfiber bucket etc).

19. **Remove respirator and don procedural mask (if located in a non-cohorted unit, do not remove respirator while on unit)**

20. **Remove face shield and disinfect**

21. **Remove gloves**

22. **Remove gown.**

23. **Perform Hand Hygiene.** Perform hand hygiene with alcohol-based hand rub.

24. **Properly Discard All Contaminated PPE and Disposable Items.** Per normal waste practices.

**DEFINITIONS**

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**Procedure** means a document designed to implement a policy or a description of specific required actions or processes.

**Regional Health Ministry ("RHM")** means a first tier (direct) subsidiary, affiliate or operating division of Trinity Health that maintains a governing body that has day-to-day management oversight of a designated portion of Trinity Health System operations and includes at least one hospital.

**Trinity Hospitality Services ("THS")** means the system infrastructure that is aligned to support the interests of Trinity Health and all the RHM’s in the effective operation of the Environmental Services (EVS) department.

**Standards** or **Guidelines** mean additional instructions and guidance which assist in implementing Procedures, including those developed by accreditation or professional organizations.

**Integrated Clinical Services ("ICS ")** means the infrastructure to make it easier for our clinicians and colleagues to deliver the finest care to each patient/resident.