

# Guidance for Environmental Cleaning- COVID-19 Assessment Centres

NSHA relies on Environmental Services (ES) management and team members to provide the support required for environmental cleaning and disinfection, in order to reduce the risk of COVID-19 transmission to themselves, other health care workers, patients, and families. **This guidance is for ES team members responsible for cleaning and disinfection in COVID-19 Assessment Centres (including Offsite, In-Hospital & Secondary Assessment Centres).**

- [Routine Practices](#) should be consistently used. Applying a Point of Care Risk Assessment (PCRA) will allow ES personnel to assess the risk of transmission of microorganisms and to choose the correct infection control measures to use, including the appropriate personal protective equipment (PPE).
- Perform hand hygiene frequently, using alcohol-based hand rub (ABHR) or plain soap and water:
  - If hands are visibly soiled, clean hands with plain soap and water.
  - Pay particular attention to hand hygiene during and after removal of PPE, and after leaving any patient care space.
- Use appropriate PPE for **Droplet and Contact Precautions**. This includes:
  - Gloves
  - Long-sleeved gown (waterproof apron may be added based on PCRA/anticipated exposure)
  - Procedure/surgical mask **and**
  - Eye/face protection (e.g. goggles, face shield, or mask with visor)
  - The use of an N95 respirator is necessary only during an aerosol-generating medical procedure (AGMP). ES team members should NOT be present during an AGMP. Cleaning and disinfection of a room where an AGMP has been performed should be delayed until after the time allotted for clearing airborne particles.. -Consult clinical lead.
- Ensure proper training in putting on and removing PPE, in order to prevent self- and cross-contamination and the potential spread of infection.
- For each COVID-19 Assessment Centre, determine the most appropriate locations to put on and remove PPE, in collaboration with IPAC and unit leadership.
- NSHA protocols for cleaning and disinfection for Droplet & Contact Precautions should be followed.
  - Refer to [NSHA Policy Patient Room Cleaning-Additional Precautions ENV-CD-001.03](#) and [NSHA Policy Cleaning & Disinfecting the Physical Environment ENV-CD-001](#)
  - Attention should be paid to high touch surfaces in the clinic rooms/assessment space (e.g. chair, bed, counters, light switches, sinks, door handles)
  - There are no special precautions needed for garbage/waste & laundry - use routine practices.
- Disinfectant products should be classed as a hospital-grade disinfectant, registered in Canada with a Drug Identification Number (DIN), and labelled as effective for both enveloped and non-enveloped viruses.
  - It is important that the disinfectant used achieves the **wet contact time (or dwell time)** as specified by the manufacturer.
- High-touch environmental surfaces in waiting rooms (e.g. chairs and tables) should be cleaned at minimum twice daily.
- Main desk/registration areas should be cleaned and disinfected twice daily and when soiled.
- Public washrooms should be monitored frequently, and cleaned at least twice daily and when visibly soiled.
- Ensure wall mounted hand hygiene dispensers (ABHR and soap) and paper towel dispensers are filled, and that waste receptacles are readily accessible for discarding tissues and paper towels. Replace or notify Clinical Lead or responsible HCW if ABHR needs replenishing.
- Floors are not considered a high-risk surface and should be cleaned at least once daily and when soiled.
- Portable disinfectant wipes, with lids closed between use to prevent drying of the wipes, should be available for other health care providers to disinfect smaller surface areas that may become contaminated or soiled during patient care.

For more information on COVID-19, ES team members should consult [NSHA COVID-19 Hub](#).