

# Infection Prevention and Control

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IPAC BEST PRACTICES GUIDELINE  
Environmental Cleaning on COVID-19 Cohort Units

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## PURPOSE

To provide a regionally consistent approach for environmental cleaning expectations on dedicated COVID-19 cohort units.

## BACKGROUND

Dedicated COVID-19 cohort unit will vary in design and resources based on physical infrastructure and patient acuity. COVID-19 cohorts may be open air, ward-style environments accommodating high acuity patients where the entire area for multiple patients will be considered a direct patient care area. Other COVID-19 areas will function more like a medical unit with patients accommodated in private or semi-private rooms. Variance in resources will allow for some areas to have dedicated EVS associates to service COVID-19 cohorts and others requiring the same EVS associate to service other areas of the healthcare facility on their shift.

## GUIDELINE

1. EVS associate will use personal protective equipment (PPE) required for the environment:
  - Open air COVID-19 units accommodating patients undergoing aerosol generating medical procedures: Airborne, Droplet and Contact Precautions required to enter the unit (N95 respirator, eye protection, gown & gloves).
  - COVID-19 units with individual and semi-private rooms:
    - EVS don procedure mask with eye protection on entry to unit and do not remove until soiled/wet, going on break or leaving the unit.
    - Gown and gloves changed between patient rooms.
    - Additional precautions used as posted outside the patient room (Airborne sign will be posted if N95 is indicated).
2. EVS associates are dedicated to COVID-19 cohorts whenever possible; when not possible they provide service to COVID-19 cohorts last.
  - If EVS are dedicated to COVID-19 units, perform routine cleaning followed by enhanced cleaning. Add additional (q4h) enhanced cleaning as resources allow for nursing station, any on unit staff washrooms and break areas, and patient kitchens.
    - Exception, rooms/care spaces on Airborne Precautions within the cohort require only a once daily clean.
  - If EVS are not dedicated to COVID-19 units:
    - Once daily cleaning
    - Scheduled garbage and soiled linen removal at designated times from a designated location
  - Minimum once daily cleaning of cold zones supporting cohort units: adjacent hallways, staff change rooms, dedicated staff lounge, and dedicated staff shower.

## Infection Prevention and Control

3. Dedicate housekeeping cart and mop bucket/mop to the COVID-19 unit whenever possible. When not possible, decant cleaning supplies to another cart. Clean and disinfect mop bucket, carts and any reusable item before leaving the unit. Change mop solution between rooms.
4. EVS to leave extra paper towel, microsan, garbage bags and laundry bags for frontline staff to deploy as needed throughout the shift if EVS not available on unit and at night.
5. Timely turnover of these patient rooms/care spaces is essential to accommodate need during times of surge capacity. Terminal cleaning must be available on a 24 hour basis and supersedes need for a dedicated EVS associate.
6. UVC RD machine to be used after terminal clean on discharge from the patient room in all settings equipped with RD. Exception for COVID-19 care areas that cannot be vacated on patient discharge (i.e., semi-private rooms, no physical barrier between patients in open air or ward environment).