

Environmental Cleaning Guidelines during COVID-19 for Community Physicians and Teams

This guide is relevant for primary care providers and specialists within the community setting, as well as their teams, during the COVID-19 pandemic.

Routine practices, which include cleaning and disinfection of surfaces, are important to control the spread of COVID-19. Enhanced environmental cleaning protocols are necessary to standardize practice, reduce variability and focus on the most effective cleaning measures.

Enhanced Environmental Cleaning Recommendations

- Room surfaces and equipment cleaning/disinfection is required on a daily basis or more frequently, as needed or when soiled
- High-touch surfaces (see table below) and areas where COVID-19 presumptive or positive patients are being cared for should be cleaned a minimum of three times per day. This includes exam rooms and common areas such as hallways, corridors, waiting rooms and washrooms
 - Pay particular attention to door knobs, light switches, staff rooms, desktops, washrooms and other high-touch surfaces
 - After patient leaves, clean and disinfect the exam room and equipment
 - Always wear the appropriate personal protective equipment (PPE) to perform the cleaning task, based on your risk assessment. The type of PPE required will vary based on the level of precautions required (i.e., contact, droplet, airborne, etc.). PPE could include: gown, gloves, mask and/or eye protection
- Clean and disinfect reusable patient equipment (e.g., thermometers, blood pressure equipment) before use with another patient
- Remove all unnecessary equipment/supplies from exam rooms to avoid need for repeated cleaning
- Remove all items from waiting room, including pamphlets, toys, magazines, etc., to avoid need for repeated cleaning
- Reusable stethoscopes should be cleaned and disinfected between patients. Refer to the information on [stethoscope use for patients on contact and droplet precautions](#)

High-Touch Surfaces

High-touch surfaces are those with frequent contact with hands including, but not limited to:

High-touch surfaces	Electronics
Door knobs	Workstations – high-touch points
Light switches	Laptops/desktop
Handrails	Tablets
Elevator buttons	Keyboard, mouse
Desks/countertops	Wrist support/keyboard tray
Exam bed	Phones
Chair arms (exam and waiting rooms)	Fax machine

- Any high-touch surfaces that are visibly soiled should be immediately cleaned and disinfected upon discovery, including common areas such as washrooms, waiting areas and corridors
- Follow manufacturers' instructions for use to disinfect high-touch points on electronics such as workstations, laptops and tablets:
 - Before the first use on your shift
 - When returning a device to a charging station or storage area
 - Between patient uses
 - When visibly soiled
- For more information on cleaning shared computers, laptops and tablets, follow the [Cleaning and Disinfection of Computers and Electronic Devices Guidance](#)
- Place equipment on a clean surface to air dry. Do not actively dry with a towel or other device

Cleaning Principles

- Consider assigning designated staff to complete enhanced environmental cleaning
- Use a two-step process:
 1. All items must first be cleaned to remove soil prior to disinfection. One wipe/cloth is to be used to clean
 2. Use another, new wipe/cloth for disinfection
- All cleaning activities should go from clean to dirty and from high to low areas
 - If moving from a dirty task to a clean task, staff must perform hand hygiene and/or change PPE before cleaning the next surface/area
 - Change gloves and other PPE if they are visibly soiled, are damaged, or if moving from a dirty task to a clean task (between patient spaces) to prevent cross contamination
- Cleaning cloths and/or ready-to-use (RTU) wipes should be changed and/or disposed of when the cloth and/or wipe is visibly soiled or is no longer wet enough to allow for appropriate contact time. See additional information on [Ready-for-use Disinfectant Wipes](#)
 - Adhere to manufacturer's wet contact time, found on the product label. Wet contact time is the minimum length of time the cleaned item must be in contact with the disinfectant to ensure microorganisms are killed
- Reusable cleaning cloths must not be double dipped into cleaning/disinfecting solution (i.e., a clean cloth must be used once an existing cloth is soiled or is not sufficiently wet to allow for appropriate contact time)

Cleaning/Disinfecting Products

- Use a disinfectant that has a Drug Identification Number (DIN) and a virucidal claim, or you can prepare a bleach water solution with 100 ml of unscented disinfecting household bleach per 900 ml of water to clean environmental surfaces and medical equipment
- Soap and water can be used for [Hand Washing](#) (i.e., hand sanitizer is convenient but not required). See [Alcohol-based Hand Rub Guidelines](#) for additional tips on using hand sanitizer
- Ready-to-use products are not to be diluted or combined with other chemical agents

- Ensure that areas used for the storage of cleaning/disinfecting products (e.g., housekeeping rooms, cleaning cart compartments) are kept secured/locked and closed when unattended to prevent unauthorized access

For more detailed information on principles for cleaning, see the AHS document [IPC Principles for Environmental Cleaning and Disinfection](#). For additional information or clarification on PPE, email: ppe@ahs.ca.