



Briefing 20-22

March 2020

COVID-19: Cleaning in non-healthcare settings.

To: England

For info: Contacts from Scotland, Wales and Northern Ireland.

This briefing will be of particular interest to officers with responsibility for cleaning and FM.

Key Issues

In response to the COVID-19 pandemic the government have issued guidance regarding cleaning in non-healthcare settings.

1. Introduction

In response to the COVID-19 pandemic the government have issued guidance regarding cleaning in non-healthcare settings.

This short briefing outlines a summary of the guidance. The full guidance and a copy of a posters that can be displayed in a setting can be found via the following link:-

[COVID-19 - Cleaning in non-healthcare settings](#)

2. What you need to know

The guidance sets out a range of facts regarding the COVID-19 virus that are detailed below:-

- cleaning an area with normal household disinfectant after someone with suspected coronavirus (COVID-19) has left will reduce the risk of passing the infection on to other people
- if an area can be kept closed and secure for 72 hours, wait until this time has passed for cleaning as the amount of virus living on surfaces will have reduced significantly by 72 hours
- wherever possible, wear disposable or washing-up gloves and aprons for cleaning. These should be double-bagged, then stored securely for 72 hours then thrown away in the regular rubbish after cleaning is finished

using a disposable cloth, first clean hard surfaces with warm soapy water. Then disinfect these surfaces with the cleaning products you normally use. Pay particular attention to frequently touched areas and surfaces, such as bathrooms, grab-rails in corridors and stairwells and door handles if an area has been heavily contaminated, such as with visible bodily fluids, from a person with

coronavirus (COVID-19), consider using protection for the eyes, mouth and nose, as well as wearing gloves and an apron

- wash hands regularly with soap and water for 20 seconds, and after removing gloves, aprons and other protection used while cleaning

3. Background

The government report that the experience of the new coronaviruses (SARS-CoV and MERS-CoV) has been used to inform this guidance. The risk of infection depends on many factors, including:

- the type of surfaces contaminated
- the amount of virus shed from the individual
- the time the individual spent in the setting
- the time since the individual was last in the setting

It is also advised in the guidance that the infection risk from coronavirus (COVID-19) following contamination of the environment decreases over time. However, it is stated that it is not yet clear at what point there is no risk and that studies of other viruses in the same family suggest that, in most circumstances, the risk is likely to be reduced significantly after 72 hours.

4. Principles of cleaning after the case has left the setting or area

The guidance sets out a variety of principles for cleaning after the case has left the setting or area and these are outlined below:-

Personal protective equipment (PPE)

The minimum PPE to be worn for cleaning an area where a person with possible or confirmed coronavirus (COVID-19) is disposable gloves and an apron. Hands should be washed with soap and water for 20 seconds after all PPE has been removed.

If a risk assessment of the setting indicates that a higher level of virus may be present (for example, where unwell individuals have slept such as a hotel room or boarding school dormitory) or there is visible contamination with body fluids, then the need for additional PPE to protect the cleaner's eyes, mouth and nose might be necessary. The local Public Health England (PHE) Health Protection Team (HPT) can advise on this.

Cleaning and disinfection

Public areas where a symptomatic individual has passed through and spent minimal time, such as corridors, but which are not visibly contaminated with body fluids can be cleaned thoroughly as normal.

- All surfaces that the symptomatic person has come into contact with must be cleaned and disinfected, including:
- objects which are visibly contaminated with body fluids

- all potentially contaminated high-contact areas such as bathrooms, door handles, telephones, grab- rails in corridors and stairwells
- Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, following one of the options below:
- use either a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine
or
- a household detergent followed by disinfection (1000 ppm av.cl.). Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants
or
- if an alternative disinfectant is used within the organisation, this should be checked and ensure that it is effective against enveloped viruses
- Avoid creating splashes and spray when cleaning.
- Any cloths and mop heads used must be disposed of and should be put into waste bags as outlined below.
- When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used.
- Any items that are heavily contaminated with body fluids and cannot be cleaned by washing should be disposed of.
- If possible keep an area closed off and secure for 72 hours. After this time the amount of virus contamination will have decreased substantially and you can clean as normal with your usual products.

Laundry

- Wash items in accordance with the manufacturer's instructions. Use the warmest water setting and dry items completely.
- Dirty laundry that has been in contact with an unwell person can be washed with other people's items.
- Do not shake dirty laundry, this minimises the possibility of dispersing virus through the air.
- Clean and disinfect anything used for transporting laundry with your usual products, in line with the cleaning guidance above.

Waste

Waste from possible cases and cleaning of areas where possible cases have been (including disposable cloths and tissues):

1. Should be put in a plastic rubbish bag and tied when full.
2. The plastic bag should then be placed in a second bin bag and tied.
3. It should be put in a suitable and secure place and marked for storage until the individual's test results are known.

Waste should be stored safely and kept away from children. You should not put your waste in communal waste areas until negative test results are known or the waste has been stored for at least 72 hours.

- if the individual tests negative, this can be put in with the normal waste
- if the individual tests positive, then store it for at least 72 hours and put in with the normal waste

If storage for at least 72 hours is not appropriate, arrange for collection as a Category B infectious waste either by your local waste collection authority if they currently collect your waste or otherwise by a specialist clinical waste contractor. They will supply you with orange clinical waste bags for you to place your bags into so the waste can be sent for appropriate treatment.

APSE COMMENT

APSE has set up a COVID-19 Information Hub to deal with frontline service issues as they arise; ensuring greater resilience and learning between each other during this difficult time.

Details can be accessed via the following link:-

[COVID-19- APSE information hub](#)

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