

CVS06 - Cleaning Protocol – Potential Contamination following Covid-19 Symptoms In School

This guidance is based on Government guidance published on 15/07/2020 and accessed via <https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings>

Please note: this guidance is of a general nature and should be treated as a guide, and in the event of any conflict between any applicable legislation (including the health and safety legislation) and this guidance, the applicable legislation shall prevail.

What you need to know

- 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
- 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 or sanitising spray. Then disinfect these surfaces with bleach spray. Pay particular attention to frequently touched areas and surfaces, such as bathrooms, grab-rails in corridors and stairwells and door handles. Cleaned areas should be thoroughly dry before reoccupation
- In a classroom setting, all hard surfaces should be cleaned, aired out and thoroughly dried as detailed above
- Student belongings should be quarantined within a plastic bag and not used for 72 hours, or until the equipment has been thoroughly cleaned
- if an area has been heavily contaminated, such as with visible bodily fluids, from a person with coronavirus (COVID-19), use 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

NB In the event of a confirmed case of Covid-19, the isolation room and any other areas where the individual has spent a significant amount of time shall be closed for 72 hours, or until a full deep clean of the area can be done if not already carried out.

Background

Experience of 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

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

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

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.

Non-healthcare workers should be trained in the correct use of a surgical mask, to protect them against other people’s potentially infectious respiratory droplets when within 2 metres, and the mask use and supply of masks would need to be equivalent to that in healthcare environments.

PPE including fluid resistant surgical masks, disposable plastic aprons, disposable gloves and face shields will be available for use by cleaning staff.

WHO Guidance on using Surgical Masks:

- Before putting on a mask, clean hands with alcohol-based hand rub or soap and water.
- Cover mouth and nose with mask and make sure there are no gaps between your face and the mask.
- Avoid touching the mask while using it; if you do, clean your hands with alcohol-based hand rub or soap and water.
- Replace the mask with a new one as soon as it is damp and do not re-use single-use masks.
- To remove the mask: remove it from behind (do not touch the front of mask); discard immediately in a closed bin; clean hands with alcohol-based hand rub or soap and water.

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>

Removing PPE safely

The below guidance should be used to ensure you remove PPA safely.



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 (e.g. classroom chairs and desks) 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

Our approach is to first use Selgiene to do an initial clean followed by a second clean with a bleach solution.

Avoid creating splashes and spray when cleaning. Spray the cloth, not the surface.

Any cloths and mop heads used must be disposed of and should be put into yellow 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.

The child's crate and/or belongings should be removed from the classroom, bagged and quarantined for at least 72 hours, or cleaned thoroughly before re-use.

The area should be thoroughly dry and aired out (all windows opened and door closed for at least 60 minutes) before reoccupation.

Toilet areas should also be closed and thoroughly cleaned with bleach solution before re-opening for use. Protocol should be that a single toilet is cleaned as quickly as possible to enable emergency use while all other facilities are cleaned thoroughly.

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

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

1. Should be put in a yellow plastic rubbish bag and tied when full.
2. The plastic bag should then be placed in a second yellow 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 (SB and AT to arrange suitable place that is secure, e.g. compound at Beacon Hill and tower at Solway).

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.