COVID-19 Hygiene and Safety

Surface Cleaning Guidelines

Routine environmental cleaning:

General surfaces and the cleaning requirements for each can be divided into two groups:

- Minimally touched surfaces:
- Frequently touched surfaces:

Risk assessment:

The methods, thoroughness and frequency of cleaning and the products used for different surfaces are determined by risk analysis. Infection control professionals typically use a risk-assessment approach to identify frequently touched surfaces and then coordinate an appropriately thorough cleaning strategy and schedule with the housekeeping staff.

Item			**Responsible**
All treatment surfaces / small equipment / gym equipment / tables / reception areas / mats etc. used in client appointments or interactions.	After EVERY time the surface has been touched by a client or team member.	Detergent	All
Treatment Bed and Frame. Extra attention around the face hole.	After EVERY client	Detergent	Practitioners
Handrails in hallways	Daily	Detergent Detergent	Client Experience Officers Professional Cleaners
Blood pressure cuff	Clean after EVERY use	Detergent	Practitioners
Rugs (Zebras consulting rooms)	Clean twice weekly	Vacuum with high efficiency particulate air filter Steam clean or shampoo	Professional Cleaners Professional Cleaners
Ceiling dust	Spot dust monthly and thorough dust every 3 years	Professional dusting	Professional Cleaners
Chairs	Clean chair arms after EVERY use	Detergent and disinfectant if required	Practitioners
Cleaning equipment	Clean after use	Detergent	Professional Cleaners and/or Team member
Tablets and clipboards	Clean after use	Antibacterial wipes	Client Experience Officers
ATM console	Clean after Every touch (if	Detergent	Client Experience Officers

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	skin contact made)		

A detergent solution is recommended for routine cleaning. When multi-resistant organisms (MROs) are suspected or known to be present, routine cleaning is intensified and the use of a detergent solution is followed by the use of a disinfectant so that surfaces are cleaned and disinfected.

Standard and transmission-based precautions Cleaning method and product choice Routine cleaning with detergent and water, followed by rinsing and drying, is the most useful method for removing germs from surfaces. Detergents help to loosen the germs so that they can be rinsed away with clean water.

Mechanical cleaning (scrubbing the surface) physically reduces the number of germs on the surface. Rinsing with clean water removes the loosened germs and any detergent residues from the surface, and drying the surface makes it harder for germs to survive or grow.

Disinfectants are usually only necessary if a surface that has already been cleaned with detergent and water is suspected or known to have been contaminated by MROs and/or other potentially infectious material including blood and other bodily fluids. Most germs do not survive for long on clean surfaces when exposed to air and light, and routine cleaning with detergent and water should be enough to reduce germ numbers.

Disinfectants might be used after routine cleaning during an outbreak of, for example, a gastrointestinal disease. When choosing an appropriate product/s the following factors should be considered:

- Cleaning products used on different surfaces should be determined by risk assessment
- Initial mechanical cleaning with a suitable detergent followed by disinfection with Therapeutic Goods Administration (TGA)- listed hospital-grade disinfectant with specific claims or a chlorine-based product such as sodium hypochlorite, where indicated for use
- The intended purpose of the product as per manufacturer's instructions • that manufacturer's instructions are able to be complied with in the facility
- The suitability of the product to the surface or setting
- The practical application of using the product or technology with available resources including trained staff
- The effectiveness of the product against particular organisms including microbiological activity and contact time to kill microorganisms.

Cleaning schedules:

The recommendations outlined for cleaning should be justified by the risk of transmission of infection within a particular healthcare facility. All organisations should have a documented cleaning schedule that outlines clear responsibilities of staff, a roster of duties and the frequency of cleaning required and the products that should be used to clean specific areas.

Organisations should also facilitate job or task-specific education and training by accredited bodies for general and special cleaning of the physical environment.

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More detailed information about recommended cleaning schedules for different healthcare settings is in Appendix 2—Section 6.1. If cleaning is outsourced to cleaning service providers, all cleaning service delivery procedures should be documented, including details of how the cleaning service will be undertaken.

The procedures must include the following [114}:

- Minimum cleaning frequencies and methods: cleaning service providers are required to provide cleaning services at whatever frequencies are deemed necessary in order to meet required standards. Appendix 2—Section 6.1 provides a guide for minimum frequencies for cleaning within a healthcare facility providing acute care. It can be used as a guide for other settings.
- **Staffing:** including rosters for full-time, part-time and relief staffing members, as well as for management and supervisory positions. National Health and Medical Research Council Australian Guidelines for the Prevention and Control of Infection in Healthcare 58 3. Standard and transmission-based precautions.
- Equipment: including provision of consumable items (such as cleaning fluids and toilet paper) and facilities to be used to deliver each cleaning service.
- Management of the cleaning service: how the cleaning services will be managed and controlled at the service level, including specific details of the on-site management functions.

The risk of transmission of particular infections should be assessed and the cleaning schedule should be adjusted if a known infectious agent is present (e.g. an outbreak of C. difficile requires surfaces to be disinfected with sodium hypochlorite after cleaning with detergent).

Usual environmental cleaning of frequently touched surfaces, such as handles, toilets, curtains and bedsheets, should be used to control and reduce the spread of non-enveloped viruses such as norovirus[94].

Housekeeping Rooms/Closets It is important that staff who perform housekeeping duties in healthcare facilities have access to dedicated housekeeping rooms or closets.

All housekeeping rooms/closets should be maintained in accordance with good hygiene practices, and should not be used for the storage of personal clothing or grooming supplies[104].

All housekeeping rooms/closets also should:

- Have appropriate personal protective equipment available.
- Have an appropriate water supply and sink/floor drain
- Be appropriately sized and well ventilated, with suitable lighting and locks fitted to all doors
- Have chemical storage facilities. All cleaning equipment must be well maintained, clean and in good repair. Cleaning equipment should be cleaned and dried between uses, and mop heads should be laundered daily. Cleaning carts should[104]: • have a separation between clean and soiled items
- Never contain personal clothing or grooming supplies, food or beverages
- • be thoroughly cleaned at the end of the day. In long-term care homes, cleaning carts should be equipped with a locked compartment for storage of hazardous substances and each cart should be locked at all times when not

attended. Cleaning implements and solutions Part of the cleaning strategy is to minimise contamination of cleaning solutions and cleaning tools.

Proper procedures for effective use of mops, cloths, and solutions should be followed:

- Prepare cleaning solutions daily or as needed, and replace with fresh solution frequently according to facility policy
- Clean mops and cloths after use and allow to dry before reuse, or use single-use mop heads and cloths. Carpet The use of carpet in patient care areas is not suggested[392].
  However, if used, carpets in public areas and in general patient-care areas should be vacuumed daily with well-maintained equipment fitted with high efficiency particulate air (HEPA) filters to minimise dust dispersion (see also Section 4.6.1). After a spill has been removed as much as possible (see practical info for Recommendation 12), the carpet should be cleaned using the hot water extraction method, which is recognised by Standard AS/NZS 3733: 2018 to minimise chemical and soil residue.

  Carpets should undergo thorough cleaning on a regular basis as set by facility policy, using a method that minimises the production of aerosols, leaves little or no residue and is recommended by Australian Standards and manufacturer 's recommendations.

  National Health and Medical Research Council Australian Guidelines for the Prevention and Control of Infection in Healthcare 59 3. Standard and transmission-based precautions For more information about carpets, see Section 4.6.1—Mechanisms for influencing healthcare associated infection through environmental design.