

Workplace Exposure Management Plan

Definitions:

- **Cleaning** - *The physical removal of micro-organisms and the organic material on which they thrive.*
 - **Disinfection** - *The removal or killing of potential pathogenic micro-organisms but not usually spores.*
 - **Sterilization** - *The complete removal or destruction of all forms of microbial life including spores.*
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Once the person with suspected or confirmed COVID-19 vacates a room, close off areas used by the ill person(s) and wait 60 minutes before starting with cleaning and disinfection. This will minimize the potential for exposure to respiratory droplets. If possible, outside doors and windows should be opened to increase air circulation in the area.

Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill person(s), focusing especially on frequently touched surfaces using disposable cloths and mops. These include:

- All surfaces and objects which might be visibly contaminated with body fluids (although unlikely to be visible).
- All potentially contaminated high-contact (high-touch) areas such as toilets, door handles, telephones, etc. Note: These are the high risk areas and should be thoroughly cleaned.
- Public areas where a symptomatic individual has passed through and spent minimal time in (such as corridors) but which are not visibly contaminated.

Personal protective equipment (PPE) recommended for cleaners are surgical mask, eye protection, gloves, isolation gown and plastic apron. Remove surgical mask only after leaving room and door has been closed. Note: If the room is urgently needed before the air has been sufficiently cleared, an N95 respirator must be worn during cleaning. **(Also see section on PPE recommendations).**

The room should be decontaminated from the highest to the lowest point and from the least contaminated to the most contaminated.

Once cleaned and disinfected, leave the area empty until all the surfaces have dried (2 hours) before opening it up again for full operation.

Cleaning and disinfecting hard surfaces (e.g. bench tops):

- All surfaces (clean or dirty), should be cleaned using a liquid detergent (soap) and water prior to disinfection.
- For disinfection, diluted household bleach solutions (preferred) or alcohol solutions (for metal surfaces/equipment) with at least 70% alcohol should be effective.
 - Diluted household bleach solutions can be used if appropriate for the surface. Follow the instructions further below; allow for proper ventilation. Check to ensure the product is not past its

expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.

- Bleach solutions should be made fresh daily and gloves should be worn when handling and preparing bleach solutions. Protective eyewear should be worn in case of splashing.

Cleaning and disinfecting soft (porous) surfaces:

- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces.
- After cleaning:
 - If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.

Cleaning and disinfecting cleaning equipment:

Disposable equipment should be disposed of by incineration, non-disposable equipment can be washed and disinfected (autoclaved).

- Cleaning equipment including mop heads and cloths should be laundered using hot water and completely dried before re-use.
- Cleaning equipment, such as buckets, should be emptied and cleaned with a new batch of bleach solution and allowed to dry completely before re-use.

Waste:

- All waste that has been in contact with the individual, including used tissues, and masks if used, should be put in a plastic rubbish bag and tied when full. The plastic bag should then be placed in a second bin bag and tied.
- All waste bags, bins and boxes used must be adequately sealed, as not to leak any fluids, and must be wiped down with 0.05% chlorine solution before being stored or removed. If possible dispose of by incineration.

Sodium hypochlorite: Concentration and use

The NICD recommended concentration sodium hypochlorite = 1 000 ppm

Starting solution: Most household bleach solutions contain 5% sodium hypochlorite (50 000 ppm available chlorine).

→ To make up a 10 litre bucket, add 210 ml 5% bleach into 9.8 litres of water.

The following online calculator can be used if a different % sodium hypochlorite is available or if a different volume is needed = <https://www.publichealthontario.ca/en/health-topics/environmental-occupational-health/water-quality/chlorine-dilution-calculator>

Disinfection by wiping of nonporous surfaces: a contact time of ≥ 10 minutes is recommended.

N.B. Surfaces must be cleaned of organic materials, such as secretions, mucus, vomit, faeces, blood or other body fluids **before** disinfection or immersion.

Personal protective equipment (PPE) recommendations:

The purpose of PPE is to reduce the risk of direct contact with contaminated surfaces.

For general day-to-day cleaning:

- Cleaning staff should wear disposable gloves and aprons for all tasks in the cleaning process, including handling trash.
 - Gloves and aprons should be compatible with the disinfectant products being used.
 - Additional PPE might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
 - Gloves and aprons should be removed carefully to avoid contamination of the wearer and the surrounding area. Be sure to clean hands after removing gloves.
- Cleaning staff should immediately report breaches in PPE (e.g., tear in gloves) or any potential exposures to their supervisor.
- Cleaning staff and others should clean hands often, including immediately after removing gloves, by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains 60%-95% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
- Follow normal preventive actions while at work, including cleaning hands and avoiding touching eyes, nose, or mouth with unwashed hands. Additional key times to clean hands include:
 - After blowing one's nose, coughing, or sneezing
 - After using the restroom
 - Before eating or preparing food
 - After contact with animals or pets
 - Before and after providing routine care for another person who needs assistance (e.g., a child)

For cleaning and disinfection after the person with suspected or confirmed COVID-19 vacates a room:

People should use the following process to **SAFELY PUT ON THE RECOMMENDED PPE** before entering the area:

- Clean your hands. This can be done with either liquid soap and running water or alcohol-based hand rub.
- Put on a disposable apron. Fasten the back of the apron at the neck and waist.
- Put on a surgical mask. Secure the ties of the mask at the middle of the head and neck. Fit the flexible band to nose bridge and ensure mask is fitted snug to face and below the chin. Do not touch or adjust the mask until you are ready to remove the mask.
- Put on protective eyewear to protect your eyes from the cleaning fluids.
- Put on disposable latex or vinyl gloves.

Once cleaning is completed (following the cleaning recommendations above), people should use the following process **TO SAFELY REMOVE PPE**:

- **Perform hand hygiene**
- Gloves:
 - Grasp the outside of glove with the opposite gloved hand and peel off.
 - Hold the removed glove in the remaining gloved hand.
 - Slide the fingers of the un-gloved hand under the remaining glove at the wrist and remove.
- **Perform hand hygiene**

- Apron:
 - Unfasten or break apron/gown ties.
 - Pull the apron away from the neck and shoulders, touching the inside of the apron only.
 - Turn the apron inside out, fold or roll into a bundle and discard as clinical waste.
- Eyewear:
 - The outside of protective eyewear maybe contaminated.
 - Remove by tilting the head forward and lifting the head band or ear pieces. Avoid touching the front surface of the eyewear.
 - Either disposed if they are single-use, or placed in a bag or container for disinfection. I
- **Perform hand hygiene immediately after removing the above-mentioned PPE!**

After leaving the room:

- Remove the surgical mask by untying or breaking the bottom ties, followed by top ties or elastic, and remove by handling the ties only and discard as clinical waste.
 - **Perform hand hygiene immediately after removing the mask!**
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