



Environmental cleaning and disinfection in healthcare facilities housing patients with suspected or confirmed 2019-nCoV infection

As coronaviruses may have the potential for widespread contamination of patient rooms or environments, effective cleaning and decontamination is vital.

Cleaning and decontamination should only be performed by trained staff with the use of the appropriate PPE on entry to patient room: surgical mask- gloves-gown- eye protection (only if risk of splash). No PPE required for cleaning outside patient room

Method of cleaning/disinfection and frequency of daily cleaning:

- for non-porous surfaces, floors and bathroom, perform 2-step cleaning and disinfection:
 1. Clean with neutral detergent.
 2. Then disinfect with a chlorine-based disinfectant in the form of a solution at a strength of **1,000 ppm** available chlorine. Dilution is according to the manufacturer instructions (e.g., 4 tablets of presept tablet 2.5 gm are added to 5 liters of water, for household chlorine disinfectant solution, add 20 ml of household bleach to 980 ml of water to make a total of 1 liter.

Frequency:

- COVID-19 patient room: Once daily and following aerosol generating procedures or other potential contamination to minimize exposure.
- COVID-19 ward and transport pathways: three times daily and on need.
- For frequently -touched surfaces around the patient bed, clean by 70% Ethyl alcohol at least three times daily.
- Use 70% Ethyl alcohol to disinfect reusable dedicated equipment (e.g., thermometers) between uses.

Terminal cleaning:

- Evacuate the patient room for minimum of 45 minutes.
- Start cleaning as above method.
- Cleaning of non-porous surfaces clean as above.
- For soft porous surfaces such as carpted floor, rug, drapes and curtain, perform routine cleaning to remove visible contamination on terminal cleaning only.
- The air ventilation system does not require cleaning or disinfection.