

Interim Protocol: Environmental cleaning post patient (Case /Suspected Case of COVID-19) transfer from dental clinic

COVID-19 - The causative agent involved in the current outbreaks of coronavirus disease 2019 (COVID-19), SARS-CoV-2 (genus: Betacoronavirus), belongs to the family of Coronaviridae, a large family of enveloped, positive-sense single-stranded RNA viruses. Coronaviruses are transmitted in most instances through large respiratory droplets and contact transmission, but other modes of transmission have also been proposed.

1. Preparation for cleaning and disinfecting the isolation room or surgery post case or suspected case of COVID-19

- Identify the named person in charge for the implementation of the protocol each time the protocol is in use.
- Ensure the room where patient was isolated remains out of use, door shut and the area cordoned off with windows opened and the air conditioning switched off **for a minimum one hour prior to environmental cleaning and disinfection.**
- Ensure appropriate signage (Appendix 1) is on the door including the time the patient left the isolation room and the exclusion period.
- A checklist (Table 1) must be used to ensure that all equipment is available prior to entry.

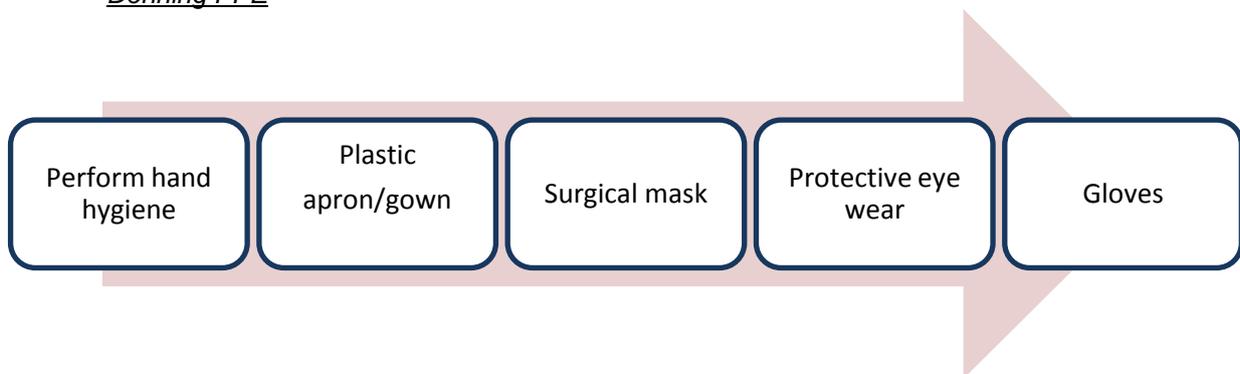
Table 1: Checklist for cleaning and disinfection	Stock present
Surgical masks	
Gloves (suitable for use in decontamination process)	
Gowns - disposable fluid-resistant full-sleeve gowns and single-use <i>Plastic aprons if gowns not available</i>	
Eye protection <i>Full face visor or single-use goggles</i>	
Hand hygiene supplies <i>Soap/Alcohol Based Hand Rub, paper towels</i>	
Appropriate general-purpose detergent and chlorine based disinfectant solutions/wipes – <i>See Table 2 and Table 3</i>	
Bottle of Milton, measuring jug and bucket	
Single use mop head, handle and disposable cloths	
Clinical waste bags	
Secure Transport box for Reusable Invasive Medical Devices if required	

2. Before entering the isolation room

The responsible person undertaking the cleaning with detergent and disinfectant should be familiar with these processes and procedures:

- Collect all cleaning equipment and clinical waste bags before entering the room.
- PPE must be worn for cleaning and disinfection of the room. Put on PPE in correct order. Before entering the room, perform hand hygiene then put on PPE in correct order as listed below.

Donning PPE



Resources

Video: How to put on and put off PPE

https://youtu.be/_4l7qvh5p80

Poster: How to put on and put off PPE

Infection Prevention and Control of Epidemic- and Pandemic-Prone Acute Respiratory Infections in Health Care. Geneva: World Health Organization; 2014.

<https://www.ncbi.nlm.nih.gov/books/NBK214341/figure/annexe.f1/?report=objectonly>

3. On entering the room to complete environmental cleaning

- Keep the door closed with windows open to improve airflow and ventilation whilst using detergent and disinfection products.
- Any absorbent item that cannot be surface disinfected must be disposed of as healthcare risk waste.
- Bag all items that have been used for the care of the patient as healthcare risk waste, for example, contents of bins and any consumables that cannot be cleaned with detergent and disinfectant.

4. Cleaning process

- Cleaning and disinfection requires the use of **both** detergent and disinfectant. This can be achieved in either a one stage clean process (as recommended in *SOP 8 of the IPC Guideline for HSE Dental and Orthodontic Services* available here: <https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/hcai/resources/dental/>) or in a two stage clean process if a combined detergent and disinfectant wipe is not available.
- It is important to establish the type of wipe you are using prior to cleaning and disinfection.

Table 2: One stage clean process		
Combined detergent and disinfectant wipe	Cleans and disinfects in one stage clean process	<ul style="list-style-type: none"> • The dual detergent/disinfectant wipe specified by HPSC at present for single stage cleaning and disinfection is a combined detergent disinfectant wipe equal to 1000 parts per million (ppm) of available chlorine (av.cl.) (0.1% solution). • In the event that the dual wipe does not meet this specification, the recommendation is to follow a <u>two stage clean process</u> outlined below.

Table 3a: Two stage clean process with wipes		
Detergent wipes	Used to <u>clean</u> only Part 1 of 2 stage process	<ul style="list-style-type: none"> • To be followed by disinfectant wipes or solution
Disinfectant wipes	Used to <u>disinfect</u> only Part 2 of 2 stage process	<ul style="list-style-type: none"> • Require prior cleaning with detergent solution or detergent wipe

Table 3b: Two stage clean process with solution

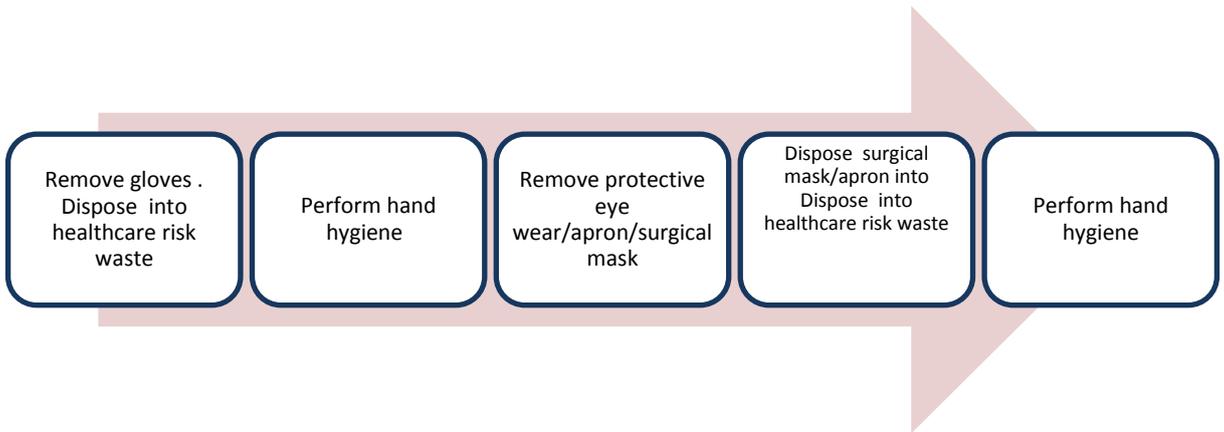
A neutral purpose detergent followed by separate disinfection (1000 ppm av.cl.) (0.1% solution)	<ul style="list-style-type: none">• After cleaning with neutral detergent, a chlorine-based disinfectant should be used, in the form of a solution at a minimum strength of 1,000ppm (0.1% solution) available chlorine.• Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants – If using 50 ml Milton (note this is a 2% solution) & 950 mls water (1000 ppm available chlorine 0.1% solution)
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- Use disposable cloths or paper roll or disposable mop heads, to clean and disinfect all surfaces/ floor /chairs/ door handles / reusable non-invasive care equipment and sanitary fittings in the room.
- Clean all surfaces systematically from the top or furthest away point in a single direction.
- Pay special attention to frequently touched sites e.g. door handles and to horizontal surfaces.
- Close any sharps containers wiping the surfaces with either a combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.) or a neutral purpose detergent followed by disinfection (1000 ppm av.cl.) (0.1% solution)
- If a suspected case/case spent time in a communal area, for example, a waiting area or toilet facilities, then these areas should be isolated and cleaned using this protocol, unless there has been a blood or body fluid spill which should be dealt with immediately.

5. On completion of environmental cleaning and disposal of waste

- Any cloths and mop heads used must be disposed of as single use items.
- Discard detergent or disinfectant solutions safely at disposal point.
- Clean, dry and store re-usable parts of cleaning equipment, such as mop handles
- Perform hand hygiene immediately after removing gloves
- Waste should be disposed of as healthcare risk waste and bag sealed for disposal in contaminated waste stream.
- Remove and discard PPE. Follow the order of removal of PPE as outlined below.
- Ensure all waste is collected in clinical waste and seal bag.

Removing PPE - COVID-19



6. Documentation of environmental cleaning

- Where an isolation room/dental surgery has been used and environmentally cleaned, a notification must be made to the Principal Dental Surgeon/Head of Orthodontic Department to advise of the details of the event (Appendix 2) and attach to an Incident Report Form.
- Retain the information on contacts within the location.

Once cleaning and disinfection have been completed, the area can be put back in use.

As management of Covid-19 is a changing issue, staff should use the HPSC site to ensure current update information is available.



Isolation Room

Please do not enter

Time isolation room vacated:

Leave the room closed and unoccupied for a minimum of one hour prior to environmental decontamination.

Do not enter this room while this notice is in place

Appendix 2: Notification of environmental cleaning of isolation room



Re: Interim Protocol: Environmental cleaning post patient (Case /Suspected Case of COVID-19) transfer from dental clinic.

Dear _____

I wish to inform you that the isolation room in the dental clinic was occupied today and has been environmentally cleaned according to the attached protocol.

Location:

Date:

Signature: