

VDH Guidelines for cleaning and disinfection for SARS-CoV-2

- Dedicated medical equipment should be used for patient care.
- All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly using an EPA-approved disinfection product listed on this website:
<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, PPE) for use.
- Clean the surface first, and then apply the disinfectant as instructed on the disinfectant manufacturer's label. Ensure adequate contact time for effective disinfection.
- Adhere to any safety precautions or other label recommendations as directed (e.g., allowing adequate ventilation in confined areas, proper disposal of unused product or used containers, and donning appropriate PPE).
- After cleaning and removal and disposal of gloves, staff should perform hand hygiene by washing hands often with soap and water for at least 20 seconds or using an alcohol-based handrub that contains 60 to 95% alcohol. Soap and water should be used if the hands are visibly soiled.
- Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.

Best practices for long-term care facilities:

- Avoid using product application methods that cause splashing or generate aerosols.
- Cleaning activities should be supervised and validated to ensure correct procedures are followed.
- Review cleaning and disinfection products and protocols with healthcare personnel and environmental services staff
 - Ensure they understand the necessary contact time
 - Review differences between porous and non-porous surfaces
- Room cleaning
 - Daily and enhanced cleaning
 - High touch surfaces every shift (door handles, bedside tables, bed rails, TV remote, call button, light switches)
 - Terminal cleaning if residents are moved
- Facilities should consider assigning daily cleaning and disinfection of high-touch surfaces to nursing personnel who will already be in the room providing care to the patient.
 - Cleaning on COVID-19 units may need to be delegated to clinical staff to reduce the number of staff caring for positive residents.
- Shared equipment: clean and disinfect after every resident use
- Dedicated equipment: clean and disinfect prior to storage

Resources:

- This document contains those disinfectants already registered with EPA for coronavirus effectiveness, at the link here <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2> .
- Overall IPC guidance for COVID-19 can be found on CDC's website:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html>
- Detailed information on environmental infection control in healthcare settings can be found in CDC's [Guidelines for Environmental Infection Control in Health-Care Facilities](#) and [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](#) [section IV.F. Care of the environment].