STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

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EXAMPLE COVID-19 CLEANING PROTOCOL FOR LONG-TERM CARE

These checklists can be used by nursing and/or environmental services (EVS) personnel when cleaning and/or auditing cleaning in areas where people with suspected or laboratory-confirmed COVID-19 have been. They can also be used for residents under a 14-day quarantine. In general, cleaning should be performed in the order listed on the checklist.

CDC recommends that only essential personnel enter rooms of residents with suspected or confirmed COVID-19. Consider assigning daily cleaning and disinfection of high-touch surfaces to nursing personnel who already enter these rooms to provide care.[1] This will also help conserve PPE.

If EVS is to conduct daily cleaning for rooms with COVID-19, they should wear all recommended PPE (gown, facemask, eye protection, and gloves) in the room and remove all PPE components upon leaving the room, immediately followed by hand hygiene. Shoe covers are not recommended for rooms with COVID-19.

EVS personnel should not routinely enter rooms where residents with suspected or confirmed COVID-19 might undergo procedures resulting in aerosolization (e.g. BiPAP, CPAP, nebulization, open suctioning).[1] EVS personnel should delay entry into these rooms to perform terminal cleaning until a sufficient time has elapsed for potentially infectious particles to be removed from the air. A minimum of 30–60 minutes may be required, depending on the air changes per hour.[2] Consult with Infection Prevention and Control Department for guidance.

Shared equipment and frequently touched surfaces in resident rooms and common areas should be included in the schedule for regular cleaning.[3] For equipment, use manufacturer's directions on disinfection. Ensure adequate supplies of disinfectants on EPA List N: Disinfectants for Use Against SARS-CoV-2.[4]

References
1. CDC. Healthcare Infection Prevention and Control FAQs for COVID-19. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html
2. CDC. Guidelines for Environmental Infection Control in Health-Care Facilities (2003), Appendix B. Air. Table B.1. Air changes/hour (ACH) and time required for airborne-contaminant removal by efficiency. https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1
3. CDC. Preparing for COVID-19: Long-term Care Facilities, Nursing Homes. https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html
4. EPA. List N: Disinfectants for Use Against SARS-CoV-2. https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

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I. Equipment

Ensure all necessary equipment is available prior to entering a resident room.

Equipment	Notes	Completed: Y/N
Standard Environmental Cleaning Cart Setup	Example: Disposable wipes/ cloths and mops. Use and change per usual facility protocol	
Personal Protective Equipment (PPE)*	Examples: Isolation Gowns, Gloves, Goggles or face shield, mask (or fit tested N-95 respirator as required for rooms with potential aerosols), liquid impervious gowns	
Waste can liners	Plastic liners (do not need to be marked "biohazard")	
Linen hamper liners		
Approved disinfectants per CDC guidelines	Examples: Virex 256, Virex Plus, Purple top Saniwipes For COVID-19, refer to EPA List N (Reference #4 above)	
Clean bed linen	For discharge cleaning only	
Clean privacy curtains and shower curtains	Cloth or plastic, washable or disposable, as indicated by facility policies	

*Follow facility guidelines for extended use and reuse of PPE, if applicable. Gowns are not to be worn outside the room. Hand hygiene with Alcohol-Based Hand Rub (ABHR) or soap and water should be performed if there is any reason to leave the room.

II. Discharge Cleaning

When a patient has been discharged from a room, a deep clean, also referred to as "terminal cleaning" should be performed before the room is reoccupied. If aerosol-generating procedures were performed in the room, entry into the room for terminal cleaning should be delayed until sufficient time has elapsed for potentially infectious particles to be removed from the air.[2] The actions below are ordered for efficiency and reduced risk of cross-contamination.

Initial Actions

Actions Performed	Notes	Completed: Y/N
Don Proper PPE according to isolation protocol.	Example: Gown, Mask/N95 (fit tested), Goggles/Face Shield, and gloves	
Open all dispensers and remove and dispose of all paper towels and toilet tissue exposed to the open environment.		
Collect and remove all trash and soiled linen from around the room. Empty waste and linen hampers.	Do not replace plastic liners in trashcans or hampers until the room has been totally cleaned	
Properly remove and discard any linen that may be in linen closets inside room that may have been exposed to the open environment.	These should be placed in a soiled linen bag.	
Remove any cloth privacy curtains or shower curtains placing them in bags according to facility policies.	Do not replace with clean curtains until room is cleaned.	

Using approved disinfectant, carefully wipe down all high-touch horizontal surfaces that may have been in contact with patients, visitors, and healthcare workers.

- Always work from high to low when cleaning and dusting
- Always follow recommended manufacturer guidelines for the proper surface contact time and approved square feet the wipe is registered for use and discard wipes and use additional wipes for multiple surfaces.

- Make sure to wipe down bedside table with approved disinfectant, sink area, computer keyboards, workstation areas, and IV poles or any medical equipment per facility guidelines.
- Ensure disinfectant is approved to clean equipment and touch screens before using them on those items.

High-touch surfaces: Begin inside the room and clean the high-touch surfaces in the restroom last, ending with disinfection of the toilet.

High-touch surfaces in the room	Completed: Y/N
Room light switch and room inner door knobs	
Bedside tables and table handles	
Bed rails/controls	
IV poles (grab areas)	
Tray tables	
Call box and button/telephone and buttons	
Chairs- arms and seats	
Room sink fixtures	

High-touch surfaces in the restroom	Completed: Y/N
Bathroom mirror, inner door knob/plate	
Shower handles	
Bathroom handrails by toilet	
Bathroom light switch and sink fixtures	
Toilet flush handle	
Toilet seat- top and bottom	
Toilet bed pan cleaner	
Wipe the rest of the toilet last	
Bedside commodes should be cleaned last and marked according to facility policy to identify it has been disinfected and ready for use by the next patient.	

CHANGE GLOVES here, and any occasion where moving from dirty to clean areas.

Damp dust, then wipe down the rest of the room

Action Performed	Completed: Y/N
Damp dust TV and stands.	
Damp dust over bed lights.	
Damp dust high surfaces around the room beginning at entrance to the room and moving around the room in a circle.	
Damp dust high dust surfaces in the restroom last.	
Dust mop the floor.	

Wiping down patient bed:

Action Performed	Completed: Y/N
Inspect mattress prior to cleaning for rips, tears, leaks. Report any of these to the supervisor (These beds should still be cleaned but not reused until repaired).	
Apply cleaner/disinfectant on the mattress and allow it to remain wet for the appropriate dwell time per manufacturer guidelines. Clean mattress on all surfaces: top, sides, bottom.	
Wipe down the under-bed frame, below the mattress cover, and all surfaces of the bed including springs, wheels, and discard cloths whenever visibly soiled and use a clean cloth.	
Wipe down all reusable pillows	

Action Performed	Completed: Y/N
Inspect the walls and all other vertical surfaces, wiping down any spots or stains with a separate clean cloth.	
Remove cleaning supplies and throw away disposable wipes and place cleaning cloths in the laundry as appropriate per facility guidelines.	
Replace trash and linen liners.	
Wet mop the floor using cleaner disinfectant (Do not re use mops for additional rooms).	
Allow floor to dry.	
Place "Yellow Caution sign" in doorway while floor dries.	
Properly remove your PPE. Gowns and gloves should be discarded. Mask can be used for multiple patient rooms throughout shift. Face shields can be cleaned and reused.	
Perform hand hygiene with appropriate product; Alcohol- Based Hand Rub (ABHR) or antimicrobial soap and water.	
Clean and remove Isolation door sign.	
Replace clean bed linen, cloth privacy and shower curtains to replace and prepare room for next patient's use.	
Replace hand sanitizers and paper towels in the room and restroom. Make sure the expiration date is visible when replacing hand sanitizers.	

III. Occupied Room Cleaning

Initial Actions

Action Performed	Notes	Completed: Y/N
Don Proper PPE according to isolation protocol. Be sure to perform hand hygiene before donning proper PPE.	Example: Gown, Mask/N95 (fit tested), Goggles/Face Shield, and gloves	
Collect and remove all trash and soiled linen from around the room. Empty waste and linen hampers. Replace liners.		
Inspect any cloth privacy curtains or shower curtains for visible soiling and replace as needed	Do not replace until room is cleaned.	

Using approved disinfectant, carefully wipe down all high-touch horizontal surfaces that may have been in contact with patients, visitors, and healthcare workers.

- Always work from high to low when cleaning and dusting
- Always follow recommended manufacturer guidelines for the proper surface contact time and approved square feet the wipe is registered for use and discard wipes and use additional wipes for multiple surfaces.
- Make sure to wipe down bedside table with approved disinfectant, sink area, computer keyboards, workstation areas, and IV poles or any medical equipment per facility guidelines.
- Ensure disinfectant is approved to clean equipment and touch screens before cleaning.

High-touch surfaces: Begin inside the room with high-touch surfaces in the restroom last, ending with toilet disinfection.

High-touch surfaces in the room	Completed: Y/N
Room light switch and Room inner door knobs	
Bedside tables and table handles	
Bed rails/controls	
IV poles (grab areas)	
Tray tables	
Call box and button/telephone and buttons	
Chairs- arms and seats	
Room sink fixtures	

High-touch surfaces in the restroom	Completed: Y/N
Bathroom mirror, inner door knob/plate	
Shower handles	
Bathroom handrails by toilet	
Bathroom light switch and sink fixtures	
Toilet flush handle	
Toilet seat- top and bottom	
Toilet bed pan cleaner	
Wipe the rest of the toilet last	
Bedside commodes should be cleaned last and marked according to facility policy to identify it has been disinfected and ready for use by the next patient.	

CHANGE GLOVES here, and any occasion where moving from dirty to clean areas.

Damp dust, then wipe down the rest of the room

Action Performed	Completed: Y/N
Damp dust TV and stands.	
Damp dust over bed lights.	
Damp dust high surfaces around the room beginning at entrance to the room and moving around the room in a circle.	
Damp dust high dust surfaces in the restroom last.	
Dust mop the floor.	

IV. Common Areas

This checklist can be modified to track all the common areas in your facility/unit.

Locations	Completed: Y/N
Hallways and alcoves	
Nurses' Stations	
On-unit Staff Lounges and Restrooms	
Staff Locker rooms (including locker room showers and bathrooms)	
Dirty supply areas	
Clean supply areas	
Offices	
Conference rooms	
Other	

High-touch areas should be wiped down using disposable disinfectant wipes.

High-Touch Areas	Completed: Y/N
Door or drawer handles/knobs/strike plates	
Hand rails and light switches	
Soap and Hand Hygiene dispensers	
Sinks, faucets, and toilets	
Counters, tables, and chairs	
Glass, keyboard/touch screens (if cleanable)	
Phones, Isolation carts, and Linen carts	

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