SOP FOR THE ROUTINE ENVIRONMENTAL CLEANING OF HEALTHCARE FACILITIES WHERE TUBERCULOSIS PATIENTS ARE PRESENT

Ministry of Health and Wellness
MAURITIUS

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Approval Form

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STANDARD OPERATING PROCEDURE FOR THE ROUTINE ENVIRONMENTAL CLEANING OF HEALTHCARE FACILITIES WHERE TUBERCULOSIS PATIENTS ARE PRESENT			
	NAME	**SIGNATURE**	**DATE**
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Dr. D. Nuckchady and Dr. K. Azmutally. This document was vetted by the IPC Writing Committee.

PEER REVIEW

Dr. R. Reesaul (Chest Physician)

Date of next review: July 2025

Updates

June 2022

- Some text was reformulated for greater clarity
- 0.5% hypochlorite can now be used instead of 1% hypochlorite to clean surfaces contaminated with tuberculosis: this aligns this protocol with international guidelines and was made due to concerns about patients inhaling toxic chlorine fumes, damage to the flooring by concentrated Javel and due to a scarcity of Javel

Version history

Version	Date
Version 1.0: Created	4 July 2021
Version 1.0: Approved	3 August 2021
Version 2.0: Revised	30 June 2022
Version 2.0: Approved	25 July 2022

Standard Operating Procedure for the Routine Environmental Cleaning of Healthcare Facilities where Tuberculosis Patients are Present

1. The basic principles delineated in the SOP "Standard operating procedure for the routine environmental cleaning of healthcare facilities" continue to apply.
2. Wear an N95 mask during cleaning.
3. Use 0.5% chlorine for disinfection:
    a. This concentration of chlorine is not necessarily tuberculocidal but since tuberculosis is not transmitted via surfaces, the US Center for Disease and Control mentions that routine disinfection is sufficient to eliminate the risk of transmission of tuberculosis.
    b. If this product is not available or not compatible with the material being disinfected, check the SOP on "Antimicrobial Spectra of Some of the Disinfectants Available on the Mauritian Market" for other disinfectants that may be utilized.
4. *M. tuberculosis* suspended in organic material requires a longer contact time (several hours) and/or greater disinfectant concentration to be effective.
5. Ideally, each patient should be isolated in a single room with negative pressure ventilation:
    a. When negative pressure ventilation is not available, good natural ventilation must be maintained.
    b. After the room is vacated by the patient infected with tuberculosis, the precaution sign must remain posted at the entrance to the room, and respirators must be used if entering the room, until the area is ventilated for the time necessary for the removal of 99.9% of infectious particles.
        i. This will take 24h, 12h, 3.5h, 2h, 1h or 0.5h if the air changes per hour (ACH) is 0.25, 0.5, 2, 4, 6 or 12 respectively.
        ii. If you do not know the ACH, assume it is 0.25-0.5. Otherwise, open all the windows to the outside and use 2 fans at full power – this should achieve at least 6 ACH.
        iii. Extracted air should not recirculate throughout the hospital unless it is correctly filtered and purified.
6. In case patients are cohorted in an isolation ward:
    a. The beds should be separated by at least 2 meters (end-to-end).
    b. Patients should wear masks. While N95 respirators are preferred, surgical masks are sufficient.
    c. Ventilation must be appropriate e.g., if natural ventilation is used, windows should be left open.
7. ***Fumigation, fogging and spraying of disinfectants are not indicated.***