



SOP FOR THE ENVIRONMENTAL CLEANING OF HEALTHCARE FACILITIES WHERE SUSPECTED OR CONFIRMED COVID-19 CASES ARE PRESENT

Ministry of Health and Wellness
MAURITIUS







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Approval Form

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STANDARD OPERATING PROCEDURE FOR THE ENVIRONMENTAL CLEANING OF HEALTHCARE FACILITIES WHERE SUSPECTED OR CONFIRMED COVID-19 CASES ARE PRESENT			
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Dr. D. Nuckchady. This document was vetted by the IPC Writing Committee.

PEER REVIEW

Dr. K. Azmutally (Registered Medical Officer)

Date of next review: July 2025

Updates

June 2022

- 0.1% (instead of 0.5%) sodium hypochlorite can now be used to disinfect any area where COVID-19 patients are present (with a few exceptions as mentioned in the main text)

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
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Standard Operating Procedure for the Environmental Cleaning of Healthcare Facilities where Suspected or Confirmed COVID-19 Cases 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 as aerosolization of particles may occur.
3. Cleaning techniques used for cleaning should produce minimal mists and aerosols or dispersion of dust in the patient-care areas i.e., do not do dry sweep, do not use brooms and do not spray disinfectants.
4. If vacuum cleaners are used, they should be fitted with high-efficiency particulate absorbing filters and bags.
5. Use sodium hypochlorite solution (0.1% for routine cleaning or 0.5% in highly soiled areas or areas where patients with multi-drug resistant organisms are treated) or 70-80% alcohol. If these products are not available, check the SOP on “Antimicrobial Spectra of Some of the Disinfectants Available on the Mauritian Market” for other disinfectants that may be utilized.
6. ***Fumigation, fogging and spraying of disinfectants are not indicated.***
7. After the room is vacated by the infected patient, the precaution sign must remain posted at the entrance to the room and avoid entering the room (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.
 - a. 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.
 - b. If you do not know the ACH, assume it is 0.25 to 0.5. Otherwise, open all the windows to the outside and use 2 fans at full power to blow the air out – this should achieve at least 6 ACH.
 - c. Extracted air should not recirculate throughout the hospital unless it is correctly filtered and purified.

Table 3. Health-care setting: Recommended frequency of cleaning of environmental surfaces, according to the patient areas with suspected or confirmed COVID-19 patients.

Patient area	Frequency ^a	Additional guidance
Screening/triage area	At least twice daily	<ul style="list-style-type: none"> Focus on high-touch surfaces, then floors (last)
Inpatient rooms / cohort – occupied	At least twice daily, preferably three times daily, in particular for high-touch surfaces	<ul style="list-style-type: none"> Focus on high-touch surfaces, starting with shared/common surfaces, then move to each patient bed; use new cloth for each bed if possible; then floors (last)
Inpatient rooms – unoccupied (terminal cleaning)	Upon discharge/transfer	<ul style="list-style-type: none"> Low-touch surfaces, high-touch surfaces, floors (in that order); waste and linens removed, bed thoroughly cleaned and disinfected
Outpatient / ambulatory care rooms	After each patient visit (in particular for high-touch surfaces) and at least once daily terminal clean	<ul style="list-style-type: none"> High-touch surfaces to be disinfected after each patient visit Once daily low-touch surfaces, high-touch surfaces, floors (in that order); waste and linens removed, examination bed thoroughly cleaned and disinfected
Hallways / corridors	At least twice daily ^b	<ul style="list-style-type: none"> High-touch surfaces including railings and equipment in hallways, then floors (last)
Patient bathrooms/ toilets	Private patient room toilet: at least twice daily Shared toilets: at least three times daily	<ul style="list-style-type: none"> High-touch surfaces, including door handles, light switches, counters, faucets, then sink bowls, then toilets and finally floor (in that order) Avoid sharing toilets between staff and patients

^a Environmental surfaces should also be cleaned and disinfected whenever visibly soiled or if contaminated by a body fluid (e.g., blood); ^b Frequency can be once a day if hallways are not frequently used.

8.

Figure 1: Cleaning and disinfection of environmental surfaces in the context of COVID-19. WHO, 15 May 2020.