

**GUIDANCE  
TERMINAL CLEANING OF COVID-19 UNITS/AREAS**



DOC ID HHCMPA122020 v1

Effective Date: 5/5/2020

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Purpose	To provide guidance for terminal cleaning of COVID 19 positive units/areas. <b>Please note, all guidance is subject to change as additional information becomes available.</b>
Scope	NYC Health + Hospitals Health System
Requirements	Centers for Disease Control and Prevention (CDC)
Terminal Cleaning of COVID 2019 Units/Areas Policy	<p><b>Occupied and Unoccupied Units/Areas</b></p> <p>Step 1: Identification of all areas for terminal cleaning.</p> <ul style="list-style-type: none"> <li>• Notify Facility Management, Environmental Service Management (EVS), Materials Management and Infection Prevention of date of terminal cleaning.</li> </ul> <p>Step 2: Clean Utility Room</p> <ul style="list-style-type: none"> <li>• All supplies in the Clean Utility room, encased in plastic wrap, should be cleaned with a bleach wipe and disinfected with a second bleach wipe and allowed to air dry.</li> <li>• All other supplies should remain on cart. Close cart cover, clean and disinfect outside of cart cover then place cart in designated area for 3 days.</li> </ul> <p>Step 3: Facilities management will clean and disinfect all return vents in designated areas followed by cleaning and disinfection by Environmental Services.</p> <ul style="list-style-type: none"> <li>• Managers of areas being cleaned and disinfected will be asked to be present on day of cleaning and disinfection.</li> <li>• Workers performing maintenance and/or replacing filters on any ventilation system with the potential for viral contamination should wear appropriate <a href="#">personal protective equipment (PPE)</a>:             <ul style="list-style-type: none"> <li>○ A properly-fitted respirator (N95 or higher)</li> <li>○ Eye protection (safety glasses, goggles, or face shield)</li> <li>○ Disposable gloves</li> </ul> </li> <li>• Consider letting the filter load up further than usual to reduce frequency of filter changes.             <ul style="list-style-type: none"> <li>○ Don't let pressure drop increase enough to disrupt room pressure differentials.</li> <li>○ Confirm filters remain snug in their frames.</li> <li>○ A HEPA filtered backpack vacuum will be used for cleaning the return vents.</li> </ul> </li> <li>• When feasible, filters can be disinfected with a 10% bleach solution or another appropriate disinfectant, approved for use against SARS-CoV-2, before removal. Filters (disinfected or not) can be bagged and disposed of in regular trash.</li> <li>• When maintenance tasks are completed, maintenance personnel should immediately wash their hands with soap and water or use an alcohol-based hand sanitizer.</li> </ul>

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	<p>Step 4: Identified units/areas will be cleaned with bleach wipes and the floors cleaned with Peridox. This process will require full disinfection ceiling to floor to include all contents within the area, including suction regulators.</p> <ul style="list-style-type: none"> <li>• Cubicle curtains will be removed, washed, and rehung upon completion of the area. This cleaning will be completed by NYCHH housekeeping staff, or approved temporary housekeeping staff, under the direction of Housekeeping management.</li> <li>• All rolling stock/moveable equipment in any patient rooms/areas will be moved to the soiled utility room so it can be cleaned and disinfected by the appropriate department</li> <li>• Housekeeping will clean/disinfect all exterior vents.</li> <li>• Facilities management will clean/disinfect HVAC wall units as needed.</li> <li>• <b>*Cleaning of porous ceiling tiles to be determined by site.</b></li> </ul> <p>Step Five: Disinfectant Electrostatic Spraying</p> <ul style="list-style-type: none"> <li>• Post terminal cleaning; the areas will be electrostatically sprayed with an EPA approved disinfectant to achieve the required contact time after the final clean is completed.</li> </ul> <p>Step Six: Project floor care</p> <ul style="list-style-type: none"> <li>• Hard flooring surfaces will be stripped and re-finished (with the exception of no wax flooring surfaces).</li> <li>• Carpeted areas will be shampooed and extracted. Carpets will be replaced if necessary.</li> </ul> <p>Step Seven: Ultra Violet Utilization</p> <ul style="list-style-type: none"> <li>• UV lights are not mandatory nor are they required for disinfection. If UV Lights are utilized, they will always be used after Step Six.</li> </ul> <p>Step Eight: ATP Testing</p> <ul style="list-style-type: none"> <li>• High touch surfaces within the area will be ATP tested. Any touch points that are out of range will be re-cleaned and then re-tested with ATP.</li> </ul> <p>Step Nine: High Level Manager QA</p> <ul style="list-style-type: none"> <li>• A housekeeping manager will conduct a full quality inspection of the room using the Crothall Team Coach QA form.</li> </ul>
<p>Personal Protective Equipment</p>	<ul style="list-style-type: none"> <li>• Personal Protective Equipment includes a N95 mask, eye protection and an isolation gown, and gloves.</li> <li>• The protective eyewear may be reused for multiple days and must be cleaned/disinfected after each shift.* See Use and Reuse of PPE for COVID-19 Guideline on COVID-19 Intranet.</li> <li>• Gloves must be changed between rooms.</li> <li>• Hand hygiene must be performed after removing gloves.</li> </ul> <p>*Discard item if it becomes soiled or contaminated with blood and/or bodily fluids</p>
<p>References</p>	<p>FDA - <a href="https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/masks-and-n95-respirators">https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/masks-and-n95-respirators</a></p> <p>CDC - <a href="https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html</a></p> <p>ASHRAE - <a href="https://www.ashrae.org/technical-resources/healthcare">https://www.ashrae.org/technical-resources/healthcare</a></p>

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Crothall QA  
Checklist  
Post-Cleaning



**EVS Patient Room QA**

Facility: \_\_\_\_\_ Inspection Date: \_\_\_\_\_  
 Building: \_\_\_\_\_ Interviewee: \_\_\_\_\_  
 Floor: \_\_\_\_\_ Employee: \_\_\_\_\_  
 Room: \_\_\_\_\_ Supervisor: \_\_\_\_\_

<i>High Touch Points</i>			<i>Comments</i>	
1. Light Switches	SAT	UNSAT	NA	
2. Sink Faucets	SAT	UNSAT	NA	
3. Restroom Door Handle	SAT	UNSAT	NA	
4. Toilet and Flusher	SAT	UNSAT	NA	
5. Bed Hand Rail	SAT	UNSAT	NA	
6. Bed Side Table	SAT	UNSAT	NA	
7. Shower Handle/Rail	SAT	UNSAT	NA	
8. Telephone	SAT	UNSAT	NA	
9. Remote Control	SAT	UNSAT	NA	
10. Call Button	SAT	UNSAT	NA	
<i>General Items</i>			<i>Comments</i>	
1. High Dusting / Vents	SAT	UNSAT	NA	
2. Lights	SAT	UNSAT	NA	
3. Television	SAT	UNSAT	NA	
4. Glass / Mirror	SAT	UNSAT	NA	
5. Walls	SAT	UNSAT	NA	
6. Furniture	SAT	UNSAT	NA	
7. Curtains/Drapes/Blinds	SAT	UNSAT	NA	
8. Bed	SAT	UNSAT	NA	
9. Door	SAT	UNSAT	NA	
10. Trash	SAT	UNSAT	NA	
11. Toilet	SAT	UNSAT	NA	
12. Tub / Shower	SAT	UNSAT	NA	
13. Sink	SAT	UNSAT	NA	
14. Restroom Supplies	SAT	UNSAT	NA	
15. Stainless Steel	SAT	UNSAT	NA	
16. Carpet / Vacuuming	SAT	UNSAT	NA	
17. Carpet Spots / Soil	SAT	UNSAT	NA	
18. Floor Cleaning	SAT	UNSAT	NA	
19. Floor Maintenance	SAT	UNSAT	NA	
20. Baseboards / Corners / Edges	SAT	UNSAT	NA	
<i>Performance Competencies</i>			<i>Comments</i>	
1. Proper protective equipment	SAT	UNSAT	NA	
2. Wet Floor Signs	SAT	UNSAT	NA	
3. Techniques	SAT	UNSAT	NA	
4. Hospital Codes	SAT	UNSAT	NA	

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**EVS Patient Room QA**

	<i>Comments</i>
5. Labeled Bottles SAT UNSAT NA	
6. Secure Housekeeping Cart SAT UNSAT NA	
7. Appropriate Disinfectant Method SAT UNSAT NA	
8. Additional Competency 1 (Please enter competency in comments field) SAT UNSAT NA	
9. Additional Competency 2 (Please enter competency in comments field) SAT UNSAT NA	
10. Additional Competency 3 (Please enter competency in comments field) SAT UNSAT NA	

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Terminal  
Cleaning  
Infection  
Prevention  
Checklist

NYC H+H

**ENVIRONMENTAL CLEANING CHECKLIST: Hot Zone to Cold Zone**

Date:	
Unit:	
Room Number:	
Name of EVS staff:	
Name of person completing checklist /form: (EVS Supervisor)	

**ENGINEERING/ MAINTENANCE**

CATEGORY	Person/Service Responsible	Status
Vents -where applicable		
Internal		
Filter		
Portable HEPA Filter		
External		
Filter		

**EVS**

CATEGORY	Person/Service Responsible	Status
Ceiling vent- outside surfaces		
wall vents		
High dusting		
Overhead lights		
Remove Curtains		
Curtain rod		
Over bed table		
Bedside table (empty out drawers before cleaning and disinfecting)		
Mattress -all surfaces		
Bedside rails including top and foot part of the bed; bed frame		
Bed -underneath surfaces		
Phones		
Call light		
Chair (all surfaces)		
Computers with peripherals (Mouse, keyboard, and etc.)		
Blood Pressure machines		
Horizontal surfaces dusting including window sills		
Storage cabinets (empty before cleaning inside and outside surfaces)		
Refrigerator		
Sink and faucet handles		
Paper towel holder		
Toilet paper holder		
Toilet flusher		
Toilet bowl		
Door knob/handles inside and outside room		

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Light switch		
Shower handle/ rail if applicable		
Shower stall		
High dusting		
Horizontal surfaces dusting including window sills		
Wall		
Floor		
Garbage bins		
Red Garbage bins		
Trash and linen receptacles		
Sharps container		
Soap dispenser		
Hand sanitizer dispenser		
<b>SAFETY</b>		
Suction regulator		
<b>NURSING</b>		
*Supplies		
<b>OTHERS</b>		

**Infection Control Walk Through Before Returning Unit to Service/ Occupancy**

- Soap dispenser refilled
- Hand sanitizer refilled
- Paper towel dispenser refilled
- Sharps container replaced
- New/clean privacy curtain

<u>DEPARTMENTS</u> : Final walk through completed by-	Area:
Name / Title	Date:
Department <u>Head</u> : _____	
Nursing: _____	
EVS: _____	
Engineering: _____	
<u>Maintenance</u> : _____	
Safety: _____	
Others: _____	
<b>INFECTION CONTROL</b>	
Area given approval to return to service/ occupancy    YES <input type="checkbox"/> NO <input type="checkbox"/>	
IP Signature: _____	Date: _____

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Prepared by: Mary Fornek/ *Mary Fornek* System Director Infection Prevention 5/12/2020

\_\_\_\_\_  
Name/Signature Title Date

Approved by: *M. Fornek* *CMO/SVP* 5/12/20  
\_\_\_\_\_  
Name/Signature Title Date

Reviewed and Readopted Without Change

Signature	Title	Date

Removed from Service

Reason:

_____	_____	_____
By	By	By