Module for Safaiwala and other cleaning/Disinfection Team Members

Novel Corona Virus (COVID-19)
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Terminal Disinfection and decontamination procedures

Quarantine facility terminal disinfection procedures to be performed as per guidelines.

- Cleaning/ decontamination to be performed using the proper personal protective equipment (PPE) and adopting three bucket system as prescribed in the SOP (at attached annexure).
- Spraying of 1% sodium hypochlorite working solution (dilution 1:4 from an initial concentration of 4%) to be done on all the surfaces (protecting electrical points/appliances). This was followed by cleaning with a neutral detergent that is used for removing the traces formed by hypochlorite solution.
- While cleaning, windows need to be opened in order to protect the health of cleaning personnel.
- All frequently touched areas, such as all accessible surfaces of walls and windows, the toilet bowl and bathroom surfaces needs to be carefully cleaned.
- All textiles (e.g. pillow linens, curtains, etc.) should be first treated with 1% hypochlorite spray and then, packed and sent to get washed in laundry using a hot-water cycle (90°C) and adding laundry detergent.
- 1% hypochlorite solution should also sprayed in the PPE doffing area and discard area twice a day on daily basis.
- Mattresses / pillows after spraying with 1% hypochlorite should be allowed to get dry (both sides) in bright sunlight for upto 3 hrs each.

Biomedical waste (BMW) management

To ensure that biomedical waste management in the facility takes place as per standard guidelines, separate yellow, red /black bags, foot operating dustbins needs to be kept at each floor and outside the facility.

It is to strictly ensure that Doffing takes place in the designated area with all the PPE kit including mask, gloves is properly placed in yellow bags.

All the health care workers collecting the possible infectious material such as food items, PPE kits from yellow bags should also wear PPE and following the IPC measures.

Designated place to be earmarked outside the building for collection of yellow and black bags.

It should be collected at least twice daily by biomedical waste management vehicle/any other local established practice.

Site of collection of biomedical waste should be regularly disinfected with freshly prepared 1% hypochlorite solution.

All the generated waste from Quarantine facility to be treated as isolation waste and its disinfection /treatment was strictly monitored by specialists in the health authorities.
## Clinical Area

<table>
<thead>
<tr>
<th>Area/Items</th>
<th>Item/Equipment</th>
<th>Process</th>
<th>Method/Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Clinical Areas</td>
<td>Dust mops</td>
<td>Sweeping</td>
<td>• Sweep with the dust mop or damp mop to remove surface dust. Sweep under the furniture and remove dust from corners. Gathered dust must be removed using a hearth brush and shovel. The sweep tool should be cleaned or replaced after use.</td>
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<tr>
<td></td>
<td>Mop (No broom will Be used for sweeping)</td>
<td>Cleaning</td>
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<tr>
<td></td>
<td></td>
<td>Daily mopping</td>
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</tr>
<tr>
<td>Floors (clinical areas) – daily mopping</td>
<td>Detergent/ sanitizer– hot water, sodium hypochlorite (1%)  Three buckets (one with plain water, one with detergent solution and one bucket for sodium hypochlorite (1%)</td>
<td>Prepare cleaning solution using detergent with warm water. Use the three-bucket technique for mopping the floor, one bucket with plain water and one with the Detergent solution. First mop the area with the warm water and detergent solution. After mopping clean the mop in plain water and squeeze it. Repeat this procedure for the remaining area. Mop area again using sodium hypochlorite 1% after drying the area. In between mopping if solution or water is dirty change it frequently. Mop the floor starting at the far corner of the room and work towards the door. Clean articles between cleaning. <strong>Note:</strong> Mopping should be done twice a day</td>
<td></td>
</tr>
<tr>
<td>Ceiling and Walls</td>
<td>Sweeping tool</td>
<td>Damp dusting</td>
<td>• Damp dusting with a long handled tool for the walls and ceiling done with very little moisture, just enough to collect the dust. Damp dusting should be done in straight lines that overlap one another. Change the mop head/cover when soiled. <strong>Note:</strong> Should be done once a week or after examining a suspect case</td>
</tr>
<tr>
<td></td>
<td>Duster Bowl/ small bucket of soap solution</td>
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<tr>
<td></td>
<td>Plain water</td>
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<td></td>
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</tr>
<tr>
<td>Care of mop</td>
<td></td>
<td></td>
<td>• Clean with hot water and detergent solution, disinfect it with sodium hypochlorite and keep for drying upside down.</td>
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<tr>
<td>Doors and door knobs</td>
<td>Damp cloth or Sponge squeeze mop</td>
<td>Thorough washing</td>
<td>• The doors are to be washed with a brush, using detergent and water once a week (on one defined day); gently apply cloth to soiled area, taking care not to remove paint, then wipe with warm water to remove excess cleaning</td>
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<tr>
<td></td>
<td>Detergent</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Department of Medical Health &amp; Family Welfare Uttarakhand</td>
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</table>

- Door knobs and other frequently touched surfaces should be cleaned daily.

### Isolation room

- **Detergent/sanitizer**—
  - Hot water, sodium hypochlorite (1%)
  - Three buckets (one with plain water, one with detergent solution and separate bucket for sodium hypochlorite (1%))

- **Terminal cleaning**
  - Before cleaning an isolation room, liaise with infection control team for details of any special requirements. Staff will be instructed on specific cleaning procedures required with reference to:
    - Safety uniform to be worn.
    - Chemicals or disinfectants to be used.
    - Also, if bed screen and shower screen are to be cleaned or changed, refer cleaning in isolation rooms.

### All clinical areas/Laboratories/Wherever spill care is required

- **Sodium hypochlorite (1%)**
- **Rag piece**
- **Absorbent paper**
- **Unsterile gloves**
- **Spill care kit**
- **Mop**
- **Hot water**

- **Blood and body fluid spill care**
  - Wear non-sterile gloves.
  - For large spills, cover with absorbent paper/rag piece.
  - If any broken glass and sharps, using a pair of forceps and gloves, carefully retrieve. Use a large amount of folded absorbent paper to collect small glass splinters. Place the broken items into the puncture proof sharps container.
  - Cover the spill with sodium hypochlorite (1%) for 10–20 minutes contact time.
  - Clean up spill and discard into infectious waste bin, and mop area with soap and hot water.
  - Clean the mop and mop area with 1% sodium hypochlorite.
  - Wash mop with detergent and hot water and allow it to dry.

### Stethoscope

- **Alcohol-based rub/Spirit swab**

- **Cleaning**
  - Should be cleaned with detergent and water.
  - Should be wiped with alcohol-based rub/spirit swab before each patient contact.

### BP cuffs and covers

- **Detergent**
- **Hot water**

- **Washing**
  - Cuffs should be wiped with alcohol-based disinfectant and regular laundering is recommended for the cover.

### Thermometer

- **Detergent and water**
- **Alcohol rub**
- **Individual Thermometer Holder**

- **Cleaning**
  - Should be stored dry in individual holder.
  - Clean with detergent and tepid water and wipe with alcohol rub in between patient use.
  - Store in individual holder inverted.
  - Preferably one thermometer for each patient.
### Lodging Area

<table>
<thead>
<tr>
<th>Area/Items</th>
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<th>Process</th>
<th>Method/Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>General cleaning</td>
<td>Detergent and warm water Mop Two buckets Clean utility gloves Handmops</td>
<td>Daily mopping floors Thorough washing</td>
<td>• Scrub floors with hot water and detergent with using minimal water. (Do not pour the water.) • Clean with plain water. • Allow to dry • Hypochlorite 1% mopping can be done. Note: Recommend general cleaning procedure should be done twice a day.</td>
</tr>
<tr>
<td>Lockers, tables, cupboard, wardrobes, benches, Shelves and cots</td>
<td>Damp duster Warm water Detergent Dry duster</td>
<td>Damp dusting</td>
<td>• Damp dust with warm water and detergent.</td>
</tr>
<tr>
<td>Railings</td>
<td>Detergent/ Sanitizer– Hot water, sodium hypochlorite 1% Three small buckets/ or big bowls One with plain water One with detergent solution One for sodium hypochlorite 1%</td>
<td>Daily dusting</td>
<td>• Damp dust with warm water and detergent followed by disinfection with hypochlorite</td>
</tr>
<tr>
<td>Mirrors and Glass Sluice room Stainless steel/ Any other sink</td>
<td>Warm water Detergent water/ cleaning solution Damp cloth Wiper Powder cleanser Detergent Powder Wiper Cloth</td>
<td>Cleaning</td>
<td>• Sinks are to be cleaned with a powder cleanser. • First wet the sink. Sprinkle on a little powder cleanser and work around the surface with a cloth, include the plughole. • Do not use the powder cleanser on dry sink. • After removing spillage and any stains, flush away with running water. Wipe down the surface of the sink.</td>
</tr>
<tr>
<td>Pantry furniture</td>
<td>Duster</td>
<td>Dusting</td>
<td>• Damp dust</td>
</tr>
<tr>
<td>Telephone</td>
<td>Warm water detergent solution Duster</td>
<td>General cleaning</td>
<td>• Damp dust with warm water and detergent. • Paying special attention to the ear and mouth piece and dry it properly.</td>
</tr>
<tr>
<td>Desks</td>
<td>Damp cloth Furniture polish</td>
<td>Dusting</td>
<td>• Wipe top sides and draw handles with a damp cloth. • Wooden desks should be cleaned with...</td>
</tr>
<tr>
<td>Item</td>
<td>Cleaning Solution</td>
<td>Cleaning Method</td>
<td>Details</td>
</tr>
<tr>
<td>-----------------------------</td>
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</tr>
<tr>
<td>Chairs (Vinyl)</td>
<td>Warm water and detergent</td>
<td>Cleaning</td>
<td>• Wipe down with warm water and detergent. Remove any marks under arms and seat. Check for damage to stoppers, if stopper require replacement, report to maintenance department.</td>
</tr>
<tr>
<td>Furniture and fittings</td>
<td>Warm water and detergent Rag piece</td>
<td>Dusting</td>
<td>Using warm water and detergent, damp dust all furniture and fittings, including chairs, stools, beds, tables, cupboards, wardrobes, lockers, trolleys, benches, shelves and storage racks, waste/ bins, fire extinguishers, oxygen cylinders, televisions window sills and dry properly.</td>
</tr>
<tr>
<td>Bed tables, bedside lockers</td>
<td>Warm water and detergent Wiper Duster</td>
<td>Cleaning</td>
<td>• Wipe down over bed table. Wipe top and underneath base and stand, using warm water and detergent. Dry on completion.</td>
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<tr>
<td></td>
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<td></td>
<td>• Wipe down the bedside. Remove marks from fronts of draws and sides. Using warm water and detergent, wash the top to remove any sticky marks and dust.</td>
</tr>
<tr>
<td>Light switches</td>
<td>Damp cloth (never wet) Detergent Warm water</td>
<td>Cleaning</td>
<td>• Light switches to be cleaned of dust, spots and finger marks. Clean with a damp cloth (never wet) and detergent.</td>
</tr>
<tr>
<td>Curtains</td>
<td>Soft clothes Water Mild soap solution</td>
<td>Cleaning</td>
<td>• Clean with water and soap for curtains</td>
</tr>
<tr>
<td>White clothes</td>
<td>Sodium hypochlorite 1% Tap water</td>
<td>Washing</td>
<td>• Should be washed under running water and soaked in 1% sodium hypochlorite for 20minutes.</td>
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<td></td>
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<td><strong>Note:</strong> PPE should be worn while washing soiled linen.</td>
</tr>
<tr>
<td>Mattress and pillow covers</td>
<td>Tap water</td>
<td>Washing</td>
<td>• Mattress and pillows should be covered with a reusable mattress cover.</td>
</tr>
<tr>
<td>(cloth)</td>
<td></td>
<td></td>
<td>• It should be changed for each patient and when soiled sent to the laundry according to schedule.</td>
</tr>
<tr>
<td>Mattress/ Pillow with rexin</td>
<td>Sodium hypochlorite 1% Sunlight</td>
<td>Terminal Damp dusting and cleaning Drying in sunlight</td>
<td>• If with rexin cover, can be cleaned with 1% sodium hypochlorite before use for next patient</td>
</tr>
<tr>
<td>Normal/ without rexin</td>
<td></td>
<td></td>
<td>• If routine mattress, dry it in bright sunlight for 1-2 days before using for next patient</td>
</tr>
<tr>
<td>Water jars</td>
<td>Vim powder Soap and water</td>
<td>Cleaning</td>
<td>• Recommended boiled water for drinking</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Water jars should be scrubbed/ cleaned with soap and water and boiled water before filling with water.</td>
</tr>
</tbody>
</table>
### Cleaning of Toilets

<table>
<thead>
<tr>
<th>Area/Items</th>
<th>Agents/Toilet Cleaner</th>
<th>Procedure</th>
</tr>
</thead>
</table>
| Toilet pot/ commode         | Sodium hypochlorite 1% / Soap powder / long handle angular brush | • Inside of toilet pot/commode:  
  • Scrub with the recommended agents and the long handle angular brush.  
  • Outside: Clean with recommended agents; use a nylon scrubber. |
| Lid/commode                 | Nylon scrubber and soap powder         | • Wet and scrub with soap powder and the nylon scrubber inside and outside |
| Toilet floor                | Soap powder and scrubbing brush/ nylon broom | • Scrub floor with soap powder and the scrubbing brush  
  • Wash with water  
  • Use sodium hypochlorite 1% dilution |
| Tap                         | Nylon scrubber and soap powder         | • Wet and scrub with soap powder and the nylon scrubber.                   |
| Outside sink                | Soap powder and nylon scrubber         | • Scrub with the nylon scrubber.                                           |
| Showers area / Taps and fittings | Warm water  
Detergent powder  
Nylon Scrubber | • Thoroughly scrub the floors/tiles with warm water and detergent  
  • Wipe over taps and fittings with a damp cloth and detergent.  
  • Care should be taken to clean the underside of taps and fittings.  
  • Taps should be dried after cleaning |
| Soap dispensers             | Detergent and water                    | • Daily dusting  
  • Should be cleaned weekly with detergent and water and dried.           |

**Note:** Dry the floors with a separate drying mop.
<table>
<thead>
<tr>
<th>Categories</th>
<th>Type of Bags</th>
<th>Type of Waste</th>
<th>Treatment/Disposal</th>
</tr>
</thead>
</table>
| **Yellow** | Non chlorinated plastic, autoclavable bags | 1. Donned off PPE  
2. PPE with spill  
3. Gloves  
4. Shoe covers  
5. Head Covers  
6. disposable bed sheets | Incineration or Plasma pyrolysis or deep burial* |
| **Red**    | Non chlorinated plastic, autoclavable bags | 1. Eye protection goggles  
2. recyclable materials like pens  
3. plastic water bottles used by quarantine people  
4. Bed sheets | Autoclaving/microwaving/hydroclaving and then sent for recycling  
not be sent to landfill |
| **White**  | Puncture, leak, tamper proof containers | 1. sharp waste including metals | Auto or Dry Heat Sterilization followed by shredding or mutilation or encapsulation |
| **Blue**   | Cardboard boxes with blue coloured marking | Glassware/tubelight/CFL bulbs/LED used in quarantine Quarantine facility | Disinfection or autoclaving, microwaving, hydroclaving and then sent for recycling |
PROPER DONNING OF EARLOOP MASK

1. With colored or printed side facing out, and the nose wire at the top, put your fingers through the earloops, position the mask over your nose and mouth. Place the earloops securely around the ears.

2. Pull the mask from the top and bottom to fully open the folds of the mask, and adjust the mask around the face.

3. Gently form (do not pinch) the nose wire over the bridge of the nose, and make any final adjustment.

Properly secured earloop mask.
**PROPER DONNING OF STANDARD TIE-ON SURGICAL MASKS**

1. Start with the colored or printed side facing out, and the nose wire at the top. Then using the thumb and fore-fingers of each hand, locate the center of the mask while feeling the nose wire. Gently form (do not pinch) the nose wire into a U shape.

2. Place the formed nose wire over the bridge of the nose so it extends across the upper cheekbones and form the nose wire across the face using both hands.

3. While holding the mask in place with one hand, grasp the bottom of the mask, separating the folds, and fit the bottom of the mask under the chin towards the neck.

4. Grasp the top ties (one in each hand) and pull to the crown of the head. Tie the upper ties snugly so the mask is secure and does not slip down the face.

5. Grasp the lower ties (one in each hand) and pull behind the neck. Tie the lower ties snugly and securely so the mask will not ride up the face.

6. With both hands gently reform the nose wire over the nose and cheekbones. This will insure a proper and secure fit.

7. Properly secured surgical mask.
Proper Donning of N95 Surgical Respirator

In order to obtain the maximum level of protection from your Precept N95 Respirator, a fit test should be conducted prior to the first use. Fit testing should also be conducted on an annual basis and any time there is a change that might affect fit quality (example: facial plastic surgery, excessive weight gain or loss, etc.)

1. Separate the two headbands.

2. Hold the headbands while you cup the respirator to your face. Pull the headbands over your head.

3. Position the lower headband at the base of your neck; the higher headband should go around the crown of your head.

4. Press firmly on both sides of the nosepiece to create a secure, comfortable fit.

5. If necessary, make minor adjustments until the respirator fit feels secure.

6. Properly donned N95 surgical respirator.
Wearing & Removing Disposable Hand Gloves

Fig 1. Wearing Gloves
1a. Take a glove from the dispenser, touching only a restricted surface
1b. Hold the wrist end open with one hand and ease the fingers of the other inside
1c. Repeat for other hand

Fig 2. Removing gloves
2a. Hold the glove at the wrist and peel away from the hand
2b. Turn the second glove inside out, with the first glove inside
2c. Dispose of the gloves