



MINISTRY OF HEALTH & MEDICAL SERVICES

Environmental Cleaning and Disinfection in the Context of COVID-19

Ministry of Health and Medical Services	POLICY	SOP #	2021
		Drafter:	IMT IPC Cell
		Revision #	2
SOP Title:	Environmental Cleaning and Disinfection in the Context of COVID-19	Implementation Date	17/03/2020
Page #:	Page 2 of 18	Last Reviewed/ Update Date	July 2021
SOP Owner:	Chief Medical Adviser, MHMS	Approval / Date:	July 2021

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1.0 Introduction

The Coronavirus disease 2019 (caused by the SARS-CoV-2 virus) is a highly infectious respiratory illness. The COVID-19 virus is transmitted based on available knowledge to date, through:

- respiratory droplets (sneezing, coughing and some medical procedures)
- direct contact (close contact for an extended period of time with someone who has confirmed infection, has symptoms of the infection in closed settings such as households, health facilities, and residential institution environments.
- indirect contact – this occurs when respiratory droplets land on objects and surfaces around the infected person, and the virus can be contracted by touching these contaminated objects or surfaces.
- airborne transmission is possible during aerosol generating medical procedures (AGP).

Survival of the COVID-19 virus

Depending on the environment and type of surface, the virus causing COVID-19 can be found for periods ranging from hours to up to 28 days. Studies have reported that the COVID-19 virus could be found for up to 3 hours in aerosols. One study found that the COVID-19 virus remained viable up to 1 day on cloth and wood, up to 2 days on glass, 4 days on stainless steel and plastic, and up to 7 days on the outer layer of a medical mask. Another study found that the COVID-19 virus survived 4 hours on copper, 24 hours on cardboard and up to 72 hours on plastic and stainless steel.

Environmental surfaces are more likely to be contaminated with the COVID-19 virus in health-care settings where certain medical procedures are performed and any setting where suspected or confirmed COVID-19 patients are cared for. Therefore, these surfaces, especially where patients with COVID-19 are being cared for, must be properly cleaned and disinfected to prevent further transmission. Similarly, this advice applies to alternative settings for isolation of persons with COVID-19 experiencing uncomplicated and mild illness, including households and quarantine/isolation centres.

2.0 Purpose

The purpose of the SOP is to provide guidance on cleaning and disinfection of environmental surfaces in the context of COVID-19.

3.0 Knowledge and Definitions

- **Cleaning** refers to the removal of pathogens, dirt, and impurities from surfaces. Cleaning does not kill pathogens, but by removing them, it lowers their numbers and the risk of spreading infection.
- **Decontamination** with disinfection refers to using chemicals to kill pathogens on surfaces.

Note. The use of general and broad communal area spraying with disinfectant is **NOT** included as part of this policy. The focus is on the use of alcohol-based hand rub or handwashing with soap and water to maintain hand hygiene (see Annex A 1 and A 2 on hand hygiene steps), and the use of hospital and general disinfectants for environmental cleaning and decontamination in health care settings, homes and other settings to clean **commonly touched surfaces and items that may have been contaminated.**

4.0 Processes

It is important to ensure that cleaning and disinfection procedures are followed consistently and correctly in all COVID-19 isolation and quarantine centres including home isolation. All surfaces should be routinely cleaned and disinfected, especially high-touch surfaces, and whenever visibly soiled or if contaminated by body fluids. Cleaning with neutral detergent, followed by a chemical disinfectant - 0.1% (1000ppm) sodium hypochlorite (also known as household bleach) or 70-90% ethanol can effectively inactivate the COVID-19 virus. However, if there are large spills of blood or body fluids, a concentration of 0.5% (5000ppm) sodium hypochlorite should be used.

Full PPE must be worn by cleaning staff when cleaning and disinfecting isolation rooms¹.

¹ https://www.health.gov.fj/wp-content/uploads/2021/08/Rational-Use-of-PPE_SOP_-COVID19_-IMT-IPC-July-2021.pdf

4.1 Training in Healthcare and COVID-19 Isolation Centres

- All housekeeping staff are required to attend mandatory training in Infection Prevention and Control (IPC), including PPE donning and doffing.
- The training programme should include instructions on risk assessment and ensure demonstrative competencies of safe disinfectant preparation, mechanical cleaning and equipment use, standard precautions and transmission-based precautions. Refresher courses are recommended to encourage and reinforce good practice.
- Posters or other guidance should be visible to cleaning workers and others to guide and remind them about the proper procedures on disinfectant preparation and use
- Orientation on infection prevention and control (IPC) for healthcare workers and cleaning staff must be provided. Cleaning staff must be competent in cleaning procedures and on putting on and removing PPE.

4.2 Environmental cleaning requires a two-step system:

First, thoroughly clean all hard surfaces and frequently touched areas with a solution of water and normal neutral detergent. Allow to air-dry completely.

Second, disinfect all cleaned surfaces with a household bleach solution, 0.1% sodium hypochlorite, or 70% alcohol. After appropriate contact time of minimum of 1 minute for ethanol and sodium hypochlorite, disinfectant residue may be rinsed off with clean water if required.

See **Annex B** on how to clean surfaces in the home or other settings if on self-isolation and how to dilute bleach to 0.1%.

Key messages to promote awareness raising and education to the community

- Commonly used detergents and disinfectants are effective against COVID-19 (and other similarly infectious respiratory illnesses).
- Frequently touched surfaces are areas most likely to be contaminated.
- In addition to routine cleaning, surfaces that are touched by healthcare workers and the general public should be cleaned and disinfected frequently and at least **twice a day** whether visibly dirty or not.
- Examples include bench and desk surfaces, doorknobs, elevator buttons, light switches, toilet handles, counters, hand rails, touch screen surfaces and keyboard and keypads.
- Maintaining good standards of waste management and disposal, access to safe water, sanitation and hygiene at health, home and other settings creates a strong base for improved infection control.

5.0 Cleaning Procedures

5.1 How to Use Cleaning Cloths

Cleaning should progress from the least soiled (cleanest) to the most soiled (dirtiest) areas, and from the higher to lower levels so that debris may fall on the floor and is cleaned last in a systematic manner to avoid missing any areas.

Use fresh cloths at the start of each cleaning session (e.g., routine daily cleaning in a general inpatient ward). Discard cloths that are no longer saturated with solution, use a new cloth to clean each patient bed.

- Dampen a cloth under the tap and wring out or take a pre-dampened wipe.
- Each cloth is fold into 4 or 8 sides
- Dips and squeezes the cloth or spray the cloth with neutral detergent and cleaning water solution.
- Places the cloth flat on the surface and places the hand flat on top of it and wipes in one direction across the surface or when cleaning large surfaces uses an 'S' motion.
- Each high touch surface is cleaned with a fresh side of the cloth. (This allows one cloth to clean up to 8 high touch surfaces before it needs to be replaced and washed)

- Surface is wiped lightly across the high touch surface in one direction. (Ensure not scrub or rub the cloth in circles as that can spread contamination around.)
- When all sides of the cloth have been used, it is changed with a fresh one.
- Places the soiled cloth into a container or throw the disposable towel / wipe into the bin.
- After surfaces are dried, it is wiped following the same procedures with sodium hypochlorite 0.1%
- Soiled cloths should be washed and disinfected properly after each use and hung in the sun to dry when possible.

5.2 Mopping

A three-bucket system for floor mopping is recommended:

1. first bucket with detergent and water
2. second bucket with disinfectant (0.1% sodium hypochlorite).
3. third bucket for clean water for rinsing mops

Steps involved in mopping

1. Insert the clean mop into the first bucket, wring it out and mop a portion of the floor using overlapping strokes, turning the mop head regularly (e.g. every 5–6 strokes).
2. After cleaning a small area (e.g. 3 m x 3 m), immerse the mop in the third bucket for rinsing and wring out and repeat the process from step 1 until finished mopping.
3. After cleaning a small area (e.g. 3 m x 3 m), immerse the mop in the third bucket for rinsing and wring out and repeat the process from step 1 until finished mopping.
4. Once the floor is dry, mop with disinfectant from the second bucket.

6.0 Cleaning and Disinfection

6.1 Disinfectants:

1. Sodium hypochlorite solutions: The desired concentration 0.1% - 0.5% is freshly prepared daily from stock solution. Freshly prepared solution should be kept in plastic closed container, it should not be used for metallic surfaces. Contact period of 10 mins is recommended depending on the nature of the surface.
2. Alcoholic preparations: 70% ethyl alcohol preferred for metallic surfaces.
3. Wipe or wet wipe surfaces are recommended over sprays of all reachable surfaces.
4. Wet mopping is recommended for floors. Using a three-bucket system is recommended. Detergent should be made with warm water.
5. Mop that is used should be cleaned with hot water and detergent, then treated with 0.1% sodium hypochlorite solution, then kept for drying. Preferable to dry in the sun.
6. In case of accidental exposure of mucus membrane to disinfectant, personnel must immediately exit the patient care area to the doffing room, following correct procedure of doffing.

6.2 Terminal Cleaning and Disinfection

In the case of a COVID 19 positive patient/ suspect is discharged or transferred to another unit, the following steps in cleaning and disinfection should be followed:

1. The cleaning personnel shall wear FULL PPE (heavy duty gloves, respirator mask, apron, eye shield or goggles, and closed shoes) and follow all standard precautions.
2. Remove curtains once patient is discharged.
3. Remove contaminated linen and carefully without agitation place into yellow bags labelled as infectious/COVID-19.
4. Clean with detergent and water first then followed by disinfection with 0.1% sodium hypochlorite solution working from clean to dirty, high to low with fresh mop and clean all high touch areas of room which are potentially high in contamination.
5. Mattresses and Pillows to be cleaned and disinfected with 0.1% hypochlorite solution.
6. Toilet and bathroom: clean floor and bucket, mugs sink, taps knobs and nozzles, pots bedpans etc with detergent and water followed by 0.1% disinfection with sodium hypochlorite.
7. Clean, disinfect and store the cleaning equipment.
8. Remove PPE carefully in doffing area and wash hands before leaving the patient care area.

9. In the case of spill care, (have spill kit ready in-patient care area), blot spill with clean rag or paper towel, clean area with detergent and water, followed by disinfection with sodium hypochlorite 0.5%, discard waste into infectious waste bin.
10. Clean mop and disinfect with sodium hypochlorite 0.1%. Wash mop with detergent and hot water and allow to dry upside down.
11. Fogging of the room is not usually recommended.

NB:

- **High touch surfaces metallic in nature disinfect with ALCOHOL more than 70%,**
- **High touch surfaces non-metallic in nature cleaned with 0.1% hypochlorite solution. Contact time: 10 min**

Table 1: 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	Additional Guidance
Screening/ Triage area	At least twice daily	Focus on high touch surfaces, then floors (last)
Inpatient rooms/ cohorts – occupied.	At least twice daily preferably three times daily, in particular for high touch surfaces.	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)	After each patient visit (in particular for high touch surfaces) and at least once daily terminal clean.	Low touch surfaces, high touch surfaces, floors (in that order); waste and linens removed, examination bed thoroughly cleaned and disinfectant.
Outpatient/ ambulatory care rooms	After each patient visit (in particular for high touch surfaces) and at least once daily terminal clean,	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	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.	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.

6.3 Cleaning and disinfection of supplies

- Cleaning equipment (e.g. buckets) should be well maintained. Equipment used for isolation areas for patients with COVID-19 should be colour-coded and separated from other equipment.
- Isolation rooms should have their own dedicated cleaning equipment and supplies which should be kept in that isolation room/area.
- Cleaning equipment including mop heads should be laundered using hot water and disinfected with sodium hypochlorite and completely dried before re-use.
- Cleaning equipment, such as buckets, should be emptied and cleaned with a new batch of chlorine bleach solution and allowed to dry completely before re-use.
- The use of spray bottles or equipment that might generate aerosols during usage should be avoided. Chemicals in aerosols may cause irritation to eyes and mucous membranes. Containers that dispense liquid such as 'squeeze bottles' can be used to apply detergent/disinfectants directly to surfaces or to cleaning cloths with minimal aerosol generation.
- Cleaning cloths should be laundered and dried between use. it is recommended that disposable cloths are used.

6.4 Terminal cleaning

Terminal cleaning and disinfection is carried out after a patient is discharged transferred or died. This includes the removal of organic material and significant reduction and elimination of microbial contamination to ensure that there is no transfer of microorganisms to the next patient. Follow the checklist on terminal cleaning in annex C to ensure all patient care areas are cleaned and disinfected.

6.5 Monitoring

A facility-wide ongoing process to monitor environmental cleaning and disinfection is needed to ensure compliance with the environmental cleaning procedures in the context of COVID-19.

Supervisors can monitor and reinforce compliance to ensure environmental surfaces are regularly and thoroughly cleaned and disinfected during patient admission, care, and discharge.

The Environmental Cleaning Audit Tool – For COVID-19 Isolation and Quarantine Centres (see annex D) can be adapted by the IPC teams to conduct regular audits and provide reports to managers. This information may be used to give staff feedback, adapt training processes, acquire appropriate supplies, and develop improvement plans.

Annex A1: Hand hygiene

The following guidelines set out the use of environmental cleaning and decontamination:













A1: Hand hygiene. Use soap and water (with clean and running water) to wash hands for at least 40-60 seconds using correct method below and if soap or water are not available then use approved alcohol based handrub/ sanitiser (at least 60%) / to clean hands for at least 20 seconds using the same method. Applies to all (health workers and general community).

Approved method to wash hands using soap and water

HOW TO HANDWASH?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

⌚ Duration of the entire procedure: 40-60 seconds

0  Wet hands with water;	1  Apply enough soap to cover all hand surfaces;	2  Rub hands palm to palm;
3  Right palm over left dorsum with interlaced fingers and vice versa;	4  Palm to palm with fingers interlaced;	5  Backs of fingers to opposing palms with fingers interlocked;
6  Rotational rubbing of left thumb clasped in right palm and vice versa;	7  Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;	8  Rinse hands with water;
9  Dry hands thoroughly with a single use towel;	10  Use towel to turn off faucet;	11  Your hands are now safe.

Hand care

- Take care of your hands by regularly using a protective hand cream or lotion, at least daily.
- Do not routinely wash hands with soap and water immediately before or after using an alcohol-based handrub.
- Do not use hot water to rinse your hands.
- After handrubbing or handwashing, let your hands dry completely before putting on gloves.

Please remember

- Do not wear artificial fingernails or extenders when in direct contact with patients.
- Keep natural nails short.

Annex A2: Approved method to clean hands using alcohol- based hand sanitiser

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

🕒 Duration of the entire procedure: 20-30 seconds



Apply a palmful of the product in a cupped hand, covering all surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



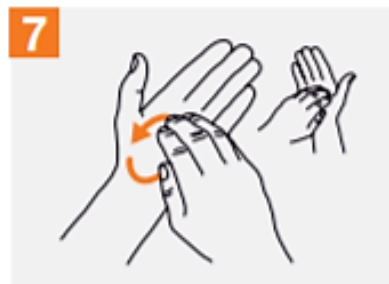
Palm to palm with fingers interlaced;



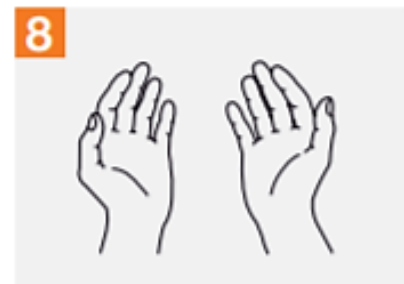
Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Once dry, your hands are safe.

Annex B: How to clean surfaces for COVID-19 particularly for those in-home isolation

Note. Current evidence suggests that this coronavirus may remain viable (alive) for hours to days on surfaces made from a variety of materials. However, cleaning of visibly dirty surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses in households and community settings.

Members of the public should receive education about COVID-19 symptoms and preventing the spread of COVID-19 in homes and other settings.

General cleaning and disinfection

Follow the 2 -step cleaning process:

First, thoroughly clean all hard surfaces and frequently touched areas with a solution of water and detergent. Allow to air-dry completely.

Second, disinfect all cleaned surfaces with a household bleach solution, 0.1% sodium hypochlorite

- Clean and disinfect high-touch surfaces frequently (at least daily) in household common areas (e.g. tables, hard-backed chairs, doorknobs, light switches, remotes, handles, desks, toilets, sinks)
- For general cleaning
 - Use household washing up gloves and separate cloths and keep these just for cleaning high touch surfaces and items.
 - Use a general cleaning detergent or soap and water to wash or wipe down dirty surfaces and high touch areas and items
- For disinfection
 - At home can use store bought disinfectants or diluted bleach 0.1% (follow manufactures instruction to use for disinfection).
 - Follow instructions below on how to make a 0.1% bleach solution

How to make 0.1% bleach from concentrated solutions for environmental disinfection

Sodium hypochlorite (household bleach solution) may be available in concentrations between 4% to 6%

Any concentration can be used to make a dilute chlorine solution by applying the following formula:

$$\left[\frac{\% \text{ chlorine in liquid bleach}}{\% \text{ of chlorine desired}} \right] - 1 = \text{Total parts of water for each part bleach}$$

Janola (Bleach) - sold in shops contains 4.5% sodium hypochlorite

*E.g. 4.5% / 0.1% - 1 = **44 parts of water for each part of sodium hypochlorite***

Cleaning in home isolation

In a bedroom/bathroom dedicated for **a suspected or confirmed case of COVID-19:**

- consider reducing cleaning frequency to as-needed (e.g., soiled items and surfaces) to avoid unnecessary contact with the ill person.
- Any suspect case with symptoms or a confirmed ill person with COVID-19 should stay in a specific room and away from other people in their home as much as possible.
- Keep some cleaning supplies in that person's room or bathroom where possible (at the very least do not use the same cleaning cloths in other areas of the house)
- Cleaning supplies should include tissues, paper towels, cleaning and disinfectant products (use according to manufacturer's instructions)
- If a separate bathroom is not available, the bathroom should be cleaned and disinfected after each use by an ill person. If this is not possible, the caregiver should wait as long as practical after use by an ill person to clean and disinfect the high-touch surfaces.
- Household members should follow home care guidance from health workers when caring for and interacting with persons with suspected/confirmed COVID-19 and their isolation rooms/bathrooms.

Annex C: Terminal Cleaning Checklist

Areas	Step 1 Wipe down with water and detergent	Step 2 Rinse with water and dry	Step 3 Wipe down with hypochlorite/ 70% alcohol	Initial
Gather all your cleaning supplies.				
Hand washing for 60 seconds				
Don appropriate PPEs				
Remove trash and soiled linens. Place in appropriate bins. Clean and disinfect the surfaces of the waste and linen receptacles and allow to air dry.				
Dust overheads (use microfiber high duster) dust from hard to reach spots. Vents, curtain rods, top of doors and recessed lights.				
Clean and disinfect the room. Remove gross soil (area with blood, tissue or body fluids) with approved disinfectant.				
Clean and disinfect counters, ledges and sills				
Patient's bed area: headboard, mattress, side rails bed frame, foot board and over head table.				
Tick each high touch areas. Doorknob and Door lock				
Outside entrance doors and push bars				
On both sides of doors (exterior, entrances, exits lobbies, adjacent corridor doors)				
Light switch				
Sink surface/ counter				
Faucets and Tap handles				
Mobile equipment (carts, wheelchairs etc)				
Paper towel holder				
Soap dispenser				
Handrails				
Locker handle				
Chairs				
Mop floor working from far corner and back to the entrance.				
Clean and disinfect the bathroom: High surface often and leave toilet for last.				
Washroom High Touch Areas				
Toilet surface, (seat, bowl, toilet base, toilet handle)				
Mop bathroom floor				
Visually inspect the room to ensure all surfaces have been cleaned and disinfected.				
Disinfect any cleaning equipment such as mops, handles before returning to storage.				
DOFF PPE and put in yellow trash bag before leaving room.				
WASH HANDS				

Annex D: Environmental Cleaning Audit Tool – For COVID-19 Isolation and Quarantine Centres



MINISTRY OF HEALTH & MEDICAL SERVICES

Environmental Cleaning Audit Tool – For COVID-19 Isolation and Quarantine Centres

Name of isolation/quarantine area Inspected:	No. of Nurses:			
	No. of Doctors:			
	No. of Cleaners:			
Name of auditor:	Orientation about infection prevention and control (IPC) for healthcare workers available and implemented.	Yes	No	Comments, please indicate data/month of last training
Number of beds:	Training of healthcare workers in prevention of percutaneous exposures to blood or body fluids available and implemented.			Comments, please indicate data/month of last training
Date:				

Instructions:

Please ensure that ALL questions are marked either yes/ no or non-applicable (N/A).

Any “no” response should be immediately addressed through implementation of corrective measures by the management of the isolation/quarantine centre. Manual scoring can be carried out as follows:

Add the total number of Yes answers and divide by the total number of questions answered including all Yes and No answer and excluding the N/A responses; multiply by 100 to get the percentage. The maximum number of answers is 34 as shown in the sample below.

$$\frac{\text{Total number of Yes responses}}{\text{Total number of Yes and No responses}} \times 100 = x \%$$

No.	Criteria	Yes 1	No 0	N/A	Comments
1.	The entrance/exits to the quarantine/isolation is clean and uncluttered.	1			
2.	All cleaning staff, including other staff who may clean, can demonstrate procedures for putting on and removing PPE. <i>(Putting on PPE sequence - hand hygiene (HH), gown, mask, eye protection and gloves)</i> <i>(Removing PPE sequence: gloves, HH, gown, HH, eye protection, mask, HH)</i>	1			
3.	Alcohol based hand rub content consist of 60-80% alcohol	1			

4.	<p>Cleaning staff can demonstrate the correct steps in performing Hand hygiene with either washing with soap and water or use of alcohol based hand rub</p> <ol style="list-style-type: none"> 1. Wet hands, apply liquid soap into your hand & Rub palms round and round. 2. Right palm over back of left hand with interlaced fingers and vice versa Rub palm to palm and between fingers. 3. Palm to palm with fingers Interlaced. 4. Back of fingers to opposing palm with fingers interlaced. 5. Rotational rubbing of left thumb clasped in right palm. 6. Rotational rubbing backwards and forwards with clasped fingers of right hand in left palm and vice versa. 7. Rinse hands with water. 8. Pat your hands dry with paper towel. 	1			<i>(one mark is awarded if all hand hygiene steps correct)</i>
5. Cleaning sequencing will improve efficiency as well as hygiene	<p>Ask cleaning staff to describe the cleaning sequencing: Cleaner should Identify:</p> <ol style="list-style-type: none"> 1. the high touch surfaces that should be cleaned first. 	1			
	<ol style="list-style-type: none"> 2. To clean the cleanest areas before the dirtiest areas e.g. Clean bathroom last. 	1			
	<ol style="list-style-type: none"> 3. Clean the room from top to bottom and rationale 	1			
	<ol style="list-style-type: none"> 4. To clean from left to right or right to left so that no surface area is missed. 	1			
	<ol style="list-style-type: none"> 5. Cleaner is able to identify the color code for cleaning equipment assigned for COVID 19. E.g. red. 	1			
<p>6. Frequently touched surfaces</p> <p>Cleaning cloths can easily spread germs and soil (contamination) from one surface to another.</p>	<p>Cleaner is able to identify all the high/frequently touched surfaces that are cleaned first as follows with a clean cloth: Identify at least 3-4 specific in this location.</p>	1			
	<p>Each cloth is fold into 4 or 8 sides</p>	1			
	<p>Each high touch surface is cleaned with a fresh side of the cloth. (This allows one cloth to clean up to 8 high touch surfaces before it needs to be replaced and washed)</p>	1			
	<p>Surface is wiped lightly across the high touch surface in one direction. (Ensure cleaner does not scrub or rub the cloth in circles as that can spread contamination around.)</p>	1			

	When all sides of the cloth have been used, it is changed with a fresh one.	1			
	Places the soiled cloth into a container or throw the disposable towel / wipe into the bin.	1			
	After surfaces are dried, it is wiped following the same procedures with sodium hypochlorite 0.1%	1			
7. To ensure all soil is removed from the surface, and that soil and germs are not spread to other surfaces, the face of the cleaning cloth in contact with the surface must always be clean and the technique must be effective	The following cleaning procedures using cleaning cloths are followed to clean surfaces:	1			
	1. Dampens a cloth under the tap and wring out or take a pre-dampened wipe.				
	2. Folds the cleaning cloth or wipe into 4 or 8 sides.	1			
	3. Dips and squeezes the cloth or spray the cloth with neutral detergent and cleaning water solution.	1			
	4. Places the cloth flat on the surface and places the hand flat on top of it and wipes in one direction across the surface or when cleaning large surfaces uses an 'S' motion.	1			
	5. Turns the cloth over to a fresh side and repeat on the next surface.	1			
	6. When all sides of the cloth have been used, changes it for a fresh one.	1			
	7. Places the soiled cloth into a container or throw the disposable towel / wipe into the bin.	1			
8. Allow surface to dry before wiping with 0.1 sodium hypochlorite solution.	1				
8. The Covid 19 isolation area bucket and cleaning tools	A three-bucket system for floor mopping is used: 1. first bucket with detergent and water 2. second bucket with disinfectant (0.1% sodium hypochlorite). 3. third bucket for clean water for rinsing mops	1			<i>Must have separate bucket for rinsing mop and separate bucket for detergent and water to earn 1 mark</i>

should be color coded.	<p>Steps for Mopping:</p> <ol style="list-style-type: none"> 1. Inserts the clean mop into the first bucket, wring it out and mop a portion of the floor using overlapping strokes, turning the mop head regularly (e.g. every 5–6 strokes). 2. After cleaning a small area (e.g. 3 m x 3 m), immerses the mop in the third bucket for rinsing and wring out and repeats the process from step 1 until finished mopping. 3. After cleaning a small area (e.g. 3 m x 3 m), immerses the mop in the third bucket for rinsing and wring out and repeats the process from step 1 until finished mopping. 4. Once the floor is dry, mop with disinfectant from the second bucket. 	1			<i>(steps for mopping need to be correct to get 1 mark)</i>
9.	<p>Neutral detergents and disinfectants are used in accordance with manufacturer's instructions (e.g. dilution, storage, shelf-life and contact time).</p> <p>Sodium Hypochlorite is freshly prepared at all times to clean surfaces or if solution has to be used numerous times, then solution to be tested prior to using to ensure the disinfectant will be effective. What tool is used to measure the effectiveness of the disinfectant solution?</p> <p>Several tests can be used to gauge chlorine strength, and these include chemical titration, chemical spectrometry or colorimetry, colour wheels and test strips, in order of decreasing accuracy.</p>	1			
10.	<p>Separate clean (laundered if not disposable) cloths are used to clean each room and corridor.</p>	1			
11.	<p>Designated cleaning equipment (such as mop handles and buckets, re-usable cloths) are washed in hot water, disinfected with sodium hypochlorite, and completely dried before re-use.</p> <p>Color code cleaning items and make sure that the color is standardized all over Fiji Health Services. Inservice training should be done to cleaners and their cleaning agencies.</p>	1			

12.	Are cleaning cloths being stored in a clean, stored and locked in a sanitary condition?	1			
13.	Are mops and buckets being stored in a clean, closed, locked and sanitary condition?	1			
14.	All waste bags from quarantine/Isolation centre are tightly sealed (preferably double-layers to avoid leakage), disinfected prior to collection under strict supervision before all waste is treated/destroyed/disposed appropriately.	1			
15.	All waste bags must be labelled as "infectious" and contain the following information: 1. Name of quarantine centre 2. Date and time waste is collected. 3. Name of person collecting the waste.	1			
16.	All personnel handling wastes through collection/storage/transportation/treatment are wearing proper PPE (face mask, hand gloves and gowns)	1			

Reference sources

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