COVID19 Room Cleaning Guidance

This guidance does not apply to ORs or procedural areas

Tier One

Routine evaluation and care of known or possible COVID19 patient (including Nasopharyngeal Swab). This does not include rooms where aerosol generating procedures were performed.

- Immediate turnover of room- cleaning process can begin **directly** following the patient's exit from the room
- For an airborne isolation room/negative pressure room in this category: the room **does not** need to remain empty for one hour prior to cleaning
- Established cleaning processes should be followed. It is **critical** that all horizontal surfaces are thoroughly wiped (e.g. exam bed, countertop, chair, equipment, etc.) with the approved low level disinfectant. The manufacturer's instructions **must** be followed (wet times) for disinfection to occur.
- After cleaning, the room is ready for the next patient

Tier Two

If an Aerosol Generating Procedure* (AGP) was performed

- Room should remain vacant for 60 minutes for regular room (6 ACH- air exchanges per hour)
- Room should remain vacant for 30 minutes for airborne isolation room/negative pressure room (at least 12 ACH air exchanges per hour)
- The time starts when the AGP is completed
- Airborne Isolation signage will remain on the door until the appropriate time has passed
- After the appropriate time has passed, the nurse should remove Airborne Isolation signage to communicate to the EVS staff/clinic staff that the room is ready for cleaning
- Established cleaning processes should be followed. It is critical that all horizontal surfaces are thoroughly
 wiped (e.g. exam bed, countertop, chair, equipment, etc.) with the approved low level disinfectant. The
 manufacturer's instructions must be followed (wet times) for disinfection to occur.
- After cleaning, room is ready for next patient

*Aerosol Generating Procedures include:

Aerosol-generating procedures (AGP) are procedures that stimulate coughing and promote the generation of aerosols. Examples of AGP include procedures that are believed to generate aerosols and droplets such as positive pressure ventilation (BiPAP, CPAP and high flow nasal cannula oxygen), endotracheal intubation, airway suction, high frequency oscillatory ventilation, tracheostomy, chest physiotherapy, nebulizer treatment, sputum induction, and bronchoscopy.