

## CVS05 - Cleaning Protocol – General Cleaning Guidelines

This guidance is based on Government guidance published on 15/07/2020 and accessed via <https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings>

Please note: this guidance is of a general nature and should be treated as a guide, and in the event of any conflict between any applicable legislation (including the health and safety legislation) and this guidance, the applicable legislation shall prevail.

### What you need to know

- cleaning an area with normal household disinfectant after someone with suspected coronavirus (COVID-19) has left will reduce the risk of passing the infection on to other people
- cleaning of normal areas without clear Covid-19 contamination with a normal household disinfectant is sufficient, and at school we will clean with a proprietary sanitising cleaning product that has proven effectiveness against viruses similar to Covid-19
- where additional cleaning is required or desired, a bleach solution will be used to further assure and sanitise hard surfaces
- disposable gloves and aprons will be worn for cleaning. These should be double-bagged, then stored securely for 72 hours then thrown away in the regular rubbish after cleaning is finished
- using a disposable cloth, first clean hard surfaces with warm soapy water or our proprietary sanitising cleaning product by spraying the cloth, not the surface. Follow with a bleach solution if required / desired. Pay particular attention to frequently touched areas and surfaces, such as bathrooms, grab-rails in corridors and stairwells and door handles
- if an area has been heavily contaminated, such as with visible bodily fluids, from a person with coronavirus (COVID-19), use protection for the eyes, mouth and nose, as well as wearing gloves and an apron
- wash hands regularly with soap and water for 20 seconds, and after removing gloves, aprons and other protection used while cleaning

### Background

Experience of new coronaviruses (SARS-CoV and MERS-CoV) has been used to inform this guidance. The risk of infection depends on many factors, including:

- the type of surfaces contaminated
- the amount of virus shed from the individual
- the time the individual spent in the setting
- the time since the individual was last in the setting

The infection risk from coronavirus (COVID-19) following contamination of the environment decreases over time. It is not yet clear at what point there is no risk. However, studies of other viruses in the same family suggest that, in most circumstances, the risk is likely to be reduced significantly after 72 hours.

### Principles of cleaning in School

#### Personal protective equipment (PPE)

The minimum [PPE](#) to be worn for cleaning an area is disposable gloves and an apron. Hands should be washed with soap and water for 20 seconds after all PPE has been removed.

[Title]

Additional PPE can be worn if desired, but is not encouraged.

Non-healthcare workers should be trained in the correct use of a surgical mask, to protect them against other people's potentially infectious respiratory droplets when within 2 metres, and the mask use and supply of masks would need to be equivalent to that in healthcare environments.

PPE including fluid resistant surgical masks, disposable plastic aprons, disposable gloves and re-usable face shields will be available for use by cleaning staff if desired. **The only PPE that is essential is disposable gloves and a disposable apron.**

WHO Guidance on using Surgical Masks:

- Before putting on a mask, clean hands with alcohol-based hand rub or soap and water.
- Cover mouth and nose with mask and make sure there are no gaps between your face and the mask.
- Avoid touching the mask while using it; if you do, clean your hands with alcohol-based hand rub or soap and water.
- Replace the mask with a new one as soon as it is damp and do not re-use single-use masks.
- To remove the mask: remove it from behind (do not touch the front of mask); discard immediately in a closed bin; clean hands with alcohol-based hand rub or soap and water.

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>

### Removing PPE safely

The below guidance should be used to ensure you remove PPA safely.

The image contains two NHS COVID-19 PPE removal guides. The first guide, titled 'Putting on your PPE' and 'Removing PPE Safely', shows a four-step process: 1. Plastic Apron, 2. Surgical Face Mask, 3. Eye Protection, and 4. Gloves. The second guide, titled 'Removing PPE Safely', shows a seven-step process: 3. Wash Hands, 4. Exit Room, 5. Remove Eye Protection, 6. Remove Face Mask, and 7. Wash Hands. Both guides include illustrations of the actions and text boxes with instructions. The NHS logo is present at the top of each guide.

**COVID-19 Putting on your PPE**

- 1 Plastic Apron
- 2 Surgical Face Mask
- 3 Eye Protection
- 4 Gloves

**COVID-19 Removing PPE Safely**

- 1 Remove Gloves
- 2 Remove Apron
- 3 Wash Hands
- 4 Exit Room
- 5 Remove Eye Protection
- 6 Remove Face Mask
- 7 Wash Hands

PPE appropriate for general contact with confirmed or suspected Covid-19 case

[Title]

## Cleaning and disinfection

All surfaces should be thoroughly wiped down with an appropriate cleaning fluid as outlined below using disposable cloths and appropriate cleaning fluids. **Spray the cloth, not the surface!**

**In general, the following hard surfaces should be thoroughly sanitised at least 2-3 times a day (at least twice for bubble areas, 3 times a day for communal areas):**

- Entrance Hall: door handles, sanitising station, keypads and door casing and parts of doors which might be touched when opening and closing the door, hard surfaces where equipment has been placed
- Staff room: switches, handles, fridge door and handle, hard surfaces where drinks are made, outside of coffee, tea, sugar canisters, front of dishwasher and handle, bin lid
- Corridors: door touch plates, handles, light switches, door casings and parts of doors which might be touched when opening and closing the door
- Toilets: hard surfaces including toilet seats, partition doors where touching could occur, taps and basins, doors and door casings where touching could occur
- Classrooms: bin lids, teacher's desk including computer keyboard, mouse, doors and door casings where touching could occur (children will wipe down their own tables)
- Computer rooms: bin lids, teacher's desk including computer keyboard, mouse, doors and door casings where touching could occur
- Offices: door handles and door casings where touching could occur, computer keyboard, mouse and desk, phone handset and keypad
- Any other hard surfaces identified as potential touch points

The following is a list of areas that should be thoroughly cleaned and sanitised **(with a bleach based product)** at least once a day as part of cleaning staff normal routine:

- Classrooms in use: bin lids, desks and tabletops, hard chairs (back of the chair where it would be touched to pull out and bottom of the chair used to pull under the table), teacher's desk including computer keyboard, mouse, switches and buttons (NOT the computer screen itself), doors and door casings where touching could occur, seat armrests and plastic parts
- Computer rooms: bin lids, teacher's desk including computer keyboard, mouse, doors and door casings where touching could occur, seat armrests and plastic parts, all computer keyboards, mouse, switches and buttons (NOT the computer screen itself)
- Toilets: thorough clean including all hard surfaces
- Corridors: thorough clean including all hard surfaces
- Entrance Hall, Offices, Staff Room, Circulation Spaces: thorough clean of all hard surfaces

The exclusion of any obvious or occasionally touched surface does not mean it does not need to be cleaned!

Cleaners will be informed if cleaning due to the presence of a symptomatic individual is required, and the appropriate risk assessment and protocols will be followed.

General Guidance:

Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, following one of the options below:

- use either a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine

or

- a household detergent followed by disinfection (1000 ppm av.cl.). Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants

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or

- if an alternative disinfectant is used within the organisation, this should be checked and ensure that it is effective against enveloped viruses

**In our school, we will clean during the day (while children are present) using Selgiene Extreme, and will use dedicated toilet wipes in toilet areas only as Selgiene is a potential skin irritant. Toilets should not be used while being cleaned and must only be accessed by children once all surfaces are thoroughly dry.**

**Once a day we will clean using a bleach solution on hard surfaces, and normal cleaning products elsewhere according to our usual cleaning risk assessments.**

Avoid creating splashes and spray when cleaning. Spray the cloth not the surface!

Any cloths and mop heads used must be disposed of and should be put into yellow waste bags as outlined below.

When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used.

Any items that are heavily contaminated with body fluids and cannot be cleaned by washing should be disposed of.

## **Waste**

Waste from cleaning (including disposable cloths and tissues) can be put in normal waste unless an individual has shown symptoms, or tests positive for Covid-19.

Waste should be stored safely and kept away from children. If waste has come into contact with someone showing symptoms or testing positive, we will store waste until negative test results are known or the waste has been stored for at least 72 hours.

- if the individual tests negative, this can be put in with the normal waste
- if the individual tests positive, then store it for at least 72 hours and put in with the normal waste

If storage for at least 72 hours is not appropriate, we will arrange for collection as a Category B infectious waste either by our local waste collection authority or otherwise by a specialist clinical waste contractor. They will supply us with orange clinical waste bags to place our bags into so the waste can be sent for appropriate treatment.