

Area - Description	Emergency Procedures - COVID-19 Decontamination - Ancillary Areas
Responsibility For Cleaning	Hygiene Operative
Engineering Assistance Req.	No
Responsibility For Inspection	Hygiene Supervisor

USE	PRODUCT NAME	COLOUR CODE	MINIMUM CONTACT	USE RATE	CLEANING TOOLS REQUIRED		
Disinfectant	SODIUM HYPOCHLORITE		15 Minutes	1%			
Disinfectant	QFD 60 RTU		15 Minutes	As Supplied			
Disinfectant	ACTIVE		15 Minutes	3%			
Disinfectant	VIRUCIDAL DISINFECTANT RTU		30 Minutes	As Supplied			

PERSONAL PROTECTIVE EQUIPMENT

OTHER CONTROLS

SPECIAL PRECAUTIONS

1. This CIC is intended as general guidance only.
2. For surfaces that are excessively dirty with bodily fluids, refer to the Human Bodily Fluid Incident Cleaning Instruction Card if you have one. If not, please contact Holchem for further guidance.
3. As more information regarding COVID-19 becomes available, then this guidance will be reviewed and appropriately updated.

AS REQUIRED CLEANING METHOD
 Complexity: 1

1. This decontamination procedure refers to hard and soft surfaces that may have been contaminated by SARS-CoV-2, the virus responsible for COVID-19, from members of staff who are subsequently diagnosed as COVID-19 cases.
2. Such surfaces include the floor (onto which droplets arising from the COVID-19 case talking, coughing etc. could settle) and all surfaces that the case could have been touched and that are frequently touched by other staff e.g., door handles, hand rails, on-off switches, desks, office equipment, canteen surfaces.
3. This procedure is a decontamination procedure using virucidal disinfectants and as such the surfaces are required to be relatively clean. If they are not relatively clean, then a cleaning procedure should be applied first.
4. This procedure does not apply to equipment and other environmental surfaces which should be cleaned and disinfected in the normal way. Refer to the relevant Cleaning Instruction Cards (CICs) for guidance on the daily and periodic cleaning and disinfection procedures for equipment and environmental surfaces.
5. Risk assess the likely level of coronavirus likely to be present on surfaces – how long ago was the operative subsequently diagnosed as COVID-19 positive known to be working in the area? Coronavirus will have a rapid decline in the air over 24 hours and on surfaces over 72 hours and is thought to have a low risk after this time. There may be an extended survival on surfaces, at a very low level, of coronavirus over several more days, so decontamination of surfaces is still required.

AS REQUIRED CLEANING METHOD

Complexity: 1

6. If possible, leave the potentially contaminated area fallow for 72 hours. This is a 'decontamination treatment' in itself and will allow the natural degradation of the coronavirus in the air and on surfaces. Chemical decontamination of surfaces, as an additional measure, should then be undertaken.
7. Risk assess what appropriate Personal Protective Equipment (PPE) is required if high levels of SARS-CoV-2 are expected, and/or if the decontaminating technique adopted is likely to create a high level of aerosols. The PPE should include a suitable face guard, mask or respirator, close fitting goggles, wellingtons and protection for the body, arms and legs.
8. Try not to touch your face during the decontamination process until your hands have been double washed at the end .
9. Depending on the surface type, spray, sluice or wipe all areas with a 1000 ppm available chlorine solution of **Sodium Hypochlorite** to achieve thorough disinfection, allowing a minimum 15 min contact time prior to rinsing with fresh, clean water. Do not use sodium hypochlorite on soft furnishings.
10. For other surfaces, spray and/or wipe surfaces with an alcohol product containing >60% alcohol.
11. Where an alcohol based product is not available then spray and/or wipe with a suitable product for ancillary areas which has virucidal approval against EN 14476 for enveloped viruses (e.g. **Viricidal Disinfectant RTU, QFD 60** or **Active** at 3%) or allowing a minimum 15-30 min contact time.
12. Following a risk assessment, primarily based on the time since the confirmed COVID-19 case was in the area and the degree of forced or natural air movement in the room, fogging of the area may be appropriate. If indicated, follow the room fogging CIC if you have one. If not, please contact Holchem for further guidance
13. Consider the use of a commercially available test kit to verify the surface is free of SARS-CoV-2 following the decontamination procedure.
14. Disposable cleaning equipment such as cloths, should be placed into labelled waste bags and sealed.
15. Disposable PPE such as gloves, aprons etc., should be placed into labelled waste bags and sealed.
16. Move waste bags to a segregated area and follow any instructions from the local authority as to how the contaminated waste should be disposed of.
17. Non-disposable items such as respirators, goggles, visors, waterproof footwear should be decontaminated as appropriate.
18. A double normal handwash and disinfection procedure should be applied as a minimum
19. Record the names and contact details of the cleaning personnel so that they could be contacted as part of the tracing process for a confirmed COVID-19 case.