



# Standard Precautions for the Prevention of Infection

in Public Facilities



## Table of Contents

1. Introduction
2. Infection Control Concerns for the Public
3. Healthcare Resources
4. The Chain of Infection
5. Mode of Transmission of Pathogens
6. Standard Precautions
7. Transmission Based Precautions
8. Disinfectant Efficacy Requirements
9. Standard Elements of an Infection Prevention Program for Non-Healthcare Facilities
10. Precautions Recommendations by Pathogen
11. Applying Precautions to Non-Healthcare Facilities
12. Using Disinfectants
13. Formalized Cleaning Practices

## Introduction

The risk of pathogens infecting the general public is an ever present and serious risk. As pathogens are constantly evolving, it is not always clear where the risks are and what to do to address them. For Healthcare facilities (hospitals, nursing homes, surgery centers, clinics, etc.) a primary concern of the facility management is the management of the risk of infection to patients and visitors. Thus significant resources are applied to designing facilities and organizational processes and practices with patient/public safety in mind. Because of these resources, Healthcare facilities are also generally well prepared to deal with the threat of new and evolving pathogens, having the knowledge, tools, and resources to do so.

For many other businesses, especially those that cater to the general public, such as hotels, schools, restaurants, airports, malls, cruise ships, and amusement parks, preventing the transmission of disease is also an ongoing part of their risk management practices for their customers, but they have less resources and internal knowledge to apply to protecting their customers from infection. Also, as these types of facilities have had minimal formal investigation (i.e. well-designed studies published in peer reviewed journals), there is minimal evidence to quantify the risks involved. The risk of transmission of pathogens resulting in disease may be significantly lower in a non-healthcare environment, which may justify a lower facility priority and level of resources and the use of a more basic approach to Infection Prevention on a daily basis.

In the event of an outbreak/epidemic (disease affecting a large number of people in a community at one time), Healthcare facilities are well prepared to deal with the disease and do not generally have to change their practices. Even in a pandemic (epidemic/outbreak affecting a large geographic area, such as multiple continents), Healthcare will have the policies in place to deal with the increase in illness.

However, for non-Healthcare facilities, since Infection Prevention isn't as strong a concern for these businesses on a consistent basis, they may lack the knowledge and resources to determine the implications for their facility in the event of an outbreak/epidemic, pandemic, or new pathogen of concern.

This document was developed to help explain the basics of Infection Control from the Healthcare perspective and how these concepts can be applied to non-Healthcare facilities.

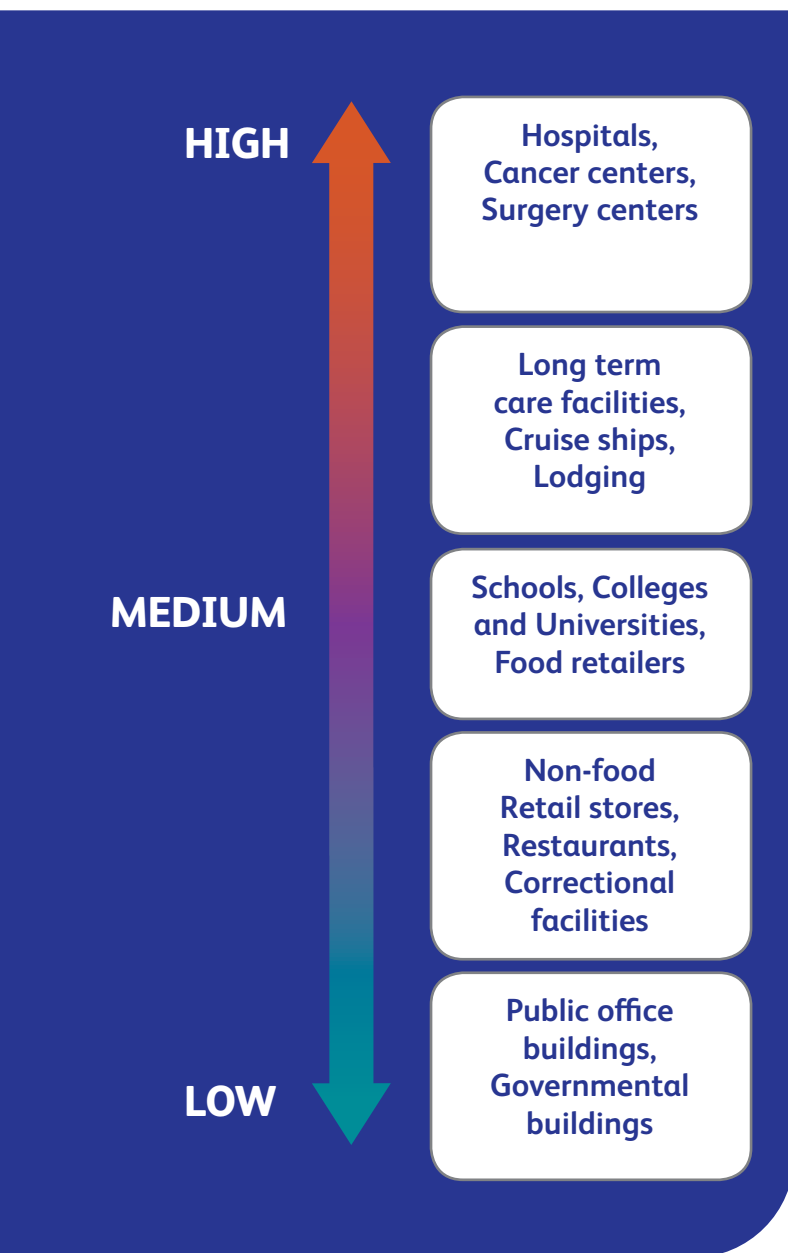
This document is intended to help explain selected basic concepts of Infection Control from the Healthcare perspective and to communicate how these standard Infection Prevention practices would be applied to non-Healthcare industries in areas related to environmental surface cleaning and disinfection and hand hygiene. This is done in part by contrasting with the practices Healthcare facilities would follow.





## Infection Prevention Concerns for the Public

We can therefore visualize Infection Prevention requirements for public facilities on a continuum, with any specific facility moving up or down the continuum as they respond to the expectations of their customers, their management, the general public, their regulatory authorities, and the impact of the media.



## Healthcare Resources

One of the advantages Healthcare facilities have in dealing with Infection Prevention issues is the level of governmental interest Healthcare receives. This results in the following:

- Recommendations from global health authorities, such as CDC and WHO, on specific Infection Prevention practices for Healthcare facilities to follow.
- Requirements for facilities to measure and report back infections of their patients.
- Hiring of people certified in Infection Prevention to lead programs to reduce infection risk and to perform reporting to the government.
- Hiring of Infectious Disease doctors, Epidemiologists, and other medical professionals as resources to fight infections in patients.
- Industry and trade organizations that work to bring solutions to Healthcare customers that help lower the risk of infection.
- Housekeeping teams that receive training in Infection Prevention. Often the Housekeeping lead will have a formal certification in proper Healthcare cleaning practices.

Non-healthcare facilities generally have minimal Infection Prevention regulation and rely on public health officials or other resources outside their company for assistance. This leads to wide variations in practice between sectors and a lack of consistency, even within a facility. Where it may be standard practice to use hand hygiene and disinfectants in Healthcare facilities in well-articulated situations, in schools or hotels, these practices may be viewed as optional and performed less - or not at all, depending on the facility. As an example, most schools have no requirements for hand hygiene for students, while Healthcare practices for nurses may require hand hygiene upwards of 40 times per shift.

## The Chain of Infection

In a Healthcare environment, Healthcare Associated Infections (HAIs/HCAIs), which are secondary infections that occur during the course of receiving care, are generally caused by the patient's endogenous flora, meaning bacteria normally found on their body. 20-40% of HAIs are caused by exogenous flora (microorganisms from other sources) and are considered preventable. While HAIs caused by organisms from any source are considered preventable, those coming from sources other than the patient's body are considered the most preventable. In a hospital environment, any patient infection is counted and tracked. Those that occur more than 48 hours after admission. In the hospital are considered an HAI and are generally viewed as a result of break in infection prevention practices on the part of the hospital staff. This puts pressure on the Infection Prevention team to identify the cause of the infection and implement steps to prevent it from happening again. CDC and/or WHO recommendations are used to create facility policies and practices, which are designed to prevent infections for patient.

Because all possible situations and circumstances cannot be anticipated, recommendations tend to focus on general practice guidelines that can be used for classes of microorganisms, rather than having a set of recommendations for each pathogen, which would be largely the same for groups of pathogens. Work done in the field of Epidemiology and Infection Prevention has led to recommendations that focus on managing risk from the "Chain of Infection".

## Chain of Infection

Three of the links in the chain are important for this discussion:

### A. Reservoir

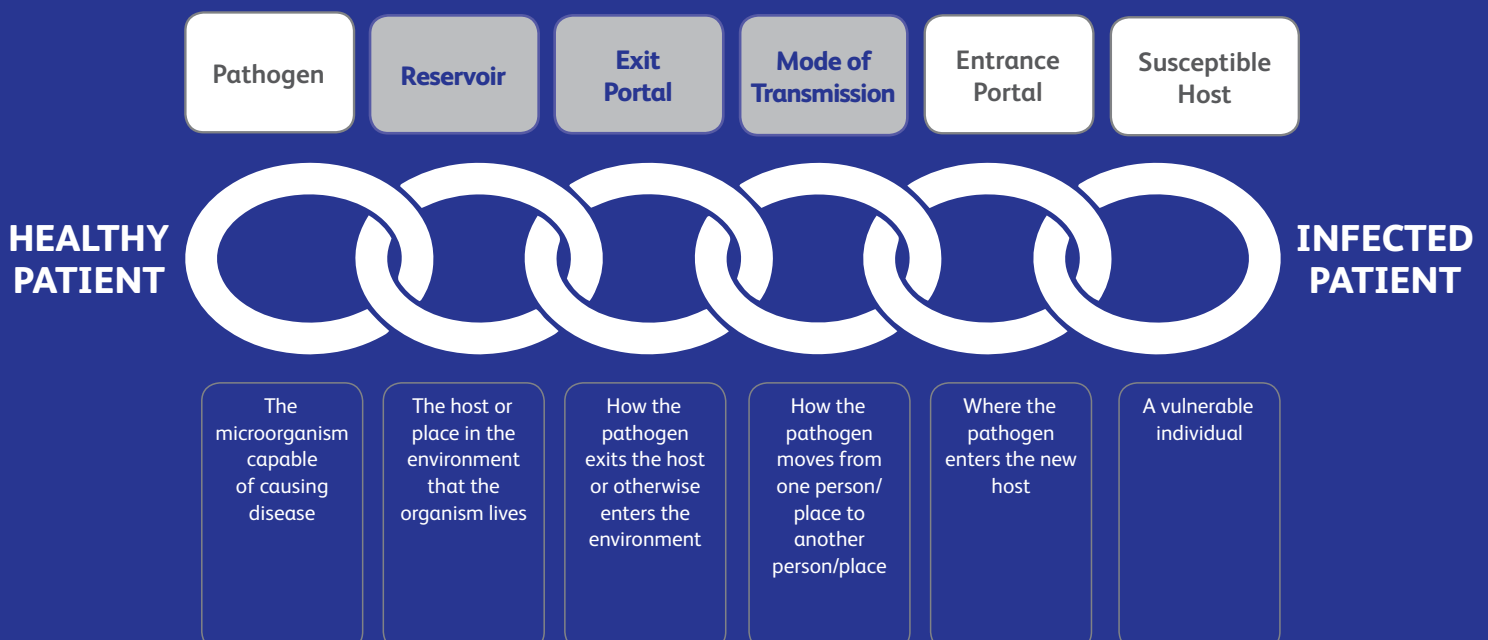
– if the pathogen lives on environmental surfaces or on the hands of a Healthcare Worker (HCW), facility practices would strive to eliminate reservoirs through proper surface hygiene or hand hygiene practices, which prevents infections.

### B. Exit Portal

– how the pathogen leaves the host and moves into the environment. When an infected patient sheds pathogens into the environment, it is often accompanied by blood or body fluids or the shedding of skin cells and hair. The combination of pathogen and organic soil presents an opportunity to prevent infections by removing the contamination and/or killing the pathogens.

### C. Mode of Transmission

– by understanding how the pathogen moves from person to person, facility practices/protocols can be adopted to interrupt the transmission, which prevents infections.







## Mode of Transmission of Pathogens

Studies on how pathogens cause infection have led to determinations that there are three primary modes of pathogen transmission and that all pathogens use one or more of these modes of transmission. By successfully interrupting the mode of transmission, we can prevent infection.

### A. Contact Transmission

- a. **Direct** – body to body contact (skin to skin) between the infected person and the person who becomes infected.
- b. **Indirect** – body to surface to body contact. The infected person contaminates an object, which the second person comes in contact with, getting infected. This can be through environmental surfaces and equipment, such as bed rails, toilet handles, or blood pressure cuffs.

### B. Droplet Transmission

an infected person vomits, sneezes, coughs, or otherwise spreads large droplets of liquid into the air, which can travel up to 1 m. The person getting infected gets these droplets in their eyes, nose, or mouth and gets infected.

### C. Airborne Transmission

an infected person vomits, sneezes, coughs, or otherwise spreads small droplets of liquid into the air, which can travel over large distances (>1 m). The person getting infected gets these droplets in their eyes, nose, or mouth and gets infected.

In addition to contact, droplet, and airborne transmission, there are two special cases that are sometimes shown as additional modes of transmission.

In “Vehicle Transmission”, contaminated food, water, or medicine is ingested and the person becomes infected, which is also how foodborne illness is generally spread. In “Vector Transmission” an infected animal or insect infects a person by biting or exposure to the animal’s blood or body fluids. It can be argued that these modes are special cases of indirect contact transmission, and for purposes of this document, we do so as well.

To prevent the transmission of pathogens in a Healthcare facility, research in Epidemiology and Infection Control has identified interventions needed to break the chain of infection. These interventions are now considered best practices in Healthcare facilities and largely are the same across the globe. The general term for these interventions is “precautions” and they are divided into standard precautions, which are used for every patient, and transmission based precautions, which are used based on the pathogen(s) of concern. Hand hygiene – using models such as the WHO 5 Moments of Hand Hygiene to identify when and how HCW are to perform hand hygiene. This can include both hand washing and the use of alcohol hand rubs as appropriate.

Standard Precautions are to be used by HCW universally throughout Healthcare and are expected to provide the standard level of interventions needed to interrupt the chain of infection. The bundle consists of the following:

#### A. Hand hygiene

using models such as the WHO 5 Moments of Hand Hygiene to identify when and how HCW are to perform hand hygiene. This can include both hand washing and the use of alcohol hand rubs as appropriate.

#### B. Personal Protective Equipment (PPE) (i.e. use of barriers)

using gloves, gowns, masks, eye protection, respirators, shoe covers, and leg covers as needed to prevent exposure to blood or other body fluids.

#### C. Environmental surface and patient care equipment cleaning and disinfection

proper cleaning and disinfection of environmental surfaces and patient care equipment using specified procedures and products. Medical devices and surgical instruments fall into this intervention as well, but have rigidly defined cleaning and sterilizing procedures to ensure their safety for patients.

#### D. Respiratory hygiene/cough etiquette

using masks for patients that are coughing or sneezing, having HCW cough or sneeze into their elbow (not their hands), having patients and HCW use tissues to cover the mouth, and performing hand hygiene after coughing or sneezing or using a tissue.

#### E. Patient placement/separation of infected patients

this can either take the form of having patients in private rooms or can include cohorting patients with the same infection in the same ward for multi-bed wards. For patients with infections that can be transmitted via aerosols, this can also include placing them in a private room with negative air pressure, so the air does not circulate out of the room into other areas.

#### F. Safe injection practices

using appropriate PPE when performing injections including masking during lumbar punctures and using respirators when performing aerosol generative procedures.

#### G. Fabric handling

ensuring soiled linens are handled in ways to prevent dissemination of pathogens.



When standard precautions are not enough to interrupt the chain of infection, additional precautions, called transmission based precautions, are added to standard precautions to interrupt the chain of infection. As explained above, the three modes of transmission are contact, droplet, and airborne. Some pathogens can be transmitted via more than one mode, in which case multiple bundles of interventions are used.

### A. Contact Precautions

includes mandatory use of gloves and gown (covering torso and arms) whenever putting on the gloves and gown and after PPE removal, when leaving the room. Where possible, patients are placed in private rooms with a bathroom in the room. Patient movements outside the room are limited to medically necessary purposes.

### B. Droplet Precautions

includes mask when entering room. In addition, based on the pathogen of concern, gloves, gown, and eye protection may be required. Hand hygiene is performed prior to putting on the PPE and entering the room and after removing PPE when leaving the room. Where possible, patients are placed in private rooms with a bathroom in the room. Patient movements outside the room are limited to medically necessary purposes.

### C. Airborne Precautions

includes the use of a personal respirator (NIOSH approved N-95 or equivalent) and placing the patient in a private room under negative pressure. Typically the patient will wear a mask when others are in the room. HCW may also be required to wear some combination of gloves, gown, eye protection, leg coverings, and shoe coverings, depending on the pathogen of concern.





## Disinfectant Efficacy Requirements

Healthcare facilities are well educated about how to select and implement standard and transmission based precautions. The selection of hand hygiene and surface cleaning/disinfection products used in the facilities go through a committee review to ensure the products have the efficacy required for their intended use.

The table to the right shows a hierarchy between levels of efficacy and the pathogens expected to be killed at that level. The pathogens at the bottom of the table are the easiest to kill with disinfectants and alcohol hand rubs. Pathogens located higher on the table are more difficult to kill and may require special disinfectants or hand rubs to ensure there is efficacy against the pathogen of concern.

As part of a non-healthcare facility's assessment of whether they have the right disinfectants and hand hygiene products, they would use a table similar to what is shown to ensure they have the needed efficacy.

While the practices explained have been proven to interrupt the chain of infection in Healthcare facilities, it is less clear how these practices should be adapted for non-Healthcare facilities. We attempt to do so in the sections that follow.

## Pathogen Resistance to Chemical Disinfection

Resistance	Level of Efficacy	Organism Class	Human Pathogens of Concern
<p>More Resistant</p> <p>Less Resistant</p>	<b>Prion Reprocessing</b>	Prions	Creutzfeldt Jakob causing prions
	<b>Sterilization/ High Level Disinfection</b>	Spore forming bacteria	Bacillus subtilis Clostridium sporogenes Clostridium difficile Clostridium Sordellii
	<b>Intermediate Level Disinfection</b>	Mycobacteria	Mycobacterium abscessus Mycobacterium tuberculosis
		Nonenveloped or small viruses	Adenovirus Canine parvovirus Hepatitis A (HAV) Norovirus Poliovirus Rotavirus Rhinovirus
	<b>Low Level Disinfection</b>	Fungi - molds	Trichophyton mentagrophytes Aspergillus niger
		Fungi - yeasts	Candida albicans
		Gram Negative Bacteria	Acinetobacter baumannii Burkholderia cepacia Enterobacteriaceae (Carbapenem-resistant) Klebsiella & E. coli (CRE) Escherichia coli (O157:H7) ESBL producing Klebsiella and E. coli Klebsiella pneumoniae Pseudomonas aeruginosa Salmonella typhi Stenotrophomonas
		Gram Positive Bacteria	Methicillin resistant Staphylococcus aureus (MRSA) Staphylococcus aureus Streptococcus (PSWRP) Vancomycin resistant Enterococci (VRE) Vancomycin Intermediate Resistant Staph aureus (VISA) Vancomycin resistant Staph aureus (VRSA)
		Enveloped or medium/large viruses	Ebolavirus Hepatitis B, & C (HBV, HCV) Herpes Human Coronavirus (SARS, MERS) Human Immunodeficiency Virus (HIV/AIDS) Influenza and Avian Influenza Respiratory Syncytial virus (RSV)



# Standard Elements of an Infection Prevention Program for non-Healthcare Facilities

Shown below is a list of elements to be included in an Infection Prevention program. This list was developed with non-Healthcare facilities in mind.

## A. Preparation/Risk Assessment

The best Infection Prevention programs are developed before a time of crisis. Having a team that meets regularly and is empowered to make decisions for the facility is critical in identifying potential gaps in how the facility would respond to specific challenges, such as an outbreak of Influenza, Ebola, or MERS. After a facility risk assessment, the team should make recommendations, which may include modifications to facilities, such as adding handwashing stations or additional storage for Infection Prevention supplies which may be needed. These modifications take time, thus the need to plan before an outbreak. The recommendations may also include having an extra supply of disinfectants, disinfectant wipes, hand hygiene products, facial tissues, toilet paper, and extra trash cans to be used for outbreaks.

## B. Vaccinations

Where possible, providing and/or requiring employee vaccinations helps protect staff and prevent transmission of pathogens to guests/customers. Healthcare facilities in many countries are moving in the direction of requiring their employees to have annual influenza vaccinations. We encourage this in other sectors as well where practical.

## C. Communication Materials

If a facility wants their customers/guests to perform certain behaviors, such as using hand sanitizers, having prepared signs and other communication materials are helpful in gaining compliance and having a professional appearance to the materials.

## D. Stock Supplies

When an outbreak occurs or there is a new pathogen of concern, knowing in advance what supplies will be needed and what the lead time is will help the facility be prepared. This can include cleaners, disinfectants, hand hygiene products, disposable wipers, paper towels, trash bags, toilet paper, extra garbage pickups, bottled water, gloves, gowns, masks, etc. The planning process should identify what is expected to be needed and how much additional stock to order.

## E. Hand Hygiene

The simplest most cost effective way to prevent the spread of pathogens is by frequent hand hygiene. Studies undertaken in Healthcare demonstrate that access to hand hygiene is the best predictor of whether people will perform it frequently.

## F. Surface Cleaners/Disinfectants

Since clean hands that touch dirty surfaces negates the value of hand hygiene, having and using regularly a proper range of cleaners, disinfectants, and cleaning tools (cleaning cloths, spray bottles, etc.) is an important part of daily operation and preparation for an outbreak. In the event of an outbreak or a new pathogen of concern, it may be necessary to change cleaning products or increase the amount of cleaning being performed.

### Cleaning Practices, Standards and Schedules

All facilities should have standard cleaning practices. These practices should detail the materials needed, the methods to use in cleaning, and the surfaces or equipment to be cleaned/disinfected. In the event of outbreaks or a new pathogen of concern, the planning should identify how much the frequency will be increased or otherwise modified. Checklists and other work management tools should be prepared in advance for the enhanced cleaning, so there is no question of what to do – only when to start doing it. Cleaning should include standard recommendations such as:

- a. Maintain a constant flow in a room to avoid contamination of cleaned surfaces.
- b. Perform hand hygiene before and after cleaning a room.
- c. Use PPE both to protect the worker from the chemicals (if appropriate) and to protect the worker from pathogens in the environment.

## G. Personal Protective Equipment

Workers may need gloves, gowns, masks, and eye protection depending on the pathogens of concern. As with other elements of the facility plan, this should be considered in advance so that there are no questions around the use of the PPE. Workers will need training in how to use the PPE including correctly donning and taking off the PPE and doing hand hygiene before and after use of the PPE.

## H. Compliance Monitoring

Many Healthcare facilities have programs to monitor hand hygiene, surface cleaning, and PPE usage compliance. In this way, they hold themselves accountable not just for having the policies, but for following them as well. Even in non-Healthcare facilities it may be appropriate to consider the use of compliance monitoring to ensure workers are performing as expected.



## Precautions Recommendations by Pathogen

The CDC publishes a guidance document (2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings) that includes specific precautions recommendations by pathogen.

A summarized version is shown below. Note that for all pathogens, the use of standard precautions apply. The table is intended to show where the CDC additionally recommends transmission based precautions for Healthcare facilities.



## Transmission Based Precautions

Pathogen of Concern	Organism Class	Contact	Droplet	Airborne
Adenovirus	Nonenveloped or small viruses			
Aspergillus niger	Fungi - mold			
Candida Albicans	Fungi - yeast			
Clostridium difficile	Spore forming bacteria	Yes		
Ebolavirus	Enveloped or medium/large viruses	Yes	Yes	
Enterobacteriaceae, Carbapenum resistant (CRE)	Gram negative bacteria	Yes		
ESBL producing Klebsiella or E. coli	Gram negative bacteria	Yes		
Escherichia coli O157:H7	Gram negative bacteria			
Hepatitis A (HAV)	Nonenveloped or small viruses			
Hepatitis B and C (HBV, HCV)	Enveloped or medium/large viruses			
Human Immunodeficiency Virus (HIV/AIDS)	Enveloped or medium/large viruses			
Influenza	Enveloped or medium/large viruses		Yes	
Methicillin Resistant Staphylococcus aureus (MRSA)	Gram positive bacteria	Yes		
Middle East Respiratory Syndrome (MERS) coronavirus	Enveloped or medium/large viruses	Yes		Yes
Mycobacterium Tuberculosis (pulmonary)	Mycobacteria			Yes
Norovirus	Nonenveloped or small viruses	Yes **		
Pertussis virus (Whooping cough)	Enveloped or medium/large viruses		Yes	
Poliovirus	Nonenveloped or small viruses	Yes		
Rabies virus	Enveloped or medium/large viruses			
Respiratory Syncytial Virus (RSV)	Enveloped or medium/large viruses			
Rhinovirus	Nonenveloped or small viruses		Yes	
Rotavirus	Nonenveloped or small viruses	Yes		
Rubella (German measles)	Enveloped or medium/large viruses		Yes	
Salmonella typhi	Gram negative bacteria			
Severe Acute Respiratory Syndrome (SARS) coronavirus	Enveloped or medium/large viruses	Yes	Yes	Yes
Staphylococcus aureus	Gram positive bacteria			
Vancomycin Resistant Enterococcus (VRE)	Gram positive bacteria	Yes		

Note: Standard Precautions are recommended for all pathogens. Transmission based may additionally be recommended.

\*\* Indicates recommendation is for outbreaks only, not for routine protection

## Applying Precautions to Non-Healthcare Facilities

As the table on the previous page shows, a significant number of pathogens of common concern can have transmission interrupted by standard precautions. This demonstrates the need for non-Healthcare facilities to incorporate most standard precautions into their facility hygiene plans. Practices of safe injection and patient placement do not apply to non-Healthcare facilities, but the following standard precautions should be included in facility hygiene plans.

- **Hand hygiene**
- **PPE/barriers**
- **Environmental surface cleaning and disinfection**
- **Respiratory hygiene/cough etiquette**
- **Fabric handling**

Since common environmental surfaces may or may not be contaminated with pathogens that can be transmitted by contact, it is better to err on the side of caution and teach workers to perform hand hygiene regularly, to use gloves during cleaning, and to treat any spill of liquid that could be a body fluid (urine, feces, vomit) as potentially infectious and to decontaminate/disinfect the spill during cleanup.

During outbreaks/epidemics/pandemics or time of unusual concern for a specific pathogen, facilities should have the ability to increase their hygiene practices to incorporate a higher level of infection prevention if desired. However, it should be noted that the risk of transmission of many pathogens in non-Healthcare facilities is supported by minimal evidence (formal clinical studies), so the development and implementation of enhanced hygiene procedures as part of a bundle should be a result of a risk assessment for the facility and a decision on how the enhanced practice is likely to lower risk for the facility when used within the bundle.

### Potential Hygiene Standard *(changes based on pathogen concerns)*

Facility Area/Activity	Standard Practice	Enhanced Practice (contact transmission concerns)
Front desk	Staff perform hand hygiene as needed	Staff perform hand hygiene every 60 min or after assisting a guest that appears to be sick
Front desk	Front desk disinfected daily	Front desk disinfected every 4 hours
Front desk	No hand hygiene dispenser for visitors	Alcohol hand gel dispensers placed near front desk
Lobby	Tables and chairs cleaned daily	Tables and chairs disinfected hourly for certain times of day
Lobby	Front door hand contact surfaces cleaning daily	Front door hand contact surfaces disinfected hourly for certain times of day
Guest room cleaning	Staff wear reusable gloves	Staff wear disposable gloves that are changed for each room
Public Restrooms	Restroom disinfected every 4 hours	Restroom disinfected hourly for certain times of the day
Laundry	Laundry collected and put in open carts	Laundry bagged in room and bags laundered or disposable
Laundry	Blanket and comforter laundered quarterly	Blanket and comforter laundered between guests
Staff arrival	Staff body temp not checked during day	Staff checked at shift start and if visibly sick or temps over 101F are sent home
Facility Area/Activity	Standard Practice	Enhanced Practice (droplet transmission concerns)
Front desk	Staff do not wear masks when dealing with the public	Staff wear masks during shift or put on masks if guest appears to be sick
Front desk	Masks not available for guests	PPE station placed near desk for guests to get disposable masks and/or gloves
Front desk	Tissues not readily available	Tissues available within 2 steps, trash cans have liners and emptied every 4 hours
Staff areas	Staff do not wear masks when working in groups	Staff wear masks when less than 1M apart for more than 15 min
Staff arrival	Staff body temp not checked during day	Staff checked at shift start and if visibly sick or temps over 101F are sent home
Facility Area/Activity	Standard Practice	Enhanced Practice (airborne transmission concerns)
Facility-wide	Air exchanges kept at standard limit	Air exchanges significantly increased to reduce risk of airborne contamination
Front desk	Staff do not publicly address guest health	Staff notify management whenever a visibly sick guest is present and management decides whether to ask guest to leave facility
Front desk	Staff do not wear masks or offer masks to guests	Staff wear masks during shift and offer masks to guests



## Using Disinfectants

Prior to any cleaning or disinfecting task, it is important to have all of the necessary tools, equipment, and chemicals required. This section includes some specific recommendations for use of disinfectants.

### A. Use only registered products

In each country, the government will have an approval process to register disinfectants. Using governmental approved disinfectants ensures performance of the product.

### B. One Step Cleaner Disinfectants

Some disinfectants were tested in the presence of organic soil to ensure that they will perform as expected even when organic soil is present. While gross soils always require a pre-cleaning step, most surfaces will have minimal soil when cleaning/disinfection is being done. Some disinfectants (2 step products) always require a cleaning step prior to disinfection, but the use of a one-step cleaner disinfectant ensures that workers can clean and disinfect in one pass.

### C. Label Directions

All disinfectants must be used in compliance with their label directions. It is a violation of federal law in many countries to do otherwise. This includes following the approved application methods, observing contact time, and using the correct dilution for concentrates.

### D. Use Dilution

For dilutable disinfectants, the label instructions for use will specify the acceptable use dilution to ensure the product is effective as a disinfectant. Changing the use dilution can make the product ineffective and increase health and safety risks associated with using the disinfectant.

### E. Contact Time

The product label will specify the wet contact time needed to ensure the disinfectant is effective. If the surface dries prior to the wet contact time, there's no guarantee that the product has killed the pathogens claimed on the label.

### F. Health and Safety Considerations

The product label and SDS provide the relevant health and safety information on how to use disinfectants. Both the label and SDS should be read prior to using a product. The use of PPE may be required. If required, it would be listed on the SDS and possibly the product label as well. Always use appropriate PPE if required to avoid the risk of personal injury.

## Formalized Cleaning Practices

Diversey considers it to be best practice to have detailed room cleaning instructions that include:

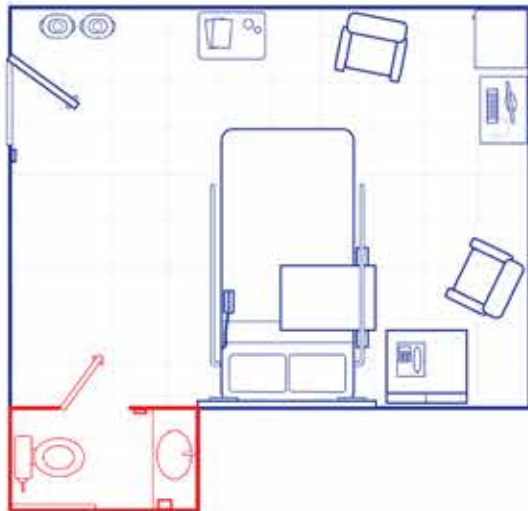
- The specific surfaces to be cleaned in a room
- The order in which the surfaces are to be cleaned
- When hand hygiene should be performed
- Whether glove use is required
- Cleaning/disinfection products to use
- Tools to use

An example of the training materials used with staff for cleaning a lobby following this approach is shown on the following page. Diversey recommends having these materials for all major areas of a facility.

## Summary

In summary, determining the correct practices for Infection Prevention for non-Healthcare facilities is a challenging task requiring significant amounts of work in performing a risk assessment for the various areas of a facility. Enhanced hygiene practices can be implemented as a bundle to provide risk reduction of pathogen transmission for a facility based on an understanding of modes of transmission and the bundle needed to effect a change in risk of transmission.

## Patient Room: Daily Cleaning



### Getting Started

- 1 Gather supplies
- 2 Cut back top of bedspread (if applicable)
- 3 Place and don apron (avoid contact)
- 4 Proceed to restroom using proper technique
- 5 Perform Personal Hygiene: 20 second, thorough hand wash
- 6 Remove used and soiled linens
- 7 Remove all items and place in correct bin (linen, trash, and laundry) unless per facility policy
- 8 Check steps calendar if used. If not, call for date and time to be scheduled
- 9 High touch electrical outlets and fixtures
- 10 Turn water table and floor for both a 15-minute cycle in with

### Clean and Disinfectant Patient Room Surfaces

#### Entry Areas

- 1 Surface cleaning with disinfectant (avoid contact)
- 2 PPE removal
- 3 Soap/Water/Disinfectant
- 4 Disinfectant

#### Patient Area

- 1 Call room
- 2 Water container (change)
- 3 Telephone
- 4 Computer, monitor, mouse, keyboard and pad
- 5 Paper and plastic waste
- 6 Bedside table, trash, and coffee table
- 7 Linens
- 8 Bed and floor (avoid contact)
- 9 Call room TV monitor
- 10 Patient bed rail and wheels
- 11 TV pole and stand (avoid unnecessary movement)
- 12 Outside room (avoid personal items)
- 13 Bed and mattress (avoid contact)

#### Restroom Area

- 1 Surface cleaning with disinfectant (avoid contact)
- 2 Empty waste bin (avoid contact)
- 3 Restroom Black and White (avoid contact)
- 4 Light switch
- 5 Bed frame and handle
- 6 Soap/Water/Disinfectant
- 7 Shower area
- 8 Toilet seat
- 9 Roll Linen
- 10 Sink area (avoid contact)
- 11 Hand rail handles
- 12 Bed linen
- 13 Toilet seat and bowl
- 14 Chair (avoid contact)
- 15 Shower pan (avoid contact)

#### Finishing Area

- 1 Roll Linen (avoid contact)
- 2 Soap/Water/Disinfectant
- 3 Paper and plastic waste
- 4 Protect your work
- 5 Turn Water
- 6 Remove gloves and discard in trash

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If you have any questions, please contact your supervisor.

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