Enhanced Environmental Cleaning in Emergency Departments, UCC and Designated COVID-19 Units

Best practice recommendations

This document:

- provides guidance on enhanced environmental cleaning measures in Emergency Department (ED), Urgent Care Centers (UCC) and designated COVID-19 units; and
- provides links to processes for cleaning patient spaces after discharge (non-isolation/routine practices, isolation/additional precautions and designated COVID-19 units).

What you need to know

- Consistent use of routine practices, including cleaning and disinfection of surfaces, is important to control the spread of COVID-19.
- Refer to Recommendations for Cohorting during Pandemic in Emergency Departments/Urgent Care Centers AHS Facilities for cohorting details.
- Refer to outbreak guidance and processes for further details about designated COVID-19 units, units on watch and outbreak units such as:
  - Acute Care Guidelines for Patient Admission/Discharge/Transfer in Unit/Facility on COVID-19 Outbreak or on Watch;
  - Acute Care COVID-19 Outbreak Definition and Initial Response;
  - Acute Care Outbreak Prevention & Management Task Force (Insite) and IPC Outbreak Manuals.
- Cleaning and disinfection are a shared responsibility by both healthcare workers and Environmental Services.
- During the pandemic, implementation of contact and droplet/additional precautions has increased. To maintain patient safety and optimal patient flow through ED/UCC, it is imperative to have, understand and follow department or unit-specific processes that define roles and responsibilities for various tasks such as:
  - routine and enhanced cleaning of high touch surfaces;
  - cleaning of patient space after discharge, e.g., patients on additional precautions and patients cared for on routine practices.
- High touch surfaces, those which are frequently touched, are most likely to be contaminated. Refer to details page 2 about enhanced environmental cleaning processes during the pandemic.
- Increase the cleaning frequency of high touch surfaces to a minimum of two times per day in patient rooms and common areas such as corridors, waiting rooms, and washrooms.

Implementing enhanced environmental cleaning

- Follow department and unit processes which lay out roles and responsibilities for enhanced cleaning and how cleaning tasks are recorded/documented.
- Remove curtains that are not necessary from patient areas, e.g., private room with door.
- Follow cleaning process and principles:
  - IPC Best Practice Recommendations | Equipment Cleaning, Disinfection & Storage Tab
  - Environmental Services Policy and Practice Documents

When to reassess enhanced environmental cleaning?

- If there is evidence of healthcare-associated transmission of COVID-19.

Version	Date (YYYY-MM-DD)
Created	2020-04-02
Updated	2020-04-15
Revised	2020-11-27

Alberta Health Services

Infection Prevention & Control

- If resource depletion significantly reduces ability to perform enhanced cleaning.
- If AHS direction changes, e.g., change in unit status such as no COVID-19 patients or end of outbreak.

1. High touch surfaces

1.1. High touch surfaces means surfaces that have frequent contact with hands including, but not limited to:

High-touch surfaces	Electronics *
Door knobs	Workstations on Wheels (WOWs) - high touch points
Light switches	Laptops
Handrails	Tablets
Bedrails	
Elevator buttons	
Call-bells	
Arm rests	

1.2. Clean and disinfect high touch surfaces that are visibly soiled immediately upon discovery.

2. Cleaning recommendations

2.1. In the ED and UCC clean each patient space:

- once daily complete a full clean ensuring all areas/surfaces are cleaned and disinfected, including walls, floors, high-dusting, furniture, beds/stretchers/chairs, etc. **Note**: curtain change only if visibly soiled.
- between cases following the applicable process:
  - Environmental Services Cleaning Process: Interim Emergency Department (ED) & Urgent Care Centre (UCC) Patient Space – Between Case (Isolation during COVID-19) (isolation cases);
  - IPC Process for Cleaning ED and UCC Patient Spaces after Discharge (non-isolation cases).

2.2. In designated inpatient COVID-19 units:

- clean occupied rooms:
  - once daily, e.g., morning following the full Occupied Patient Cubicle (Isolation) process; and
  - one other time daily, e.g., afternoon, evening, with a focus on high touch surfaces for a total of two high touch surface cleans daily.
- clean rooms after each discharge/transfer following the full Discharge/Transfer Cleaning (Isolation) process.

2.3. In the ED, UCC and inpatient areas with designated COVID-19 units clean common areas such as washrooms, waiting areas and corridors, at minimum, two times per day:

- once daily, e.g., morning, following the full area cleaning process, e.g., washrooms, waiting rooms, corridors).
- one other time daily, e.g., afternoon, evening, with a focus on high touch surfaces in the above areas (washrooms, waiting rooms, corridors) for a total of two high touch surface cleans daily.

2.4. Dedicate patient equipment to a single patient. Clean and disinfect reusable patient equipment before use by another patient.

3. Additional environmental cleaning recommendations

For more information contact
ipcsurvstdadmin@ahs.ca
© 2020 Alberta Health Services

Version	Date (YYYY-MM-DD)
Created	2020-04-02
Updated	2020-04-15
Revised	2020-11-24

Alberta Health Services

Infection Prevention & Control

3.1. Follow manufacturers' instructions for use to disinfect high touch points on electronics such as [Workstations on Wheels (WOW's)](#), laptops and tablets:

- before the first use on your shift;
- when returning a device to a charging station or storage area;
- between patient uses;
- when visibly soiled.

Version	Date (YYYY-MM-DD)
Created	2020-04-02
Updated	2020-04-15
Revised	2020-11-24

Alberta Health Services

Infection Prevention
& Control