

4.2.7 Environmental cleaning and disinfection – Pandemic Flu

Cleaning and disinfection of environmental surfaces are important components of routine infection control in health care facilities.

- Cleaning of environmental surfaces with a neutral detergent followed by a disinfectant solution is recommended (see { HYPERLINK "http://www.health.gov.au/internet/wcms/publishing.nsf/Content/" \ "table2" })
- Refer to Table 2 for appropriate concentrations of the disinfectant and precautions that should be taken
- When cleaning areas where pandemic influenza patients have been cared for, to prevent generation of dust particles, 'wet' dusting rather than 'dry' dusting should be used, and vacuum cleaners should be fitted with HEPA filters
- Dedicated or single-use/disposable cleaning equipment should be used wherever possible. Non-disposable equipment, including mop-heads, should be laundered after use
- If possible, cleaning staff should be allocated to specific areas and not moved between influenza and non-influenza areas. They must be trained in the correct methods of wearing PPE and the precautions to be taken when cleaning cohorted areas.

Cleaning and disinfection of patient-occupied rooms

- The person cleaning the room should wear appropriate PPE including a surgical mask, gown and gloves (see { HYPERLINK "http://www.health.gov.au/internet/wcms/publishing.nsf/Content/" \ "table1" })
- The gloves used should be in accordance with facility policies for environmental cleaning
- Keep areas around the patient free of unnecessary supplies and equipment to facilitate daily cleaning
- Give special attention to frequently touched surfaces (e.g., bedrails, bedside and over-bed tables, TV controls, call buttons, telephones, lavatory surfaces including safety/pull-up bars, door knobs, commodes) in addition to floors and other horizontal surfaces.

Cleaning and disinfection after patient discharge or transfer

- The door to the patient's room should be kept closed until the room is cleaned and windows should be kept open if possible
- Once a patient has left the room, the main source of infection (i.e., respiratory secretions) has been removed. However, there may be residual respiratory secretions on environmental surfaces
- Clean and disinfect all surfaces that were in contact with the patient or might have become contaminated during patient care. No special treatment is necessary for window curtains, ceilings and walls unless there is evidence of visible soiling
- If bed curtains are used in a single room they should be washed and changed following patient discharge
- If a multi-bed room is being used to cohort avian or pandemic influenza patients, the bed curtains need not be changed, provided they are not visibly soiled, until the room is no longer being used for cohorting of avian or pandemic influenza patients.

Table 2: Recommended Disinfectants for Pandemic Influenza virus

Disinfectants	Recommended use	Precautions
Sodium hypochlorite: 1000 parts per million of available chlorine, usually achieved by a 1 in 50 dilution of 5% liquid bleach	Disinfection of material potentially contaminated with blood and body fluids	- Should be used in well ventilated areas - Protective clothing required while handling and using undiluted bleach - Do not mix with strong acids to avoid release of chlorine - Corrosive to metals
Granular chlorine: e.g., Det-Sol 5000 or Diver sol, to be diluted as per manufacturer's instructions	May be used in place of liquid bleach if this is unavailable	Same as above
Alcohol: e.g., Isopropyl 70%, ethyl alcohol 60%	Smooth metal surfaces, tabletops and other surfaces on which bleach cannot be used	- Flammable, toxic, to be used in well-ventilated area, avoid inhalation - Keep away from heat sources, electrical equipment, flames, hot surfaces - Allow it to dry completely, particularly when using diathermy as this can cause diathermy burns