



2021 Topic sheet # 8 - September
(SARS-CoV-2 is the virus and COVID-19 is the disease)

A DEEP CLEAN - CAN I DO IT MYSELF AFTER A SUSPECT/KNOWN CASE HAS ATTENDED?

Following these tips should reduce your chances of transmission and your practice being closed.

DEFINITION

Terminal cleaning / enhanced cleaning / deep cleaning? When decontaminating a facility / premises after a suspect / known COVID-19 case has attended, the common denominator with all terms is that both a thorough cleaning followed by a separate disinfection step is required for environmental decontamination. There are broad national guidelines but a general practice appears to sit between requirements for a hospital/aged care facility and a commercial premise.

It is fair to question the point of a deep clean when you are notified a case was present 4 days earlier. However, you may find that your health department may not insist on this if it can establish that your protocols are satisfactory i.e. twice daily wiping of high touch surfaces, disinfecting devices after each use, no consumables/clutter left out.

WHAT IS A DEEP CLEAN? The extent may depend on when the exposure occurred but essentially involves in order

- Staff performing the deep clean putting on full PPE
- Removing non fixed items for cleaning or disposal e.g. dispose of privacy curtains, bag up and remove devices for later cleaning that were left out e.g. pulse oximeter, BP gear (note to self to clean & put away after each use)
- Cleaning all surfaces with a detergent and paper towel from high to low and cleanest to most contaminated in each room with a big focus on high touch surfaces being.
- In more detail if you were carrying this out (as opposed to spending \$\$\$\$\$\$ having it done)
 - Damp dust all surfaces, furniture and fittings – use paper towel with detergent on it – no spraying
 - Clean windows, sills and frames - use paper towel with detergent on it – no spraying
 - Clean all surfaces of bed and mattress, treatment couch, sinks, benches with paper towel & detergent
 - Mop floor – detergent is enough. Do not use vacuum cleaner. Leave carpet steam cleaning til later.
- After cleaning, PPE is disposed then fresh PPE donned before disinfection is performed in the same order

WHAT TO LOOK FOR FROM COMMERCIAL COMPANIES IF YOU ARE OFFERED / REQUIRE A DEEP CLEAN

- fogging or spraying is not advised, bleach is not essential and while hazmat suits and booties look impressive – ask why because you are not the same as aged care/hospitals where people must stay there
- ask if the company has done this for clinics before (you can access guidelines from the dept website)

LOWERING YOUR RISK OF CLOSING = REDUCING YOUR RISK OF TRANSMISSION IN THE PRACTICE

- Every day, check yourself, every pt and **our/their household** for symptoms or required to be in quarantine etc
- See as many patients as possible outside when possible – every less person inside reduces risk.
- Ask entering pts to do HH and wear a fresh mask to increase effectiveness (old/wet masks are not effective)
- Ensure you can get cross ventilation with open windows/external doors to increase fresh air exchange
- Use a treatment /spare cons room to see pts so you can use your own room maskless for TH, cuppa, notes etc
- Use your car or outside for a break – do not spend time in staff room. Use your own cup
- Change your mask at least twice a day ie every 3 hrs and use this for a break for toilet/hydration/food
- Don't accept items from pt – provide an open plastic pouch for any paper that must be handed to you
- Admin do not work in same room if possible – many have moved to staff room to make phone calls
- No inside waiting – consider time, distance and air. ?1.5m and 15/30 mins close up - Delta does not respect this

(some you can do, some you can't but every time you do one, you reduce risk)