

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

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KEY TERMS	COVID-19 Precinct/Ward, Consumables, Quarantine, Air handling system
SUMMARY	A guide to assist in the process of cleaning and disinfection of surfaces and fomites after a decision has been made to reclassify a ward/unit from a COVID-19 precinct to a ward/unit without a cohort of COVID-19 patients.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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1. POLICY STATEMENT

A guide to assist in the process of cleaning and disinfection of surfaces and fomites after a decision has been made to reclassify a ward/unit from a COVID-19 precinct to a ward/unit without a cohort of COVID-19 patients.

2. BACKGROUND

SARS-CoV-2 (Severe Acute Respiratory Syndrome Coronavirus-2) is a novel coronavirus that was first identified as a human pathogen in 2019 in China. It has been declared a pandemic pathogen. SARS-CoV-2 is closely related to a bat coronavirus. SARS CoV-2 causes COVID-19 (Coronavirus Disease-2019).

SARS CoV-2 is thought to be predominantly spread through contaminated droplets spread by coughing or sneezing. SARS-CoV-2 may also be associated with airborne transmission in poorly ventilated spaces or if increased exposure to respiratory particles, often generated with expiratory exertion (e.g. singing, shouting) or medical aerosol generating procedures. The contribution of transmission by contact with contaminated hands, surfaces or objects is less certain.

Dedicated COVID-19 wards may be required for a dedicated time period to reduce isolation pressures duration localised or state-wide outbreaks. As case numbers decrease, COVID-19 wards will need to go back to usual operation. A decontamination and step-down plan is therefore required.

3. RESPONSIBILITIES

3.1 Employees will:

- Follow instructions outlined in this procedure.
- Clean shared patient equipment as outlined.

3.2 Line Managers will:

- Notify engineering to switch air-conditioning mode to normal operating function following decommissioning as COVID-19 area if the air handling settings were changed when the ward/unit/pod was commissioned as a COVID-19 dedicated area.
- Monitor compliance with this guideline.

3.3 District Managers/ Service Managers will:

- Provide support to line managers to mandate this guideline.

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3.4 Medical staff will:

- Ensure correct de-isolation of cases occurs prior to patients being moved out of isolation from these areas.

4. PROCEDURE

4.1 Definitions

COVID-19 Precinct/Ward – A ward/unit used to cohort inpatient COVID-19 positive patients.

Quarantine – Place a potentially contaminated item in isolation for an allocated time.

4.2 Process

The following processes should be observed once the hospital executive/ hospital outbreak management recovery team decides to reclassify a ward/unit/pod from a COVID-19 precinct to a ward/unit without a cohort of COVID-19 patients. Refer to Appendix 1 for checklist.

4.3 Post Patients Discharge.

The time of discharge of the last patient from a COVID-19 Precinct should be noted by the team coordinating the decontamination process of the COVID-19 precinct.

The cleaning team should wear airborne, droplet and contact precautions during the cleaning process.

Cleaning and disinfection of surface and equipment should not start until area's allocated air exchange time has lapsed. Refer to Table 1 below for the allocated times based on the specific air change rates.

The air handling system should remain in "pandemic mode" during the precinct cleaning process if there has been a change to the air handling unit setting when the ward/unit/pod/precinct was commissioned as a COVID_19 area.

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Table 1: Wait Time Required Prior to Cleaning.

ACH § ¶	Time (mins.) required for removal 99% efficiency	Time (mins.) required for removal 99.9% efficiency
2	138	207
4	69	104
6+	46	69
8	35	52
10+	28	41
12+	23	35
15+	18	28
20	14	21
50	6	8

5. CLEANING AND DISINFECTION

5.1 Reusable medical equipment/devices

- The surface of non-critical reusable medical equipment include but not limited to; blood pressure machines, infusion pumps and treatment trolleys should be cleaned and disinfected by clinicians.
- Nursing staff are responsible for cleaning and disinfecting of medical equipment
- Where an equipment manufacturer has not prescribed a specialised cleaning regime, clean and disinfect the medical equipment using universal cleaning wipes i.e. Clinell Universal wipes.
- Critical and semi-critical reusable medical devices that require reprocessing in Central Sterile Supply Department (CSSD) should be cleaned of any visible organic and inorganic contamination prior to sending to CSSD. Use universal cleaning wipes to clean. Transport the device to CSSD in dedicated receptacles where possible.

5.2 Consumables

- The risk of SARS-COV-2 infection via fomite transmission route is low (less than 1 in 10,000 chance of causing an infection). Hand hygiene substantially reduce the risk of SARS-CoV-2 transmission from fomites.
- Consumables in patients' rooms should be disposed after a patient has been discharged from a room.
- Consumables in store rooms and treatment rooms within a COVID-19 precinct should be considered free of any potential contamination 72 hours after patient care has ceased. Staff members accessing consumable storage zones prior to cleaning of the ward should observe hand hygiene.

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- The principles above apply for medications in medication rooms within a COVID-19 precinct.

5.3 Surfaces and Beds

- Cleaning and disinfection of surfaces and beds within a COVID-19 precinct will be coordinated and organised by precinct management team in collaboration with the cleaning services team.
- Cleaning services team should replace privacy curtains in all rooms.

5.4 Air handling system

- The air handling system should remain in “pandemic mode/air spill mode” during the COVID-19 precinct decontamination process if a change in the air handling unit settings were made when the area was commissioned as a COVID-19 area.
- Clean exhaust air grills and change HEPA filters where applicable, this can be done prior to or during the decontamination process
- Appropriate PPE should be worn by all staff and operators during maintenance work.
- Air handling system to revert to normal functioning mode once cleaning has been completed.
- If a ward is no longer a COVID-19 precinct and has a mixture of both non-COVID-19 and COVID-19 patients in normal rooms (not negative pressure rooms), the air handling system should be kept at pandemic mode (100% fresh air / 100% exhaust air) where mechanically feasible.

6. DOCUMENTATION

- [Appendix 1](#)

7. AUDIT

N/A

8. REFERENCES

- [Clinical Excellence Commission COVID-19 Infection Prevention and Control Manual](#)
- [Centers for Disease Control and Prevention. SARS-CoV2 and Surface \(Fomite\) Transmission for Indoor Community Environments \(2021\).](#)
- [Centers for Disease Control and Prevention. Guidelines for Environmental Infection Control in Health-Care Facilities \(2003\).](#)

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9. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
November 2021	0	New SESLHD Procedure
January 2022	0	Approved by Executive Sponsor for expedited, interim publication due to COVID-19. Draft for Comment period.
March 2022	1	Feedback incorporated following Draft for Comment period. Executive Sponsor approval.
April 2022	1	Endorsed by SESLHD Clinical and Quality Council
May 2022	1	Processed and published by SESLHD Policy

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10. APPENDIX 1: CHECKLIST FOR ENSURING COVID-19 PRECINCT/WARD DECONTAMINATION PROCESS IS COMPLETE

- Date and time of discharge of the last patient from the COVID-19 Precinct: _____

- Date and time when adequate air exchange has occurred according to Table 1 (cleaning and disinfection may occur after this time): _____

- Date and Time when 72 hours have lapsed after patient care has ceased (medications and consumables in store rooms and treatment rooms considered safe after this time):

- The air handling system remains in “pandemic mode” while the following takes place:

- All surfaces of non-critical reusable medical equipment (e.g. blood [pressure machines, infusion pumps, treatment trolleys) has been cleaned and disinfected by a clinician.

- All critical and semi-critical reusable medical devices have been cleaned from any visible organic and inorganic contamination and sent off to CSSD for reprocessing.

- All consumables (i.e. dressing and airway equipment) in patient rooms have been disposed of.

- The cleaning and disinfection of surfaces and beds has been conducted by the cleaning services team.

- All patient curtains have been replaced by the cleaning services team.

- Exhaust air grills and HEPA filters have been cleaned and exchanged where applicable

- Air handling system has been reverted to normal functioning mode at the completion of the cleaning and disinfection of the unit.