

### Procedure For Premise Disinfection

Premise disinfection must be carried out in a sensitive manner. The process may results in the destruction of some of the residents' belongings and damage to other items may also occur. Clearly explain the procedure to the residents and obtain their agreement.

#### Objective

- All activities are to be carried out in a safe way.
- Do not touch body fluids or anything that was used by the sick person including bed covers, plate, cup and utensils without wearing appropriate gear.

#### Individuals Participating

- One of the residents (if they want) and he / she must be properly wearing the recommended personal protective equipment (PPE).
- Disinfection team comprising of at least three (3) individuals i.e. the supervisor and two (2) assisting personnel.
- Nevertheless, one (1) extra personal PPE should always be taken along.

#### Prepare Strong (1%) And Mild (0.1%) Chlorine Solution

To chlorine solution is to be prepared on the spot. The recommended preparation is using 2.5 gm NaDCC tablet / 1.5 gm chlorine:

Concentration of Disinfectant		Dilution Method			Usage
		0.5 gm tablet	1.25 gm tablet	2.5 gm tablet	
10,000 ppm	1%	17 tablets in 0.5 litre (L) of water	14 tablets in 1 L of water	7 tablets in 1 L of water	<ul style="list-style-type: none"> <li>• Spillage management</li> <li>• Wiping and cleaning of blood / body fluids</li> </ul>
1,000 ppm	0.1%	4 tablets in 1 L of water	3 tablets in 2 L of water	4 tablets in 5 L of water	<ul style="list-style-type: none"> <li>• General cleaning</li> </ul>

#### The Protective Gear To Be Used

- Two (2) pairs of waterproof disposable **gloves** i.e. heavy duty / rubber gloves and nitrile or latex gloves to be used below the rubber gloves.
- Long-sleeved waterproof **gown**. The gown should extend all the way around the body, overlapping in the back. If gown does not reach around your body, use two gowns, the first tied in the front and the second tied in the back.
- **Face protection** i.e. face mask and goggles or face shield.
- Close-toed shoes with booties (shoes coverings).

#### Points To Note:

- *Put on these items before you start any of the cleaning procedures below.*
- *Once you put your PPE on, the outside of each item is considered potentially contaminated with material that could transmit infection.*

- *To prevent contaminating yourself, you must put on and take off PPE in the correct order as recommended.*
- *If you are concerned that you may have been exposed to body fluids or other materials from an Ebola patient, stop working and immediately wash the affected skin surfaces with soap and water. Affected mucous membranes should be irrigated with copious amount of water or eyewash solution. Contact your supervisor for additional follow-up.*
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- *Additional Do's and Don'ts of wearing PPE:*
  - ***Do** change gloves if yours become torn or very dirty; wash hands before putting on new gloves;*
  - ***Do** wash your hands thoroughly with soap and water or an alcohol based hand rub after removing PPE. If hands appear dirty, use soap and water.*
  - ***Don't** touch your face or adjust your PPE with contaminated gloves.*
  - ***Don't** wash or reuse disposable gloves.*

### **Disinfection Procedures**

- First, the supervisor enters and assess the premise – accompanied by one the residents. Both should be dressed in full protective clothing.
- For latrines used by the sick person or blood stains, urine, vomit or stool on the floor:
  - Pour carefully 1% chlorine solution on the latrine and floor using a cup or a bottle and let it sit for 15 minutes. Sprayers should not be used to avoid formation of droplets.
  - If floor is visibly soiled with body fluids such as blood, urine, vomit or stool, then use a towel to cover the soiled area and pour 1% chlorine solution on top of the towel to avoid splashes or dispersion of body fluids. Let the towel with chlorine solution on the surface for 15 minutes.
  - Remove dirty towel after 15 minutes and dispose in a plastic bag.
  - Clean and remove remaining chlorine solution using a towel or absorbent fabric soaked with 1% chlorine solution.
  - Do not touch any spills of body fluids. Use a wooden stick to clean the floor using the towel or absorbent fabric soaked with 1% chlorine solution.
  - Rinse the floor and latrine with water and soap to reduce chlorine residues.
  - Dispose all dirty towels / fabrics in a plastic bag containing the dirty towels / fabrics.
  - If chlorite granules (i.e. stabilised chlorine bio-spill absorbent) were to be used – covers the spills with absorbent paper towels, liberally sprinkle the chlorite granules and left for a minimum for 2 minutes before scoping the crystalized spills. Discard both the paper towels and the crystalized spills into a biohazard plastic bag and clean the area again with 1% chlorine solution.
- For clothes, linens, towels and mattress that were in contact with the sick person:
  - Throw linens, towels or clothes that are visibly soiled with blood, vomit, urine or stool away in a plastic bag to be burned.

- Put linens, towels or clothes that are NOT visibly soiled in a bucket with 0.1% chlorine solution. Let it stay for 30 minutes and then wash normally.
  - If mattress is NOT covered with plastic sheeting, then pour 1% chlorine solution on mattress and wrapped it in plastic sheeting – to be burned along with other items identified.
  - If mattress is covered with plastic sheeting, then pour 1% chlorine solution on the plastic sheeting, let the solution sit for 15 minutes, remove solution with towel and then wash the plastic sheeting normally.
- For plates, utensils and cups that were used by the sick person:
    - Remove all plates, cups and utensils used by the sick person.
    - Throw away left over food in a plastic bag.
    - Wash plates, cups and utensils with clean water and soap.
    - Rinse plates, cups and utensils with 0.1% chlorine solution and let them air-dry.
- For general cleaning of surfaces not contaminated with blood or bodily fluids, use wipe downs containing 0.1% chlorine solution.
  - Allow surfaces to air-dry before allowing residents to come into their premise.
  - Dry sweeping with a broom should never be done. Rags holding dust should not be shaken out and surfaces should not be cleaned with dry rags.
  - Cleaning should always be carried out from 'clean' areas to 'dirty' areas, in order to avoid contaminant transfer.
  - Do not spray (i.e. fog) occupied or unoccupied clinical areas with disinfectant. This is potentially dangerous practice that has no proven disease control benefit.
  - Took off the PPE in the following order:
    - Shoe coverings (if worn);
    - Outer gloves;
    - Gown;
    - Goggles or face shield;
    - Face mask;
    - Inner gloves.
  - Wash hands with soap and water immediately after removing PPE or use an alcohol-based hand rub, if soap and water are unavailable.
  - After removal of PPE, collect and keep contaminated items in plastic bags until they are disposed of properly. Attach a BIOHAZARD warning label to the outside of the bag. If contaminated items are not dry, they should be placed in a leak-proof bag and double-bag.