

Recommendations for Environmental Services, Biohazardous Waste Management, and Food and Linen Management for High Threat Pathogens

Standard Operating Procedures

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- Provincial Environmental Services Tech Team (Provincial EVS Working Group)
- Provincial Infection Prevention and Control/Workplace Health & Safety COVID-19 Working Group
- Provincial Infection Prevention and Control Steering Committee
- Office of the Provincial Health Officer

Introduction

This document lists the standard operating procedures (SOPs) - steps, principles, responsibility and materials required - for environmental services workers (ESW) and health care workers (HCWs) to follow when performing cleaning and waste removal during/following treatment of persons under investigation (PUI) and confirmed cases of a high-threat pathogen (HTP). It has been developed by environmental services and infection prevention and control experts and should be read in conjunction with the *Provincial Recommendations for Environmental Services, Biohazardous Waste Management, and Food and Linen Management for High Threat Pathogens* found at the [BCCDC High Threat Pathogens](#) webpage.

While the probability of a HTP case occurring in BC is low, preparedness is essential to ensure those working in these settings can safely and effectively care for patients. Preparedness relies on clear processes, appropriate personal protective equipment supplies and deployment, and appropriate training for staff in the processes and equipment.

In the context of British Columbia (BC), a HTP is defined as:

- Viral hemorrhagic fevers (VHFs) [these include Ebola, Lassa, Marburg, and Crimean Congo Hemorrhagic Fever]; or
- Unknown/newly emerging pathogens that are transmissible from human to human.

INSTRUCTIONS:

For the ease of ESWs and the HCWs, please customize the Standard Operative Procedure by including the specific product with its contact time that will be used within your health authority for the types of cleaning. Those areas will be highlighted in **[blue]**.

Definitions

- **Standard operative procedure (SOP):** A set of detailed, written instructions designed to guide the user to perform specific cleaning and disinfection scenarios with consistency and accuracy. SOPs ensure that operations are carried out efficiently, safely, and in compliance with HTP guidance and recommendations.
- **Persons under investigation (PUI):** An individual who is being evaluated because they meet certain screening criteria suggesting that they might be infected or exposed to a high threat pathogen. Further testing and monitoring is needed to confirm or rule out a HTP case.
- **Health care worker (HCW):** Refers to individuals providing or supporting health-care services for patients with suspected or confirmed HTP. This includes emergency service providers, physicians, nurses, laboratory personnel, respiratory therapists and other allied health professionals allowed in the **hot zone** or **warm zone**.
- **Environmental service worker (ESW):** Individuals responsible for environmental cleaning and disinfection, and waste management. This includes in-house as well as contracted housekeeping services. Due to the different workflow recommendations from other HCWs, ESWs have been defined separately.
- **Infection prevention and control (IPC):** Refers to a specialized team of individuals providing infection prevention and control services supporting patients and staff. This team can include infection control practitioners, epidemiologists, infection control physicians, and medical microbiologists. This acronym can also refer to basic infection prevention and control practice principles e.g. routine practices, hand hygiene.
- **Hot zone:** Also known as the patient room, it is a well-ventilated, controlled-access area where a patient with suspected or confirmed HTP resides/is located and receives treatment, e.g., a single room or airborne infection isolation room (AIIR). This is an area that is known or suspected to be contaminated and has a high risk of exposure.
- **Warm zone:** Also known as the quarantine area, it is a well-ventilated, controlled-access designated exit area, preferably adjacent to the hot zone. This area is considered to have a moderate risk of exposure.
- **Cold zone:** Also known as the clean area or anteroom, it is a designated clean space that is used for donning PPE, where there is low potential for contaminants to be present.

Training Requirements & Scope

Training for environmental services staff on these SOPs will be as follows:

- Type 1, 2 and 3 Facilities: A dedicated team of ESWs will be identified and trained in advance in the donning and doffing of appropriate PPE and receive orientation to the SOPs in this document.

In addition to ESWs, HCWs who are providing ongoing care of PUI and confirmed HTP patients will be responsible to perform specific cleaning services **inside the hot zone**. These will include cleaning spills, daily area cleaning, cleaning of high touch areas and wiping down large equipment left in the hot zone after patient discharge. Complete terminal cleans after patient discharge and cleaning of spills that have occurred **outside of the hot zone** will be performed by ESWs.

Orientation and advance training for HCWs in these SOPs, in addition to the provision of on-site coaching by ESWs, will be required as follows:

Type 1 and 2 Facilities:

- All HCWs who have been identified as members of the team that may be assigned to care for PUIs or confirmed HTP patients in Type 1 and Type 2 facilities will, in addition to advance PPE training and training in safe management of these patients, receive a formal advance orientation to the relevant SOPs outlining HCW cleaning duties while in the patient room.
- In addition, Environmental Services will conduct their own training sessions to provide on-site coaching and observation for HCWs who are required to perform hot zone cleaning duties while caring for PUIs or confirmed HTP patients.

Type 3 Facilities:

- In addition to advanced orientation to these SOPs and on-site coaching by environmental services expert trainers, it is expected that dedicated HTP team HCWs in Type 3 facilities will participate in advance training on the specific SOPs. This training will be documented and identified for refresher training as needed.

Standard Operating Procedure #1 – Daily Cleaning of the Hot Zone

Responsibility: HCW providing care for the patient in the hot zone

Steps to follow for daily cleaning of the hot zone

* Includes any PUI, or who is a confirmed HTP case.

Principles used:

1. Number of HCWs entering the hot zone should be kept to the minimum.
2. HTPs can be spread through direct contact (body fluids including blood, saliva, mucous, vomit, urine, or feces from an infected person entering through the eyes, nose, mouth, or broken skin of another person), or by indirect contact through contaminated items.
3. All surfaces, including furniture, bathroom and all high touch surfaces, are cleaned and disinfected at least twice a day (with the second clean performed at least 6-8 hours after the first cleaning).
4. Use a one-way workflow from clean to dirty, from outside towards the centre of the space, and from high and low.
5. Surfaces contaminated with blood or body fluids to be cleaned immediately (see Standard Operating Procedure #9).
6. Use disposable mopping system to eliminate the need for a mop bucket and wringer. Any cleaning equipment that cannot be disposed should remain in its designated zone for the duration of the patient admission.
7. The cold zone and warm zone are cleaned and disinfected by staff at least daily (preferred twice daily if possible), or after doffing of visibly contaminated PPE and if the area becomes visibly soiled by other means (e.g. removal of waste) [see Standard Operating Procedure #3 & #4].
8. Blue waste drums are used for the transportation and end disposal of HTP waste. The smaller 20L red waste buckets can be used as the alternative receptacle for all waste in the hot zone. When a red waste bucket is $\frac{3}{4}$ full, place it into the bigger blue waste drums. Consider using a red bag liner in the red waste buckets to allow removal of the liner bag to be disposed into the blue waste drum instead. Red waste bucket can be removed during terminal clean.

Materials needed:

- Personal protective equipment (kept in cold zone). *Donning and Doffing Guidelines and Checklists available on the [BCCDC High Threat Pathogens webpage](#).*
- Disinfectant wipes (kept in hot zone).
- Mop handle (kept in hot zone).
- Mop pads – pre-soaked with [REDACTED].

- Pourable dispenser bottle (no squirt bottles), appropriately labelled and pre-filled with [REDACTED].
- Absorbent patient care pad to cover toilet while flushing (if applicable).

ACTIVITY	STEPS	KEY SAFETY POINTS
Clean patient room	<ul style="list-style-type: none"> • Take any needed supplies, and mop pads. • Using firm contact and friction when cleaning: <ul style="list-style-type: none"> ▶ Start by cleaning door handles, push plate and touched areas of door frame. ▶ Check walls for visible soiling and spot clean if required. ▶ Clean light switches and thermostats. ▶ Clean wall mounted items such as alcohol-based hand rub dispenser and glove box holder. ▶ Check and spot clean lower interior glass partitions, glass door panels, mirrors, windows and windowsill. ▶ Clean counters and sink (if one in room). ▶ Clean all furnishings and horizontal surfaces in the room, including chairs, bedside table/locker and any other surfaces. Lift items to clean surfaces, and wipe bottom of item before replacing on cleaned surface. ▶ Clean the over-bed table, including the underside that touches the patient’s blankets and any drawers. Pay particular attention to those areas touched frequently by patient and staff. ▶ Clean any dedicated patient equipment – leave commode as last item to clean until end of room clean. ▶ Wipe over-bed lift straps and controls. ▶ Wipe equipment on walls such as top of suction bottle, intercom, monitors, as well as IV pole. ▶ Clean bedrails, bed controls and call bell. ▶ Clean commode if present in room. Start at the back top of commode, cleaning those areas that do not touch the patient, and work into those that do (inside back support, armrests, seat). Pay close attention to the underside of the rim and clean leg supports/foot rests. • Check sharps container and remove when ¾ full. Do not wipe the top of the sharps container. • Clean outer gloves using wipe. 	<ul style="list-style-type: none"> • Once cleaning supplies enter the hot zone, they are to be dedicated to the hot zone until patient is discharged or transferred. • Work safely at a controlled pace and be observant for unexpected hazards. • Remember to keep your hands away from your mask and face shield. • Remember to disinfect your gloves if you are in contact with blood and body fluids. Please note that the disinfection of gloves is only recommended as an extra precaution for HTP and is NOT a routine IPC practice outside the HTP context. • If outside glove gets torn, PPE becomes dislodged and skin is exposed, or any other situation occurs that results in potential exposure to HTP, follow your Health Authority Exposure Management Plan.
Clean bathroom	<ul style="list-style-type: none"> • Clean room working from clean to dirty and high to low areas of the room, using the following IPC concepts: • Use one wipe/cloth for each item/area; then discard in the blue waste drum. • Change to a new wipe/cloth if it is no longer saturated with disinfectant, is visibly soiled, and after cleaning a heavily soiled item. • Using firm contact and friction when cleaning: 	<ul style="list-style-type: none"> • When cleaning the toilet, to prevent aerosolization during flushing: <ul style="list-style-type: none"> ▶ Close toilet lid (if available) before flushing toilet to avoid splash.

	<ul style="list-style-type: none"> ▶ Clean door handle, door frame and light switch. ▶ Clean chrome wall attachments. ▶ Clean inside and outside of sink, sink faucets and mirror. Wipe exposed plumbing surfaces under the sink. ▶ Clean all dispensers and frames. ▶ Clean call bell and cord. ▶ Clean support railings, ledges and shelves. ▶ If present, clean shower faucets, soap dish, railing and spot clean shower walls. ▶ Clean bedpan support and/or seat raiser, and entire toilet including handle, lid (if present) and underside of flush rim. ▶ Clean toilet bowl with toilet brush/swab. Place back into designated holder. • Clean outer gloves using wipe (checking glove integrity). 	<ul style="list-style-type: none"> ▶ If no toilet lid, cover the bowl with a clean absorbent patient care pad prior to flushing, then discard pad. ▶ Turn away and stand back from toilet when toilet is flushing to avoid splash.
Damp mop floor	<ul style="list-style-type: none"> • Floors are cleaned after bedroom area and bathroom are cleaned. • Attach to mop handle to mop pad. • Mop bedroom floor followed by bathroom floor. • Push mop around baseboards first, paying particular attention to removing soil from corners. Avoid splashing walls or furniture. • In open areas, use overlapping side to side strokes. If pad becomes soiled, remove, discard and replace. • When floor mopping is completed, remove mop pad and discard. • Wipe mop handle, place equipment in designated area in room and discard wipe. • Clean outer gloves using wipe (and checking glove integrity). 	
Check blue waste drum (if there is one in the hot zone)	<ul style="list-style-type: none"> • Wipe exposed sides of blue waste drum and discard wipe. • Check whether waste has reached the $\frac{3}{4}$ fill mark. • When $\frac{3}{4}$ full, follow Standard Operating Procedure #10. 	<ul style="list-style-type: none"> • Do not push down on waste to compact it. • Do not lean into or touch the inside surface of the blue waste drum.
Personal protective equipment (PPE)	<ul style="list-style-type: none"> • After exiting the hot zone, ask trained observer to watch you take off PPE. Trained observer will be using the PPE checklist. Doffing assistant will assist with PPE removal. • Take off PPE following directions from trained observer and place in waste drum. • Perform hand hygiene. • Obtain any supplies required for room for subsequent cleans. Take and store in cold zone. 	<ul style="list-style-type: none"> • Take off PPE at a controlled pace so that protocols are followed properly. • Remember to keep your hands away from your face until you have completed your final hand hygiene with alcohol based hand rub.

Standard Operating Procedure #2 – Daily Cleaning of High Touch Surfaces in Hot Zone

Responsibility: HCW providing care for the patient in the hot zone

Steps to follow for daily cleaning of the hot zone

* Includes any patient under investigation (PUI), or who is a confirmed HTP case.

Principles used:

1. Number of HCWs entering the hot zone should be kept to the minimum.
2. HTPs can be spread through direct contact (body fluids including blood, saliva, mucous, vomit, urine, or feces from an infected person entering through the eyes, nose, mouth, or broken skin of another person), or by indirect contact through contaminated items.
3. All surfaces, including furniture, bathroom and all high touch surfaces, are cleaned and disinfected at least twice a day (with the second clean performed at least 6-8 hours after the first cleaning).
4. Use a one-way workflow from clean to dirty, from outside towards the centre of the space, and from high and low.
5. Surfaces contaminated with blood or body fluids to be cleaned immediately (see Standard Operating Procedure #9).
6. Use disposable mopping system to eliminate the need for a mop bucket and wringer. Any cleaning equipment that cannot be disposed should remain in its designated zone for the duration of the patient admission.
7. The cold zone and warm zone cleaned and disinfected by staff at least daily (preferred twice daily if possible), or after doffing of visibly contaminated PPE and if the area becomes visibly soiled by other means (e.g. removal of waste) [see Standard Operating Procedure #3 & #4].
8. Blue waste drums are used for the transportation and end disposal of HTP waste. The smaller 20L red waste buckets can be used as the alternative receptacle for all waste in the hot zone. When a red waste bucket is $\frac{3}{4}$ full, place it into the bigger blue waste drums. Consider using a red bag liner in the red waste buckets to allow removal of the liner bag to be disposed into the blue waste drum instead. Red waste bucket can be removed during terminal clean.

Materials needed:

- Personal protective equipment (kept in cold zone). *Donning and Doffing Guidelines and Checklists available on the [BCCDC High Threat Pathogens webpage](#).*
- Disinfectant wipes (kept in hot zone).
- Mop handle (kept in hot zone).
- Mop pads – pre-soaked with [REDACTED].

- Pourable dispenser bottle (no squirt bottles), appropriately labelled and pre-filled with [REDACTED].
- Absorbent patient care pad to cover toilet while flushing (if applicable).

ACTIVITY	STEPS	KEY SAFETY POINTS
Pre-cleaning preparation	<ul style="list-style-type: none"> • Assemble any supplies needed for the hot zone cleaning. • Take all supplies into cold zone. • Sign log that you will be entering the hot zone. • Ask trained observer to be present to observe the cleaning process. 	<ul style="list-style-type: none"> • Once cleaning supplies enter the hot zone, they are to be dedicated to the hot zone until patient is discharged or transferred.
Personal protective equipment (PPE)	<ul style="list-style-type: none"> • Ask trained observer to watch you put on personal protective equipment (PPE). Trained observer will be using the PPE checklist. • Put on PPE following direction from trained observer. • Have the trained observer verify PPE is on correctly. 	<ul style="list-style-type: none"> • Always follow precaution signage and use the appropriate PPE. • Put on PPE at a controlled pace so that it is applied properly. • No skin should be exposed when PPE is on.
Cleaning concepts	<ul style="list-style-type: none"> • Clean up any blood or body fluid spills before cleaning room. Follow Standard Operating Procedure #9. <ul style="list-style-type: none"> ▶ When organic matter is present (e.g. blood, sputum, vomitus), it must be removed and surfaces cleaned with a detergent or cleaning agent prior to disinfection. • Use two-step process for cleaning and disinfection. • Wet wipe high touch surfaces working from clean to dirty and high to low areas of the room, using the following IPC concepts: <ul style="list-style-type: none"> ▶ Use one wipe/cloth for each item/area, then discard in the waste drum. ▶ Change the wipe/cloth if it is no longer saturated with disinfectant or is visibly soiled. ▶ Surfaces should remain moist for the required contact time with the disinfecting solution. 	
Clean patient room	<ul style="list-style-type: none"> • Take any needed supplies. • Using firm friction when cleaning: <ul style="list-style-type: none"> ▶ Start by cleaning door handles, push plate and touched areas of door frame. ▶ Clean light switches and thermostats. ▶ Clean wall mounted items such as alcohol-based hand rub dispenser and glove box holder. ▶ Clean the over-bed table, including the underside that touches the patient's blankets and any drawers. Pay particular attention to those areas touched frequently by patient and staff. ▶ Wipe over-bed lift straps and controls. 	<ul style="list-style-type: none"> • Work safely at a controlled pace and be observant for unexpected hazards. • Remember to keep your hands away from your mask and face shield. • Remember to disinfect your gloves if you are in contact with blood and body fluids. Please note that the disinfection of gloves is only recommended as an extra

	<ul style="list-style-type: none"> ▶ Wipe equipment on walls such as top of suction bottle, intercom, monitors, as well as IV pole. ▶ Clean bedrails, bed controls and call bell. ▶ Wipe hand hygiene sink in hot zone. ▶ Clean handles, arm rests and seat of commode if present. ▶ Wipe down bedpan. • Clean outer gloves using wipe (and checking glove integrity). 	<p>precaution for HTP and is NOT a routine IPC practice outside the HTP context.</p> <ul style="list-style-type: none"> • If outside glove gets torn, PPE becomes dislodged and skin is exposed, or any other situation occurs that results in potential exposure to HTP, follow your Health Authority Exposure Management Plan
Clean bathroom	<ul style="list-style-type: none"> • Clean room working from clean to dirty and high to low areas of the room, using the following IPC concepts: <ul style="list-style-type: none"> ▶ Use one wipe/cloth for each item/area; then discard in the waste drum. ▶ Change the wipe/cloth if it is no longer saturated with disinfectant. • Using firm contact and friction when cleaning: <ul style="list-style-type: none"> ▶ Clean door handle, frame and light switch. ▶ Clean inside and outside of sink and faucets. ▶ Clean all dispensers and frames. ▶ Clean call bell and cord. ▶ Clean support railings. ▶ If present, clean shower faucets, soap dish, railing and spot clean shower walls. ▶ Clean bedpan support and/or seat raiser, and entire toilet including handle and lid (if present). ▶ Clean outer gloves using wipe. 	<ul style="list-style-type: none"> • When cleaning the toilet, to prevent aerosolization during flushing: • Close toilet lid (if available) before flushing toilet to avoid splash. • If no toilet lid, cover the bowl with a clean absorbent patient care pad prior to flushing, then discard pad. • Turn away and stand back from toilet when toilet is flushing to avoid splash.
Check blue waste drum (if there is one in the hot zone)	<ul style="list-style-type: none"> • Wipe exposed sides of blue waste drum and discard wipe. • Check whether waste has reached the $\frac{3}{4}$ fill mark. • When $\frac{3}{4}$ full, follow Standard Operating Procedure #10. 	<ul style="list-style-type: none"> • Do NOT push down on waste to compact it. • Do not lean into or touch the inside surface of the blue waste drum.
Personal protective equipment (PPE)	<ul style="list-style-type: none"> • After exiting the hot zone, ask trained observer to watch you take off PPE. Trained observer will be using the PPE checklist. Doffing assistant will assist with PPE removal. • Take off PPE following directions from trained observer and place in waste drum. • Perform hand hygiene. • Obtain any supplies required for room for subsequent cleans. Take and store in cold zone. 	<ul style="list-style-type: none"> • Take off PPE at a controlled pace so that protocols are followed properly. • Remember to keep your hands away from your face until you have completed your final hand hygiene with alcohol based hand rub.

Standard Operative Procedure #3 – Daily Cleaning of Cold Zone and Warm Zone When They are in the Same Area

Responsibility: HCW providing care for HTP patient in the hot zone

Steps to follow for daily cleaning of cold and warm zone when they are both located within one area. Every facility in B.C. may have different configurations for these two zones. When the cold and warm zone are the same area, it is together considered a warm zone.

- One area located immediately adjacent to the hot zone and used for both cold and warm zones (use this Standard Operating Procedure #3).
- Two areas adjacent to the hot zone, each designated as one of these zones (see Standard Operating Procedure #4).

Principles used:

1. Cold and warm zones are required to be cleaned and disinfected daily, preferably twice a day where possible.
2. Surfaces contaminated with blood or body fluids are to be cleaned immediately (see Standard Operating Procedure #9).
3. Use a one-way workflow from clean to dirty, from outside towards the centre of the space, and from high and low.
4. Where one room is used for both purposes, there is a clearly defined separation between the cold zone and warm zone e.g. floor tape. The normal flow should be from entering the cold zone to donning PPE, followed by entrance into the hot zone perform tasks. Upon completion of tasks in the hot zone and then exiting into the warm zone to doff PPE. Staff must not move directly from warm zone to cold zone, or from hot zone to cold zone.
5. There is a divide of preferably two metres/six feet between the cold zone where clean supplies are kept and the warm zone where PPE is taken off. The blue waste drum is in the warm zone and should be the maximum distance possible from the clean supplies.
6. Although the cold zone side is classified as clean, given its direct adjacency to the warm zone side, PPE for low transmission risk situations is used.
7. All areas will use a disposable mopping system to eliminate the need for a bucket and wringer in cold zone and hot zone. Any cleaning equipment that cannot be disposed should remain in its designated zone for the duration of the patient admission.
8. Blue waste drums are used for the transportation and end disposal of HTP waste. The smaller 20L red waste buckets can be used as the alternative receptacle for all waste in the hot zone. When a red waste bucket is $\frac{3}{4}$ full, place it into the bigger blue waste drums. Consider using a red bag liner in the red waste buckets to allow removal of the liner bag to be disposed into the blue waste drum instead. Red waste bucket can be removed during terminal clean.

Materials needed:

- Personal protective equipment (kept in cold zone). *Donning and Doffing Guidelines and Checklists available on the [BCCDC High Threat Pathogens webpage](#).*
- Disinfectant wipes (kept in both zones).
- Mop handle (kept between both zones).

- Mop pads – pre-soaked with [redacted].
- Pourable dispenser bottle (no squirt bottles), appropriately labelled and pre-filled with [redacted].
- Red waste bucket (located in cold zone), labelled in same fashion as the blue waste drum.

ACTIVITY	STEPS	KEY SAFETY POINTS
Pre-cleaning preparation	<ul style="list-style-type: none"> • Assemble any supplies needed for the room. <ul style="list-style-type: none"> ▶ Disinfectant wipes (if not already in the areas) ▶ [redacted] pre-soaked mop pads. • Take into cold zone. • Sign log that you will be entering the hot zone. 	
Personal protective equipment (PPE)	<ul style="list-style-type: none"> • Ask trained observer to watch you put on personal protective equipment (PPE). Trained observer will be using the PPE checklist. • Put on PPE following direction from trained observer. • Have the trained observer verify PPE is on correctly. 	<ul style="list-style-type: none"> • Always follow precaution signage and use the appropriate PPE. • Put on PPE at a controlled pace so that it is applied properly. • No skin should be exposed when PPE is on.
Cleaning concepts	<ul style="list-style-type: none"> • Clean up any blood or body fluid spills before cleaning room. Follow Standard Operating Procedure #9. <ul style="list-style-type: none"> ▶ When organic matter is present (e.g. blood, sputum, vomitus), it must be removed and surfaces cleaned with a detergent or cleaning agent prior to disinfection. • Use two-step process for cleaning and disinfection. • Wet wipe high touch surfaces working from clean to dirty and high to low areas of the room, using the following IPC concepts: <ul style="list-style-type: none"> ▶ Use one wipe/cloth for each item/area, then discard in the blue waste drum. ▶ Change the wipe/cloth if it is no longer saturated with disinfectant or is visibly soiled. ▶ Surfaces should remain moist for the required contact time with the disinfecting solution. 	
Clean cold zone side	<ul style="list-style-type: none"> • Take any needed supplies, and mop pads. • Using firm contact and friction when cleaning, start with clean side, placing used wipes into red waste bucket: <ul style="list-style-type: none"> ▶ Wipe all high touch surfaces, such as door handles, push plate, touched areas of frame, light switches, thermostats and intercoms. 	<ul style="list-style-type: none"> • Avoid going between cold and warm zones to discard wipes. • Never throw wipes into regular waste containers in the cold zone. These

	<ul style="list-style-type: none"> ▶ Clean surfaces of all wall-mounted items such as alcohol-based hand rub dispenser and glove box holder. ▶ Clean all counters and sink on cold zone side. Lift items if necessary to clean. Wipe bottom of items before replacing. • Check and spot clean all other areas on the cold zone side. • Wet mop floors of cold zone side only (using steps identified below). Discard pad into red waste bucket. • Check red waste bucket. Wipe exposed sides. When $\frac{3}{4}$ full, seal with lid and place in blue waste drum in exit side. • Take mop handle to exit side. 	<p>should be discarded in the red waste bucket.</p>
<p>Clean warm zone side</p>	<ul style="list-style-type: none"> • Once clean side has been completed, clean the warm zone side of the room. • Place used wipes into blue waste drum: <ul style="list-style-type: none"> ▶ Wipe all high touch surfaces, such as door handles, push plate, touched areas of frame, light switches, thermostats and intercoms. ▶ Clean surfaces of all wall mounted items such as alcohol-based hand rub dispenser and glove box holder. ▶ Clean all counters and sinks on warm zone side. Lift items if necessary to clean. Wipe bottom of items before replacing. • Check and spot clean all other areas on the warm zone side. • Wet mop floors on warm zone side only (using steps identified below). Discard pad into blue waste drum. • Wipe gloves with wipe (and checking for glove integrity). 	<ul style="list-style-type: none"> • Work safely at a controlled pace and be observant for unexpected hazards. • Remember to keep your hands away from your mask and face shield. • Remember to disinfect your gloves if you are in contact with blood and body fluids. Please note that the disinfection of gloves is only recommended as an extra precaution for HTP and is NOT a routine IPC practice outside the HTP context. • If outside glove gets torn, PPE becomes dislodged and skin is exposed, or any other situation occurs that results in potential exposure to HTP, follow your Health Authority Exposure Management Plan.
<p>Check blue waste drum</p>	<ul style="list-style-type: none"> • Wipe exposed sides of blue waste drum and discard wipe. • Check whether waste has reached the $\frac{3}{4}$ fill mark. • When $\frac{3}{4}$ full, follow Standard Operating Procedure #10. 	<ul style="list-style-type: none"> • Do NOT push down on waste to compact it. • Do not lean into or touch the inside surface of the blue waste drum.

<p>Wet mop floors</p>	<ul style="list-style-type: none"> • Wet mop floors using the following steps: <ul style="list-style-type: none"> ▶ Attach mop handle with mop pad. ▶ Push mop around baseboards first, paying particular attention to removing soil from corners. Avoid splashing walls or furniture. ▶ In open areas, use overlapping side to side strokes. If mop pad becomes soiled, remove, discard and replace. ▶ When completed, remove mop pad and discard into blue waste drum. ▶ Wipe mop handle, place equipment in designated area in room and discard wipe. • Clean outer gloves using wipe. 	
<p>Personal protective equipment (PPE)</p>	<ul style="list-style-type: none"> • Ask trained observer to watch you take off PPE. Trained observer will be using the PPE checklist. Doffing assistant will assist with PPE removal. • Take off PPE following directions from trained observer and place in blue waste drum. • Perform hand hygiene. • Obtain any supplies required for room for subsequent cleans. Take and store in cold zone. 	<ul style="list-style-type: none"> • Take off PPE at a controlled pace so that protocols are followed properly. • Remember to keep your hands away from your face until you have completed your final hand hygiene with alcohol-based hand rub.

Standard Operative Procedure #4 – Daily Cleaning of Cold Zone and Warm Zone When They are in Separate Areas

Responsibility: ESWs

Steps to follow for daily cleaning of cold and warm zones when they are separate areas. Each hospital in B.C. may have different configurations for these two areas.

- One area located immediately adjacent to the hot zone, and used for both cold and warm zones (see Standard Operating Procedure #3).
- Two areas adjacent to the hot zone, each designated as one of these zones (use this Standard Operating Procedure #4).

Principles used:

1. It is mandatory to clean and disinfect the cold and warm zones at least daily, however preferred twice daily if possible.
2. Surfaces contaminated with blood or body fluids are to be cleaned immediately (see Standard Operating Procedure #9).
3. Use a one-way workflow from clean to dirty, from outside towards the centre of the space, and from high and low.
4. ESWs should not enter the hot zone. Enter the cold zone or warm zone separately.
5. All areas will use a disposable mopping system to eliminate the need for a mop bucket and wringer in cold and warm zones. Any cleaning equipment that cannot be disposed should remain in its designated zone for the duration of the patient admission.
6. Blue waste drums are used for the transportation and end disposal of HTP waste. The smaller 20L red waste buckets can be used as the alternative receptacle for all waste in the hot zone. When a red waste bucket is $\frac{3}{4}$ full, place it into the bigger blue waste drums. Consider using a red bag liner in the red waste buckets to allow removal of the liner bag to be disposed into the blue waste drum instead. Red waste bucket can be removed during terminal clean.

Materials needed:

- Personal protective equipment (kept in cold zone). *Donning and Doffing Guidelines and Checklists available on the [BCCDC High Threat Pathogens webpage](#).*
- Disinfectant wipes (kept in both zones).
- Mop handle (kept in both zones).
- Mop pads – pre-soaked with [REDACTED].
- Pourable dispenser bottle (no squirt bottles), appropriately labelled and pre-filled with [REDACTED].
- Absorbent patient care pad to cover toilet while flushing (if applicable). Regular garbage waste can with black liner (located in cold zone). Blue waste drum already in warm zone.

- Regular stocked housekeeping cart (to clean the cold zone only).

ACTIVITY	STEPS	KEY SAFETY POINTS
Pre-cleaning preparation	<ul style="list-style-type: none"> • Assemble any supplies needed for the room. <ul style="list-style-type: none"> ▶ Disinfectant wipes (if not already in the areas) ▶ [redacted] pre-soaked mop pads. • Take into the appropriate zone that is to be cleaned. 	
Personal protective equipment (PPE) – for warm zone only	<ul style="list-style-type: none"> • Ask a trained observer to watch you put on personal protective equipment (PPE). Trained observer will be using the PPE checklist. • Don PPE following direction from trained observer. • Have the trained observer verify PPE is correctly put on. 	<ul style="list-style-type: none"> • Always follow precaution signage and use the appropriate PPE. • Put on PPE at a controlled pace so that it is applied properly. • No skin should be exposed when PPE is on.
Cleaning concepts	<ul style="list-style-type: none"> • Clean up any blood or body fluid spills before cleaning room. Follow Standard Operating Procedure #9. <ul style="list-style-type: none"> ▶ When organic matter is present (e.g. blood, sputum, vomitus), it must be removed and surfaces cleaned with a detergent or cleaning agent prior to disinfection. • Use two-step process for cleaning and disinfection. • Wet wipe high touch surfaces working from clean to dirty and high to low areas of the room, using the following IPC concepts: <ul style="list-style-type: none"> ▶ Use one wipe/cloth for each item/area, then discard in the blue waste drum. ▶ Change the wipe/cloth if it is no longer saturated with disinfectant or is visibly soiled. ▶ Surfaces should remain moist for the required contact time with the disinfecting solution. 	
Clean cold zone	<ul style="list-style-type: none"> • Using firm contact and friction when cleaning and disinfecting, start with cold zone, placing used wipes into regular waste can: <ul style="list-style-type: none"> ▶ Wipe all high touch surfaces, such as door handles, push plate, touched areas of frame, light switches, thermostats and intercoms. ▶ Clean surfaces of all wall-mounted items such as alcohol-based hand rub dispenser and glove box holder. ▶ Clean all counters and sink in cold zone. Lift items if necessary to clean. Wipe bottom of items before replacing. • Check and spot clean all other areas in the cold zone. 	

	<ul style="list-style-type: none"> • Clean waste can: <ul style="list-style-type: none"> ▶ Remove bag from waste bin, twist top and knot, and place by door. ▶ Wipe all surfaces (inside, outside, bottom and underside) of waste bin. ▶ Re-line waste bin with appropriate liner. ▶ Discard bag into housekeeping cart waste bag (not biohazard bin). • Wet mop floors using equipment from housekeeping cart. Leave cart outside cold zone. 	
<p>Clean warm zone</p>	<ul style="list-style-type: none"> • Once cold zone has been completed, enter warm zone from outside corridor. • Take pre-prepared supplies into room and use equipment stored in the room. Do NOT USE Housekeeping cart for this room. • Place all used wipes into blue waste drum: <ul style="list-style-type: none"> ▶ Wipe all high touch surfaces, such as door handles, push plate, touched areas of frame, light switches, thermostats and intercoms. ▶ Clean surfaces of all wall-mounted items such as alcohol-based hand rub dispenser and glove box holder. ▶ Clean all counters and sinks. Lift items if necessary to clean. • Check and spot clean all other areas in the warm zone. • Wet mop floors (see steps below). • Wipe exposed sides of blue waste drum (see steps below). 	<ul style="list-style-type: none"> • Movement between cold zone and outside corridor is not restricted. • PPE is required for work in the warm zone. • Work safely at a controlled pace and be observant for unexpected hazards. • Remember to keep your hands away from your mask and face shield. • Remember to disinfect your gloves if you are in contact with blood and body fluids. Please note that the disinfection of gloves is only recommended as an extra precaution for HTP and is NOT a routine IPC practice outside the HTP context. • If outside glove gets torn, PPE becomes dislodged and skin is exposed, or any other situation occurs that results in potential exposure to HTP, follow your Health Authority Exposure Management Plan.
<p>Wet mop floors</p>	<ul style="list-style-type: none"> • Wet mop floors using the following steps: <ul style="list-style-type: none"> ▶ Attach to mop handle with mop pad. ▶ Push mop around baseboards first, paying particular attention to removing soil from corners. Avoid splashing walls or furniture. ▶ In open areas, use overlapping side to side strokes. If mop pad becomes soiled, remove, discard and replace. ▶ When completed, remove mop pad and discard into blue waste drum. ▶ Wipe mop handle, place equipment in designated area in room and discard wipe. • Clean outer gloves using wipe (and checking for glove integrity). 	

<p>Check blue waste drum</p>	<ul style="list-style-type: none"> • Wipe exposed sides of blue waste drum and discard wipe. • Check whether waste has reached the $\frac{3}{4}$ fill mark. • When $\frac{3}{4}$ full, follow Standard Operating Procedure #10. 	<ul style="list-style-type: none"> • Do NOT push down on waste to compact it. • Do not lean into or touch the inside surface of the blue waste drum.
<p>Personal protective equipment (PPE)</p>	<ul style="list-style-type: none"> • Ask a trained observer to watch you take off PPE. Trained observer will be using the PPE checklist. Doffing assistant will assist with PPE removal. • Take off PPE following directions from trained observer and place in blue waste drum. • Perform hand hygiene. 	<ul style="list-style-type: none"> • Take off PPE at a controlled pace so that protocols are followed properly. • Remember to keep your hands away from your face until you have completed your final hand hygiene with alcohol-based hand rub.

Standard Operating Procedure #5 – Hot Zone Preparation for Discharge Cleaning When Patient* is Transferred

Responsibility: HCW that was providing care for HTP patient up to time of transfer

Preparation of hot zone (e.g. temporary holding room in ED, an inpatient room, biocontainment center) when patient* has been transferred from a hot zone to elsewhere (e.g. transferred to another inpatient area, discharged, deceased).

* Includes any PUI, or who is a confirmed HTP case.

Principles used:

1. Number of health care workers entering the room should be kept to the minimum.
2. Health care workers will decrease the transmission risk in the room by discarding or cleaning and disinfecting the high transmission risk items (e.g., discard any containers with body fluids, bed linen, all dirty/used items and supplies in room and bathroom; clean high touch areas in immediate patient environment and bathroom, equipment used by the patient; spot clean walls and floor if any visible blood or body fluid soil).
3. Use a one-way workflow from clean to dirty, from outside towards the centre of the space, and from high and low.
4. Any valuable patient's belongings have been collected, placed in a labelled biohazardous waste bag, top twisted, zip tied and sent with patient.
5. If over-bed lift is used, sling goes with patient to inpatient hot zone room. Same could apply to pillow.
6. Full precaution discharge clean will be performed by ESWs (see Standard Operating Procedure #6).
7. Guidelines are followed when patient is deceased. See the [BCCDC High Threat Pathogens](#) webpage for guidelines on deceased persons.
8. Blue waste drums are used for the transportation and end disposal of HTP waste. The smaller 20L red waste buckets can be used as the alternative receptacle for all waste in the hot zone. When a red waste bucket is $\frac{3}{4}$ full, place it into the bigger blue waste drums. Consider using a red bag liner in the red waste buckets to allow removal of the liner bag to be disposed into the blue waste drum instead. Red waste bucket can be removed during terminal clean.

Materials needed:

- Personal protective equipment (kept in cold zone). *Donning and Doffing Guidelines and Checklists available on the [BCCDC High Threat Pathogens](#) webpage.*
- Disinfectant wipes (kept in hot zone).
- Absorbent patient care pad to cover toilet while flushing (if applicable).

ACTIVITY	STEPS	KEY SAFETY POINTS
Pre-cleaning preparation	<ul style="list-style-type: none"> Assemble any supplies needed for the room. Take into cold zone. Sign log that you will be entering the hot zone. Ask trained observer to be present to observe the cleaning process. 	
Personal protective equipment (PPE)	<ul style="list-style-type: none"> Ask trained observer to watch you put on personal protective equipment (PPE). Trained observer will be using the PPE checklist. Doffing assistant will assist with PPE removal. Put on PPE following direction from trained observer. Have the trained observer verify PPE is on correctly. 	<ul style="list-style-type: none"> Always follow precaution signage and use the appropriate PPE. Put on PPE at a controlled pace so that it is applied properly. No skin should be exposed when PPE is on.
Removal of items and supplies in hot zone (including bathroom)	<ul style="list-style-type: none"> Take any needed supplies into hot zone. All dirty/used items and supplies are discarded in the waste drum in the hot zone. Clean up any blood or body fluid spills (follow Standard Operating Procedure #9). Remove sharps container, snap close and discard into waste drum. Do not dust or wipe top of sharps container. Remove all containers that hold body fluids (catheters, suction canisters, IV solution bags). Discard fluids down toilet, flush, seal container and discard; or if solidifiers are used, seal container and discard into the waste drum. Empty and discard bedpans, urinals and commode pots. Discard all patient care items such as wound care products, perineal care products, creams, etc. Discard all opened/used supplies in the hot zone. Discard obvious waste. If pillow present, remove pillow from pillow case. Place pillow case in waste drum. Wipe down the pillow. If the pillow is compromised with rips or tears, place pillow in the waste drum. If stretcher present, remove the stretcher linen by rolling it into the centre of the stretcher and place linen gently in waste drum. Spot clean any visible blood and body fluids on walls and floor. Check and note if there are any blood and body fluid stains on ceiling. Clean outer gloves with disinfectant (and checking for glove integrity). 	<ul style="list-style-type: none"> Work safely at a controlled pace and be observant for unexpected hazards. Remember to keep your hands away from your mask and face shield. Remember to disinfect your gloves if you are in contact with blood and body fluids. Please note that the disinfection of gloves is only recommended as an extra precaution for HTP and is NOT a routine IPC practice outside the HTP context. If outside glove gets torn or becomes dislodged and skin is exposed, follow your Health Authority Exposure Management Plan. Do not compress waste in blue waste drum. Do not lean into or touch the inside surface of the blue waste drum. Discard anything that cannot be easily cleaned/disinfected.
Clean high touch	<ul style="list-style-type: none"> Wet wipe the hot zone by working from clean to dirty and high to low areas of the room, using the following IPC concepts: 	Same as above.

<p>surfaces, and furniture and equipment used by patient</p>	<ul style="list-style-type: none"> ▶ Use one wipe/cloth for each item/area; then discard in the waste drum. ▶ Change the wipe/cloth if it is no longer saturated with disinfectant. ▶ Surfaces should remain moist for [REDACTED] to have the required contact time with the disinfecting solution. • Using firm contact and friction when cleaning: <ul style="list-style-type: none"> ▶ Start by cleaning door handles and push plate. ▶ Check walls for visible stains and spot clean. ▶ Clean light switches and thermostats. ▶ Clean wall mounted items such as alcohol based hand rub dispenser and glove box holder. ▶ Check and spot clean lower interior glass partitions, glass door panels, mirrors and windows. ▶ Check and spot clean all horizontal surfaces, such as counters, shelves, radiators, etc. ▶ Clean hand hygiene sink and fixtures (if present in room). ▶ Clean all furnishings in the room used by the patient and those visibly soiled. ▶ Wipe equipment on walls such as suction/oxygen outlet, intercom, etc. ▶ Clean any dedicated patient equipment, such as IV pole, pump and monitors. Leave commode until end of room clean. ▶ Clean over-bed table, including the underside which touches the patient’s blankets and any drawers. Pay particular attention to those areas touched frequently by patient and staff. ▶ Clean over-bed lift straps and controls. ▶ Clean stretcher, if in room and not used for patient transfer. Remove impermeable cover, if placed on mattress during room set-up, and discard in waste drum. ▶ Clean top and sides of mattress. ▶ Check for cracks or holes in mattress and note so Environmental Services supervisor can be notified (item must be discarded – see Key Safety Points). ▶ Clean stretcher rails, call bell and bed controls. Pay particular attention to areas that are visibly soiled, and surfaces frequently touched by patient and staff. ▶ Check and spot clean all lower parts of stretcher frame, including casters. • Clean commode if present in room and used by patient: <ul style="list-style-type: none"> ▶ Start at the back top of commode, cleaning those areas that do not touch the patient and work in to those that do (inside back support, armrests, seat). Pay close attention to the underside of the rim and clean leg supports/foot rests. • Clean outer gloves using wipe (and check for glove integrity). 	<p>If stretcher is used in patient transfer, initial cleaning occurs in the inpatient room, and stretcher is returned to emergency department for discharge precaution clean by Environmental Services staff.</p> <p>For any mattress that is cracked or have holes in it, it should be discarded. Wipe the mattress, let it dry, tape up any tears/holes, then mark directly on the mattress with sharpie pen “FOR DESTRUCTION – BIOHAZARDOUS WASTE.” Alternatively, cover the mattress with a plastic mattress bag and place a biohazardous sticker on it. Environmental Services supervisor to coordinate with Daniels to pick up mattress.</p>
<p>Clean bathroom</p>	<ul style="list-style-type: none"> • Clean bathroom working from clean to dirty and high to low areas of the room, using the following IPC concepts: <ul style="list-style-type: none"> ▶ Use one wipe/cloth for each item/area; then discard in the waste drum. 	<ul style="list-style-type: none"> • When cleaning the toilet, to prevent aerosolization during flushing:

	<ul style="list-style-type: none"> ▶ Change the wipe/cloth if it is no longer saturated with disinfectant, is visibly soiled, and after cleaning a heavily soiled item. • Using firm contact and friction when cleaning: <ul style="list-style-type: none"> ▶ Clean door handle, door frame and light switch. ▶ Clean chrome wall attachments. ▶ Clean inside and outside of sink, sink faucets and mirror. Wipe exposed plumbing surfaces under the sink. ▶ Clean all dispensers and frames. ▶ Clean call bell and cord. ▶ Clean support railings, ledges and shelves. ▶ If present, clean shower faucets, soap dish, railing and spot clean shower walls. ▶ Clean bedpan support and/or seat raiser, and entire toilet including handle, lid (if present) and underside of flush rim. ▶ Clean toilet bowl with toilet brush/swab. Place back into designated holder. • Clean outer gloves using wipe (and check for glove integrity). 	<ul style="list-style-type: none"> ▶ Close toilet lid (if available) before flushing toilet to avoid splash. ▶ If no toilet lid, cover the bowl with a clean absorbent patient care pad prior to flushing, then discard pad. ▶ Turn away and stand back from toilet when toilet is flushing to avoid splash.
Prepare blue waste drum for removal (if there is one in the hot zone)	<ul style="list-style-type: none"> • See Standard Operating Procedure #10. 	<ul style="list-style-type: none"> • Do NOT push down on waste to compact it. • Do not lean into or touch the inside surface of the blue waste drum.
Personal protective equipment (PPE)	<ul style="list-style-type: none"> • Ask trained observer to watch you take off PPE. Trained observer will be using the PPE checklist. • Take off PPE following directions from trained observer and place in appropriate waste receptacle. • Perform hand hygiene. 	<ul style="list-style-type: none"> • Take off PPE at a controlled pace so that protocols are followed properly. • Remember to keep your hands away from your face until you have completed your final hand hygiene with alcohol based hand rub or soap and water.
Room set-up	<ul style="list-style-type: none"> • Contact Environmental Services to identify area is ready for discharge clean and identify if spot cleaning of ceiling is required. • Inform Environmental Services if mattress needs to be discarded based on final direction for discarding mattresses. 	

**Stretcher cleaning
– used for transfer
of patient to
in-patient area**

- Stretcher is kept in the inpatient area until health care worker has admitted patient and can clean stretcher:
 - ▶ Pillow and over-bed lift sling stay with patient.
 - ▶ Remove the stretcher linen by rolling it into the centre of the stretcher and then place it gently in waste drum. Remove impermeable cover if placed on mattress during room set-up and discard in waste drum.
 - ▶ Clean top and sides of mattress.
 - ▶ Check for cracks or holes in mattress. Prepare mattress for removal and discarding if any found.
 - ▶ Clean stretcher rails. Pay particular attention to areas that are visibly soiled and surfaces frequently touched by patient and staff.
 - ▶ Check and spot clean all lower parts of stretcher frame, including casters.
- Contact Environmental Services to return stretcher to emergency department for thorough discharge cleaning by ESWs.

Standard Operating Procedure #6 – Environmental Services Discharge Precaution Clean of Hot Zone

Responsibility: ESWs

Steps to follow for discharge precaution clean of a hot zone for any PUI or confirmed HTP case.

- Patient transferred from emergency department to an inpatient bed.
- Patient transferred or discharged from an inpatient bed.

Principles used:

1. Number of health care workers entering the room should be kept to the minimum.
2. Health care worker will decrease the transmission risk in the room by discarding or cleaning the high transmission risk items (e.g., discard any containers with body fluids, bed linen, all dirty/used items and supplies in room and bathroom; clean high touch areas in immediate patient environment and bathroom, equipment used by the patient; spot clean walls and floor). See Standard Operating Procedure #5.
3. Use a one-way workflow from clean to dirty, from outside towards the centre of the space, and from high and low.
4. Use a disposable mopping system to eliminate the need for a mop bucket and wringer in cold and hot zones. Any cleaning equipment that cannot be disposed should remain in its designated zone for the duration of the patient admission.
5. ESWs complete a discharge precaution clean of the cold and warm zones (see Standard Operating Procedures #8 and #9).
6. Blue waste drums are used for the transportation and end disposal of HTP waste. The smaller 20L red waste buckets can be used as the alternative receptacle for all waste in the hot zone. When a red waste bucket is $\frac{3}{4}$ full, place it into the bigger blue waste drums. Consider using a red bag liner in the red waste buckets to allow removal of the liner bag to be disposed into the blue waste drum instead. Red waste bucket can be removed during terminal clean.

Materials needed:

- Personal protective equipment (kept in cold zone). *Donning and Doffing Guidelines and Checklists available on the [BCCDC High Threat Pathogens webpage](#).*
- Disinfectant wipes (kept in hot zone)
- Mop pads pre-soaked with [REDACTED].
- Pourable dispenser bottle (no squirt bottles), appropriately labelled and pre-filled with [REDACTED].
- Disposable absorbent patient care pad to cover toilet while flushing (if applicable).
- Toilet brush/swab.
- Red waste bucket with lid or bag with zip ties (nursing will have sealed blue waste drum during room preparation).
- Ladder, if ceiling needs to be spot cleaned.

ACTIVITY	STEPS	KEY SAFETY POINTS
Pre-cleaning preparation	<ul style="list-style-type: none"> • Assemble any supplies needed for the room. ▶ Disinfectant wipes (if not already in the areas) ▶ [redacted] re-soaked mop pads. • Take into cold zone. • Sign log that you will be entering the hot zone. 	<ul style="list-style-type: none"> • Safety of workers is of paramount importance. • All containers of solution must be appropriately labelled with name and concentration. • Disinfectant solutions should be refreshed each shift or, at minimum, daily. Bottles are never topped up.
Personal protective equipment (PPE)	<ul style="list-style-type: none"> • Ask trained observer to watch you put on personal protective equipment (PPE). Trained observer will be using the PPE checklist. • Put on PPE following direction from trained observer. • Have the trained observer verify PPE is on correctly. 	<ul style="list-style-type: none"> • Always follow precaution signage and use the appropriate PPE. • Put on PPE at a controlled pace so that it is applied properly. • No skin should be exposed when PPE is on.
Clean hot zone	<ul style="list-style-type: none"> • Take any needed supplies into hot zone (pre-soaked cloths if used, pre-soaked mop pads, red waste bucket/bag). • Place red waste bucket or bag so easily accessible while cleaning. Discard all supplies from room and bathroom (including all clean opened and closed unused supplies). Wipe gloves with wipe. • Wet wipe room working from clean to dirty and high to low areas of the room, using the following IPC concepts: <ul style="list-style-type: none"> ▶ Use one wipe/cloth for each item/area; then discard in the waste container. ▶ Change the wipe/cloth if it is no longer saturated with disinfectant. ▶ Surfaces should remain moist for [redacted] to have the required contact time with the disinfecting solution. • Move all patient furniture and equipment into the centre of room. Soak wheels of stretchers, beds, wheelchairs, etc. with [redacted]. Cleaned/disinfected emergency department stretcher will be returned from in-patient room after transfer of patient, for final discharge precaution cleaning. • Start cleaning the perimeter of the room, using firm contact and friction when cleaning: <ul style="list-style-type: none"> ▶ Spot clean ceiling, if required. ▶ Clean doors, door handles, push plate and frame. ▶ Clean walls from ceiling to floor. 	<ul style="list-style-type: none"> • Nursing staff will have dealt with patient's personal belongings, dirty/used items and supplies in room. • Work safely at a controlled pace and be observant for unexpected hazards. • Remember to keep your hands away from your mask and face shield. • Remember to disinfect your gloves if you are in contact with blood and body fluids. Please note that the disinfection of gloves is only recommended as an extra precaution for HTP and is NOT a routine IPC practice outside the HTP context. • Do not overextend to reach areas above normal reach or side to side. Extend mop handle, use ladder and move when necessary. • If outside glove gets torn or becomes dislodged and skin is exposed, follow your

	<ul style="list-style-type: none"> ▶ Clean light switches and thermostats. ▶ Clean wall mounted items such as alcohol-based hand rub dispenser and glove box holder. ▶ Clean interior glass partitions, glass door panels, mirrors and windows. ▶ Clean all horizontal surfaces in the room (e.g., counters, shelves, radiators, etc.). ▶ Clean hand hygiene sink and fixtures (if present in room). ▶ Wet mop floors and baseboards around perimeter of room, then follow the steps below. • Clean room items, furniture and patient equipment. When each item is cleaned, place it along wall on cleaned floor. ▶ Wipe equipment on walls such as top of suction/oxygen outlets, intercom, etc. ▶ Clean any dedicated patient equipment (e.g., IV pole, pump, monitor). Leave commode until end of room clean. ▶ Clean the exterior and any accessible interior surfaces of any medical equipment left in the room, e.g. infusion pumps. Enclose the technical/electronic portion of the machine in a large waste bag and clearly mark it as BIOHAZARDOUS in preparation for a final decontamination by the appropriate technician. The same process should be done for larger medical equipment that belong to other departments such as ultra-sound machines, portable X-rays, and ventilators. Place the wrapped units and machines in the warm zone, to be transported to its end destination along with the waste. ▶ Clean over-bed lift straps and controls. ▶ Clean the bedside cupboard or locker inside and out. Clean over-bed table, including the underside that touches the patient’s blankets and any drawers. Pay particular attention to those areas that are touched frequently by patient and/or caregivers. • Clean bed. Make sure the head and foot are raised and the entire under carriage is cleaned. ▶ Wipe down pillow. Clean top and sides of mattress; turn over and clean underside. ▶ Check for cracks or holes in mattress and note so housekeeping supervisor/infection control practitioner can be notified (item must be discarded – see Key Safety Points). ▶ Inspect for pest control and note to initiate facility process if applicable. ▶ Clean exposed bed springs and frame. ▶ Remove head and foot piece (if removable). Clean all sides of headboard, foot board, bed rails, call bell and bed controls. Pay particular attention to areas that are frequently touched by patients and staff. ▶ Clean all lower parts of bed frame, including casters. • Clean commode if present in room: <ul style="list-style-type: none"> ▶ Start at the back top of commode cleaning those areas that do not touch the patient, and work in to those that do (inside back support, armrests, seat). Pay close attention to the underside of the rim. Clean leg supports and foot rests. 	<p>Health Authority Exposure Management Plan.</p> <ul style="list-style-type: none"> • Do not compress waste in blue waste drum. • Do not lean into or touch the inside surface of the blue waste drum. <p>For any mattress that is cracked or have holes in it, it should be discarded. Wipe the mattress, let it dry, tape up any tears/holes, then mark directly on the mattress with sharpie pen “FOR DESTRUCTION – BIOHAZARDOUS WASTE.” Alternatively, cover the mattress with a plastic mattress bag and place a biohazardous sticker on it. Environmental Services supervisor to coordinate with Daniels to pick up mattress.</p>
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	<ul style="list-style-type: none"> • Clean outer gloves using wipe (and checking for glove integrity). 	
<p>Clean bathroom</p>	<ul style="list-style-type: none"> • Clean bathroom working from clean to dirty and high to low areas of the room, using the following IPC concepts: <ul style="list-style-type: none"> ▶ Use one wipe/cloth for each item/area; then discard in the red waste bucket ▶ Change the wipe/cloth if it is no longer saturated with disinfectant, is visibly soiled, and after cleaning a heavily soiled item. • Using firm contact and friction when cleaning: <ul style="list-style-type: none"> ▶ Clean ceiling. ▶ Clean door handle, door frame and light switch. ▶ Clean chrome wall attachments. ▶ Clean walls (ceiling to floor). ▶ Clean inside and outside of sink, sink faucets and mirror. Wipe exposed plumbing surfaces under the sink. ▶ Clean all dispensers and holders. ▶ Clean call bell and cord. ▶ Clean support railings, ledges and shelves. ▶ If present, clean shower faucets, including soap dish and railing. Scrub shower walls and ceiling. ▶ Clean bedpan support and/or seat raiser, and entire toilet including handle, lid (if present) and underside of flush rim. ▶ Clean toilet bowl with toilet brush/swab. Discard into waste container. • Clean outer gloves using wipe (and checking for glove integrity). 	<ul style="list-style-type: none"> • When cleaning the toilet, to prevent aerosolization during flushing: <ul style="list-style-type: none"> ▶ Close toilet lid (if available) before flushing toilet to avoid splash. ▶ If no toilet lid, cover the bowl with a clean disposable absorbent patient care pad prior to flushing, then discard pad. ▶ Turn away and stand back from toilet when toilet is flushing to avoid splash.
<p>Damp mop floor</p>	<ul style="list-style-type: none"> • Floors are cleaned around perimeter of the room to receive cleaned equipment and furniture. • All other floor surfaces are washed after bedroom area and bathroom are cleaned. • Attach to mop handle with mop pad. • Do bedroom area first, followed by bathroom. • Push mop around baseboards first, paying particular attention to removing soil from corners. Avoid splashing walls or furniture. • In open areas use, overlapping side to side strokes. If pad becomes soiled, remove, discard and replace. • When entire floor is washed, remove mop pad and discard in waste container. • Clean outer gloves using wipe. • Wipe mop handle, ladder with wipe/cloth. Place by door to warm zone. • Pour any remaining solutions into toilet. Flush and wipe toilet. Discard bottles/dispensers. 	

	<ul style="list-style-type: none"> • Clean outer gloves using wipe (and checking for glove integrity). 	
Prepare waste container for removal	<ul style="list-style-type: none"> • Close red waste bucket with lid or, if bag is used, twist top and close with zip tie. Wipe all sides and place in blue waste drum in warm zone. Wipe floor where bucket/bag was located. Place wipe in blue waste drum in warm zone. • Dismantle mop handle and discard in blue waste drum. • Clean outer gloves using wipe (and checking for glove integrity). • Leave cleaned equipment in “clean” patient room. 	<ul style="list-style-type: none"> • Do NOT push down on waste to compact it. • Do not lean into or touch the inside surface of the blue waste drum.
Personal protective equipment (PPE)	<ul style="list-style-type: none"> • Ask trained observer to watch you take off PPE. Trained observer will be using the PPE checklist. Doffing assistant will assist with PPE removal. • Take off PPE following directions from trained observer and place in appropriate waste receptacle. • Perform hand hygiene. 	<ul style="list-style-type: none"> • Take off PPE at a controlled pace so that protocols are followed properly. • Remember to keep your hands away from your face until you have completed your final hand hygiene with alcohol based hand rub.
Sign off discharge precaution checklist	<ul style="list-style-type: none"> • Contact Environment Services supervisor (designated individual) AND infection control practitioner (charge nurse if they are not present) observing the discharge precaution clean. • Environment Services staff complete precaution discharge clean checklist and sign off that room has been cleaned. Checklist is also signed by supervisor and infection control practitioner. 	<ul style="list-style-type: none"> • Patient room cleaning may be observed by Environment Services supervisor AND infection control practitioner to allow sign off that appropriate cleaning processes were followed and room is ready for next patient.
Room set-up	<ul style="list-style-type: none"> • Once signoff has occurred, proceed to make up the room for the next patient by: <ul style="list-style-type: none"> ▶ With clean hands (gloves and other PPE are not required), remake bed and replenish supplies as required (e.g., gloves, alcohol based hand rub, soap, paper towels, clean waste bag in waste canisters). ▶ Hang clean curtains. ▶ Tag any equipment as “clean” and return it to the designated clean area. ▶ Remove restricted access sign, clean and disinfect, and place in designated storage area. • Clean hands with alcohol based hand rub upon leaving room. 	
Discharge cleaning of cold and warm zone	<ul style="list-style-type: none"> • See Standard Operating Procedures #7 and #8. 	

Standard Operating Procedure #7 – Discharge Cleaning of Cold Zone and Warm Zone When They are in the Same Area

Responsibility: Environmental Services staff

Steps to follow for daily cleaning of cold and warm zone when they are both located within one area. Every facility in B.C. may have different configurations for these two zones. When the cold and warm zone are the same area, it is together considered a warm zone.

- One area located immediately adjacent to the hot zone, and used for both cold and warm zones (use this Standard Operating Procedure #7).
- Two rooms adjacent to the hot zone, each designated as one of these zones (see Standard Operating Procedure #8).

Principles used:

1. Cold and warm zones are cleaned when patient is transferred/discharged from patient room.
2. Surfaces contaminated with blood or body fluids are cleaned immediately (see Standard Operating Procedure #9).
3. Use a one-way workflow from clean to dirty, from outside towards the centre of the space, and from high and low.
4. Where one room is used for both purposes, there is a clearly defined separation between the cold zone and warm zone e.g. floor tape. The natural flow will be entering the cold zone and donning PPE, going into hot zone to do tasks, then exit hot zone by going into the warm zone to doff PPE. Staff should never move directly from warm zone to cold zone, or from hot zone to cold zone.
5. There is a divide of preferably two metres/six feet between the cold zone where clean supplies are kept and warm zone where PPE is taken off. The blue waste drum is in the warm zone and should be the maximum distance possible from the clean supplies.
6. Discharge cleaning for Environmental Services staff is coordinated with the health care worker's preparation of the hot zone. To avoid cleaning areas twice, the cleaning of the hot zone should be done separately to the cold and warm zones, and not a sequenced flow through approach.
7. Although the cold zone side is classified as clean, given its direct adjacency to the warm zone side, PPE for low transmission risk situations is used.
8. All areas will use a disposable mopping system to eliminate the need for a mop bucket and wringer in cold zone and warm zone. Any cleaning equipment that cannot be disposed should remain in its designated zone for the duration of the patient admission.
9. Blue waste drums are used for the transportation and end disposal of HTP waste. The smaller 20L red waste buckets can be used as the alternative receptacle for all waste in the hot zone. When a red waste bucket is $\frac{3}{4}$ full, place it into the bigger blue waste drums. Consider using a red bag liner in the red waste buckets to allow removal of the liner bag to be disposed into the blue waste drum instead. Red waste bucket can be removed during terminal clean.

Materials needed:

- Personal protective equipment (kept in cold zone). *Donning and Doffing Guidelines and Checklists available on the [BCCDC High Threat Pathogens webpage](#).*
- Disinfectant wipes (kept in both zones)

- Mop handle (kept between both zones) – not used for hot zone.
- Mop pads – pre-soaked with [REDACTED].
- Pourable dispenser bottle (no squirt bottles), appropriately labelled and pre-filled with [REDACTED].
- Red waste bucket (located in clean area), labelled in same fashion as the blue waste drum.
- Four biohazardous labels.

ACTIVITY	STEPS	KEY SAFETY POINTS
Discharge cleaning of hot zone	<ul style="list-style-type: none"> • Environmental Services staff perform discharge clean of hot zone, following Standard Operating Procedure #6. 	<ul style="list-style-type: none"> • Discharge cleaning of the hot zone would have been already completed by a separate Environmental Services staff.
Pre-cleaning preparation of cold and warm zones	<ul style="list-style-type: none"> • Assemble any supplies needed for the room. <ul style="list-style-type: none"> ▶ Disinfectant wipes (if not already in the areas). ▶ [REDACTED] pre-soaked mop pads. • Label the red waste bucket (quarantine patient identifier/BIN number). • Take into cold zone. 	<ul style="list-style-type: none"> • Safety of workers is of paramount importance. • Always wear safety goggles when pouring undiluted chemicals. • All containers of solution must be appropriately labelled with name and concentration. • Disinfectant solutions should be refreshed each shift or, at minimum, daily. Bottles are never topped up.
Cleaning concepts	<ul style="list-style-type: none"> • Clean up any blood or body fluid spills before cleaning area. Follow Standard Operating Procedure #9. <ul style="list-style-type: none"> ▶ When organic matter is present (e.g. blood, sputum, vomitus), it must be removed and surfaces cleaned with a detergent or cleaning agent prior to disinfection. • Use two-step process for cleaning and disinfection. • Wet wipe high touch surfaces working from clean to dirty and high to low areas of the room, using the following IPC concepts: <ul style="list-style-type: none"> ▶ Use one wipe/cloth for each item/area, then discard in the blue waste drum. ▶ Change the wipe/cloth if it is no longer saturated with disinfectant or is visibly soiled. ▶ Surfaces should remain moist for the required contact time with the disinfecting solution. 	
Personal protective	<ul style="list-style-type: none"> • Ask trained observer to watch you put on personal protective equipment (PPE). Trained observer will be using the PPE checklist. 	<ul style="list-style-type: none"> • PPE is required for entering the warm zone. Because cleaning of cold zone will be first, it

<p>equipment (PPE) – going into shared area with cold and warm zone</p>	<ul style="list-style-type: none"> • Put on PPE following direction from trained observer. • Have the trained observer verify PPE is on correctly. 	<p>is okay to be in PPE in cold zone then move to warm zone after cold zone cleaning is complete.</p> <ul style="list-style-type: none"> • Always follow precaution signage and use the appropriate PPE. • Put on PPE at a controlled pace so that it is applied properly. • No skin should be exposed when PPE is on.
<p>Clean cold zone side</p>	<ul style="list-style-type: none"> • Take all needed supplies into cold zone side. • Remove all opened supplies, all supplies not easily cleaned, and discard into red waste bucket located in “clean” area. Place any unopened, easily cleaned supplied to one side. • Using firm contact and friction when cleaning: <ul style="list-style-type: none"> ▶ Wipe all high touch surfaces, such as door handles, push plate, touched areas of frame, light switches, thermostats and intercoms. ▶ Clean all wall mounted items such as alcohol-based hand rub dispenser and glove box holder. ▶ Clean all shelves, ledges and cupboards. Wipe unopened, easily cleaned supplies and return them to shelves/cupboards. ▶ Clean all counters and sinks. • Clean walls from ceiling to floor. • Place red waste bucket and lid into warm zone side (do not seal bucket with lid at this point). • Wet mop floors of cold zone side only (using steps identified below). Discard pad into red waste bucket. • Place mop handle on warm zone side. • Clean gloves with wipe (and checking for glove integrity). 	<ul style="list-style-type: none"> • Avoid going between cold and warm zone sides to discard wipes. • Never throw wipes into regular waste containers in the cold zone. These should be discarded in the red bucket.
<p>Clean warm zone side</p>	<ul style="list-style-type: none"> • Once cold zone side has been completed, clean the warm zone side of the area. • Make sure PPE is still on correctly. Get trainer observer to help assess. Move from the cold zone side to the warm zone side. • All waste is placed in blue waste drum: <ul style="list-style-type: none"> ▶ Place red waste bucket by blue waste drum. ▶ Wipe all high touch surfaces, such as door handles, push plate, touched areas of frame, light switches, thermostats and intercoms. ▶ Clean all wall mounted items such as alcohol-based hand rub dispenser and glove box holder. ▶ Clean all shelves, ledges and cupboards. Discard ALL supplies kept in this area. ▶ Clean all counters and sinks. 	<ul style="list-style-type: none"> • Work safely at a controlled pace and be observant for unexpected hazards. • Remember to keep your hands away from your mask and face shield. • Remember to disinfect your gloves if you are in contact with blood and body fluids. Please note that the disinfection of gloves is only recommended as an extra precaution for HTP and is NOT a routine IPC practice outside the HTP context.

	<ul style="list-style-type: none"> • Clean walls from ceiling to floor. • Wet mop floors on warm zone side only (using steps identified below). 	<ul style="list-style-type: none"> • If outside glove gets torn, PPE becomes dislodged and skin is exposed, or any other situation occurs that results in potential exposure to HTP, follow your Health Authority Exposure Management Plan.
Wet mop floors	<ul style="list-style-type: none"> • Wet mop floors using the following steps: <ul style="list-style-type: none"> ▶ Attach to mop handle to mop pad. ▶ Push mop around baseboards first, paying particular attention to removing soil from corners. Avoid splashing walls or furniture. ▶ In open areas, use overlapping side to side strokes. If mop pad becomes soiled, remove, discard and replace. ▶ When completed, remove mop pad and discard into blue waste drum. ▶ Wipe mop handle, dismantle handle, and discard wipe and handle in blue waste drum. • Clean outer gloves using wipe (and checking for glove integrity). 	
Prepare blue drum for removal	<ul style="list-style-type: none"> • Follow Standard Operating Procedure #10, up to and including placing blue drum on saturated soaker pad and pushing it to outside warm zone side to second staff member (ESW 2) and place on dolly. 	<ul style="list-style-type: none"> • Do NOT push down on waste to compact it. • Do not lean into or touch the inside surface of the blue waste drum.
Personal protective equipment (PPE)	<ul style="list-style-type: none"> • Ask trained observer to watch you (ESW 1) take off PPE. Trained observer will be using the PPE checklist. Doffing assistant will assist with PPE removal. • Take off PPE following directions from trained observer and place in blue waste drum. • Perform hand hygiene. Put on clean gown and pair of gloves. • Obtain any supplies required for room for subsequent cleans. Take and store in cold zone side. 	<ul style="list-style-type: none"> • Take off PPE at a controlled pace so that protocols are followed properly. • Soiled PPE must be placed in the blue waste drum prior to moving the blue waste drum out of the warm zone. • Remember to keep your hands away from your face until you have completed your final hand hygiene with alcohol based hand rub.
Disposal of red waste bucket in warm zone	<ul style="list-style-type: none"> • First worker (ESW 1) seals the red waste bucket with lid and wipes all sides. • ESW 1 passes red waste bucket to second worker (ESW 2) to place on cart to take to waste storage. • ESW 2 places biohazardous waste labels on drum (two) and bucket (two) – one label is placed on either side of drum; one label is placed on either side of bucket. 	<ul style="list-style-type: none"> • Drum/bucket is taken directly to designated locked waste storage area.

	<ul style="list-style-type: none"> • ESW 1 wipes gloves and assists ESW 2 with transport of both blue drum and red bucket to waste storage (see Standard Operating Procedure #10). • ESW 1 returns to sign off on room and to replenish supplies. 	
<p>Sign off discharge precaution checklist</p>	<ul style="list-style-type: none"> • Contact Environment Services supervisor (or designated individual) AND infection control practitioner (charge nurse if they are not present) observing the discharge precaution clean. • Environment Services staff complete precaution discharge clean checklist and signoff that cold and warm zones have been cleaned. Checklist is also signed by supervisor and infection control practitioner/charge nurse. 	<ul style="list-style-type: none"> • Patient room cleaning may be observed by Environment Services supervisor (or designated individual) AND infection control practitioner (or charge nurse if not present) to allow signoff that appropriate cleaning processes were followed, and room is ready for next patient.
<p>Replenish supplies</p>	<ul style="list-style-type: none"> • Once signoff has occurred, proceed to make up the room for the next patient by: <ul style="list-style-type: none"> ▶ With clean hands (gloves and other PPE are not required), replenish supplies as required (e.g., PPE, gloves, alcohol based hand rub, soap, paper towels, clean waste bag in waste canisters). Keep to minimal amounts. ▶ Tag any equipment as “clean” and return it to the designated clean area. ▶ Remove restricted access sign, clean and disinfect sign, and place in designated storage area. • Clean hands with alcohol based hand rub upon leaving room. 	

Standard Operating Procedure #8 – Discharge Cleaning of Cold Zone and Warm Zone When They are in Separate Spaces

Responsibility: Environmental Services staff

Steps to follow for daily cleaning of cold and warm zone when they are both located within one area. Every facility in B.C. may have different configurations for these two zones. When the cold and warm zone are the same area, it is together considered a warm zone.

- One area located immediately adjacent to the hot zone, and used for both cold and warm zones (see Standard Operating Procedure #7).
- Two rooms adjacent to the hot zone, each designated as one of these zones (use this Standard Operating Procedure #8).

Principles used:

1. Cold and warm zones are cleaned when patient is transferred/discharged from patient room.
2. Surfaces contaminated with blood or body fluids are cleaned immediately (see Standard Operating Procedure #9).
3. Use a one-way workflow from clean to dirty, from outside towards the centre of the space, and from high and low.
4. Where one room is used for both purposes, there is a clearly defined separation between the cold zone and warm zone e.g. floor tape. The natural flow will be entering the cold zone and donning PPE, going into hot zone to do tasks, then exit hot zone by going into the warm zone to doff PPE. Staff should never move directly from warm zone to cold zone, or from hot zone to cold zone.
5. There is a divide of preferably two metres/six feet between the cold zone where clean supplies are kept and warm zone where PPE is taken off. The blue waste drum is in the warm zone and should be the maximum distance possible from the clean supplies.
6. Discharge cleaning for Environmental Services staff is coordinated with the health care worker's preparation of the hot zone. To avoid cleaning areas twice, the cleaning of the hot zone should be done separately to the cold and warm zones, and not a sequenced flow through approach.
7. Although the cold zone side is classified as clean, given its direct adjacency to the warm zone side, PPE for low transmission risk situations is used.
8. All areas will use a disposable mopping system to eliminate the need for a mop bucket and wringer in cold zone and warm zone. Any cleaning equipment that cannot be disposed should remain in its designated zone for the duration of the patient admission.
9. Blue waste drums are used for the transportation and end disposal of HTP waste. The smaller 20L red waste buckets can be used as the alternative receptacle for all waste in the hot zone. When a red waste bucket is $\frac{3}{4}$ full, place it into the bigger blue waste drums. Consider using a red bag liner in the red waste buckets to allow removal of the liner bag to be disposed into the blue waste drum instead. Red waste bucket can be removed during terminal clean.

Materials needed:

- Personal protective equipment (kept in cold zone). *Donning and Doffing Guidelines and Checklists available on the [BCCDC High Threat Pathogens webpage](#).*

- Disinfectant wipes (kept in both zones)
- Mop handle (kept between both zones) – not used in hot zone.
- Mop pads – pre-soaked with [redacted].
- Pourable dispenser bottle (no squirt bottles), appropriately labelled and pre-filled with [redacted].
- Disposable absorbent patient care pad to cover toilet while flushing (if applicable).
- Red waste bag with zip tie – labelled in same fashion as blue waste drum (for warm zone).
- Four biohazardous labels.
- Regular garbage waste can with black liner (located in cold zone). Blue waste drum already in warm zone.
- Stocked housekeeping cart (for use in cold zone only).

ACTIVITY	STEPS	KEY SAFETY POINTS
Discharge cleaning of hot zone	<ul style="list-style-type: none"> • Environmental Services staff perform discharge clean of hot zone, following Standard Operating Procedure #6. 	<ul style="list-style-type: none"> • Discharge cleaning of the hot zone would have been already completed by a separate Environmental Services staff.
Pre-cleaning preparation of cold and warm zones	<ul style="list-style-type: none"> • Assemble any supplies needed for the area. <ul style="list-style-type: none"> ▶ Disinfectant wipes (if not already in the areas). ▶ [redacted] pre-soaked mop pads. • Label the red waste bucket (quarantine patient identifier/BIN number). • Place on housekeeping cart. • Place housekeeping cart outside cold zone. 	<ul style="list-style-type: none"> • Safety of workers is of paramount importance. • Always wear safety goggles when pouring undiluted chemicals. • All containers of solution must be appropriately labelled with name and concentration. • Disinfectant solutions should be refreshed each shift or, at minimum, daily. Bottles are never topped up.
Cleaning concepts	<ul style="list-style-type: none"> • Clean up any blood or body fluid spills before cleaning area. Follow Standard Operating Procedure #9. <ul style="list-style-type: none"> ▶ When organic matter is present (e.g. blood, sputum, vomitus), it must be removed and surfaces cleaned with a detergent or cleaning agent prior to disinfection. • Use two-step process for cleaning and disinfection. • Wet wipe high touch surfaces working from clean to dirty and high to low areas of the room, using the following IPC concepts: <ul style="list-style-type: none"> ▶ Use one wipe/cloth for each item/area, then discard in the waste drum. 	

	<ul style="list-style-type: none"> ▶ Change the wipe/cloth if it is no longer saturated with disinfectant or is visibly soiled. ▶ Surfaces should remain moist for the required contact time with the disinfecting solution. 	
Clean cold zone	<ul style="list-style-type: none"> • Remove all opened supplies, all supplies not easily cleaned, and discard into regular waste can. Place any unopened, easily cleaned supplies to one side. • Using firm contact and friction when cleaning: <ul style="list-style-type: none"> ▶ Wipe all high touch surfaces, such as door handles, push plate, touched areas of frame, light switches, thermostats and intercoms. ▶ Clean all wall mounted items such as alcohol-based hand rub dispenser and glove box holder. ▶ Clean all shelves, ledges and cupboards. Wipe unopened, easily cleaned supplies and return them to shelves/cupboards. ▶ Clean all counters and sinks. • Clean walls from ceiling to floor. • Clean waste can: <ul style="list-style-type: none"> ▶ Remove bag from waste can, twist top and knot, and place by door. ▶ Wipe all surfaces of waste can. ▶ Re-line can with bag. ▶ Discard bag into housekeeping cart waste bag as regular garbage (not biohazard bin). • Wet mop floor using equipment from housekeeping cart. Leave cart outside cold zone. • Clean gloves with wipe (and checking for glove integrity) • Exit cold zone. 	<ul style="list-style-type: none"> • Use housekeeping cart supplies and solutions as this is NOT a contaminated area.
Personal protective equipment (PPE) – going into warm zone	<ul style="list-style-type: none"> • Ask trained observer to watch you put on personal protective equipment (PPE). Trained observer will be using the PPE checklist. • Put on PPE following direction from trained observer. • Have the trained observer verify PPE is on correctly. 	<ul style="list-style-type: none"> • Always follow precaution signage and use the appropriate PPE. • Put on PPE at a controlled pace so that it is applied properly. • No skin should be exposed when PPE is on.
Clean warm zone	<ul style="list-style-type: none"> • Once cold zone has been completed, take any needed supplies (container of disinfectant wipes, mop pads and red waste bag with zip tie) into warm zone. • Remove all supplies and discard into blue waste drum. • Clean the warm zone: <ul style="list-style-type: none"> ▶ Wipe all high touch surfaces, such as door handles, push plate, touched areas of frame, light switches, thermostats and intercoms. ▶ Clean all wall mounted items such as alcohol-based hand rub dispenser and glove box holder. 	<ul style="list-style-type: none"> • Work safely at a controlled pace and be observant for unexpected hazards. • Remember to keep your hands away from your mask and face shield. • Remember to disinfect your gloves if you are in contact with blood and body fluids. Please note that the disinfection of gloves is only

	<ul style="list-style-type: none"> ▶ Clean all shelves, ledges and cupboards. ▶ Clean all counters and sinks. • Clean walls from ceiling to floor. • Wet mop floors (see steps below). 	<p>recommended as an extra precaution for HTP and is NOT a routine IPC practice outside the HTP context.</p> <ul style="list-style-type: none"> • If outside glove gets torn, PPE becomes dislodged and skin is exposed, or any other situation occurs that results in potential exposure to HTP, follow your Health Authority Exposure Management Plan.
Wet mop floors – warm zone	<ul style="list-style-type: none"> • Floors are cleaned using the following steps: <ul style="list-style-type: none"> ▶ Attach to mop handle to mop pad. ▶ Push mop around baseboards first, paying particular attention to removing soil from corners. Avoid splashing walls or furniture. ▶ In open areas, use overlapping side to side strokes. If mop pad becomes soiled, remove, discard and replace. ▶ When completed, remove mop pad and discard into blue waste drum. ▶ Wipe mop handle, dismantle handle, discard wipe and handle into blue waste drum. • Clean outer gloves using wipe (and checking for glove integrity). 	
Prepare blue drum for removal (if there was one in hot zone)	<ul style="list-style-type: none"> • Follow Standard Operating Procedure #10, up to and including placing blue drum on saturated soaker pad and pushing it to outside warm zone to second staff member (ESW 2) and place on dolly. 	<ul style="list-style-type: none"> • Do NOT push down on waste to compact it. • Do not lean into or touch the inside surface of the blue waste drum.
Personal protective equipment (PPE)	<ul style="list-style-type: none"> • Ask trained observer to watch you (ESW 1) take off PPE. Trained observer will be using the PPE checklist. Doffing assistant will assist with PPE removal. • Take off PPE following directions from trained observer and place in blue waste drum. • Perform hand hygiene. Put on clean gown and pair of gloves. • Obtain any supplies required for room for subsequent cleans. Take and store in cold zone side. 	<ul style="list-style-type: none"> • Take off PPE at a controlled pace so protocols are followed properly. • Soiled PPE must be placed in the blue waste drum prior to moving the blue waste drum out of the warm zone. • Remember to keep your hands away from your face until you have completed your final hand hygiene with alcohol based hand rub.
Disposal of red waste bucket	<ul style="list-style-type: none"> • First worker (ESW 1) seals the red waste bucket with lid and wipes all sides. 	<ul style="list-style-type: none"> • Drum/bucket is taken directly to designated locked waste storage area.

	<ul style="list-style-type: none"> • ESW 1 passes red waste bucket to second worker (ESW 2) to place on cart to take to waste storage. • ESW 2 places biohazardous waste labels on drum (two) and bucket (two) – one label is placed on either side of drum; one label is placed on either side of bucket. • ESW 1 wipes gloves and assists ESW 2 with transport of both blue drum and red bucket to waste storage (see Standard Operating Procedure #10). • ESW 1 returns to sign off on room and to replenish supplies. 	
<p>Sign off discharge precaution checklist</p>	<ul style="list-style-type: none"> • Contact Environment Services supervisor (or designated individual) AND infection control practitioner (charge nurse if they are not present) observing the discharge precaution clean. • Environment Services staff complete precaution discharge clean checklist and signoff that cold and warm zones have been cleaned. Checklist is also signed by supervisor and infection control practitioner/charge nurse. 	<ul style="list-style-type: none"> • Patient room cleaning may be observed by Environment Services supervisor (or designated individual) AND infection control practitioner (or charge nurse if not present) to allow signoff that appropriate cleaning processes were followed, and room is ready for next patient.
<p>Replenish supplies</p>	<ul style="list-style-type: none"> • Once signoff has occurred, proceed to make up the room for the next patient by: <ul style="list-style-type: none"> ▶ With clean hands (gloves and other PPE are not required), replenish supplies as required (e.g., PPE, gloves, alcohol based hand rub, soap, paper towels, clean waste bag in waste canisters). Keep to minimal amounts. ▶ Tag any equipment as “clean” and return it to the designated clean area. ▶ Remove precaution sign, clean and disinfect sign, and place in designated storage area. • Clean hands with alcohol based hand rub upon leaving room. 	

Standard Operating Procedure #9 – Blood or Body Fluid Spill Cleanup

Responsibility: Health Care Worker – inside hot zone, Environmental Services staff – outside hot zone (warm and cold zones)

The same standard of practice is used for blood and body fluid spills inside and outside the hot zone.

Principles used:

1. Number of health care workers entering the room should be kept to the minimum.
2. HTPs can be spread through direct contact (body fluids including blood, saliva, mucous, vomit, urine, or feces from an infected person entering through the eyes, nose, mouth, or broken skin of another person), or by indirect contact through contaminated items
3. Immediately clean and disinfect any surfaces contaminated with blood, urine, feces, vomit or other body fluids that are suspected or known to contain an HTP.
4. Use a one-way workflow from clean to dirty, from outside towards the centre of the space, and from high and low.
5. Disinfectants cannot work properly if the surface has organic material (i.e., blood or other bodily fluids) on it.
6. Never mix chemicals together.
7. All areas will use a disposable mopping system to eliminate the need for a mop bucket and wringer in cold and warm zones. Any cleaning equipment that cannot be disposed should remain in its designated zone for the duration of the patient admission.
8. Blue waste drums are used for the transportation and end disposal of HTP waste. The smaller 20L red waste buckets can be used as the alternative receptacle for all waste in the hot zone. When a red waste bucket is $\frac{3}{4}$ full, place it into the bigger blue waste drums. Consider using a red bag liner in the red waste buckets to allow removal of the liner bag to be disposed into the blue waste drum instead. Red waste bucket can be removed during terminal clean.

Materials needed:

- Personal protective equipment (kept in cold zone). *Donning and Doffing Guidelines and Checklists available on the [BCCDC High Threat Pathogens webpage](#).*
- Spill kit (kept in hot zone for HCWs, kept in cold zone for ESWs) with cleanable surfaces that contains:
 - ▶ inert absorbent granules,
 - ▶ solidifying agents
 - ▶ paper towels,
 - ▶ virucide,
 - ▶ dust pan and spatula (when large spill), and
 - ▶ two red biohazardous waste bags with zip ties.

- Disinfectant wipes (kept in all zones)
- Mop handle (kept in hot and warm zones).
- Mop pads – pre-soaked with [REDACTED].
- Wet floor sign to restrict entrance because of large spill (cold zones only).

ACTIVITY	STEPS	KEY SAFETY POINTS
Ensure safety	<ul style="list-style-type: none"> • Use signage of staff to restrict access to area until decontamination is completed, especially for large spills. 	<ul style="list-style-type: none"> • Wet floor signage is used for spills in cold zones only since hot and warm zones are already considered restricted access.
Personal protective equipment (PPE)	<ul style="list-style-type: none"> • Ask trained observer to watch you put on personal protective equipment (PPE). Trained observer will be using the PPE checklist. • Put on PPE following direction from trained observer. • Have the trained observer verify PPE is on correctly. 	<ul style="list-style-type: none"> • Put on PPE at a controlled pace so that it is applied properly. • No skin should be exposed when PPE is on.
Assess the spill	<ul style="list-style-type: none"> • Let fluid and droplets settle. • Assess the size and nature of the spill to determine the best method of spill cleanup. • Take supplies into the area. 	
Spots or small splatter	<ul style="list-style-type: none"> • Using spatula, remove any broken glass or sharps and dispose in puncture proof container. • Check gloves for any tears or punctures. • Wipe the area immediately with paper towelling and discard in blue waste drum. • Clean area with wipe to remove any residual soil and discard. Area must be visibly clean. • Let dry to ensure contact time with disinfect [REDACTED]. • Wipe the area a second time to disinfect the surface/area and discard wipe. 	<ul style="list-style-type: none"> • If gloves are torn or punctured, follow your Health Authority Exposure Management Plan. • Disinfectants cannot work properly if the surface has blood or body fluids on it. • If spot is above average height, use the mop pad to clean. Use the extension capabilities of the handle.
Spills (regardless of size)	<ul style="list-style-type: none"> • Quickly and gently contain spill by creating a circular barricade/berm around the perimeter of the spill with absorbent material (granules or paper towels). • If able to do without stepping into or leaning over spill, use spatula to remove any broken glass or sharps and dispose in puncture proof container. • Check gloves for any tears or punctures. • Place the red waste bag in close proximity to you. 	<ul style="list-style-type: none"> • Work safely at a controlled pace and be observant for unexpected hazards. • Avoid creating splash while cleaning spill. • Use proper body mechanics when removing the bulk material. Avoid bending at waist or twisting.

	<ul style="list-style-type: none"> • Allow fluid and droplets to settle. • Put disposable paper towels down to cover the material so it doesn't spread further. • To avoid any splashes and splatter, do not spray disinfectant onto spill and do not use a wet vacuum. • Over the paper towels, gently apply (do not spray) a disinfectant [redacted] according to the manufacturer's instructions (use a product with a broad spectrum virucidal claim and a drug identification number). • Allow the product to remain in place to ensure a minimum contact time of 10 minutes or as per manufacturers' instructions. • Pick up the towels and organic material and place in red waste bag. When all material is removed, twist top of bag and zip tie bag. Discard into waste drum. • Clean outer gloves with wipe and discard wipe. • Wring out mop pad and attach to mop handle. • Mop the area using side to side strokes. Start at one end of the affected area and move in one direction until the whole surface has been disinfected. Do not use a circular motion. Replace mop heads as they become soiled. Continue until area is visibly clean. Let dry to ensure contact time of [redacted]. • Wipe the area with disinfectant [redacted] and let dry to ensure contact time. Discard wipes. • If spill occurs on carpet, throw it out. 	<ul style="list-style-type: none"> • If gloves are torn or punctured, follow your Health Authority Exposure Management Plan. • Remember to keep your hands away from your mask and face shield. • To avoid repeatedly standing and squatting when cleaning up matter, put waste into red bag. This also prevents any potential for leakage from high transmission risk matter once it has all been collected in the red waste bag. • Remember to disinfect your gloves if you are in contact with blood and body fluids. Please note that the disinfection of gloves is only recommended as an extra precaution for HTP and is NOT a routine IPC practice outside the HTP context. • Disinfectants cannot work properly if the surface has blood or body fluids on it. • To avoid splash or splatter, do NOT spray disinfectant. • Do NOT use wet vacuum.
<p>Clean cleaning equipment</p>	<ul style="list-style-type: none"> • Remove mop pad and discard in waste drum. • Wipe mop handle and place in designated area. • Wipe exteriors of containers of absorbent granules and virucide. If there is any remaining product, wipe dust pan, spatula and spill kit. Store items back in spill kit and place in room where spill occurred (hot or warm zone) for easy access for any subsequent spill. Discard containers when empty and whole kit when discharge precaution cleaning occurs. • Clean outer gloves using wipe (if visibly soiled) or alcohol based hand rub (and checking for glove integrity) 	<ul style="list-style-type: none"> • Pour solutions slowly into toilet to minimize splash back onto PPE. • Close toilet lid (if available) before flushing toilet to avoid splash. • If no toilet lid, cover the bowl with a clean disposable absorbent patient care pad prior to flushing, then discard pad. • Turn away and stand back from toilet when toilet is flushing to avoid splash.
<p>Remove personal protective</p>	<ul style="list-style-type: none"> • Ask trained observer to watch you take off PPE. Trained observer will be using the PPE checklist. Doffing assistant will assist with PPE removal. • Take off PPE following directions from trained observer and place in waste drum. 	<ul style="list-style-type: none"> • Take off PPE at a controlled pace so that protocols are followed properly.

<p>equipment (PPE) and signage</p>	<ul style="list-style-type: none"> • Perform hand hygiene. • Obtain any supplies required for room for subsequent cleans. Take and store in cold zone. • Remove signage in cold zone restricting access because of spill. 	<ul style="list-style-type: none"> • Remember to keep your hands away from your face until you have completed your final hand hygiene with alcohol based hand rub.
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Standard Operating Procedure #10 – Access to Drum and Waste Removal from Hot Zone to Warm Zone

Responsibility: Health Care Worker, Environmental Services staff x 2

Steps to follow to (a) access blue waste drum and to (b) organize waste removal from the hot zone of any patient under investigation (PUI) or a confirmed HTP case. This is done when:

- Infection Prevention and Control (or anyone else within a facility supervisory role) have notified Environmental Services that a patient has been admitted to emergency department of in-patient bed who is being followed for HTP-; or
- Replacement blue waste drum is required.

Removal

- Blue waste drum is $\frac{3}{4}$ full; or
- Patient is discharged/transferred from the room (emergency department or in-patient bed).

Principles used:

- a) Number of health care workers entering the room should be kept to the minimum.
- b) Health care workers will decrease the transmission risk by ensuring the blue waste drum is sealed and disinfected.
- c) A process will be established that uses each blue waste drum to its fullest, while maintaining the safety of the patient and staff. When a drum is $\frac{3}{4}$ full in a hot zone and another bin is required in the hot zone, if practical to do so, the one located in the warm zone will be relocated to the hot zone and the clean drum will be placed in the warm zone.
- d) Each site has a designated locked and secure area for holding biohazardous waste.
- e) Blue waste drums are used for the transportation and end disposal of HTP waste. The smaller 20L red waste buckets can be used as the alternative receptacle for all waste in the hot zone. When a red waste bucket is $\frac{3}{4}$ full, place it into the bigger blue waste drums. Consider using a red bag liner in the red waste buckets to allow removal of the liner bag to be disposed into the blue waste drum instead. Red waste bucket can be removed during terminal clean.
- f) Daniel's guidelines regarding waste for HTP will be followed. Please refer to the following Daniel's protocols:
 - Category A Infectious Substance Management Guide: A Guide to Managing Category A Infectious Substances Waste
 - Ebola Waste Handling Protocols: Handling of Healthcare Generated Waste from Suspected or Confirmed Cases of Ebola

Materials needed:

- Clean new blue waste drum (initially two; ongoing one). [extra one supplied in Daniels kit]
- Lid. [supplied in Daniels kit]

- Plastic zip ties. [supplied in Daniels kit]
- Tape.
- Disinfectant.
- Clean metallic silver sharpie.
- Biohazardous symbol label stickers. [supplied in Daniels kit]
- Class 6 infectious labels (UN2814). [supplied in Daniels kit]
- Fastener clamp (if a separate item).
- Three cotton soaker pads (one per blue waste drum) – these are the pads on linen carts.

ACTIVITY	STEPS	KEY SAFETY POINTS
Access	<p>INITIAL:</p> <ul style="list-style-type: none"> • The infection control practitioner (or anyone else in a facility supervisory role) notifies Environmental Services that a suspected case of HTP has been admitted (emergency department or in-patient) <p>ONGOING:</p> <ul style="list-style-type: none"> • Health care worker (HCW) notifies Environmental Services staff (ESW) that blue waste drum needs to be removed from hot zone and if new drum is required 	
Preparation	<ul style="list-style-type: none"> • In the corridor, HCW marks the new clean drums with the designated line listing Quarantine Patient Identifier Number from IPC. This is marked with a metallic silver Sharpie permanent marker on the outside of the drum and lid. • In the corridor, ESW will mark the new drum numerically “Bin #” with same type of pen. • Red waste buckets/bags used in the exit room during discharge precaution cleaning must also be labelled with “Quarantine Patient #” and “Bin #”. • A blue drum is placed in both the hot zone and warm zone. • This initial setup is done without personal protective equipment (PPE) if patient has NOT yet been admitted to room. In all other cases, this step occurs after PPE has been put on. • Soaker pads are stored in cold zone. 	<ul style="list-style-type: none"> • Appropriate PPE must be worn when in low or high transmission risk areas/rooms.
Personal protective equipment (PPE)	<ul style="list-style-type: none"> • Ask trained observer to watch you put on PPE. Trained observer will be using the PPE checklist. • Both the HCW and ESW involved in this task must put on PPE following direction from trained observer. • Have the trained observer verify PPE is on correctly. 	<ul style="list-style-type: none"> • Put on PPE at a controlled pace so that it is applied properly. • No skin should be exposed when PPE is on.

	<ul style="list-style-type: none"> • HCW goes into hot zone. One ESW (ESW1) goes into warm zone, another ESW (ESW2) stays outside warm zone. Each person takes one soaker pad saturated but not dripping with [REDACTED]. 	
<p>HEALTH CARE WORKER:</p> <p>Prepare blue waste drum for removal from hot zone</p>	<ul style="list-style-type: none"> • Place soaker pad on floor under the drum (pad #1). • Remove taped red bags from the drum. • Grasp the top of the inner red bag, twist until closed and then zip tie the bag. • Grasp the top of the outer red bag and repeat the closing procedure. • Place the lid on the drum. The lid does not snap onto the drum. • Ensure the closure device is placed right side up, so that the safety lock mechanism can be set. This is what seals the lid and drum. • Hold the clamp fastener at 9 o'clock and 3 o'clock, attach and secure. • Wipe down the drum with [REDACTED]. • Wait until contact time of [REDACTED] has been met. • Wipe gloves with clean wipe. • While waiting the necessary length of time, receive "in use" blue waste drum from warm zone (see below). 	<ul style="list-style-type: none"> • Do NOT push down on waste to compact it. • Do not lean into or touch the inside surface of the blue waste drum. • Work safely at a controlled pace and be observant for unexpected hazards. • Assess situation and request assistance if needed to place drum on pad and push into warm zone. • Remember to keep your hands away from your mask and face shield. • Remember to disinfect your gloves if you are in contact with blood and body fluids. Please note that the disinfection of gloves is only recommended as an extra precaution for HTP and is NOT a routine IPC practice outside the HTP context. • If outside glove gets torn, PPE becomes dislodged and skin is exposed, follow your Health Authority Exposure Management Plan.
<p>Replace blue waste drum in hot zone</p>	<ul style="list-style-type: none"> • ESW1 pushes the "in use" blue waste drum from warm zone to HCW in hot zone. • HCW places it in hot zone away from cleaned sealed drum. • HCW pushes the cleaned, sealed drum on the soaker pad from hot zone into warm zone. • Once sealed drum is removed, HCW will place the blue waste drum (either from warm zone or new) in the location where it is easy to access while providing care and cleaning. • If HCW stays in hot zone to provide care, wipe gloves with [REDACTED] wipe. • If HCW leaves hot zone, follow procedure to take off PPE. 	<ul style="list-style-type: none"> • Same as above.
<p>ENVIRONMENTAL SERVICE WORKER</p>	<ul style="list-style-type: none"> • ESW 1 receives drum from hot zone. 	<ul style="list-style-type: none"> • Same as above

<p>(ESW 1):</p> <p>Prepare blue waste drum for removal from warm zone</p>	<ul style="list-style-type: none"> Wipe down the drum with [REDACTED]. Place on new saturated soaker pad (pad #2). Wait until contact time of [REDACTED] has been met. Push the drum on the pad through warm zone door. Fold up soaker pad #1 to be discarded as soon as new blue waste drum is in place. 	
<p>ENVIRONMENTAL SERVICE WORKER (ESW 2):</p> <p>Prepare blue waste drum for removal from area and replace drum in warm zone</p>	<ul style="list-style-type: none"> ESW 2 receives drum from warm zone. Wipe down the drum with [REDACTED]. Wait until contact time of [REDACTED] has been met. Wipe gloves with clean wipe. While waiting, push clean waste drum to ESW1 in warm zone. ESW1 places the new drum in the warm zone. ESW 2 places two universal biohazard symbol label stickers – one on either side of drum. Both workers transfer the drum onto the designated barrel dolly on top of a soaker pad (pad #3). The second soaker pad is placed in the blue waste drum in the warm zone. Both workers remove PPE in warm zone following the regular procedure (if this is part of a discharge clean, place PPE in red waste bucket/bag). See Standard Operating Procedures #7 and #8. ESW 2 places two universal biohazard symbol label stickers – one on either side of red waste bucket/bag. 	
<p>Remove blue waste drum from area</p>	<ul style="list-style-type: none"> Both Environmental Services staff put on clean gowns and gloves. Transport drum to the designated, secured holding area. Do not leave the drum unattended en route to the secured holding area. If confirmation of HTP has not yet been made, wait for notification from medical microbiologist or designate to determine appropriate labelling. Remove gown and gloves. Discard in blue waste drum located in waste holding area. Perform hand hygiene with alcohol based hand rub. Leave holding area, ensuring door is locked. Use alcohol based hand rub again outside holding area. 	
<p>Remove red waste bucket/bag from area</p>	<ul style="list-style-type: none"> Transport to the designated, secured holding area. Place in blue waste drum located in storage area. 	

(if discharge clean, see Standard Operating Procedures #7 and #8)		
Confirmation of HTP status	<ul style="list-style-type: none"> • Medical microbiologist or IPC designate will notify Environmental Services supervisor of HTP test outcome (negative or positive). • Supervisor notifies Environmental Services staff. 	
Labelling drum if patient results are HTP negative	<ul style="list-style-type: none"> • When confirmation is received that a patient is HTP negative, locate all drums identified with “Quarantine Patient Identifier Number.” • Remove the “QUARANTINE” identification by blacking it out with a metallic silver Sharpie permanent marker. • Attach a UN 3733 label to the blue drum. • Move drum(s) to location within the regular biomedical waste holding area. • Perform hand hygiene with alcohol based hand rub. • Complete the Daniels manifest. 	<ul style="list-style-type: none"> • Once designated as HTP negative, drum(s) can be released to Daniels as regular biomedical waste (classified as Category B biological substance) • Use appropriate PPE for task – Routine Practices. • Use a tracking system to ensure that all drums are located e.g. process used by Transport Canada’s Transportation of Dangerous Goods
Labelling drum if patient results are HTP positive	<ul style="list-style-type: none"> • If patient status is known or when confirmation is received that a patient is HTP positive, locate all drums identified “Quarantine Patient Identifier Number.” • Two “UN 2814” labels must be applied to the blue drum, one on either side of the drum. These labels are supplied in the Daniels kit. • Do NOT cover the “QUARANTINE” marking. • Move drum(s) within designated locked storage area, so they are easily accessible for pick-up. Do NOT place them where the regular pick-up by Daniels occurs. 	<ul style="list-style-type: none"> • Special pickup procedures need to be established, as these drums cannot be picked as part of the regular Daniels pick-up. • Positive HTP waste is classified as Category A infectious substance.
Arrange Daniels pick-up from site for HTP positive waste	<ul style="list-style-type: none"> • Designated EVS supervisor contacts their Daniels district manager and identifies drums containing HTP Positive waste need to be picked up. • Designated EVS supervisor completes all required documentation (see Key Safety Points) as well as the Generator Certification of Proper Waste Packaging HTP, has it available for time of waste pickup, and provides it to the Daniels driver. • Manifest is completed by Daniels. 	<ul style="list-style-type: none"> • The generator certificate certifies the drums to be picked up have been: <ul style="list-style-type: none"> ▶ Properly packaged to decrease any risk from leakage; and ▶ All proper waste packaging protocols as listed in the Daniels “Category A Infectious Substance Management Guide,” as well as the Transport Canada Equivalency Certificate SU11521.1, were followed.

Standard Operating Procedure #11 – Cleaning Emergency Department Entrance, Triage, Waiting Rooms

Responsibility: Environmental Services staff

Cleaning of areas where patient has been prior to placement into emergency department room and/or determining whether they meet criteria of being a person under investigation (PUI) or confirmed HTP case.

Principles used:

1. Patients arriving via British Columbia Emergency Health Services (BCEHS) will be transported to the designated isolation room (hot zone) as follows:
 - ▶ BCEHS crew member(s), with the assistance of site security and site operations, create a containment area outside the facility then pre-determine the facility transport route. This is the safest route to the designated isolation room (hot zone) from the ambulance to ensure there is no exposure risk present. All moveable obstacles (e.g. equipment, furniture) and public, staff and other persons must not be within the patient transportation pathway.
 - ▶ BCEHS crew member(s), from the clean vehicle will gain entrance to the emergency department and place pre-soaked pads down to run the stretcher wheels over prior to transport to the designated isolation room (hot zone).
 - ▶ Once the patient has been transferred to the designated isolation room, BCEHS member(s) will doff their PPE in the warm zone of the designated isolation area.
 - ▶ All waste and equipment generated during transport and transfer will be managed by BCEHS in consultation with the provincial biocontainment team. All waste is to be transported to the provincial biocontainment unit for disposal and/or disinfection.
2. All items or surfaces that have come into contact with the patient, including all items or surfaces within the facility transport route, are to be considered contaminated.
3. All surfaces touched by the patient and or other contacts of the patient (e.g. family member, care giver, paramedic) along the facility transport route are considered contaminated.
4. Environmental Services cleaning will commence once the facility supervisor has been determined that the patient meets the criteria for being a PUI or confirmed HTP case, and identifies all items and areas to be cleaned and disinfected.
5. Any bathrooms used by the patient will be closed and marked as inaccessible to other patients or visitors by the facility supervisor until cleaned by Environmental Services.
6. The facility supervisor will inform Environmental Services staff and trained observer of the type of PPE required for cleaning.
7. For cleaning and disinfection processes for the stretcher and isolation chamber, refer to specific BCEHS guidelines.

Materials needed:

- Personal protective equipment (kept in cold zone). *Donning and Doffing Guidelines and Checklists available on the [BCCDC High Threat Pathogens](#)*

webpage.

- Disinfectant wipes (kept in all areas)
- Mop handle (kept in appropriate area).
- Mop pads – pre-soaked with [REDACTED].
- Pourable dispenser bottle (no squirt bottles), appropriately labelled and pre-filled with [REDACTED].
- Two biohazardous labels.

ACTIVITY	STEPS	KEY SAFETY POINTS
Pre-cleaning preparation	<ul style="list-style-type: none"> • Determine what areas, furniture, and equipment need to be cleaned (information should be received from infection control practitioner). • Assemble all supplies needed for the cleaning, including red waste bucket with lid. • Prepare container of disinfectant wipes • Label red waste bucket with “Quarantine #, Bin #” (joint task with nurse). • Sign log that you are cleaning within a restricted access area. 	<ul style="list-style-type: none"> • Safety of workers is of paramount importance. • All containers of solution must be appropriately labelled with name and concentration. • Disinfectant solutions should be refreshed each shift or, at minimum, daily. Bottles are never topped up.
Personal protective equipment (PPE)	<ul style="list-style-type: none"> • Ask trained observer to watch you put on PPE. Trained observer will be using the PPE checklist. • Put on PPE following directions of trained observer. • Have the trained observer verify PPE is on correctly. 	<ul style="list-style-type: none"> • Always follow precaution signage and use the appropriate PPE. • Put on PPE at a controlled pace so that it is applied properly. • No skin should be exposed when PPE is on.
Removal of items and supplies in affected area(s)	<ul style="list-style-type: none"> • Take any needed supplies into the area to be cleaned. • Clean up any blood or body fluid spills (follow Standard Operating Procedure #9). • All dirty/used/opened items and supplies, as well as magazines etc. are discarded in the red bucket. • Discard obvious waste. • Spot clean any visible blood and body fluids on walls and floor. • Check and note if there are any blood or body fluid stains on ceiling. • Clean outer gloves with disinfectant wipe or microfiber cloth. 	<ul style="list-style-type: none"> • Work safely at a controlled pace and be observant for unexpected hazards. • Anything that cannot be easily cleaned or disinfected is discarded. • Remember to keep your hands away from your mask and face shield. • Remember to disinfect your gloves if you are in contact with blood and body fluids. Please note that the disinfection of gloves is only recommended as an extra precaution for

		<p>HTP and is NOT a routine IPC practice outside the HTP context.</p> <ul style="list-style-type: none"> • If outside glove gets torn or PPE becomes dislodged and skin is exposed, follow your Health Authority Exposure Management Plan. • Do not compress waste in red waste bucket.
<p>Clean surfaces, furniture and equipment used/touched by patient</p> <p>Start in the patient drop off area → waiting room(s) → triage area → diagnostic areas (if required)</p>	<ul style="list-style-type: none"> • Wet wipe area working from clean to dirty and high to low areas of the area, using the following IPC concepts: <ul style="list-style-type: none"> ▶ Use one cloth for each item/area; then discard in the red waste bucket. ▶ Change the cloth if it is no longer saturated with disinfectant. ▶ Surfaces should remain moist [redacted] to have the required contact time with the disinfecting solution. • Clean areas, furniture and equipment that has been identified by infection control practitioner (or charge nurse) as needing to be cleaned. The following provides the sequence in areas that require cleaning. • Using firm contact and friction when cleaning surfaces: <ul style="list-style-type: none"> ▶ Start by cleaning door handles and push plate. ▶ Check walls for visible soil and spot clean. ▶ Clean light switches and thermostats. ▶ Clean wall mounted items such as alcohol based hand rub dispenser, glove box holder, mask holder and stands containing these items (if present). ▶ Check and spot clean lower interior glass partitions, glass door panels, mirrors and windows. ▶ Check and spot clean all horizontal surfaces such as counters, shelves, radiators, etc. ▶ Clean hand hygiene sinks and fixtures (if present). ▶ Clean all furnishings in the area used/touched by the patient. ▶ Clean any equipment used for patient. ▶ Wipe equipment on walls such as suction/oxygen outlet, intercom, etc. ▶ Pay particular attention to those areas touched frequently by patient, visitors and staff. • Clean outer gloves using wipe. 	

<p>Clean bathroom if identified as used by patient</p>	<ul style="list-style-type: none"> • Clean room working from clean to dirty and high to low areas of the room, using the following IPC concepts: <ul style="list-style-type: none"> ▶ Use one cloth for each item/area; then discard in the red waste bucket. ▶ Change the cloth if it is no longer saturated with disinfectant. • Discard any soiled/used/opened supplies. • Using firm contact and friction when cleaning: <ul style="list-style-type: none"> ▶ Clean door handle, door frame and light switch. ▶ Clean walls from ceiling to floor. ▶ Clean inside and outside of sink and sink faucet. ▶ Clean mirror and exposed plumbing surfaces under the sink. ▶ Clean all dispensers and holders. ▶ Clean call bell and cord. ▶ Clean support railings. ▶ Clean ledges/shelves. ▶ Clean bedpan support and/or seat raiser, entire toilet including handle, toilet bowl lid and underside of flush rim. ▶ Clean toilet bowl with toilet brush/swab. • Discard the toilet brush/swab into red waste bucket. Clean outer gloves using wipe. 	<ul style="list-style-type: none"> • Same as above. • When cleaning the toilet, to prevent aerosolization during flushing: <ul style="list-style-type: none"> • Close toilet lid (if available) before flushing toilet to avoid splash. • If no toilet lid, cover the bowl with the clean disposable absorbent patient care pad prior to flushing, then discard pad. • Turn away and stand back from toilet when toilet is flushing to avoid splash.
<p>Damp mop floors</p>	<ul style="list-style-type: none"> • Attach pre-soaked mop pad to mop handle. • Do entrance first (if applicable), then proceed to the waiting area, and then to triage. • Push mop around baseboards first, paying particular attention to removing soil from corners. Avoid splashing walls or furniture. • In open areas, use overlapping side to side strokes. If cloth becomes soiled, remove, discard and replace. • When floor is completed, remove pad and discard in red bucket. • Dismantle mop handle and place in the red bucket. • Wipe down all exposed surfaces of red waste bucket and lid. 	<ul style="list-style-type: none"> • For sites using a regular mop and bucket (rather than pre-soaked disposable mops/cloths), when emptying bucket into the toilet, please note the following precautions: <ul style="list-style-type: none"> ▶ Pour solutions slowly into toilet to minimize splash back onto PPE. ▶ Close toilet lid (if available) before flushing toilet to avoid splash. ▶ If no toilet lid, cover the bowl with a clean disposable absorbent patient care pad prior to flushing, then discard pad. ▶ Turn away and stand back from toilet when toilet is flushing to avoid splash.

<p>Take off (doff) personal protective equipment (PPE)</p>	<ul style="list-style-type: none"> • Ask trained observer to watch you take off PPE. Trained observer will be using the PPE checklist. Doffing assistant will assist with PPE removal. • Take off PPE following directions from trained observer and place in red waste bucket. • Perform hand hygiene. • Put on new gown and gloves. 	<ul style="list-style-type: none"> • Take off PPE at a controlled pace so that protocols are followed properly. • Remember to keep your hands away from your face until you have completed your final hand hygiene with alcohol based hand rub.
<p>Prepare red waste bucket for removal</p>	<ul style="list-style-type: none"> • Seal bucket with lid. • Wipe down all surfaces of the red bucket. • If near patient room in emergency department and blue waste drum is present, place into drum. • If patient has been admitted to in-patient room and drum is not present, place red waste bucket on pad saturated with [REDACTED]. Place on a transport cart, attach the two biohazardous labels (one on either side of bucket) and transport directly to the designated holding area (see Standard Operating Procedure #10). 	
<p>Restock areas with supplies</p>	<ul style="list-style-type: none"> • Clean hands with alcohol based hand rub. • Restock areas with any needed supplies. 	