Educational Bulletin

Is "Back to Normal" Good Enough?

COVID-19

SARS-CoV-2 led to changes in our daily interactions worldwide, leading to an unprecedented focus on hand hygiene and surface disinfection.

Physical distancing and other health measures restricting movement likely had a corollary effect on decreasing transmission of other viruses such as influenza, measles, and chickenpox[1] during this time. The Public Health Agency of Canada (PHAC) reported record low numbers of influenza across Canada, with no evidence of community circulation in 2021.[2]

No flu for a year - what changed? We did. Before the pandemic, close physical contact, inadequate ventilation, improper cleaning and disinfection protocols, and low hand hygiene compliance lead to a predictable wave of influenza and norovirus each year.

CONFIDENCE CLEANING & DISINFECTION

Desperate times call for desperate measures, but do we really need to continue to disinfect all surfaces and sanitize our hands several times a day? Are there other lessons derived from the COVID pandemic? The answer to both is yes.

Confidence Cleaning and Disinfection reduces the risk of getting sick from **contaminated surfaces and hands.** It also gives building occupants and visitors the visual reassurance that the building they are visiting is safe.

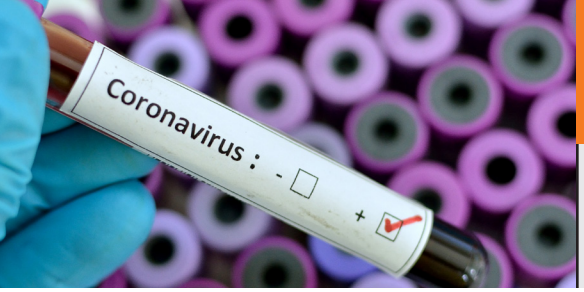
What to disinfect, how often and with what products is based on the risk of contracting disease from these contaminated surfaces. To know what you should be cleaning and disinfecting follow these simple steps:

1. IDENTIFY HIGH TOUCH SURFACES

Surfaces that will be touched by more than one person throughout the day are potential hot zones. These include door knobs, handles, railings, and switches, but each facility will also present unique touch points. Observing what people touch, when, and the frequency is key. For instance, while it is less likely someone will touch the floor directly - and then touch their face, there is a chance that some spores and viruses can be walked from one room to another under foot, and occupants have a higher frequency of contact with items such as purses, or bags that have touched the floor than they may realize. While it may not be practical to disinfect floors as often as other surfaces, they still need attention.

2. DETERMINE FREQUENCY

Determine how often these surfaces need to be cleaned and disinfected based on the likelihood that these surfaces becoming contaminated. Examine the flow of visitors, occupants, and customers to provide a guide to which surfaces are high risk or low risk. This can lead to a schedule of cleaning tasks by your staff within a given workday. During a sporting event, the washrooms may need to be cleaned and disinfected after every break or after heavy use. Frequencies need to be established based on available resources, the risk, as well as usage.



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3. DETERMINE PROCESS

Determine the cleaning and disinfection process of these high touch points. This will include training and determining the cleaner/ disinfectant to use, the tools required and the detailed steps to follow, including the personal protective equipment that should be worn.

4. AUDIT

Implement an audit to review all processes and ensure they are being carried out correctly, and identify if additional employee training or other improvements are required. Risk assessment tips are available from the International Sanitary Supply Association coronavirus resource page.[3]

Do you need to hospital disinfect?

Confidence cleaning should not be confused with what many people have been calling deep cleaning or hospital-grade disinfection. Before, during, and after a pandemic, it will always be important to assure visitors, occupants, and employees that your building is safe. Advanced levels of disinfection, are not necessary for the routine operation of a facility if there are no confirmed cases of a pathogen. These more advanced tactics are best reserved for when an actual case of an infectious disease has been confirmed in the facility, at which time, experts with accredited forensic cleaning training[4] can decontaminate the area.

SUMMARY

In a non-pandemic situation, an organization might choose to clean on a routine basis and only disinfect a few highly touched points (called spot disinfecting), if needed at all. Best practice for cleaning during a pandemic, and especially during the return from business shutdowns, is to first identify touch points and then prioritize them based on their frequency and likelihood of being contaminated.

PRODUCT INFORMATION

HAND HYGIENE

Essential Soft 'N'Tuff (131-2320-04)
Vert-2-Go Gel Hand Soap Neroli Tangerine (13-12395-04)
Vert-2-Go Hand Soap (13-12360-04)
Vert-2-Go Foam Hand Soap (13-12365-04)
Vert-2-Go Foam Hand Soap Coconut Mango (13-12390-04)
Vert-2-Go X-Pure Gel Hand Sanitizer Sanitizer (09-12460-04)
X-Pure Liquid hand Sanitizer (09-1245509-04)

DISINFECTANT

Vert-2-Go Saber (1 L RTU 09-12410-11)
Vert-2-Go Saber (1 L 09-12400-11)
Vert-2-Go Saber (3 L 09-12400P-03)
Vert-2-Go Saber (4 L 09-12400-04)
Vert-2-Go Saber (150 disposable wipes 09-12411-90)
Vert-2-Go Saber (50 disposable wipes 09-12411-25)

FACIAL TISSUE

Envirologic Tissues (100 2-ply count - Case of 30 boxes 63-404404)

MASKS

High Fluid Resistant Procedure Mask 3M (50 count 53-1840)

* Particulate Respirator 8210 NIOSH Approved N95 Efficient 3M (50 Count 53-8210)
* Whisperlite N95 Particulate Respirator Latex Free NIOSH Approved Superior Glove Works Ltd. (20 count 53-FMN95 -PK)

* *Note that N95 respirators must be correctly sized to the wearer and users must have fit test training to ensure the respirator is correctly worn in order to provide respiratory protection to the wearer.*

AUDITING

Assure Tracer Step One (20-12255-10)
Assure Detector Step Two (20-12250-10)

References:

1. Monitoring respiratory infections in covid-19 epidemics The British Medical Journal. www.bmj.com/content/369/bmj.m1628
2. FluWatch Surveillance PHAC https://www.canada.ca/en/public-health/services/diseases/flu-influenza/influenza-surveillance/weekly-influenza-reports.html
3. Cleaning and Disinfecting for the Coronavirus (SARS-CoV-2) http://www.issa.com/coronavirus
4. Global Biorisk Advisory Council https://gbac.issa.com/