

The logo features the text 'AFSCME' in large, bold, white letters on a blue background. Below it, 'Health & Safety Fact Sheet' is written in a white, sans-serif font. To the right, there is a stylized graphic of a star with three curved lines above it, all in shades of blue and green.

AFSCME

Health & Safety Fact Sheet

Cleaning and Decontamination of SARS-CoV-2 on Surfaces Interim Guidance for Workers in Non-Healthcare Settings March 18, 2020

Based on what is currently known about SARS-CoV-2 (the virus that causes COVID-19 disease), transmission of coronavirus occurs much more commonly through respiratory droplets than through contact with surfaces and objects. However, current evidence suggests that SARS-CoV-2 may remain viable for hours to days on surfaces made from a variety of materials (plastics, glass, metal, wood and cardboard). Cleaning of visibly dirty surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses in workplaces.

Employers are responsible for ensuring that workers are protected from exposure to SARS-CoV-2, including workers tasked with cleaning surfaces that may be contaminated with SARS-CoV-2. Employers are also required to make sure workers are protected from exposure to harmful levels of chemicals used for cleaning and disinfection.

Employers should implement and workers should engage in routine cleaning of frequently touched surfaces (e.g., tables, doorknobs, light switches, handles, desks, toilets, faucets and sinks) with EPA-registered disinfectants that are appropriate for surfaces and objects, following label instructions. Labels contain instructions for safe and effective use of the cleaning product, including precautions you should take when applying the product.

Guidelines for Cleaning and Disinfection

Workers must wear appropriate personal protective equipment (PPE) when conducting cleaning and decontamination activities. While using a cleaning product, workers may be required to use PPE such as gloves and eye, body and respiratory protection. In addition, proper ventilation may be required. Workers should always refer to the safety data sheet (SDS) for each product available for use. In some cases, the use of chemical disinfectants may require an employer to train workers on how to protect themselves against chemical hazards and comply with OSHA 's Hazard Communication (29 CFR 1910.1200) and other applicable federal and state-based standards.

Specific guidelines for cleaning and disinfection include:

- Immediately clean and disinfect any surfaces contaminated with respiratory droplets or other body fluids that are suspected or known to contain SARS-CoV-2.
- Isolate areas of suspected SARS-CoV-2 contamination until decontamination is completed to minimize exposure of individuals not performing the work.

- Use signage to restrict access to areas of suspected or known SARS-CoV-2 contamination until decontamination is completed to minimize exposure of individuals not performing the work.
- Treat any visible contamination with a suitable disinfectant as described below. Allow disinfectant to soak into surfaces for the recommended time period for the specific disinfectant being used (see manufacturer's instructions).
- Ensure adequate ventilation in areas where workers are using disinfectants, including by opening windows and doors, or using mechanical ventilation equipment.
- Use tools, such as tongs, dust pans, mops, brooms and pick-up sticks, as much as possible rather than doing cleanup work directly with gloved hands.
- After cleaning and disinfection work is complete, remove PPE in a way that avoids self-contamination, as described below.

Use Appropriate Personal Protective Equipment

Employers must select PPE that will protect workers against SARS-CoV-2 and other hazards associated with chemicals to which they may be exposed. Workers must wear PPE to help minimize exposure to the virus and chemicals through inhalation, contact or ingestion.

Examples of PPE that may be needed during cleaning and decontamination include:

- Nitrile gloves.
- Goggles or face shields.
- Fluid-resistant or fluid-impermeable gowns, coveralls and aprons.
- Dedicated work clothing and washable shoes with shoe or boot covers.
- Facemasks (e.g., surgical masks) that cover the nose and mouth. In some cases, additional respiratory protection (e.g., N95, powered air-purifying respirators or better) may be necessary to protect workers from exposure to SARS-CoV-2 or disinfectants.

Workers must receive training on and demonstrate an understanding of:

- When to use PPE.
- Which PPE is necessary.
- How to properly don, use and doff PPE in a manner to prevent self-contamination.
- How to properly dispose of or disinfect and maintain PPE.
- The limitations of PPE.

Any reusable PPE must be properly cleaned, decontaminated and maintained after and between uses. Facilities should have policies and procedures describing a recommended sequence for safely donning and doffing PPE.

Depending on the hazards posed by the size of a spill, degree of contamination or other factors, required PPE may be different than what is described in this fact sheet.

Disinfectants for Use Against SARS-CoV-2

The U.S. Environmental Protection Agency (EPA), List N includes products that meet EPA's criteria for use against SARS-CoV-2, the cause of COVID-19.¹

When a product is made available for employee use, check if its EPA registration number is included on this list. If it is, you have a match and the product can be used against SARS-CoV-2. You can find this number on the product label – just look for the EPA Registration Number (EPA Reg. No.). These products may be marketed and sold under different brand names, but if they have the same EPA registration number, they are the same product.

In order to ensure chemical safety in the workplace, information about the identities and hazards of the chemicals must be available and understandable to workers. OSHA's Hazard Communication Standard requires the development and dissemination of such information.

All employers with hazardous chemicals in their workplaces must have labels and safety data sheets for their exposed workers, and train them to handle the chemicals appropriately.

Guidelines for Waste Disposal

The Centers for Disease Control and Prevention (CDC) has determined that medical waste generated in the treatment of COVID-19 patients and persons under investigation (PUIs) be managed in accordance with routine procedures.² Therefore, no special handling is necessary in non-healthcare workplaces regarding infectious waste. However, the disinfectants used in cleanup operations may require special handling and disposal methods. Refer to sections 13 and 14 of the manufacturer's SDS for special handling or transportation instructions.

Follow Applicable OSHA Standards

- Employers must ensure that they comply with OSHA's Bloodborne Pathogens standard (29 CFR 1910.1030) to protect workers who may be exposed to blood or other potentially infectious materials.
- OSHA's PPE standard (29 CFR 1910.132) provides additional information about selection and use of appropriate PPE, training and other requirements. Respirators are covered by OSHA's Respiratory Protection standard (29 CFR 1910.134).
- Employers must comply with OSHA's Hazard Communication standard (29 CFR 1910.1200) when their workers use certain chemicals for cleaning and decontamination.

¹ United States Environmental Protection Agency, List N: Disinfectants for Use Against SARS-CoV-2 (COVID-19). <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>. Viewed on 03/17/2020.

² Persons Under Investigation (PUIs) may include:

- Hospitalized patients who have signs and symptoms compatible with COVID-19 (fever, cough, difficulty breathing).
- Other symptomatic individuals such as, older adults and individuals with chronic medical conditions and/or an immunocompromised state that may put them at higher risk for poor outcomes (diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease).
- Any persons including healthcare personnel, who within 14 days of symptom onset had close contact with a suspect or laboratory-confirmed COVID-19 patient, or who have a history of travel from affected geographic areas within 14 days of their symptom onset.