

## **Overview: KPU Cleaning Service During COVID-19 Pandemic**

### **Stage 1- Current at All Sites**

Regularized campus cleaning routines following APPA (Association of Physical Plant Administrators) standards and in conjunction with KPU's participation agreement with C&W services (formally DTZ). This full-service cleaning is still ongoing across all 5 KPU sites.

### **Stage 2- Current at All Sites**

Addition of Touch Point cleaners across all 5 KPU Campus's, these dedicated cleaners disinfect frequently touched surfaces with a viral disinfectant. Areas include but are not limited to, washrooms, tables/chairs in common areas, hand rails, door knobs/grab bars, elevators and shared space copiers. These dedicated cleaners complete these tasks multiple times daily. In addition, hand sanitizer stations are located at all Campus main entrances.

### **Stage 3- Departmental Return to Work Planning & Response – Current State**

As KPU sites see more departments returning to campus on a regular basis, location-specific cleaning will need to take place in areas not already covered under the core contract cleaning frequencies. Online forms have been developed to inform Facilities that they were on-site to ensure cleaning is completed post use. Departments are responsible for completing high touch or shared space cleaning in their areas during the day, and cleaning supplies are provided through a central internal supply chain and [online ordering](#) as needed.

### **Stage 4 - Future Stage**

**Suspected or confirmed COVID 19 case on site-** In the event KPU has a suspected or confirmed case of COVID-19, Facilities, in conjunction with C&W services, will conduct a Risk assessment to best determine the next steps. If sanitization is required, it will adhere to BCCDC and WorkSafe recommendations; mobilization can take place within 24hrs.

## Main Entrance and Washrooms – Handwashing/Sanitizing

All KPU main entrances have hand sanitizer stands for use upon entry.



All KPU washrooms are stocked with soap, paper towels and handwashing instructions.



## COVID-19 Signage Templates & Requests

To ensure consistency across the University, Departments should:

- submit an ePrint Supply Request Form for Posted Signage - under "Brochures" ([link here](#))
- submit a Decal Request Form for Floor Decals ([link here](#))

## COVID-19 CLEANING & DISINFECTING POLICY, 3-18-2020

Cleaning practices for controlling the transmission of COVID-19 can be divided into 3 levels:

- Level 1: Regular Janitorial Cleaning per existing contracted scope of work;
- Level 2: Advanced Cleaning - environmental infection control of rooms/areas other than those involving known or suspected cases of COVID-19.
- Level 3: Environmental Disinfection of rooms/areas involving known or suspected cases of COVID-19.

This policy, based on CDC, OSHA and WHO guidelines, focuses on practices and procedures for cleaning and disinfecting “community” facilities, e.g., offices, schools, institutions of higher education, businesses, community centers. It does not address healthcare facilities, households, or other types where specific CDC guidance already exists.

### LEVEL 1: REGULAR JANITORIAL CLEANING

C&W Services will continue to perform regular janitorial cleaning per existing contracted scope of work, unless directed otherwise by our client in response to a known or suspected case of COVID-19 or by Federal, State and Local authorities having jurisdiction.

### LEVEL 2: ADVANCED CLEANING (ENVIRONMENTAL INFECTION CONTROL)

As compared to regular janitorial cleaning practices, Advanced Environmental Infection Control provides for more rigorous cleaning and disinfecting of areas outside zones of known/suspected contamination. C&W Services Level 2 cleaning includes: (A) Changes from standard cleaning products to EPA ‘List N’ and/or (B) Changes to cleaning frequencies/methods, based on facility risk level and focusing on touchpoints.

Advanced environmental infection control may be initiated at any site, but only after review and approval by the client. In addition, Level 2 cleaning must be reviewed and approved by the C&W Services VPO and Regional HSSE Manager (RHM).

#### **(A) CHANGES TO CLEANING PRODUCTS**

C&W Services sites shall use approved Products from EPA’s ‘List N,’ which can be found here: ([https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list\\_03-03-2020.pdf?referringSource=articleShare](https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf?referringSource=articleShare))

All cleaning products shall be used in accordance with the manufacturer’s specifications, particularly dwell/contact times. For example, while Diversey Oxivir 1

is currently stated by the manufacturer to require only 1-minute of surface contact, Diversey Virex II 256 requires 5-minutes.

**(B) CHANGES TO CLEANING FREQUENCY /METHOD**

For the purposes of advanced cleaning, the determination of changes to cleaning frequencies starts with the identification of the risk level of the facility (see Table1).

Table 1: Risk Level by Facility Type		
Risk Level	Facility Type (or known exposure level)	Frequency Changes
High	<ul style="list-style-type: none"> <li>Healthcare facilities and facilities with a vulnerable population (i.e., occupants with weakened or compromised immune systems, infants, the elderly, or other medical patients).</li> <li>Known outbreak throughout local area/county</li> </ul>	Follow (strict) client schedule or Local Health Department recommendations
Moderate	<ul style="list-style-type: none"> <li>Any facility with known/suspected COVID -19</li> <li>Public venues (convention halls, sport stadium)</li> <li>High public foot-traffic facilities - airports, shopping malls, educational buildings</li> </ul>	Per Table 2, below
Low	<ul style="list-style-type: none"> <li>Commercial office, manufacturing and warehousing buildings, and other facilities with <u>no known/suspected COVID-19</u></li> </ul>	No change in product/ freq. recommended

After the risk level of the facility is identified, changes to cleaning frequency (Table 2) shall be identified for high transmission spaces/surfaces. Table 2 identifies common touchpoints and cleaning frequencies. However, each site should adjust the type of touchpoints and frequencies per the layout of their facilities and, more importantly, the availability and current workload of janitorial cleaning staff.

Table 2: Examples of Touchpoints and Cleaning Frequency for Moderate Risk Facilities			
High-Frequency Touchpoints	Frequency per day	High-Frequency Touchpoints	Frequency per day
Elevator Buttons	3x	Refrigerator/Freezer Handles	3x
Interior Staircase Handrails	3x	Microwave Buttons	3x
Lobby Door Handles	4x	Breakroom Cabinet Handles	3x
Conference Room Door Handles	3x	Coffee Bar/Café Sink Handles	3x
Restroom sink/door handles*	3x	Countertop	3x

\*Examples of additional restrooms touchpoints for ‘Advanced Cleaning’ include inside latches, flush handles, faucet handles, toilet seats, soap dispenser levers, towel dispenser levers, hand dryer buttons.

Regarding cleaning methods, the use of pre-wetted disposable wipes containing an EPA approved cleaning product (e.g., Oxivir 1 wipes), is preferred, as this reduces employee



exposure, PPE and the need to clean equipment. As well, dry fogging and/or electro-static sprayers (Clorox Total 360) systems can improve cleaning efficiency while reducing exposure.

### **PERSONAL PROTECTIVE EQUIPMENT (PPE)**

PPE shall be used per product SDS (Safety Data Sheet) and company best practices. For example, the SDS for Oxivir 1 RTU/wipes does not specify the need for use of PPE. However, per C&W Services best practices, employees conducting cleaning tasks are required to use:

- 1) Disposable gloves - gloves shall be compatible with the disinfectant products being used. Gloves shall be removed carefully to avoid the spread of contamination.
- 2) Safety eyewear for spraying tasks.
- 3) Additional PPE: Shall be provided as specified in the operating manual of the equipment and/or SDS of the disinfectant product(s) being used.

Note: The CDC does not currently recommend the use of respirators (e.g., N-95s) and/or surgical masks for individuals performing environmental cleaning and disinfecting.

### **EQUIPMENT, TOOLS, AND SUPPLIES**

Equipment, tools, and supplies for Level 2 cleaning tasks shall be strictly limited to such use and kept separate from other cleaning supplies. Such equipment/tools shall be disposed of or disinfected according to manufacturer's guidelines after each use.

### **TRAINING & READINESS REVIEW**

Site management shall ensure the following actions are completed (for all employees assigned to perform advanced environmental infection control cleaning practices, as outlined above), prior to authorizing an employee to perform Level 2 related cleaning tasks:

- 1) C&W Services core training, including PPE, BBP Awareness, and Hazard Communication;
- 2) Training on cleaning products, including product SDS, tasks, and task frequencies;
- 3) Review of good personal hygiene practices for reducing transmission of viruses.
- 4) COVID-19 Awareness Training

### LEVEL 3: SELF-PERFORM ENVIRONMENTAL DISINFECTION<sup>1</sup>

Level 3 practices and procedures apply to cleaning<sup>2</sup> and disinfecting<sup>3</sup> of areas known or suspected of being contaminated with COVID-19. They apply to zones (e.g., offices, conference rooms, cubicles, and/or shared pods) identified by the client as involving a known/suspected case of COVID-19. These disinfection zones must be no more than 500 ft<sup>2</sup> per zone, although each building can have multiple disinfection zones. Level 2 cleaning can be performed outside these zones using the Level 2 procedures above.

Each Regional VPO should determine the most feasible approach to staffing, based on their geographical portfolio and service line needs. For example, one region might establish a dedicated, mobile Disinfection Team to cover a geographical area with a dense, diverse client base. Another Region, with large client sites, and a large, competent site staff, might establish dedicated site-level disinfection team(s). In each case, however, Regions may only self-perform Level 3 services if the following criteria can be met (otherwise the disinfection work must be subcontracted per current Legal guidance):

- 1) The client must identify the zone(s) to be disinfected, agree to pricing for above scope work, and agree to a waiver of liability associated with COVID-19 disinfection work;
- 2) VPOs must review and countersign the scope, pricing, and waiver, which must then be routed to and maintained by Legal and;
- 3) Disinfection services may only be performed by an Authorized Disinfection Team, meeting the requirements set forth below.

#### AUTHORIZED DISINFECTION TEAMS

- 1) **Team Design/Selection** –
  - a) Each team shall consist of a minimum of 3 members:
    - i) One (1) Team Lead and
    - ii) Two (2) technicians is standard (4 techs, 2 Teams, per Lead, maximum)
  - b) “High risk” people, per CDC, should not be considered for the teams:
    - i) Older adults (please see HR for guidance)
    - ii) People who have significant, underlying medical conditions, such as those with heart disease, diabetes, or lung disease.

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<sup>1</sup> *This Disinfection guidance* is based on the following CDC recommendations:

(<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>)

<sup>2</sup> *Cleaning* refers to the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. But by removing the germs, it decreases their number and therefore any risk of spreading infection.

<sup>3</sup> *Disinfecting* works by using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs. But killing germs remaining on a surface after cleaning further reduces any risk of spreading infection.

- c) Team Lead must have work experience with Bloodborne Pathogen (BBP) clean-up, per OSHA 1910.1030.
- 2) **Team Leader roles and responsibilities**
  - a) Ensure team members are trained on the use of equipment and chemicals
  - b) Monitor and (positively) reinforce safe work practices, including PPE usage, hand hygiene, chemical dwell times, etc.
  - c) Evaluate/monitor employees for symptoms before and 3 days following disinfection tasks.
  - d) Ensure any team member who exhibits COVID-19 symptoms follows HR's self-quarantine protocols.
- 3) **Training** – all team members must have completed the following education/training:
  - a) Core training courses: PPE, BBP Authorized Employee, Hazard Communication (note, meeting the Company's Core and HiPo training fulfill these requirements).
  - b) Training on the cleaning products, tasks, and task frequencies, including review of the product SDS;
  - c) Review of good personal hygiene practices for reducing transmission of viruses

## DISINFECTION PROCEDURES

- 1) **Management of disinfection zone(s) and timing of work**
  - a) Identify and limit access to each area/room used by person(s) with actual or suspected case of COVID-19, via use of barricades, caution tape, etc.
  - b) Minimize potential for exposure to respiratory droplets and surface contaminants:
    - i) Open outside doors and windows to increase air circulation in the area.
    - ii) Wait a minimum of 48 hrs, if feasible, before beginning cleaning/disinfection.
  - c) Clean & disinfect all surfaces within the disinfection zone, focusing on touch points.
- 2) **Cleaning and Disinfection of Surfaces (porous and non-porous)**
  - a) **Cleaning** – If surfaces are (observably) dirty, they should be cleaned using a detergent or soap and water, prior to disinfection.
  - b) **Disinfection** – EPA (List N) products should be used (see pg. 1 of this policy).<sup>4</sup>
    - i) Follow manufacturer's instructions for cleaning and disinfection products (e.g., concentration, application method, contact time, etc.).
    - ii) For soft (porous) surfaces, such as carpeted floor, rugs, and drapes, remove visible contamination, if present, and clean with appropriate cleaners indicated for use on these surfaces.

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<sup>4</sup> **Use of bleach** – If/when EPA approved products become scarce, diluted household bleach solutions may be used, if appropriate for the surface and approved for use by the customer. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted. Prepare a bleach solution by mixing: 5 tablespoons (1/3<sup>rd</sup> cup) bleach per gallon of water or 4 teaspoons bleach per quart of water.

## PERSONAL PROTECTIVE EQUIPMENT (PPE)

Cleaning staff shall wear the following PPE while performing disinfection tasks:

- a) Disposable gloves
- b) Gowns or aprons
- c) Safety eyewear based on the cleaning/disinfectant product(s) used and whether there is a risk of splash.
- d) Additional PPE: Shall be provided as specified in the operating manual of the equipment and/or SDS of the disinfectant product(s) being used.

**Note: PPE breaches** – Cleaning staff must immediately report breaches in PPE (e.g., tear in gloves), or any potential exposures, to their supervisor.

## POST DISINFECTION – WASTE DISPOSAL

The Team Lead shall establish a transition area for donning and doffing of PPE in a systematic and safe manner; including the careful removal and management of PPE following a Disinfection effort:

- 1) All used PPE shall be discarded in a sealed plastic bag immediately after the cleaning procedure.
- 2) All used disposable cleaning products (e.g., wipes, rags, paper towel) shall be placed into a plastic bag and discarded in the municipal trash.
- 3) Wash hands immediately after gloves are removed.
- 4) Safety glasses/goggles shall be disinfected

## ADDITIONAL CONSIDERATIONS

- 1) **Coordination** – Site management shall coordinate with local/state health departments to ensure local protocols and guidelines, such as updated/additional guidance for Disinfection, are followed, including for identification of new potential cases.
- 2) **Hand Hygiene** – Cleaning staff and others should clean hands, often, including immediately after removing gloves and after contact with an ill person, by:
  - a) Washing hands with soap and water for 20 seconds.
  - b) If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains 60%-95% alcohol may be used.
  - c) However, if hands are visibly dirty, always wash hands with soap and water, first.