



PANDEMIC PRACTICE ADVICE 7: OFFICE AND CLINIC CLEANING

EFFECTIVE: MAY 19, 2020

REVISED – EFFECTIVE: MAY 26, 2020

Revision: Restrictions for in-person non-essential services have been amended. All deferred and non-essential services can be gradually restarted.

Please consult the website regularly for potential revisions to these documents.

These Information sheets are intended to help audiologists and speech-language pathologists (SLPs) to provide in-person patient care during the COVID-19 pandemic.

The information sheets include three different types of information:

- 1) **Requirements** – Legislation, regulations and College standards
- 2) **Principles** – Information from various agencies
- 3) **Suggestions** – Ideas on how to proceed

REQUIREMENTS:

Follow cleaning requirements outlined in [COVID-19 Operational Requirement: Health Sector Restart](#)

PRINCIPLES:

Follow the guidance from Public Health Ontario's [Infection Prevention and Control for Clinical Office Practice](#)

After every patient visit, patient contact surfaces should be disinfected as soon as possible and before another patient is seen

[Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care 3rd Edition](#)

General Principles of Environmental Cleaning - Page 40

1. Cleaning is the removal of foreign material (e.g., dust, soil, organic material such as blood, secretions, excretions and microorganisms) from a surface or object. Cleaning physically removes rather than kills microorganisms, reducing the organism load on a surface using water, detergents and mechanical action.

2. Disinfection is a process used on inanimate objects and surfaces to kill microorganisms. Disinfection will kill most disease-causing microorganisms but may not kill all bacterial spores.

The key to effective cleaning and disinfection of environmental surfaces is the use of friction ('elbow grease') to remove microorganisms and debris. Surfaces must be cleaned of visible soil before being disinfected, as organic material may inactivate a disinfectant.

Office/Clinic Scan

- Walk through your office or clinic to identify high traffic areas and surfaces that are touched with high frequency and will require frequent cleaning or disinfecting, for example, waiting rooms, waiting room chairs, door handles, light switches, bathrooms, etcetera.
- Examine your office and clinic furniture. Use furniture in the waiting room which you can clean with disinfectant.
- Remove and store all unnecessary equipment, furniture, magazines, magazine racks, promotional material, water coolers, bowls of candy etc. that are non essential to patient care. This will allow for effective cleaning and disinfection of surfaces.
- Determine what items of furniture or equipment patients touch during a visit and disinfect those items after each patient visit.

Clinical office settings have two components for the purposes of environmental cleaning:

- a) Public component is the public areas of the clinical office that are not involved in patient care. This includes waiting rooms, offices, corridors and service areas. Areas designated in the public component are cleaned with a detergent.
- b) Clinical component is the area involved in patient care. This comprises the clinical areas of the office, including examination rooms, procedure rooms, bathrooms and diagnostic and treatment areas. Areas designated in the clinical component are cleaned with a detergent and then disinfected with a hospital grade disinfectant. 'High-touch' surfaces may require more frequent cleaning.

Hospital-grade cleaning and disinfecting products:

- i) must have a drug identification number (DIN) from Health Canada (www.hc-sc.gc.ca/dhpmpps/prodpharma/databasdon/index-eng.php) if it contains a disinfectant.
- ii) must be used according to the manufacturers' recommendations for dilution, temperature, water hardness and contact time
- iii) shall be used according to the product's Material Safety Data Sheet (MSDS).

Read and follow manufacturer's instructions for safe use of cleaning and disinfection products (e.g., wear gloves, use in well-ventilated areas, allow enough contact time for disinfectant to kill germs based on the product being used).

Clean Between Patients	Clean at end of Day	Clean according to schedule
Armrests on chairs	Washrooms	Appliances (refrigerators, microwaves, coffee makers)
Audiology equipment	Carpets (vacuumed)	Baseboards
Assessment materials	Chairs	Carpets (steam cleaning)
Toys	Doorknobs	Ceilings and air vents
Stethoscopes and portable otoscopes	Light switches	Exterior surfaces of machines and equipment
Perspex dividers	Mirrors	Radiators

SUGGESTIONS:

Consider using virtual care for the following:

- Carrying out the consent to treatment and consent to collect, use and disclose personal health information processes – don't forget to document consent in the patient record
- Obtaining a patient case history
- Patient or Substitute Decision Maker (SDM) report regarding progress and areas of concern
- Screening for COVID-19
- Parts of the patient assessment, treatment, counselling, consultation, education

We cannot predict the consequences of the return to work, consequently further guidance may be added or changed. Also, as a self-regulated professional you must always use your professional judgement. The College's [Practice Advice team](#) is here to discuss issues with you.