

For more information about this topic, call the Risk Management Division:

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This fact sheet provides information on how to perform clean-up measures in areas that may be contaminated by an infectious disease, such as avian influenza or severe acute respiratory syndrome (SARS). The procedures outlined will help control or minimize the spread of possible infectious diseases among individuals and in the community.

Background

A severe pandemic (defined as a worldwide epidemic) in a vulnerable population, such as the 1918 flu pandemic, represents a worst-case scenario for pandemic planning and preparedness. Communities, individuals, employers, schools, and other organizations are being asked to plan for the use of interventions that will help limit the spread of disease. At this time, there is concern because of continued spread of a highly pathogenic avian influenza (H5N1) virus among animals in Asia, Africa, the Middle East, and Europe that has the potential to significantly threaten human health. If a virus such as H5N1 mutates and spreads easily from one person to another, avian influenza may break out globally. While there are no reports of *sustained* human-to-human transmission of avian influenza, governments and international health agencies are preparing for a possible pandemic. A pandemic can originate from any unknown source, such as the H5N1 virus.

Personal Protective Equipment

Employees cleaning buildings in areas where contamination from an infectious disease is a concern should take the following precautions:

- Personnel doing general cleaning where infectious disease is a concern should wear disposable vinyl gloves and safety glasses but need not use protective clothing, masks, or respirators.
- Personnel who clean where a person suspected of having an infectious disease has been should wear disposable vinyl gloves; eye protection (goggles or face shield); and a NIOSH-certified, disposable N95 respirator (mask).

Hygiene and Housekeeping Practices

Supervisors of cleaning personnel should be aware of the symptoms of the suspected infectious disease that they are cleaning for. Any employee who cleans a building that has been occupied by a person suspected of having an infectious disease should notify their supervisor if he or she develops similar symptoms within 10 days of cleaning the building. The main source of airborne infectious particles will have been removed once a person suspected of having an infectious disease, such as SARS or avian influenza, leaves the building. It is unknown to what extent an infectious disease can be transmitted through contact with residual infectious materials on surfaces.

Personnel cleaning potentially contaminated facilities should frequently wash their hands with soap and water (see *Pandemic Planning—Personal Personal Hygiene* fact sheet). Cleaning personnel should also follow these additional recommendations:

- Remove and discard gloves if they become soiled or damaged while cleaning.
- Discard gloves after you have finished cleaning (do not wash or reuse gloves worn during cleaning).
- If soap and water are not available, use an alcohol-based hand wash to clean hands.
- Frequently touched surfaces in the building (such as armrests, doorknobs, and latches) and bathroom surfaces should be wiped down with an EPA-registered low- or intermediate-level chemical household germicide and allowed to air dry in accordance with the manufacturer's instructions.

The CDC advises that there are no disinfectant products currently registered by the EPA for SARS or avian influenza. The CDC recommends the use of EPA-registered chemical germicides that provide low- or intermediate-level disinfection during general use against infectious agents because these products are known to inactivate viruses with physical and biochemical properties similar to other viral agents. Disposable N95 respirators should be used in the context of a complete respiratory protection program. Refer to the Respiratory Protection Program in the *Church Safety, Health, and Environmental Manual*, U.S. or international version. A respiratory protection program includes medical determinations; fit-testing; training; and properly maintaining, cleaning, inspecting, and storing respirators. Order respirators through local safety suppliers. If respirators are not available locally, submit a purchase requisition to the area purchasing manager.

References

- “Information Regarding Severe Acute Respiratory Syndrome (SARS).” Occupational Safety and Health Administration (OSHA). www.osha-slc.gov/dep/sars/index.html.
- “Interim Recommendations for Cleaning and Disinfection of the SARS Patient Environment.” CDC. www.cdc.gov/ncidod/sars/cleaningpatientenviro.htm.
- “Interim Domestic Guidance on the Use of Respirators to Prevent Transmission of SARS.” CDC. www.cdc.gov/ncidod/sars/respirators.htm.
- “Interim Guidelines about Severe Acute Respiratory Syndrome (SARS) for Persons in the General Workplace Environment.” CDC. www.cdc.gov/ncidod/sars/workplaceguidelines.htm.
- “Guidance on Preparing Workplaces for an Influenza Pandemic,” OSHA 3327-02N 2007 www.osha.gov/Publications/influenza_pandemic.html.