As more and more COVID-19 patients are hospitalized, healthcare systems could become overwhelmed. The pressure on you to clean and disinfect rooms will get intense. Your safety and health will depend on your facility following the best EVS practices and not making shortcuts as demand increases. So we’ve outlined here what your hospital or facility should be doing to keep you safe.

**Rule No. 1:** Let your union know. If your employer is not taking the right steps to protect you on the job, or if you think you are at risk, contact your steward or a union leader right away.

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**THE RIGHT WAY to Stay Safer:**

- The right **CLEANING PRACTICES** will keep you safer.
- The right **PERSONAL PROTECTIVE EQUIPMENT** will keep you safer.
- The right **PPE PRACTICES** will keep you safer.
- The right **DONNING and DOFFING** will keep you safer.
- The right **FIT** and **TRAINING** for your respirator will keep you safer.
- The right **ORDER FOR CLEANING A ROOM** will keep you safer.
- The right **DISINFECTANT PRECAUTIONS** will keep you safer.
- The right **INFORMATION AND TRAINING ABOUT DISINFECTANTS** will keep you safer.
- The right **AWARENESS OF OTHER ON-THE-JOB HAZARDS** will keep you safer.

… and remember, the **RIGHT WAY** to protect yourself is to **LET YOUR UNION KNOW!**

Best practices continued on next page

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Find these resources and more at [www.aft.org/coronavirus](http://www.aft.org/coronavirus)
THE RIGHT CLEANING PRACTICES WILL KEEP YOU SAFER.

AFT Nurses and Health Professionals believes that your facility should follow the Centers for Disease Control and Prevention’s recommendations for COVID-19 cleaning and disinfection. If it does, your risk of COVID-19 exposure at work will be greatly reduced.

According to the CDC, you should not be required to:

- Clean patient rooms when the COVID-19 patient is still there. Daily cleaning and disinfection should be left to nurses and other direct-care personnel. (You should only be asked to clean a room once the patient has left it.)
- Enter a room vacated by a COVID-19 patient for cleaning until it has been empty for a minimum of 30 minutes to allow the ventilation to clear any potential virus in the air.

If your facility does not follow CDC recommendations and requires you to enter and clean a room that is occupied by a COVID-19 patient (or that a patient left fewer than 30 minutes ago), contact your union immediately.

THE RIGHT PERSONAL PROTECTIVE EQUIPMENT WILL KEEP YOU SAFER.

Your facility should provide you with the same personal protective equipment (PPE) that nurses and other direct healthcare personnel get, plus additional training to limit your exposure to the virus that causes COVID-19.

As we said, you should not be asked to clean a room unless it’s been vacant for at least 30 minutes. Then you should be provided with the following PPE:

- Surgical mask or facemask
- Goggles or plastic face shield
- Gown
- Gloves

If your facility requires you to clean an occupied room or to clean before 30 minutes have passed after the patient has left the room (so that the air can clear), you should have:

- An N95 respirator instead of a facemask (if none is provided, tell your union steward or leader immediately)
- Gown
- Gloves
- Goggles or face shield

THE RIGHT PPE PRACTICES WILL KEEP YOU SAFER.

Personal protective equipment can lower your risk of getting exposed to the virus that causes COVID-19. But to work at its best, you need to put it on and take it off the right way, every time. Putting on PPE (donning) and taking it off (doffing) in the right order are important to avoid contaminating yourself. Your facility should offer you training on the right way to do it. Here’s what the experts tell us to do:

- First, make sure you have all of your supplies before entering the room. Then don the PPE right before entering.
- If you have to leave the room to get something, you’ll need to doff the PPE right after you leave the room and then put on clean PPE when you go back in.
- Used PPE should be removed as soon as you leave the patient’s room.

Find these resources and more at www.aft.org/coronavirus
THE RIGHT DONNING AND DOFFING WILL KEEP YOU SAFER.

The order for donning (putting on) the protective equipment is:
1. Wash or gel your hands
2. Gown
3. N95 respirator (or facemask if N95s are being rationed)
4. Face shield or goggles
5. Gloves

The order for doffing is the reverse.
1. Gloves
2. Eye cover
3. Gown
4. Respirator or mask
5. Wash or gel hands

THE RIGHT FIT AND TRAINING FOR YOUR RESPIRATOR WILL KEEP YOU SAFER.

If you are required to enter a vacated room sooner than 30 minutes after the patient has left it, or while the patient is still in it you should have an N95 respirator. If none is provided, tell your union steward or leader immediately. The Occupational Safety and Health Administration (OSHA) requires your facility or hospital to have a respiratory protection program. The union can request the plan and is entitled under law to have a copy.

If you are required to use an N95 respirator, your facility must medically clear you to wear it (to make sure your heart and lungs are healthy enough to breathe well through the respirator) and fit-test you the first time they provide the respirator. Additionally, they must train you on how to don it, how to check the seal and how to doff it. (The respirator needs to fit well so that the edges are sealed properly, to protect you from exposure. If you have facial hair, you will not get a proper seal.)

Contact your union if you have any concerns about your protections under the hospital’s respiratory protection program.

THE RIGHT ORDER FOR CLEANING A ROOM TO PREVENT THE SPREAD OF THE VIRUS WILL KEEP YOU SAFER.

Follow your hospital’s or facility’s routine procedure for infectious disease isolation rooms, including the order you should go in, cleaning from high to low, disinfecting high-touch objects and what products to use. Avoid pushing trash down into the can to compact it, as this can release infectious material into your face.

THE RIGHT DISINFECTANT PRECAUTIONS WILL KEEP YOU SAFER.

The good news: Routine cleaning and disinfection will destroy the coronavirus. The bad news: With a surge in demand to clean and disinfect rooms, one of the biggest hazards you may face is overexposure to disinfectants. This can cause adult onset work-related asthma for hospital cleaners.

You will probably be told to use the same disinfectants you use for other infectious disease isolation rooms. Here’s the list of products the Environmental Protection Agency (EPA) has approved for COVID-19 disinfection:

bit.ly/EPA-disinfectants

• You should be trained on how long to allow the product to stay on the surfaces before wiping, so that it has enough time to disinfect or sanitize the surface. This is called “dwell time,” and it can range from one to five minutes or more.

• To prevent overexposure, carefully follow the product directions on the label when diluting the disinfectants. Using too much is unsafe for you.

• If you’re using bleach, it is recommended that the bleach solution be prepared fresh every day and unused portions be discarded at the end of the shift.

• And if you start to wheeze or experience shortness of breath, report the problem to employee health services and your union immediately.

Find these resources and more at www.aft.org/coronavirus
THE RIGHT INFORMATION AND TRAINING ABOUT DISINFECTANTS WILL KEEP YOU SAFER.

Under the OSHA Hazard Communication standard (sometimes called the Right to Know standard), the hospital has a duty to make sure you are using the cleaning products safely. This includes:

• Training in the proper use of the product. (If the hospital introduces new products during the pandemic, the hospital must train you on potential hazards and proper use.)

• How to read and understand the information on labels and safety data sheets (SDS). Labels and SDSs must include:
  • The name of the chemicals and how they can be hazardous to your health.
  • The name of the manufacturer and their emergency contact number.
  • Images, called pictograms, to visually indicate the dangers.
  • A hazard statement for the product that explains what the product could do, such as “caustic—may cause skin burns.”
  • SDSs will additionally list what personal protective equipment you need in order to use the product safely and other important usage information.

THE RIGHT AWARENESS OF OTHER ON-THE-JOB HAZARDS WILL KEEP YOU SAFER.

Other safety and health hazards can increase if your workload increases and speeds up, including:

• Slips, trips and falls
• Strains and sprains

Staying in touch with your union to report hazards and unsafe conditions is essential.

For more information or to ask questions about COVID-19 and other health and safety concerns, contact the AFT Health Issues at 202-716-5510 or smarkle@aft.org.