



## COVID-19 CLEANING GUIDANCE FOR COMMUNITY PHARMACY – 3 April 2020

This advice is based on the Ministry of Health’s guidance general cleaning for COVID-19.

COVID-19 is transmitted through droplets and contact therefore it is important that any areas of the pharmacy that may have been contaminated with the virus are disinfected.

### 1. How should we clean the pharmacy to prevent the spread of COVID-19?

Follow the Ministry of Health’s advice ‘[General cleaning information for COVID-19](#)’. A downloadable fact sheet is available in a link on the right-hand sidebar. In addition to increased general cleaning, staff should be regularly washing their hands which also reduces the risk of contamination.

### 2. What cleaning solution should we use? What chemicals and what strengths?

Any general disinfectant can be used. Sodium hypochlorite bleach is the cheapest option (note - may corrode metals or damage painted surfaces – check manufacturer information). If using sodium hypochlorite bleach, it is recommended that a new 0.1% solution is made up daily, labelled and dated. The table below gives appropriate dilutions for sodium hypochlorite bleach.

Liquid Bleach Type (active ingredient)	Amount of bleach	Amount of cool tap water
2% sodium hypochlorite	15 mL	to 240 mL
3% sodium hypochlorite	10 mL	to 240 mL
4% sodium hypochlorite	7.5 mL	to 240 mL
5% sodium hypochlorite This is the most common 'strength' available in supermarkets	6 mL	to 240 mL
6% sodium hypochlorite	5 mL	to 240 mL
7% sodium hypochlorite	4.5 mL	to 240 mL
8% sodium hypochlorite	3.75 mL	to 240 mL
9% sodium hypochlorite	3.5 mL	to 240 mL
10% sodium hypochlorite	3 mL	to 240 mL

Alternatively, other common disinfectants include:

- 70-90% alcohol (ethyl alcohol or isopropyl alcohol)
- Hydrogen peroxide
- Quaternary ammonium compounds (alkyl dimethyl benzyl ammonium chlorides)
- Phenolic disinfectants

### 3. Do we need to clean down between shifts?

The Ministry recommends regular cleaning of high touch surfaces throughout the day rather than a single clean down at the end of shift. ‘Regular’ is not specifically defined but is based on an assessment for each individual pharmacy related to their level of ‘openness’ to potential exposure and the extent of any physical barriers that are in place. For example, assuming cleaning is usually undertaken once a day at the end of the day, during the COVID-19 pandemic, this could be increased to 4 times a day plus when there is any concern about soiling or possible contamination. In heavily traffic areas, hourly cleaning may be more appropriate.

High touch surfaces in a pharmacy include doorknobs/handles, keyboards, efpms machines, counter tops, scanners, cash register drawers, cupboards, bathroom fixtures, toilets, phones and keys. For electronics, follow the manufacturer’s instructions for all cleaning and disinfection products. If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol. Dry surfaces thoroughly to avoid pooling of liquids. Consider the use of wipeable covers for electronics where appropriate.

If increased general good everyday cleaning is performed, especially in high touch areas that a patient may have touched, and that staff are touching, then risk of contamination to staff is reduced.



## COVID-19 CLEANING GUIDANCE FOR COMMUNITY PHARMACY *CONTINUED*

### **4. What protective equipment should we use when cleaning?**

PPE should be worn when cleaning. This is more to protect you from the cleaning chemical used; therefore, disposable gloves and an apron are sufficient. However, eye protection is a consideration if using spray and cloths, to protect eyes from splashes. If using impregnated disinfectant cloths, the risk of splashes to eyes removed. Always read the manufacturer's advice on cleaning and required PPE.

### **5. *Is there any particular clean down sequence that should be followed?***

This is covered in the cleaning advice on [Ministry's website](#). Clean floors with disinfectant or bleach solution, starting from one end of the premises to another (from the exit inwards) every day.

Disposable cleaning mops and cloths should be used, and these should be changed regularly. If unable to use disposable mops and cloths, then reusable mops and cloths are to be cleaned and disinfected regularly.

For carpeted areas, the Ministry suggests vacuuming at the end of the day and as the last cleaning function on the cleaning schedule. Vacuum cleaners that have a HEPA filter are best. Bagless vacuums are not recommended as there is the potential for increased exposure to dust when tipping out.

Regular increased cleaning of high touched areas throughout the day will help minimise transmission.

### **6. *If a COVID-19 positive patient presents, after cleaning down, what is the stand down period?***

The Ministry recommends that rooms used by COVID-19 positive patients are cleaned and stood down for 30 minutes. The time between a person presenting who is COVID-19 positive and the pharmacy being notified makes a longer close time unnecessary.