



وزارة الصحة
Ministry of Health

**Public Awareness
Campaign
to Combat
Coronavirus
(COVID-19)**



Guidelines on SARS-CoV-2 (COVID-19) for Quarantine Facilities and Disinfection of Healthcare Facilities and Ambulances

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Definitions

Quarantine: separates and restricts the movement of a person who may have been exposed but is asymptomatic

Isolation: separates an infected person who does not require hospital admission

Contact: Is a person that is involved in any of the following:

1. Provided direct care without proper personal protective equipment (PPE) for COVID-19 patients.
2. Stayed in the same close environment of COVID-19 patients (including workplace, classroom, household, gatherings).
3. Was in close proximity (1m) to a COVID-19 patient within a 14-day period after the onset of symptoms (especially, if travelling together in any conveyance)

There are two types of contacts cases

1. Close Contacts (High Risk Exposure), that includes any of the following:

- A person living in the same household as a COVID-19 case
- Had direct physical contact with a COVID-19 case (e.g shaking hands, exposed to infectious secretion of a COVID-19 case)
- Had face to face contact with a COVID-19 case within 2 meters and >15 minutes
- Was in a closed environment (including workplace, classroom, household, gatherings) with a COVID-19 case 15 minute or more and at a distance of less than 2 meters
- A healthcare worker or other person providing direct care for a COVID-19 case, or laboratory workers handling specimen from COVID-19 case without recommended PPE or with a possible breach of PPE
- A contact in an aircraft sitting within 2 seats (in any direction) of the COVID-19 case, travel companion or person providing care, and crew members serving in the section in the aircraft where the index case was seated (if severity of symptoms or movement of the case indicate more extensive exposure,

passengers seated in the entire section or all passengers on the aircraft may be considered close contacts.

2. Casual Contact (Low Risk Exposure)

Casual contact is defined as any of the contacts that are not classified as close contacts:

- Had a casual contact with an ambulant COVID-19 case
- Has a casual contact with presumptive (unconfirmed) COVID-19 case
- Had stayed in an area presumed to have an ongoing community transmission

Eligibility Criteria for Quarantine

1. Person arriving from affected countries of the current outbreak
2. A close contact of a probable or confirmed COVID-19
3. A person who is asymptomatic and with negative result for COVID-19 from either (China, Iran, Iraq and South Korea)

Justification for Quarantine Measures

To implement quarantine, measures need to be based on a thorough risk and capacity assessment, conducted with local and national public health authorities. The risk assessment should be based on the latest available information on transmission and severity characteristics of COVID-19. As well as impact of containment measures at local, national and international levels and should consider the following:

<p style="text-align: center;">Transmission Intensity</p>	<p>The decision to implement quarantine measures should reflect the intensity of transmission and severity of disease</p>
<p style="text-align: center;">Exposure Risk (individual exposure to the virus)</p>	<ul style="list-style-type: none"> • Close contact: people who have been in direct contact with a confirmed COVID-19 case or have been in direct contact with the virus through biological samples are at a higher risk of infection than people who do not have contact with a confirmed case. Please refer to Close Contact definition for more details. • Individuals with a travel history to an area reporting cases within the last 14 days, but with no epidemiological links to confirmed cases should be considered as having a higher likelihood of exposure compared to those with no recent travel history to an area reporting cases

Institutional Quarantine

Infrastructure Requirements

- Separate rooms with dedicated washing and toilet facilities
- Well trained staff who are aware about principal precautionary measures with suspected COVID-19 cases
- If no single-occupancy rooms are available, maintain at least two meters between the centre of beds
- The institute should be well-ventilated with electricity and water supply
- In the institute, a designated entrance and elevator should be assigned for quarantined persons (ensure no mixing with other residents)
- Basic amenities should be available

Staffing

- The building should have security staff who will ensure quarantined patients from leaving the facility and that follow the facility's visiting policies
- There should not be any visitors at a quarantine facility
- The admin at the facility should maintain a log sheet of entry and other related information such as name of the patient, CPR, clinical history, date of admission, transferring entity, flight date and information
- The management of the facility must ensure that staff have access to all necessary resources such as PPE
- The medical team at the facility should conduct regular active monitoring for the absence/presence of symptoms

Utilities

- The institute is responsible for providing the basic needs to quarantined patients including food, laundry and housekeeping services
- Clean and disinfect toilet surfaces on a daily basis using regular household bleach solution (1 part of bleach to 99 part of water, twice a day)

- Cleaning should be done with regular household soap or detergent first and then, after rinsing with water, apply regular household disinfectant containing 0.5% sodium hypochlorite (i.e. equivalent 5.000 pm or 1-part bleach to 9 parts of water)
- Linen, such as pillows and blankets, that have been in contact with a symptomatic passenger, should be transported in leak-resistant, closed laundry bags for washing. Special cleaning of upholstery, carpets and storage compartments is not required
- Clean clothes and other linen used by the quarantined persons separately using common household detergents, then dry them
- Avoid shaking and directly touching soiled linen
- Use masks and disposable gloves when cleaning the surfaces or handling soiled linen, and wash hands after removing gloves
- Ensure availability of requirements for hand hygiene (water and soap, alcohol-based hand rub, and adequate tissue)

Instructions for Institutional Quarantine

- The Public Health Directorate should obtain the contact information and a detailed medical history of the quarantined individual
- Provide the quarantined individual with a “sick leave” for 14 days from the day of swab collection
- Provide the quarantined patient with guidelines on *institutional* quarantine
- Ensure daily follow-up by the Public Health Directorate for symptomatic COVID-19 cases
- Issue daily-follow up reports on the quarantined individuals to the Ministry of Health
- Provide the quarantined person with two surgical masks and gloves if he/she becomes symptomatic and provide him/her with the necessary guidelines
- Once the duration of the quarantine is over, the Public Health Directorate must contact the patient to inform them about next steps

Quarantine Facility

Preparing Quarantine Facilities

1. Toilet
2. Separate isolation rooms (single)
3. Rooms to be well-equipped with electricity and water
4. Specialised medical personnel
5. Maintenance of social distancing of two meters (2m) between persons quarantined within the facility, in case no single-occupancy rooms are available
6. Availability of PPEs, and proper disposable waste system
7. Provision of entertainment activities which must be suitable for disinfection
8. Dissemination of awareness guidelines (infection and spread control)
9. Provision of assistance for travellers who are quarantined, isolated or subject to medical examinations or other procedures for public health purposes
10. Assistance, if needed, in communicating with the quarantined individual's family members outside of the quarantine facility
11. Provide psychosocial support
12. Suitable environmental infection controls, such as adequate air ventilation, filtration systems and waste management protocols

Functioning of a Quarantine Facility

1. Monitoring patients' vitals twice a day according to standard protocol
2. Ensuring healthcare personnel follow proper safety measures (hand wash, PPEs etc.). If respiratory samples are taken, surgical masks should be replaced by N95 masks ensuring the use of the right size and seal test
3. Surgical masks can be worn continuously for a period not exceeding six (6) hours
4. Use of disposable items e.g. cutlery, plates, drinking cups
5. Proper disinfection of surfaces and used equipment on a daily basis as per standard protocol
6. Proper handling of linen (clothes, pillowcases etc.) using warm; 60–90 °C water and proper detergent (1-part bleach, 99-part water)

7. Ensuring high-efficiency particulate air filtration and air-negative pressure isolation rooms
8. Safe disposal of medical waste
9. Inform supervisor or health care professionals present of any acute symptoms amongst patients quarantined

Visiting Protocol for Patients During Quarantine

Visiting is prohibited to avoid the spread of disease except for family members in case of emergency

Medical Advice for Quarantined Patients

1. Regular washing of hands with water and soap or alcohol-based detergent for at least 20 seconds
2. Practice respiratory hygiene at all times. This includes covering the mouth and nose during coughing or sneezing with tissues or flexed elbow when not wearing a mask, followed by hand hygiene with alcohol hand rub or soap and water. Wear a face mask when medical professionals are present
3. Avoid sharing personal equipment and utensils
4. Inform facility staff of any symptoms (fever, cough etc.) that may develop

Minimum Infection Prevention and Control Standards

- Adopt environmental controls: ensure environmental cleaning and disinfection procedures are followed consistently and correctly
- Medical personnel should demonstrate proper cleaning technique to cleaning personnel
- Cleaning personnel need to ensure that environmental surfaces are regularly cleaned thoroughly throughout the quarantine period:
 1. Frequently clean and disinfect commonly touched surfaces such as bedside tables, bedframes, and other bedroom furniture with regular household disinfectant containing a diluted bleach solution (1-part bleach to 99 parts water)
 2. Clean and disinfect bathroom and toilet surfaces at least twice daily with regular household disinfectant containing a diluted bleach solution (1-part bleach to 99 parts water).

3. Clean clothes, bedclothes, bath and hand towels, etc. at 60–90 °C with common household detergent, and dry thoroughly
4. All waste should be treated as a biohazard and disposed of accordingly
5. Cleaning personnel should wear disposable gloves when cleaning or handling surfaces, and clothing or linen soiled with body fluids, and should observe hand hygiene protocol before and after removing gloves

Minimum requirements for follow up of quarantined persons across quarantine period

- Daily follow-up of persons quarantined needs to be conducted within the quarantine facility for the duration of the quarantine, and should include: body temperature, heart rate, blood pressure, respiratory rate, oxygen saturation and symptom screening
- Groups of individuals at higher risk of infection or severe disease may require additional surveillance and/or the need for specific medical treatment

Disinfection

Cleaning and Disinfection in Healthcare Facilities

Thorough environmental cleaning and disinfection are critical

Daily/periodic cleaning



- Consider designating specific, well-trained housekeeping personnel for cleaning and disinfecting COVID-19 patient rooms/units
- Define the scope of cleaning that will be conducted each day; identify who will be responsible for cleaning and disinfecting the surfaces of patient-care equipment (e.g., IV pumps, ventilators, monitors, etc.)
- Consider using a checklist to promote accountability for cleaning responsibilities
- Housekeeping personnel should wear PPE as described in the appendix. Housekeeping staff should be trained by the infection control team about COVID-19 in proper procedures for PPE use, including removal of PPE, and the importance of hand hygiene
- Keep cleaning supplies outside the patient room (e.g., in an anteroom or storage area)
- Keep areas around the patient free of unnecessary supplies and equipment to facilitate daily cleaning
- Use hospital-approved disinfectants (e.g. Hypochlorite). Follow manufacturer's recommendations for use-dilution (i.e. concentration), contact time, and care in handling

- Clean and disinfect COVID-19 patients' rooms at least daily and more often when visible soiling/contamination occurs
- There should be more frequent cleaning (at least twice per day) of frequently touched surfaces (e.g., bedrails, bedside and over-bed tables, TV control, call button, telephone, lavatory surfaces including safety/pull-up bars, doorknobs, commodes, ventilator and monitor surfaces) in addition to floors and other horizontal surfaces
- Cleaning of the isolation area must be undertaken separately to the cleaning of other clinical areas. Dedicated or disposable equipment (such as mop heads, cloths) must be used for environmental decontamination. Reusable equipment (such as mop handles, buckets) must be decontaminated after use with a chlorine-based disinfectant as described above. Communal cleaning trollies should not enter the room
- Wipe external surfaces of portable equipment's in the patient's room with a hospital-approved disinfectant (wipes containing 70% alcohol) upon removal from the patient's room
- After an aerosol-generating procedure (e.g. intubation), clean and disinfect horizontal surfaces around the patient. Clean and disinfect as soon as possible after the procedure
- Clean and disinfect spills of blood and body fluids using current recommendations for spill management
- Whenever possible, use either disposable equipment or dedicated equipment (e.g. stethoscopes, blood pressure cuffs and thermometers)
- Manage laundry, food service utensils and medical waste in accordance with safe routine procedures
- Bag linen inside patient isolation room in accordance with procedures for infectious linen. Un-bagged linens must not be carried through the ward or other clinical areas

- Large volumes of waste may be generated by frequent use of PPE; advice from the local waste management team should be sought prospectively on how to manage this
- Dispose of all waste as clinical waste
- Waste from a possible or confirmed case must be disposed of as Category B waste. The transport of Category B waste is described in Health Technical Memorandum 07-01: Safe management of healthcare waste
- If ambulant, the patient can use the ensuite WC. If bedpans are used, the excreta should be solidified using super absorbent polymer gel granules and then disposed of as clinical waste. Communal facilities must NOT be used

Terminal Cleaning



- Follow standard procedures for terminal cleaning of an isolation room after patient transfer or discharge
- Clean and disinfect all surfaces that were in contact with the patient or may have become contaminated during patient care including items such as blood pressure cuffs, pulse oximeters, stethoscopes, etc.
- Wipe down mattresses and headboards with a hospital-approved disinfectant
- Privacy curtains should be removed, placed in a bag in the room and then transported to be laundered
- No special treatment is necessary for window curtains, ceilings, and walls unless there is evidence of visible soil
- Use fumigation machines for disinfecting the room as part of the terminal cleaning

Cleaning and Disinfection of Ambulances



- After transporting the patient, leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles
- The time to complete transfer of the patient to the receiving facility and complete all documentation should provide sufficient air changes
- When cleaning the vehicle, Emergency Medical Services (EMS) staff should wear a disposable gown, gloves, a face shield or goggles and a facemask
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly, to include the provision of adequate ventilation when chemicals are in use. Doors should remain open when cleaning the vehicle
- Clean and disinfect the vehicle in accordance with standard operating procedures. All surfaces that may have come in contact with the patient or materials contaminated during patient care (e.g., stretcher, rails, control panels, floors, walls, work surfaces) should be thoroughly cleaned and disinfected using an EPA (Environmental Protection Agency)-registered hospital grade disinfectant in accordance with the product label
- Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2
- If there are no available EPA-registered products that have an approved emerging viral pathogen claim, products with label claims against human coronaviruses should be used according to label instructions

- Clean and disinfect reusable patient-care equipment before use on another patient, according to the manufacturer's instructions
- Follow standard operating procedures for the containment and disposal of used PPE and regulated medical waste
- Follow standard operating procedures for containing and laundering used linen. Avoid shaking the linen

Environmental Requirements for Reprocessing Areas

Physical Space

There must be a centralized area for reprocessing medical equipment/devices. Reprocessing performed outside the centralized area must be kept to a minimum and must be approved by the Infection Prevention and Control Committee or those accountable for safe reprocessing practices. Decentralized reprocessing areas must conform to the requirements for reprocessing space (**See Table in the Appendix for recommended design parameters**). In smaller settings, such as clinics or offices in the community, this refers to any segregated area where reprocessing of equipment/devices takes place, away from clients/patients and clean areas.

The central processing area(s) should be divided into at least three areas, respectively for decontamination, packaging, and sterilization and storage. Physical barriers should separate the decontamination area from the other sections to prevent cross-contamination.

Decontamination Area

In the decontamination area, contaminated supplies are received, sorted, and decontaminated. The recommended airflow pattern should contain contaminants within the decontamination area and minimize the flow of contaminants to the clean areas. The recommendation is to have 10 air changes per hour and 10 air changes per hour with positive pressure in the sterilizer equipment room.

The environment where cleaning/decontamination are performed must:

- Have adequate space for the cleaning process and storage of necessary equipment and supplies;
- Be distinctly separate from areas where clean/disinfected/sterile equipment/devices are handled or stored;
- Have easy access to hand hygiene facilities;
- Have surfaces that can be easily cleaned and disinfected;
- Have slip-proof flooring that can withstand wet mopping and hospital grade cleaning and disinfecting products;
- Have restricted access from other areas in the setting; and
- Ensure one-way movement by staff

Decontamination work areas shall be physically separated from clean and other work areas by walls or partitions to control traffic flow and contain contaminants generated during cleaning. Walls or partitions should be cleaned regularly; hence they should be made of materials that can withstand frequent cleaning and disinfection. The floors and walls should be made of materials capable of withstanding chemical agents used for cleaning or disinfecting. Ceilings and wall surfaces should be made of non-shedding materials

Decontamination Sinks

Decontamination sinks:

- Shall be designed and arranged to facilitate soaking, washing and rinsing of equipment/devices with minimal movement or delay between steps;
- Should be adjacent to waterproof counter tops and a backsplash;
- Shall not have an overflow;
- Should be at a height that allows health care workers (HCWs) to use them without bending or straining;
- Should be large enough to accommodate trays or baskets of instruments;
- Should be deep enough to allow complete immersion of larger devices and instruments so that aerosols are not generated during cleaning; and
- Should be equipped with water ports for the flushing of instruments with lumens, if appropriate.

Packaging Area

The packaging area is for inspecting, assembling, and packaging clean, but non-sterile, material.

Sterile Storage Area

The sterile storage area should be a limited access area with a controlled temperature (may be as high as 24°C) and relative humidity (between 30-60% in all areas).

Air Quality

Occupational exposure limits such as ceiling exposure value (CEV) for chemical agents (e.g. glutaraldehyde, ethylene oxide) should comply with the local environmental law. A CEV is the maximum airborne concentration of a chemical agent to which a medical professional may be exposed at any time. If control measures are not available during reprocessing of an equipment

involving a chemical agent, air sampling should be performed to ensure that the CEV does not exceed the regulated limit.

Air changes, temperature and humidity of the reprocessing area should be appropriate to the process/product being used. In healthcare settings where there are dedicated central reprocessing areas, negative pressure airflow must be maintained in soiled areas and positive pressure airflow must be maintained in clean areas and be monitored.

Water Quality

The healthcare setting should have policies to ensure the quality of its water supply. In case of compromises in the quality of the water supply, there should be written contingency plans for reprocessing equipment.

Waste Management

It is recommended to incinerate waste that may be contaminated with positive/suspected cases of COVID-19. For more details on the guidelines of waste management, refer to the Appendix.

Appendix

Personal Protective Equipment (PPE)



The following PPE should be worn in the respective order:

1. Hand wash
2. Gowns (clean, non-sterile, long-sleeved disposable gown).
3. Surgical mask (or N95 when airborne precautions are applied)
4. Eye protection (goggles or face shield)
5. Gloves

Upon exit from the patient room or care area, PPEs should be removed and discarded inside the isolation room at the doorway or in the anteroom, EXCEPT for N95 masks, which should be removed ONLY after leaving the patient room and closing the door.

Remove PPEs in the following sequence:

1. Remove gloves
2. Remove eye protection (goggles)
3. Remove gown
4. Remove mask
5. Wash hands

Waste Management

Waste Category	Examples	Red Bag	Yellow Bag (Incineration)	Yellow Container 2	Black Bag (Sanitary Landfill)	Steam Sterilization
Microbiology	Stocks and cultures of infection		×			×
Anatomical waste	Tissues, organs, other body parts, specimens of body fluids and their containers (stored in lab for burial)	×				
Blood/blood products/body fluids: All clinical areas:	Blood containers, IV tubing without needles, suction canisters, pleurovacs, evacuated containers, hemovacs, etc.				×	
• < 20-ml volumes						
• > 20-ml volumes			×			

Waste Category	Examples	Red Bag	Yellow Bag (Incineration)	Yellow Container 2	Black Bag (Sanitary Landfill)	Steam Sterilization
Items contaminate with blood: <ul style="list-style-type: none"> If saturated and/or dripping Not saturated and/or dried 	Paper towel, gauze, disposable, objects, gloves, etc.		X			
					X	
Chemotherapeutic waste	Bulk chemicals and sharps			X		
	Trace chemicals		X			
Sharps	Contaminated needles, syringes, scalpel blades, razors, pasteur, pipettes, tubes and broken glass			X		
Contaminated animal carcasses,	Contaminated animal carcasses, body parts, and bedding of animals that		X			X

Waste Category	Examples	Red Bag	Yellow Bag (Incineration)	Yellow Container 2	Black Bag (Sanitary Landfill)	Steam Sterilization
body parts, and bedding	were intentionally exposed to highly infectious pathogens					
Other hospital waste	Non-hazardous medical wastes				×	

Registered Environmental Protection Agency (EPA) Products

Registration Number	Product Name	Company	Formulation Type
1677-129	COSA OXONIA ACTIVE	Ecolab Inc	DILUTABLE
1677-226	VIRASEPT	Ecolab Inc	RTU
1677-235	BLEACH DISINFECTANT CLEANER	Ecolab Inc	RTU
1677-237	OXYCIDE DAILY DISINFECTANT CLEANER	Ecolab Inc	DILUTABLE
1677-238	PEROXIDE MULTI SURFACE CLEANER AND DISINFECTANT	Ecolab Inc/Kay Chemical Co.	DILUTABLE
1677-249	KLERCIDE 70/30 IPA	Ecolab Inc	RTU

Registration Number	Product Name	Company	Formulation Type
1677-251	PEROXIDE DISINFECTANT AND GLASS CLEANER RTU	Ecolab Inc/Kay Chemical Co.	RTU
1839-220	SC-RTU DISINFECTANT CLEANER	Stepan Company	RTU
1839-248	Stepan Spray Disinfectant Concentrate	Stepan Company	DILUTABLE
1839-83	DETERGENT DISINFECTANT PUMP SPRAY	Stepan Company	RTU
1839-83	DETERGENT DISINFECTANT PUMP SPRAY	Stepan Company	RTU
4091-21	CONDOR 2	W.M. BARR & COMPANY, INC	RTU
4091-22	RAPTOR 5	W.M. BARR & COMPANY, INC	RTU
42182-9	FIREBIRD F130	MICROBAN PRODUCTS COMPANY	RTU
47371-129	FORMATION HWS-256	H&S CHEMICALS DIVISION OF LONZA, LLC	DILUTABLE
47371-130	FORMULATION HWS-128	H&S CHEMICALS DIVISION OF LONZA, LLC	DILUTABLE
47371-131	HWS-64	H&S CHEMICALS DIVISION OF LONZA, LLC	DILUTABLE
47371-192	FORMULATION HWS-32	H&S CHEMICALS DIVISION OF LONZA, LLC	DILUTABLE
56392-7	Clorox Healthcare® Bleach Germicidal Cleaner Spray	Clorox Professional Products Company	RTU

Registration Number	Product Name	Company	Formulation Type
5813-105	Clorox Multi Surface Cleaner + Bleach	The Clorox Company	RTU
5813-110	Clorox Pet Solutions Advanced Formula Disinfecting Stain & Odor Remover	The Clorox Company	RTU
5813-111	Clorox Disinfecting Bleach2	The Clorox Company	DILUTABLE
5813-114	Clorox Performance Bleach1	The Clorox Company	DILUTABLE
5813-115	Clorox Germicidal Bleach3	The Clorox Company	RTU
5813-21	Clorox Clean Up Cleaner + Bleach	The Clorox Company	RTU
5813-40	Clorox Disinfecting Bathroom Cleaner	The Clorox Company	RTU
5813-79	Clorox Disinfecting Wipes	The Clorox Company	WIPE
5813-89	Clorox Toilet Bowl Cleaner with Bleach	The Clorox Company	RTU
63761-10	STERILEX ULTRA STEP	STERILEX	DILUTABLE
63761-8	STERILEX ULTRA DISINFECTANT	STERILEX	DILUTABLE
	CLEANER SOLUTION 1		
675-54	LYSOL BRAND HEAVY DUTY CLEANER DISINFECTANT CONCENTRATE	RECKITT BENCKISER	DILUTABLE

Registration Number	Product Name	Company	Formulation Type
67619-12	Clorox Healthcare® Bleach Germicidal Wipes	Clorox Professional Products Company	WIPE
67619-16	Clorox Commercial Solutions® Toilet Bowl Cleaner with Bleach1	Clorox Professional Products Company	RTU
67619-17	Clorox Commercial Solutions® Clorox® Clean-Up Disinfectant Cleaner with Bleach1	Clorox Professional Products Company	RTU
67619-21	Clorox Commercial Solutions® Clorox® Disinfecting Spray	Clorox Professional Products Company	RTU
67619-24	Clorox Commercial Solutions® Hydrogen Peroxide Cleaner Disinfectant	Clorox Professional Products Company	RTU
67619-25	Clorox Commercial Solutions® Hydrogen Peroxide Cleaner Disinfectant Wipes	Clorox Professional Products Company	WIPE
67619-29	Saginaw	Clorox Professional Products Company	RTU
67619-30	GNR	Clorox Professional Products Company	RTU
67619-31	Clorox Commercial Solutions® Clorox® Disinfecting Wipes	Clorox Professional Products Company	WIPE

Registration Number	Product Name	Company	Formulation Type
67619-32	CloroxPro™ Clorox® Germicidal Bleach	Clorox Professional Products Company	DILUTABLE
67619-33	Clorox Commercial Solutions® Clorox® Disinfecting Biostain & Odor Remover	Clorox Professional Products Company	RTU
67619-37	Clorox Healthcare® VersaSure® Wipes	Clorox Professional Products Company	WIPE
67619-38	CloroxPro™ Clorox Total 360® Disinfecting Cleaner1	Clorox Professional Products Company	RTU
6836-140	LONZA FORMULATION- S21F	LONZA, LLC	DILUTABLE
6836-152	LONZA FORMULATION DC- 103	LONZA, LLC	RTU
6836-266	BARDAC 205M-10	LONZA, LLC	DILUTABLE
6836-278	BARDAC 205M-14.08	LONZA, LLC	DILUTABLE
6836-289	BARDAC 205M RTU	LONZA, LLC	RTU
6836-289	BARDAC 205M RTU	LONZA, LLC	RTU
6836-302	BARDAC 205M-2.6	LONZA, LLC	DILUTABLE
6836-305	BARDAC 205M-23	LONZA, LLC	DILUTABLE
6836-313	LONZA DISINFECTANT WIPES	LONZA, LLC	WIPE
6836-340	LONZA DISINFECTANT WIPES PLUS 2	LONZA, LLC	WIPE
6836-349	LONZAGARD RCS-256 PLUS	LONZA, LLC	DILUTABLE

Registration Number	Product Name	Company	Formulation Type
6836-361	NUGEN MB5A-256	LONZA, LLC	DILUTABLE
6836-364	NUGEN MB5N-256	LONZA, LLC	DILUTABLE
6836-365	NUGEN MB5N-128	LONZA, LLC	DILUTABLE
6836-70	BARDAC 205M-7.5	LONZA, LLC	DILUTABLE
6836-75	LONZA FOUMLATION S-21	LONZA, LLC	DILUTABLE
6836-77	LONZA FORMULATION S-18	LONZA, LLC	DILUTABLE
6836-78	LONZA FORMULATION R-82	LONZA, LLC	DILUTABLE
70627-24	VIREX™ II / 256	Diversey, Inc.	DILUTABLE
70627-56	OXIVIR Tb	Diversey, Inc.	RTU
70627-58	OXY-TEAM™ DISINFECTANT CLEAENER	Diversey, Inc.	DILUTABLE
70627-60	OXIVIR™ WIPES	Diversey, Inc.	WIPE
70627-72	Avert Sporicidal Disinfectant Cleaner	Diversey, Inc.	DILUTABLE
70627-74	OXIVIR 1	Diversey, Inc.	RTU
70627-77	Oxivir 1 Wipes	Diversey, Inc.	WIPE
71847-6	KLORSEPT	MEDENTECH LTD	DILUTABLE
71847-7	KLORKLEEN 2	MEDENTECH LTD	DILUTABLE
777-127	LYSOL® DISINEFCTANT MAX COVER MIST	RECKITT BENCKISER	RTU
777-132	LYSOL BRAND POWER PLUS TOILET BOWL CLEANER	RECKITT BENCKISER	RTU

Registration Number	Product Name	Company	Formulation Type
777-70	LYSOL BRAND CLING & FRESH TOILET BOWL CLEANER	RECKITT BENCKISER	RTU
777-81	LYSOL BRAND LIME & RUST TOILET BOWL CLEANER	RECKITT BENCKISER	RTU
777-83	LYSOL BRAND BLEACH MOLD AND MILDEW REMOVER	RECKITT BENCKISER	RTU
777-89	LYSOL BRAND CLEAN & FRESH MULTI-SURFACE CLEANER	RECKITT BENCKISER	DILUTABLE
777-99	PROFESSIONAL LYSOL® DISINFECTANT SPRAY	RECKITT BENCKISER	RTU
84368-1	URTHPRO	URTHTECH, LLC	RTU
85150-1	PURELL Professional Surface Disinfectant Wipes	GOJO Industries, Inc.	WIPE
88494-3	PEAK DISINFECTANT	North American Infection Control, Ltd	RTU
88494-4	PEAK DISINFECTANT WIPES	North American Infection Control, Ltd	WIPE
9480-10	Sani-Prime Germicidal Spray	Professional Disposables International, Inc.	RTU
9480-12	Sani-Cloth Prime Germicidal Disposable Wipe	Professional Disposables International, Inc.	WIPE
9480-14	Sani-HyPerCide Germicidal Spray	Professional Disposables International, Inc.	RTU

Recommended Design Parameters (ANSI/ASHRAE/ASHE Standard 170-2008)

Location	Pressure relationship to adjacent areas	Minimum outdoor air changes per hour (ACH)	Minimum total ACH	All room Air exhausted directly to outdoors	Air recirculated by means of room units	Relative humidity (%)	Temperature (°C)
Decontamination Room	Negative	2	6	Yes	No	No requirement	22-26
Clean Workroom	Positive	2	4	No requirement	No	No requirement	22-26
Sterile storage	Positive	2	4	No requirement	No requirement	Maximum 60	22-26
Sterilizer equipment room	Negative	No requirement	10	Yes	No	No requirement	No requirement