Information about routine cleaning and disinfection in the community

27 November 2020

The Infection Control Expert Group (ICEG) has developed this advice about cleaning and disinfection in community settings. The Australian Health Protection Principal Committee also endorses this advice. For advice on cleaning and disinfection in health and residential care settings, see the Department of Health website.

Coronaviruses can survive on surfaces for a long time, but cleaning and disinfecting will kill them. The length of time the virus survives on surfaces varies. The amount of contaminated body fluid (for example respiratory droplets), the type of surface, the temperature, and the humidity all have an impact on how long the virus survives.

It is important to clean before disinfection, as dirt and grime can affect how well a disinfectant works. Clean the surface with detergent and warm water using a clean cloth, then follow with a disinfectant. You can also use combined detergent/disinfectant products.

For a disinfection solution to work, always make and apply it in line with the manufacturer's instructions. Information on which disinfectants to use against COVID-19 is available on the Therapeutic Goods Administration website.

How often you do this depends on whether it is a:

1. Frequently touched surface
2. Minimally touched surface

(see figure 1 below)

**Frequently touched surfaces** have a higher risk of spreading viruses. Clean and disinfect these often. Some disinfectants will claim they keep killing viruses for long periods (e.g. up to 28 days). The maker usually bases this type of claim on laboratory tests and may not take into account any build-up of dirt and grime that can occur. This advice also doesn’t reflect the effect of frequent cleaning, which can reduce the coating of disinfectant. Clean and disinfect frequently touched surfaces several times a day, despite any claims about how long it is effective.

Clean **minimally touched surfaces**, such as floors, at least once a day. Spot clean ceilings, blinds and walls as required. They do not usually need to be disinfected as well.

It is good to routinely\(^1\) clean surfaces as follows:

- Clean and disinfect frequently touched surfaces with detergent and a disinfectant (see Figure 1).
- Clean minimally touched surfaces and fittings when visibly dirty and immediately after a spill.

In areas with high community spread, clean and disinfect frequently touched surfaces several times a day.

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\(^1\) The recommended frequency of routine cleaning depends on many factors such as the number of people who use a space, the purposes the space is used for, and the amount of soiling present.
If a person with suspected or confirmed COVID-19 has been in the room, clean and disinfect all surfaces they may have touched, coughed or sneezed on.

**Figure 1: Routine environmental cleaning**

<table>
<thead>
<tr>
<th>Frequently touched surfaces (clean and disinfect)</th>
<th>Minimally touched surfaces (clean)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Door handles, tabletops, light switches, handrails, computers and other shared equipment, shared tools, telephones, kitchen equipment, sinks, basins, bathrooms and toilets.</td>
<td>Floors, ceilings, walls, blinds.</td>
</tr>
<tr>
<td>Should be frequently, cleaned and disinfected by hand. Detergent solution and disinfectant (as per instructions) or detergent/disinfectant wipes can be used (so long as it is scrubbed by hand).</td>
<td>Detergent solution (follow the instructions) or detergent wipes can be used for cleaning general surfaces and non-patient or resident care areas.</td>
</tr>
<tr>
<td></td>
<td>Damp mopping is better than dry mopping. Walls and blinds should be cleaned when visibly dusty or dirty.</td>
</tr>
</tbody>
</table>

**Disinfectant fogging**

ICEG does not recommend the use of disinfectant fogging for COVID-19. Disinfectant fogging (sometimes called misting) is when very fine droplets of disinfectant are sprayed throughout a room. You still need to clean surfaces before using a disinfectant. This method may mean that the virus is not killed because not enough disinfectant is used. This type of disinfection also carries chemical exposure risks and requires training and PPE. Fogging also involves significant time to allow the droplets to settle out of the air and onto surfaces before the room can be used again.

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2 Adapted from Australian Guidelines for the Prevention and Control of Infection in Healthcare, Canberra: National Health and Medical Research Council (2019).
Ultraviolet disinfection
ICEG does not recommend the use of ultraviolet (UV) disinfection for COVID-19. Ultraviolet-C (UVC) radiation using germicidal light, has been used in some settings but it does not have a role in disinfection to prevent infection transmission. There is limited published data about the exposure, wavelength, dose, and duration of UVC radiation required to kill the SARS-CoV-2 virus. This type of disinfection also requires training and PPE. UV disinfection may not adequately disinfect surfaces which are shadowed from the UVC source. It is not suitable for areas occupied by people as it can cause eye and skin irritation.

Managed quarantine hotel rooms and other hotel accommodation
Clean hotel rooms as soon as a guest departs. There is no current evidence suggesting the spread of COVID-19 to hotel cleaning staff is reduced by waiting for a long time after a guest leaves. This is true for any length of time because the virus can remain on most surfaces for many days. There is also no evidence to support waiting to allow new guests to occupy a room, after cleaning.

All hotel accommodation needs thorough cleaning and disinfection between guests, regardless of the occupant’s COVID-19 status. Cleaning staff should follow the procedures and PPE advice set out by Safe Work Australia.

Social contact environments
Social contact environments include (but are not limited to): transport vehicles, shopping centres, private businesses and other workplaces. The risk of spreading COVID-19 in these settings can be minimised through good general hygiene. This includes:

- promoting cough etiquette and respiratory hygiene
- regular cleaning and disinfecting of frequently touched surfaces
- providing enough alcohol-based hand sanitiser for staff and consumers to use. Alcohol-based hand sanitiser stations should be available, especially in areas where food is on display and often touched
- training staff on how to use alcohol-based hand sanitiser effectively
- using signs to ask shoppers to only touch what they intend to purchase
- opening vehicle windows where possible and setting air-conditioning to fresh air. This increases the rate of air flow and the use of outdoor air. Do not use recirculation modes (which recirculate the air).

The Safe Work Australia website has information on cleaning and disinfection to prevent the spread of COVID-19 in different types of workplaces.

How can we help prevent the spread of COVID-19?
To prevent the spread:

- stay at home when unwell, even with mild respiratory symptoms
- physically distance (staying >1.5 m away from others)
- use hand hygiene (and avoid touching your face and surfaces that may be contaminated)
- use cough etiquette/respiratory hygiene
- wear a face mask when you can’t maintain physical distancing.

Information about how to protect yourself and others is available on the Department of Health website.
More information

For the latest advice, information and resources, go to www.health.gov.au

Call the National Coronavirus Health Information Line on 1800 020 080. It operates 24 hours a day, seven days a week. If you need translating or interpreting services, call 131 450.

The phone number of each state or territory public health agency is available at www.health.gov.au/state-territory-contacts

If you have concerns about your health, speak to a doctor.