



ELECTROSTATIC SYSTEMS

Electrostatic systems provide an electrical charge to the product causing it to wrap around the surfaces that the spray comes into contact with, you need to ensure the product you are using in the machine is compatible.

FOGGING

There are three common types of fogging system;

- **Thermal Foggers** - these heat the liquid to provide a highly visible fog with a droplet size of 0.2 to 10 microns.
- **ULV (Ultra Low Volume) Foggers** - These combine the liquid with a high volume of air at low pressure with a droplet size between 1 to 30 microns, dependant on manufacturer.
- **Mist Generating Foggers** - They use air at a high pressure to force the liquid through a small nozzle, thereby creating a mist.

There are different products available for each type of fogging machine. You need to revert to the manufacturers for training, and they should also clarify which product should be used in their machines.

Fogging is not recommended near electricity - You would need to discuss the 'dry' fog option with the manufacturer. It may be a dry fog; however, you should check if it can cause damage to equipment, air vents and computers etc.

You need to clean before you fog or use electrostatic methods as disinfectant is only fully effective when cleaning has taken place first - if the surfaces are not clean the disinfectants can be deactivated by organic matter/dirt.

[Click here to read more](#) from Dr Andrew Kemp PhD on fogging.

STEAMING

Steam has been recommended for previous Norovirus outbreaks, but the temperature of the steam at the point of delivery is key. The temperature is required to be at no less than 70 degrees, and this should be tested as the heat dissipates from the boiler via the accessories and tubes.

If using steam on soft furnishings, this should be carried out in line with the recommendations and applies to areas that you can't clean easily with detergents, such as hotel curtains and blinds which could be cleaned and thermally disinfected in place by the correct steam cleaning method.

Generally, we would recommend that virucides are used to clean. In areas such as nurseries where children will be in contact with items (including special needs facilities) - we would recommend the same viricidal products that are used in food preparation areas.

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CONTACT TIMES

You should follow the manufacturer's guidance and instructions for contact times for the disinfectant to be effective. This can range from 1 minute to 30 minutes dwell time to kill the germs.

CLEANING FREQUENCY FOR KEY TOUCH POINTS

Think not only about the meterage but also the number of users (building occupiers).

There is, of course, a need to increase the frequency of cleaning now and for the foreseeable future, is the client prepared to pay more for more hours? You may need to consider what you cannot deliver if they are not willing to move on price. Ultimately, this new way of working does decrease productivity 'we cannot create time'.

There could be 50 toilets but only 2 or 3 people working in the area closest, in this scenario you wouldn't be cleaning all 50 toilets on every clean. Consider volumes of usage, numbers of people etc – perhaps your client would consider blocking off some areas that are not being used?

A paper towel dispenser could be installed close to frequently used touchpoints; however, you would need to consider the containment, and disposal of the tissues as the virus has been found to live on surfaces for up to 72 hours.

INTRODUCING TECHNOLOGY TO YOUR OPERATION

The use of technology, i.e. tracking systems, can be beneficial - they will provide an accurate picture over time of how the areas are frequented.

This could mean that rather than cleaning for the sake of cleaning, you could anticipate frequencies from data, making your organisation more effective.

MINIMUM STANDARDS

Unless areas are cleaned first, disinfectants DO NOT work correctly. There should be the recognition that things need to be deep cleaned more often/thoroughly.

Getting clients to 'buy into' a keeping it clean and safe mentality is also another idea, ensuring there is additional cleaning equipment available to the occupiers of the workspace? In particular, so that they can take responsibility for smaller items that are touched frequently.

Consider the (current) 72-hour guidance – Clients do not need to spend the money if the building has been empty for more than 72 hours, a decontamination clean would not be necessary - The money could be used to pay for those extra hours of key touch point cleaning and additional training. Whilst some clients think a deep clean is considered 'over the top' you need to inform them of the importance of cleaning prior to disinfecting, use the 'Bio Fogging with Disinfectants' piece on the website by Dr Andrew Kemp PhD. If the building has been closed up for longer than three days, you

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can go in and deep clean and disinfect, however, the outbreak procedure is actually there to PROTECT THE OPERATIVES, if they are going to clean an area where they could be at risk of infection the first disinfection process is to keep them as safe as possible.

We appreciate regardless of the information you provide, some clients will be looking for a 'deep clean/decontamination' and some will want to see evidence that this has been carried out to satisfy their own Health & Safety regulations. But remember a building is only as clean as its last clean, a sneeze or a cough from an infected person could contaminate surfaces.....hence the need for increased frequency (there is no getting around it).

ACCOMMODATION CLEANING

Ideally, the areas should be left untouched for three days before anyone goes in, there are more soft furnishings than hard surfaces to consider - the safest answer would be to leave a three-day gap in between guests, this protects both the cleaning operatives and the next residents.

PPE

Manufacturers should be advising of the particulars of PPE required for their products for both preparation and usage. Donning and doffing and disposal of PPE should also be considered.

[Click here](#) for further information from us on this topic.

LOOK AFTER THE OPERATIVE AND MAKE SURE THEY ARE SAFE

Ensure your cleaning team follow the right protocols to support the client and keep themselves safe. It's never been more important to train your team. 1 in 4 of our industry's workforce cannot read or write very well, help and assist them with understanding things such as COSHH assessments, SOP and risk assessments. Ensure your staff understand the new routines and what's expected of them.

HAND DRYER VERSUS PAPER TOWEL

There has been varying information from Public Health England and the WHO – neither have confirmed that hand dryers shouldn't be used. The NHS recommends paper towels. There is no empirical evidence to say that one is more effective than the other.

MICROFIBRE CARE

Laundering of microfibre should be done in an industrial washing machine or with a viricidal detergent. WHICH reported that 48% of domestic washing machines do not reach the temperatures required to clean microfibre effectively. Microfibre varies – read the label and follow care instructions.

You should have a laundry process in place before you introduce a microfibre system.

[Click here](#) for more information on the misconceptions and myths about microfibre.

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AUDITING

Inspection tools are beneficial, as they will look at what is being achieved (traditionally what the naked eye can see). However, auditing during a pandemic/outbreak needs to be adapted, you are dealing with something that you cannot see. Enhanced cleaning contact times, following a colour-coding programme, training records, products used etc should be part of this type of audit. Checking the processes in place as well as the standards achieved.

VACUUM CLEANING

In an outbreak, vacuuming is not recommended as it can recirculate the virus to heights where it could be breathed in. Where it has to be carried out HEPA filters are required, these can be used in most vacuum cleaners, again follow the 72-hour rule before then changing the bag.

CHLORINE-BASED PRODUCTS

Chlorine-based products, aka hypochlorite's or bleach, have been recommended within healthcare settings with the use of 1000 parts per million (dilution rate). As there is a potential for damage to surfaces by using these types of product for areas outside of healthcare, the recommendation from WHO and PHE is to use a viricidal disinfectant.

We should all be aware there is a difference between removing and killing a virus, for example, washing our hands removes the virus from them but may not kill it.

WASTE REMOVAL

Should you store refuse for 72 hours? This isn't currently a requirement unless it's from an area that is proven to be contaminated.

FINALLY

We are fighting a devious, enveloped invisible-to-the-eye virus, over the past three months expectations of our industry are higher than ever, there has been a gargantuan amount of information and news thrown at us, and there is still confusion out there. Look at the research and empirical data that backs up the claims of the product, do not just take it at face value. Adhere to best practice and communicate with your staff and clients and have a robust training plan in place.

COVID-19 has changed everything, including the way we clean!

Stay tuned to [newsfeed](#) for the latest from us.