



# ORIENTEERING NSW

## CLEANING OF SURFACES – COVID-19 PREVENTION

*This note contains extracts from the World Health Organisation's "[Cleaning and disinfection of environmental surfaces in the context of COVID-19](#)", Interim guidance, 15 May 2020. The WHO guidance is primarily for health care settings. The extracts in this document are the sections most relevant to orienteering event and training session organisers.*

### Background

In non-healthcare settings, environmental surfaces include sinks and toilets, electronics (touch screens and controls), furniture and other fixed items, such as counter tops, stairway rails, floors and walls.

In all settings, including those where cleaning and disinfection are not possible on a regular basis due to resource limitations, frequent hand washing and avoiding touching the face should be the primary prevention approaches to reduce any potential transmission associated with surface contamination.

Like other coronaviruses, SARS-CoV-2 is an enveloped virus with a fragile outer lipid envelope that makes it more susceptible to disinfectants compared to non-enveloped viruses such as rotavirus, norovirus and poliovirus. Studies have evaluated the persistence of the COVID-19 virus on different surfaces. One study found that the COVID-19 virus remained viable up to 1 day on cloth and wood, up to 2 days on glass, 4 days on stainless steel and plastic, and up to 7 days on the outer layer of a medical mask. Another study found that the COVID-19 virus survived 4 hours on copper, 24 hours on cardboard and up to 72 hours on plastic and stainless steel. The COVID-19 virus also survives in a wide range of pH values and ambient temperatures but is susceptible to heat and standard disinfection methods. These studies, however, were conducted under laboratory conditions in absence of cleaning and disinfection practices and should be interpreted with caution in the real-world environment.

### Non-health care settings environment

There is no evidence for equating the risk of fomite [ie surfaces] transmission of the COVID-19 virus in the hospital setting to any environment outside of hospitals. However, it is still important to reduce potential for COVID-19 virus contamination in non-healthcare settings, such as in the home, office, schools, gyms or restaurants. High-touch surfaces in these non-health care settings should be identified for priority disinfection. These include door and window handles, kitchen and food preparation areas, counter tops, bathroom surfaces, toilets and taps, touchscreen personal devices, personal computer keyboards, and work surfaces. The disinfectant and its concentration should be carefully selected to avoid damaging surfaces and to avoid or minimize toxic effects on household members or users of public spaces.

The environmental cleaning techniques and cleaning principles should be followed as far as possible. Surfaces should always be cleaned with soap and water or a detergent to remove organic matter first, followed by disinfection. In non-health care settings, sodium hypochlorite (bleach) may be used at a recommended concentration of 0.1% (1000ppm). Alternatively, alcohol with 70%-90% concentration may be used for surface disinfection.

#### Personal safety when preparing and using disinfectants

In non-health care settings, resource limitations permitting, where disinfectants are being prepared and used, the minimum recommended PPE is rubber gloves, impermeable aprons and closed shoes. Eye protection and medical masks may also be needed to protect against chemicals in use or if there is a risk of splashing.