

# Infections due to the new Coronavirus COVID-19

## Instructions for frontline service staff

Instructions regarding cleaning of workplaces and public transport vehicles can be found [here](#).

## Hand washing – hand hygiene

Repeat each step of the hand washing procedure at least five times



**1** Rub hands palm to palm



**2** Rub right palm over left dorsum and vice versa



**3** Rub thoroughly between all fingers



**4** Rub fingertips and fingernails of both hands together thoroughly



**5** Rub thumb of each hand thoroughly



**6** Rub each palm thoroughly



Guidelines from the Chief Epidemiologist for Iceland, December 2016

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**Directorate of health**  
Chief Epidemiologist for Iceland

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# Abbreviations

Abbreviation	Name
112	Neyðarlinan, coordinated emergency hotline for all of Iceland
1700	Medical Hotline - Coordinated answering service for medical services
DCP-NCIP	National Commissioner of the Icelandic Police's Department of Civil Protection and Emergency Management
COVID-19	Respiratory infection due to the new Coronavirus
CE	Chief Epidemiologist

## Check-list for front-end employees due to COVID-19

**„Frontline service staff“ especially refers to all staff members providing services and performing their duties in close proximity to their clients.**

**When there is a threat of infection by Coronavirus (COVID-19), each staff member must:**

- Know the symptoms of a COVID-19 infection and the transmission route of the virus and acquaint themselves with instructions on acknowledged work procedures. For further information, see the Directorate of Health website: [www.landlaeknir](http://www.landlaeknir).
  - The symptoms of COVID-19 are: Fever, coughing, tiredness and muscle pains (influenza-like symptoms). Some people get milder symptoms, such as cold-like symptoms or a sore throat. COVID-19 can also cause serious illness with lower-respiratory system infections and pneumonia, often experienced as breathing difficulties on days 4–8 of the illness.
- Increase protection against infection and practice basic precautions against infection (see page 8).
- Inform his or her immediate supervisor in case of suspicion of COVID-19.
- Be prepared to see to an individual with COVID-19 symptoms until he or she leaves the premises.

## First response in cases where COVID-19 is suspected

In cases where COVID-19 symptoms are reported within businesses, the affected person's health-care unit should be contacted as a primary resource/otherwise contact the 1700 Medical Hotline. Medical Hotline 1700 will answer inquiries regarding illness 24/7 and instruct the general public and tourists as to access to appropriate health services. In emergency cases, call 112, and report that there is suspicion of COVID-19 infection.

## Basic infection prevention measures

Basic infection prevention measures shall at all times be observed for all persons, whether or not they are showing signs of illness.

**Basic infection prevention measures include:**

- General cleaning of hands, i.e. hand-washing and/or using hand sanitiser.
- **Easy access to hand-washing facilities and hand sanitiser.**
- Easy access to disposable gloves for use in cleaning or attending to patients. Gloves shall be removed immediately after performing the task, and hands should be sanitised.
- Wear disposable gloves, a plastic apron and use a disposable rag when cleaning up body fluids (vomit, mucus from the respiratory tract). Such equipment should always be placed in a plastic bag which is sealed before being disposed of along with general waste.

### Illness within businesses:

- Separate the patient from the other clients/employees.
- Adapt the surroundings and conditions to the patient's symptoms. The patient can go to his or her car and return home, if he or she is up to it. In case that is not possible, appoint one employee as caretaker for the patient until he or she leaves the premises. All others shall be diverted from the location of the patient.
- Call for medical assistance if needed (health-care unit/1700/112 as appropriate).
- All clients/guests/employees who have been in close contact with the patient that day must register, giving their name, telephone number, email address and identification number, if available. The employee assigned to the patient must be specifically identified. This employee's immediate supervisor, or of the patient if he or she is an employee, shall secure the list and deliver it to the health-care services/Chief Epidemiologist. Employees attending to cleaning after the patient has left the premises must also be registered.
- Care of the patient until response parties take over or until the patient leaves the premises:
  - Provide the patient with a face mask, if available, if the patient can bear wearing the mask. If a mask is not available or the patient cannot wear it, the patient must be shown how to place a paper napkin on his or her nose and mouth when coughing or sneezing. Such napkins must be placed directly into a plastic bag for general waste after use and then hands must be sanitised.
  - Provide the patient with access to hand sanitiser and paper napkins. It is optimal if the patient receives a hand sanitiser dispenser to which he or she has sole access.
  - Ensure that the patient has access to a toilet only he or she uses.
- The assigned employee will tend to the patient until the response parties take over.
  - That employee needs to have his or her own hand-sanitiser dispenser.
  - The employee shall keep a distance of more than 1 meter from the patient insofar as possible. If he or she needs to come closer, thorough hand-cleaning is necessary and disposable gloves shall be used if available. In cases where there is extensive coughing/sneezing it can be useful for the employee care-taker to use a facial mask as well, but only if he or she needs to be in close contact with the patient.
  - If any infectious matter enters the environment (i.e. body fluids) this shall be wiped up with a disposable rag, which is then placed in a bag and disposed of along with general waste. Surfaces shall be cleaned with hot soapy water and then wiped down with disinfectant (see more on cleaning below).

## Surveillance of people that have come into contact with infected persons

The Chief Epidemiologist or District Epidemiologist shall keep a record of those exposed to infection (see p. 5) and provide further information on precautions against infections and behaviour in the following two weeks. Those belonging to this group shall adhere to the [Instructions on Quarantine](#). **It is important to start quarantine as soon as there is suspicion of a possible COVID-19 infection, although the results of testing of the patient will not be available until the following day. Individuals who only were in contact with the patient on that same day can finish their working day, but those who have been in contact with the patient in the preceding days should go into quarantine immediately.**

**If it turns out that the person with which the individual has been in close contact with does not have the COVID-19 infection, all measures shall be suspended.**

## Risk assessment and contact tracing

The following persons are considered to have been exposed to infection where individuals with COVID-19 have been present:

- a. anyone who reports direct contact with the infected person or contact with infectious matter (employees, person assigned to patient if protective clothing has not been worn at all times and any others they were in contact with)
- b. everyone who has been in close contact with the patient, within 1 meter and not wearing protective clothing.
- c. those responsible for cleaning the area that was possibly contaminated, without wearing protective clothing.

In case a health-care centre/1700 was not contacted due to illness within the business, the patient needs to contact his or her health-care centre or the Medical Hotline at tel. no. 1700. These parties are responsible for providing information with regard to risk assessment and contact tracing in collaboration with the Department of Civil Protection and Emergency Management. Health-care centres and / or 1700 provide more information to patients with regard to precautions against infections and behaviour in the following two weeks.

### **Quarantine of individuals who have been in close contact with COVID-19 patients:**

- i. Quarantine is implemented as soon as there is suspicion of COVID-19 infection (see more on p. 4).
- ii. Persons receiving instructions on quarantine through their workplace should contact a health-care centre (for instance via Heilsuvera) to register formally for quarantine and receive more detailed instructions.
- iii. An exposed individual shall remain in quarantine in his or her home until 14 days have passed since the possible infection occurred.
- iv. Individuals undergoing quarantine should study the [Instructions on Quarantine](#). In case further instructions are needed, a query should be submitted via [www.heilsuvera.is](http://www.heilsuvera.is) or to [covid19@landlaeknir.is](mailto:covid19@landlaeknir.is).
- v. If the individual experiences symptoms of COVID-19 infection (see p. 3) he or she shall phone a health care centre or 1700 and follow the instructions received.

**If it turns out that the person with which the individual has been in close contact with does not have the COVID-19 infection, all measures shall be suspended.**

**Although it is possible that many persons in a workplace have collectively been exposed, the employees that have been quarantined may not continue to go to work, even if they are not in direct contact with the public or previously unexposed employees. This would increase the risk of an epidemic within the company and expose employees and their families to unnecessary risks.**

# Cleaning of area where an infected person has stayed

## **1. Personal precautions against infection for those who clean areas where there is suspected contamination due to the Coronavirus:**

- a. Basic precautions against infections shall be applied in cases of suspected COVID-19 infections
- b. When cleaning, the following protective equipment shall be used:
  - i. Disposable gloves (two pairs)
  - ii. A disposable apron
  - iii. Face protection if there is a risk of contaminated matter being transmitted to the face
- c. When the work is over, the used protective equipment shall be put into a plastic bag that shall be thoroughly closed and disposed of with general waste.
- d. Hands shall be washed and sanitised immediately after disposing of waste bags.
- e. Clean workwear shall be put on once the work is finished. Dirty laundry may be washed in the normal manner.

## **2. Cleaning of areas/vehicles where there is suspicion of contamination by dangerous infectious matter:**

- a. The contaminated area shall be delimited and all general traffic kept away from it.
- b. The area where the patient was situated shall be cleaned, as well the nearby surrounding areas.
- c. Compressed air / high pressure washing may not be used, as it can swirl the infectious matter into the air.
- d. Have a trash bag on hand.
- e. Use an approved cleaning and disinfection agent (for instance 1 % Virkon). Use the correct strength.
- f. Use paper towels to clean up any visible hazardous material. Change gloves if they have visible hazardous material on them.
- g. Start by washing with soapy water and then repeat with a disinfection agent (1 % Virkon).
- h. Start cleaning at the top and move downwards. Start by spreading soapy water over the area, using a paper towel or a sprayer. When the whole area has been covered in soapy water, use paper towels to mop it up and dispose of those in a bag, close the bag and dispose of it into general waste. Then cover the whole area with paper towels and wet the towels with a disinfectant solution. Wait for the time indicated by the manufacturer and then remove the towels and put into a closed bag and dispose of it into general waste. Finally, flush the area with hot water (60 °C) and dry it.
- i. Paper and other disposable items from the area where the patient was kept shall also be put into a bag that can be disposed of into general waste.
- j. When switching between cleaning areas, the wash rags shall be changed. After use, the disposable towels shall be placed into bags and disposed of with general waste. Non-disposable rags should also be placed in bags for direct transfer to laundry.
- k. The following shall be cleaned inside lavatories used by patients:
  - i. Doorknobs
  - ii. Locks
  - iii. Faucet and sink
  - iv. Adjacent walls and tabletop
  - v. Lastly, the toilet seat and around it

vi. Other contact surfaces

- I. Protective gear and gloves shall be disposed of into a bag and put in the general waste.

## Handling of reusable equipment

Hotels and restaurants where an infected individual has used reusable equipment, such as linen and tableware, should bear the following in mind:

- Those responsible for cleaning and collecting the equipment for washing should read “Equipment for cleaning”.
- When collecting and washing **linen** which has possibly been contaminated by bodily fluids:
  - The use of disposable gloves and protective aprons is recommended when collecting linen.
  - Linen should be collected into plastic bags.
  - The protective apron and gloves should be removed and put into bags which can go into general waste.
  - Hands are to be cleaned and new disposable gloves used to close the linen bag.
  - Gloves should be removed and hands cleaned.
  - The linen bag shall be transported directly to the laundry facility.
  - Hands shall be cleaned and gloves put on before emptying the linen bag into the washing machine. Note that soluble bags do not have to be emptied, as they can be put directly into the washing machine.
  - Gloves should be removed and hands cleaned.
  - Close the washing machine and commence washing. Regular washing powder can be used as well as normal temperatures.
- Collection of and cleaning of **tableware and other utensils** which can be washed and have been used by an individual with presumed or confirmed COVID-19 infection:
  - Hand cleaning shall be performed before putting on gloves.
  - Tableware shall be collected with gloved hands. It is unlikely that infectious matter can be sprinkled from tableware during collection and therefore an apron should not be necessary.
  - If common surfaces such as doorknobs and elevator buttons need to be touched before the tableware is washed, the gloves should be removed and hands cleaned before such surfaces are touched.
  - Transferral of contagion is highly unlikely from tableware UNLESS the tableware is contaminated by bodily fluids such as spit or vomit.

In such circumstances one should avoid flushing the tableware with high-pressure water since infectious matter could be sprayed onto the employee face under such circumstances. Instead, low pressure water should be applied for cleaning or the tableware left to soak if it is too dirty to go straight into the dishwasher.
  - Disposable gloves should be used until the equipment has been placed in the dishwasher, if available, after which the gloves should be removed and hands cleaned before the dishwasher is closed and started. If there is no dishwasher, tableware can be washed with dishwashing detergents. Hand cleaning shall be performed after dishwashing is finished and gloves have been removed.
- Other **non-disposable equipment** such as television remote controls, television sets, safety deposit boxes, closets etc. should be washed with soap if possible and then the surfaces should be disinfected as described on p. 6.
  - Material made from paper does not have to be disposed of (menus, brochures), since the

survival time of the virus is probably very short on such surfaces (as seen in the SARS virus) but in case such material is clearly contaminated by bodily fluids, it should be disposed of. Paper that is wet from bodily fluids should be disposed of in general waste instead of for recycling.

## Further information

1. **Information on COVID-19** [www.landlaeknir.is](http://www.landlaeknir.is)