

Kingston University

Campus Facilities Sanitation and Safety Policies and Procedures

Rev 08/01/2025

Kingston University (KU) is committed to providing a safe and secure environment for students, faculty, and staff. Sanitation and disinfection of campus property and amenities is of utmost importance to the health and safety of our community. Based on the CDC guidelines and creditable reference, the University implements the following sanitation and safety policies and procedures.

It is important to note that in an endeavor to protect our community, it is everyone's responsibility to participate in appropriate cleanliness practices and to comply with the regulations set forth in this policy.

SURFACE MANAGEMENT

Environmental surfaces include surfaces of equipment, furniture, walls, and flooring. All of these are considered noncritical. Because they carry the lowest risk of disease transmission, they can be managed using methods that are less rigorous. Environmental surfaces are further categorized as either clinical contact surfaces or housekeeping surfaces. *Clinical contact surfaces* are surfaces that come in direct contact with contaminated devices, hands, or gloves. For example, after touching a client, you put the lotion container bottle on a counter; the bottle thus can be considered a device, and the counter is a clinical contact surface. The massage, treatment or exam table is a clinical contact surface. *Housekeeping surfaces* are not directly touched (e.g., a picture on the wall) (Fritz 2017).

The CDC offers the following general guidelines for managing environmental surfaces:

- Follow the manufacturers' instructions for correct use of cleaning and EPA-registered hospital disinfecting products.
- Never use liquid chemical sterilants/high-level disinfectants for disinfection of environmental surfaces. Some of these agents present a respiratory hazard and should not be used outside of a closed container.
- Wear appropriate personal protective equipment when cleaning and disinfecting environmental surfaces. Such equipment may include puncture- and chemical-resistant utility gloves and a protective face shield worn with a mask.

Custodial cleaning responsibilities

Sanitation of public spaces is to be frequent and thorough. High touch surfaces, including but not limited to: light switches, door push plates, door handles, tables, desks, cabinets and countertops, hard-surface chairs, keyboards, dispensers of hand soap, sanitizers, faucets, toilet flush handles, toilet seats, and handrails, will be sanitized by the KU custodial department daily. Wall moldings, windowsills, and trash receptacles will be sanitized as needed. Depending on the item being used, sanitizing wipes or multifold paper towels and sanitizing spray will be provided for individual use.

High touch surfaces in large open offices and classrooms will be disinfected daily if the space

has been used for the day. Keyboards will be sanitized daily if used during the day. Wall moldings, windowsills, and trash receptacles will be sanitized as needed. Supplies for sanitation of high-touch surfaces will be provided in each office and classroom. As a community, it is everyone's responsibility to utilize the sanitation provisions supplied by KU at each interaction with high-touch surfaces.

Individual cleaning responsibilities

Personal offices and personal workspaces will be treated differently than spaces utilized by multiple people or groups. It is assumed that in areas of low public exposure and appropriated occupancy, extensive or remedial sanitation and cleansing will be maintained by those individuals. Light switches, door handles, and door push plates if touched during the day will be sanitized at the end of the day. Toilet flush handles, toilet seats will be disinfected daily. Open areas and personal items within these spaces, such as telephones, keyboards, dispensers, trash receptacles, tables, desks, and cabinet countertops will be sanitized once weekly. Chairs, wall moldings, and windowsills will be cleaned as needed or monthly.

Clinic Facilities

The guidelines for maintaining clinical contact surfaces are:

- Use surface barriers to protect clinical contact surfaces and
- change surface barriers between clients. Barrier protection is preferred for surfaces that are difficult to clean.
- After each client, clean and disinfect clinical contact surfaces that are not barrier protected.
- Use an EPA-registered hospital disinfectant with low-to-intermediate-level activity to clean clinical contact surfaces.
- Use an intermediate-level disinfectant if the surface is visibly contaminated with blood.

Equipment in the Clinic and Clinical Training

- All equipment and tools used in conjunction with a treatment on a client or student model must be maintained on a regular basis and be cleaned after each use.
- Cushions on tables and chairs, in addition to bolsters and pillows, must be covered with impervious material that is cleaned after every use.
- Treatment/exam tables must be covered with an impervious material that is cleanable and must be kept clean and in good repair. The table must be cleaned and sanitized thoroughly with the Total Solutions Vanquish (see Table 1 below) before use with each client/student model.

Linens

- All clean linens should be stored in compartments, shelves, or cabinets, at least 4 inches off the floor. Used linens must be stored in a closed bag or container while in the treatment room or during transport.
- For each client massage therapists must furnish, clean and fresh, single-service materials, linens, and any other items, materials, or tools that come into contact with a client's body.
- The use of soiled linens is prohibited. All soiled linens must be immediately placed in a receptacle that closes and prevents cross-contamination. They must be handled as little as possible and laundered in a manner that eliminates the risk of spreading parasites,

communicable diseases, and infections and removes all residue of topical preparations. All soiled linens should be washed in a machine at a hot water, with detergent and an antiviral cleaning agent (at least 10% bleach solution, or 9 parts water to 1 part bleach).

Cleaning and Sanitizing Supplies

Kingston University provides the following cleaning products for use in maintaining the campus facilities meeting sanitation standards:

Table 1. Cleaning/Sanitizing Products Usage and Procedures

Cleaning Products	Location(s) of Item	Surface to Clean
Hand Sanitizer	Front desk, treatment rooms, herbal dispensary room, classrooms, faculty and staff offices	Hands
Total Solutions Vanquish One-Step Disinfectant-Cleaner-Sanitizer-Fungicide-Mildewstat-Virucide	Spray bottles in clinic medical supply stock room	Treatment rooms (treatment tabletops, head rests, bolsters, doorknobs, shelves, light switch); faculty and classrooms (desktops, doorknobs, light switch); water cooler (receptacle, dispenser buttons, nozzles); hand railings, kitchen tables, front desk countertops
Disinfectant Wipes	Clinic medical supply stock room, treatment room, classrooms, waiting room, behind the front desk	Treatment rooms (treatment tabletops, head rests, doorknobs, light switch); faculty and staff offices (desktops, doorknobs, light switch); water cooler (receptacle, dispenser buttons, nozzles); hand railings, kitchen tables, front desk countertops

GENERAL ENVIRONMENTAL CLEANING TECHNIQUES

CDC recommends to always use the following general strategies for all environmental cleaning procedures:

1. Conduct Visual Preliminary Site Assessment

Proceed only after a **visual preliminary site assessment** to determine if:

- there is any need for additional PPE or supplies (e.g., if there are any spills of blood/body fluids or if the patient is on transmission-based precautions)

- there are any obstacles (e.g., clutter) or issues that could pose a challenge to safe cleaning
- there is any damaged or broken furniture or surfaces to be reported to supervisor/management

2. Proceed From Cleaner To Dirtier

Proceed **from cleaner to dirtier** areas to avoid spreading dirt and microorganisms.

Examples include:

- Clean low-touch surfaces before high-touch surfaces.
- High-touch surfaces outside the patient zone should be cleaned before the high-touch surfaces inside the patient zone (Figure 1).

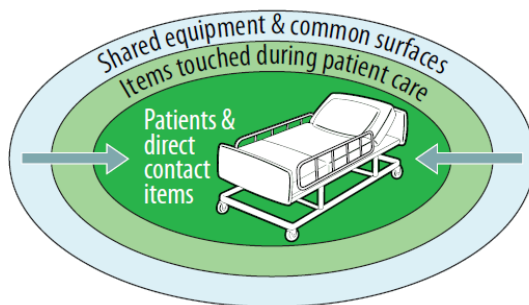


Figure 1. Example of a cleaning strategy from cleaner to dirtier areas

3. Proceed From High To Low (Top To Bottom)

Proceed from **high to low** to prevent dirt and microorganisms from dripping or falling and contaminating already cleaned areas. Examples include:

- cleaning environmental surfaces before cleaning floors
- cleaning floors last to allow collection of dirt and microorganisms that may have fallen

4. Proceed in a Methodical, Systematic Manner

Proceed in a **systematic manner** to avoid missing areas—for example, left to right or clockwise (Figure 2).

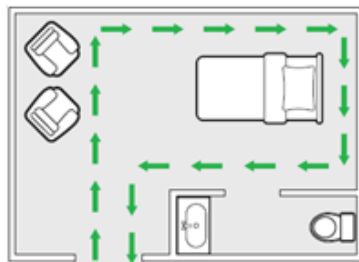


Figure 2. Example of a cleaning strategy for environmental surfaces, moving in a systematic manner around the patient care area

5. Immediately Attend to Body Fluid Spills

Clean spills of blood or body fluids immediately using the following techniques

- 1) Wear appropriate PPE such as gown and/or plastic apron, reusable rubber gloves, and face mask with either goggles or face shield (if splash risk or large spill)
- 2) Confine the spill and wipe it up immediately with absorbent (paper) towels, cloths, or absorbent granules (if available) that are spread over the spill to solidify the blood or body fluid (all should then be disposed as infectious waste).
- 3) Clean thoroughly, using neutral detergent and warm water solution.
- 4) Disinfect by using an intermediate-level disinfectant.
 - Typically, chlorine-based disinfectants at 500-5000ppm free chlorine (1:100 or 1:10 dilution of 5% chlorine-bleach; depending on the size of the spill) are adequate for disinfecting spills (however, do not use chlorine-based disinfectants on urine spills).
 - Take care to allow the disinfectant to remain wet on the surface for the required contact time (e.g., 10 minutes), and then rinse the area with clean water to remove the disinfectant residue (if required).
- 5) Immediately send all reusable supplies and equipment (e.g., cleaning cloths, mops) for reprocessing (i.e., cleaning and disinfection) after the spill is cleaned up.

SAFETY

- Observe all school safety and health rules and apply the principles of accident prevention in the day-to-day duties
- Observe all hazard warnings.
- Hallway and passage in the public area must remain unobstructed
- No open flames (except during the conduct of cupping and moxibustion by the instructors, licensed practitioners or students in the presence of the supervisor physically on site), including candles and incense, on the campus
- Fire extinguishers must be maintained in good working condition
- Adequate lighting is maintained at all time.
- All electrical equipment must be switched off and power cords must be unplugged after use and before the end of the day
- Operate only the equipment for which I am authorized and properly trained.
- Observe safe operating procedures for this equipment
- Report unsafe conditions or act, and property damage to the supervisor or safety officer
- Report malfunctioning entry security control, broken electrical wires, falling, tripping and slipping hazards to the safety officer for prompt repair or correction.
- Report any training-related or work-related injury or illness to the supervisor and promptly seek treatment

Reference:

1. CDC General environmental cleaning techniques
2. “Mosby’s Fundamentals of Therapeutic Massage” 6th edition, Sandy Fritz, Elsevier, 2017