1	Interim Recommendations for Cleanup of Commercial and Residential Buildings
2	Following Bacillus anthracis Spore Release
3 4	1. Introduction
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6	This document provides interim recommendations for clean up after a release of <i>Bacillus</i>
7	anthracis (B.anthracis). The U.S. Environmental Protection Agency (EPA) has primary
8	authority in matters concerning environmental hazards and cleanup. EPA reviewed and
9	commented on this guidance document.
10	
11	The issues involved in cleanup of a workplace, residence or other type of structure
12	contaminated by B. anthracis spores vary significantly from place to place. These
13	differences preclude the development of universal recommendations. Decisions regarding
14	a strategy for cleanup must be based on each situation. Consult with the EPA, state or
15	local health departments, the manufacturers of building contents, building owners or
16	managers and others, as needed. This document provides information and guidance
17	regarding issues that must be considered for cleanup of a contaminated building. The key
18	issues covered here include: the conduct of a site assessment, development of a cleanup
19	plan, selection of cleaning materials and disinfectants, selection of personal protective
20	equipment, and disposal of contaminated solid waste and liquids.
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22	2. Site Assessment and Cleanup Plan
23	2.1 Site Assessment
24	The site assessment includes an evaluation of the extent of the problem and confirmation
25	of the presence of B. anthracis. Protection of personnel performing the assessment is a
26	primary concern (http://www.cdc.gov/niosh/unp-anthrax-ppe.html). The site assessment
27	includes a qualitative overview:

• How the B. anthracis was brought into the facility or dwelling (e.g., through a mail 1 2 package, air handler, or other mechanism). • Possible pathways by which *B. anthracis* could have spread. 3 • The type of environmental surfaces (e.g., ceiling tiles, walls, counters, floor 4 5 covers, air ducts, furnishings, etc.) involved. • The location and extent of contamination, evidence for spread of contamination, 6 and potential for re-distribution. 7 8 • The need for and appropriateness of occupying uncontaminated areas during 9 cleanup. 10 11 Part of the site assessment includes the collection of environmental samples to confirm 12 the presence of *B. anthracis*. Strategy and methods for conducting environmental sample collection are specified in the following CDC publications: Guidelines for Developing an 13 14 Environmental Sampling Strategy for *Bacillus anthracis* in Mail-Processing Facilities and Procedures for Collecting Surface Environmental Samples for Culturing Bacillus 15 16 anthracis (http://www.bt.cdc.gov/DocumentsApp/Anthrax/11132001/final42.asp). 17 Procedures to package samples for transport to testing laboratories are specified in CDC publication: Packaging Critical Biologic Agents 18 19 (http://www.bt.cdc.gov/LabIssues/PackagingInfo.pdf). 20 21 If B. anthracis contamination is confirmed and occupancy necessary, a professional 22 remediator, in consultation with local public health and law enforcement authorities and 23 building managers or owners, should develop a comprehensive remediation plan that 24 meets environmental and occupational health objectives. The site remediation plan must

sampling, contaminated area isolation, recovery of critical items, remediation and

include safety and infection control procedures that protect cleanup workers inside and

outside the area, and includes site and task-specific work plans for post-remediation

verification sampling. These interim recommendations describe administrative,

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1	engineering, housekeeping controls, and personal protective equipment (PPE) issues
2	essential to building cleanup procedures that should be addressed within a site
3	remediation plan.
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5	2.2 Cleanup Procedures
6	
7	2.2.1 General guidance
8	
9	Overall approaches to cleanup vary depending on whether contamination is localized
10	or occurs throughout the building. There is no single procedure or guideline for
11	disinfection of spaces and materials contaminated with B. anthracis. Judgment based
12	on a thorough understanding of the extent of the original contamination is used to
13	define the degree of cleaning required. It is likely that a single cleaning approach will
14	not be suitable for all local and building-wide B. anthracis contamination scenarios.
15	
16	The selection of cleanup option(s) should be based and prioritized on:
17	• Biocidal performance on non-porous and porous vertical and horizontal
18	surfaces
19	• Compatibility with the contaminated material to minimize the creation of
20	additional hazardous conditions
21	 Ability to minimize generation of hazardous waste
22	 Minimization of post-cleanup adverse health effects
23	• Effectiveness of cleanup options
24	
25	All cleanup strategies should be developed by a team of qualified experts with
26	experience in biological and or infectious disease control with input from the building
27	owner/operator, architect, employees and other knowledgeable persons most familiar

- with the design, layout, and operation of the building structure and processes. The
- 2 strategy for cleanup should be reviewed and approved by local public health and
- 3 safety authorities.

1	2.2.2 Administrative Controls
2	
3	Worker safety and health during the cleanup of a site contaminated with <i>B. anthracis</i> is
4	covered under a number of regulations that should be followed by the employer. A key
5	standard is 29 CFR. Hazardous Waste Operations and Emergency Response
6	$(HAZWOPER-1910.0120\ \underline{http://www.osha-lc.gov/OshStd_data/1910_0120.html}).$
7	Employer responsibilities include, but are not limited to, the following key items:
8	• Develop a comprehensive site-specific health and safety plan in consultation with
9	local public safety and health authorities prior to implementing any remediation
10	activities.
11	Develop a medical surveillance program
12	 Develop a personal protective equipment program
13	 Ensure that all remediation workers who will be wearing respirators have a
14	current respirator fit test (29 CFR. Respiratory Protection 1910.134
15	http://www.osha-slc.gov/OshStd_data/1910_0134.html).
16	• Ensure that remediation workers have received appropriate safety and infection
17	control training and in-service education. All designated decontamination team
18	members should have the following minimum training experience:
19	 40 hour hazardous waste operations training.
20	 Basic hazard communication training concerning B. anthracis and
21	the specific decontamination chemicals to be used on the site.
22	• Develop strategies for security and emergency response in consultation with local
23	public safety and public health officials prior to beginning cleanup activities.
24	
25	Other recommended administrative controls:
26	• Develop strategies to restrict the number of persons entering, working or adjacent
27	to contaminated sites to limit exposure to aerosolized particles generated during

cleanup and disposal operations.

Due to the possibility of breaches of personal protective equipment and exposure of workers, CDC recommends that decontamination/cleanup workers receive antimicrobial prophylaxis. Prophylaxis will entail the use of standard regimens starting in conjunction with or prior to the time of first entry into a contaminated site and continuing for 60 days after final opportunity for exposure. The current recommended regimens (for adults) are as follows:

Ciprofloxacin, 500 mg by mouth every 12 hours, or

Doxycycline, 100 mg by mouth every 12 hours

A medical protocol should be developed to implement prophylaxis, and the program should be under the supervision of an experienced physician. These recommendations may be modified as additional information becomes available (Centers for Disease Control and Prevention. (2001) Antimicrobial Prophylaxis to Prevent Anthrax Among Decontamination/CleanupWorkers Responding to an Intentional Distribution of *B. anthracis*).

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- For workers who may have prolonged or repeated employment on sites potentially contaminated with B. anthracis, CDC recommends routine vaccination with anthrax vaccine adsorbed (AVA). Consultation with an experienced physician should be made before receiving the vaccine. Immunization consists of three subcutaneous injections given 2 weeks apart, followed by three additional subcutaneous injections at 6,12, and 18 months.
 - o (Centers for Disease Control and Prevention: FAQ's about Anthrax: http://www.bt.cdc.gov/DocumentsApp/faganthrax.asp - topic9;
 - o Centers for Disease Control and Prevention (2000) http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4915a1.htm)

1	2.2.3	Engineering Controls
2		Develop strategies to minimize the aerosolization of <i>B. anthracis</i> to reduce the risk
3		of inhalation anthrax, the most severe form of the disease. Engineering controls
4		must be in place to prevent operating machinery and air-conditioning (HVAC)
5		systems from spreading spores, and to prevent the redistribution of spores by
6		personnel and equipment, removal of PPE, as well as waste collection, storage,
7		transport and disposal activities.
8		
9	2.3.4	Personal Protective Equipment
10		Personnel entering the area to conduct sampling or cleanup activities will wear the
11		level and type of personal protective equipment (PPE) appropriate to the expected
12		hazard. Protective clothing (including chemical protective coveralls, shoe covers,
13		and gloves) prevents skin exposure to spores or to disinfectant, and prevents
14		contamination of street clothes. Eye protection must be used to prevent splash
15		exposure to disinfectants (a full-facepiece respirator provides splash protection).
16		Respiratory protection must be selected in accordance with the level of respiratory
17		exposure hazard (biological & chemical). The Permissible Exposure Limit (PEL),
18		Recommended Exposure Limit (REL) and the Immediately Dangerous to Life and
19		Health values for selected fumigants are noted in Appendix A. Refer to the
20		following standards and recommendations for additional guidance:
21		■ 29 CFR. Hazardous Waste Operations and Emergency Response
22		(HAZWOPER) –1910.0120 <u>http://www.osha-</u>
23		slc.gov/OshStd_data/1910_0120.html)
24		• 29 CFR. General Requirements - Personal Protective Equipment
25		http://www.osha-slc.gov/OshStd_data/1910_0132.html;
26		29 CFR. Respiratory Protection 1910.134 http://www.osha-

slc.gov/OshStd_data/1910_0134.html;

1	■ 29 CFR. Hand Protection 1910.138 http://www.osha-
2	slc.gov/OshStd_data/1910_0138.html;
3	 Protecting Investigators Performing Environmental Sampling for Bacillus
4	anthracis: Personal Protective Equipment. http://www.cdc.gov/niosh/unp-
5	anthrax-ppe.html).
6	 Eye Safety: Emergency Response & Disaster Recovery
7	http://www.cdc.gov/niosh/eyesafe.html
8	 Interim Recommendations for the Selection and Use of Protective Clothing
9	and Respirators Against Biological Agents
10	http://www.bt.cdc.gov/DocumentsApp/Anthrax/Protective/Protective.asp
11	
12	As personnel leave the contaminated area, they must remove their protective
13	clothing in a manner that will not spread B. anthracis spores that may be on their
14	protective clothing and equipment. PPE can be cleaned with a 1:9 household
15	bleach and water. For disposal of dirty cleaning solutions, cleaning supplies and
16	PPE see Section 4:Disposal of Waste Materials/Wastewater.
17	
18	2.3.5 Housekeeping Controls
19 20	The following housekeeping controls should be considered for effective cleanup:
21	• Develop a cleanup strategy, or combination of cleanup strategies to address the
22	surface type to be cleaned (e.g. hard surface, porous material, or fabric).
23	• Select disinfectants based upon the proven effectiveness against the spore form of
24	the B. anthracis. The microbial and sporicidal effectiveness of disinfectants are
25	dependent upon the use of the appropriate concentration, contact time,
26	temperature, and pH range.
27	• Select cleanup strategies on the effectiveness of the disinfectant(s) to kill or
28	inactivate B. anthracis spores on various surfaces (see above). Consideration of

1		secondary effects, such as chemical/thermolytic reactions, staining and fading, out-
2		gassing and odor, corrosion of metals, and electronics compatibility, should
3		receive lower priority than the effectiveness of the disinfectant(s).
4	•	Clean with gentle motions. <i>Do not</i> clean surfaces using compressed air or methods
5		that can generate dust and re-aerosolize spores.
6	•	Clean contaminated areas with wet techniques. Avoid dry sweeping and dusting.
7	•	Dispose of nonessential materials prior to cleanup to improve effectiveness of
8		building cleanup. See Section 4.
9	•	Handle all contaminated waste materials consistent with local medical waste
10		regulations. See Section 4.
11	•	Wash hands thoroughly with soap and water as soon as possible after removing
12		PPE, and before eating.
13	•	Analyze and interpret results of post-cleanup environmental sampling to evaluate
14		the effectiveness of the cleanup procedure. Local authorities using the pre-cleaning
15		criteria should conduct this step.
16		
17	2.2.6	Specific Housekeeping Procedures
18		
19		2.2.6.1 Separating "clean" and "dirty" areas
20		
21		Depending upon the size of the contaminated area, the types of surfaces, and
22		the extent of contamination, it may be necessary to isolate or seal-off the
23		contaminated area to prevent the spread of spores by the movement of people
24		or equipment. Based on the recent results demonstrating the ability of <i>B</i> .
25		anthracis spores to be re-aerosolized during normal office activities, cordoning
26		off a contaminated area is not recommended.
27		To isolate or seal-off the contaminated area the following is recommended:

1	•	Use impervious plastic (e.g., 6 mil - polypropylene) sheeting to devise
2		temporary barriers.
3	•	Maintain, using tape, tight seals at the full perimeter of temporary walls and
4		at ceiling height in the same way that areas are sealed off for asbestos
5		abatement and dust control during building renovation (29 CFR. Asbestos
6		- 1926.1101, Section G, Part 4. http://www.osha-
7		slc.gov/OshStd data/1926 1101.html for temporary barrier construction
8		guidance).
9	•	Seal windows and air vents serving the area using plastic sheeting and tape
10		to control the risk of dust dispersal and recirculation
11	•	Keep the area under negative air pressure to prevent the outward flow of air
12		to produce a higher level of isolation. Portable high-efficiency particulate
13		air (HEPA)-filtered negative air units can be used to produce negative
14		pressure environment. This equipment may be leased or purchased.
15		
16	2.2.6.2	Pre-cleaning
17		
18	Stand	lard institutional cleaning practices recommend that surfaces be cleaned prior
19	to dis	infection. Any dirt or other material on the surface to be cleaned will
20	decre	ase the efficacy of disinfectant solutions.
21		
22	Use t	he following procedures to pre-clean most surfaces:
23	•	Wet wipe surfaces with a cleaning solution of detergent and water to
24		remove existing organic load.
25	•	Focus on walls and horizontal surfaces. Avoid aggressive pre-cleaning (use
26		gentle actions) to prevent the re-aerosolization of dust that may contain
27		spores.

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2	For a grossly contaminated area (visible powder) use the following procedures:
3	• Gently flood the contaminated area with a solution of 1 part household
4	bleach in 9 parts water
5	• Let the solution stand for 30 minutes minimum
6	• Clean with the detergent and water solution.
7	
8	For disposal of dirty cleaning solutions, cleaning supplies and PPE see Section 4:
9	Disposal of Waste Materials/Wastewater.
10	
11	2.2.6.3 HEPA-filtered Vacuuming Equipment for Surface Cleaning
12	
13	If vacuum equipment is used in remediation, select heavy-duty industrial type
14	vacuums manufactured for hazardous dust abatement activities, with sufficient
15	vacuum strength and durability, and equipped and maintained with effective high
16	efficiency particulate (HEPA) filters. HEPA vacuuming has been proposed for
17	dust reduction for fabric-covered furniture, carpets, electronic equipment, artifacts
18	and other fixed surfaces; however, the efficacy of this method is not proven in B .
19	anthracis remediation activities or laboratory settings. Central, one pass, HEPA
20	vacuum system might be preferable to portable vacuum units since exhaust air will
21	not blow more dust into the air or re-distribute dust into previously cleaned areas.
22	Engineering controls, such as isolation tents, must be in place to minimize the
23	generation of dust when changing pre-filters and HEPA filter materials contained
24	in the vacuums.
25	Note: HEPA vacuuming alone, whether done once or repeated several times, may
26	not be sufficient to clean up porous, portable or fixed surfaces. See Section 3:
27	Disinfection Methods. Vacuuming of carpet may prove to be particularly
28	problematic and both time and labor intensive. Filter materials should be collected,

1	stored, and disposed in compliance with applicable hazardous solid waste
2	regulations see Section 4.
3	
4	3. Disinfection Methods
5	
6	Several methods exist for cleanup. The following options can be considered by public
7	health authorities to determine the cleanup method necessary for a safe and acceptable
8	environment.
9	
10	3.1 Simple Cleaning
11	The steps described for pre-cleaning may remove much of the B. anthracis load
12	from the contaminated surfaces, but is unlikely to result in adequate surface
13	cleaning.
14	
15	3.2 Sodium hypochlorite solution
16	To make a solution of sodium hypochlorite mix 1 part household bleach to 9 parts
17	water. This solution will be used to flood non-porous surfaces. Using the bleach
18	solution further reduces viable spore load. Porous surfaces, such as carpets, fabric
19	drapes, acoustical ceiling tile and wallpaper, can be treated with the bleach
20	solution but must be removed and properly discarded after treatment. See details in
21	Appendix B.
22	
23	Note: Exposure to sodium hypochlorite solution may cause a number of health
24	effects:
25	• Inhalation: Irritation to the respiratory tract (nose and throat);
26	symptoms may include coughing and sore throat
27	• Ingestion: Nausea, vomiting
28	Skin contact: Skin irritation

1	 Eye contact: Severe irritation and damage, particularly at high
2	concentration
3	 Aggravation of pre-existing conditions: Persons with chronic
4	respiratory disease such as asthma, chronic bronchitis/obstructive
5	lung disease, or heart disease may be more susceptible.
6	
7	Note: Some common institutional cleaning agents should never be used together
8	with bleach solutions. For example, bleach forms toxic gases when mixed with
9	certain products such as ammonia.
10	
11	3.3 Disinfecting with Gaseous Formaldehyde using Paraformaldehyde
12	crystals
13	Gaseous formaldehyde is used to disinfect large contaminated spaces (such as
14	rooms or buildings). See Appendix C for detailed procedures.
15	Note: Formaldehyde is a potential carcinogen, so this method should be used only
16	if no other option is practical or realistic. OSHA standards for Formaldehyde
17	should be followed (CFR 29 – 1910.1048 http://www.osha-
18	slc.gov/OshStd_data/1910_1048.html).
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21	3.4 Other Options for Disinfecting Building Areas
22	Consideration should be given to innovative technologies when current
23	technologies and strategies have shown limited success, could create significant
24	financial hardships or unacceptable disruptions of vital services. The selection and
25	use of these alternative agents and methods should be undertaken in consultation
26	with appropriate public health authorities.
27	
28	Other potentially feasible disinfecting methods and techniques are currently under

1	investigation. The use of ozone, ionizing and non-ionizing radiation, ultraviolent
2	light, gas fumigants, and other than formaldehyde and other alternative
3	disinfecting agents not addressed in this document are not currently recommended
4	by the CDC due to unknown or unproven microbial and or sporicidal
5	effectiveness, and the feasibility of these agents or application methods on
6	environmental surfaces in buildings. This determination may change in the future
7	as additional information becomes available.
8	
9	4.0 Disposal of Contaminated Solid and Liquid Wastes
10	All B. anthracis-contaminated solid waste and liquids must be handled in a manner no
11	less stringent than specified medical waste regulations. Biological wastes, including B.
12	anthracis-contaminated materials, are governed under Resource Conservation and
13	Recovery Act (RCRA) http://www.epa.gov/rcraonline/); and, State, Territory and Tribal
14	environmental agencies are also authorized to control the location and method of disposal
15	of B. anthracis-contaminated materials. For information on disposal of medical waste by
16	state, contact the RCRA, Superfund & EPCRA Call Center at 1-800-424-9346. In addition,
17	the release of B. anthracis into the environment as a result of a bio-terrorist event triggers
18	reportable quantity notifications established under CERCLA and, therefore, must be
19	reported to the National Response Center (1-800-424-8802).
20	
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22	5.0 Special considerations
23	5.1 Special Needs for Equipment
24	
25	Some objects with internal cooling ventilation fans (e.g., desktop computers) draw
26	cooling air into the case and may include filters or electrostatic methods to control
27	dust intake. These filters or the equipment chassis may be reservoirs of contamination
28	If contamination is a concern, store the equipment in a sealed plastic bag prior to

1	environmental cleanup, and consult the equipment's manufacturer for disinfectant
2	compatibility issues.
3	
4	5.2 Heating, Ventilation, and Air Conditioning Systems
5	
6	Some B. anthracis incidents, particularly those involving spores that are particularly
7	likely to become airborne, may contaminate air ducts and other parts of heating,
8	ventilation, and HVAC systems, including filters. Filters for HVAC systems serving
9	contaminated areas should be removed and replaced. The filters should be bagged and
10	labeled appropriately for incineration. Personnel performing these operations should
11	wear personal protective equipment specified for cleanup.
12	
13	The HVAC ducts, particularly exhaust ducts, serving the contaminated area should be
14	sampled for contamination. HVAC dampers should be sampled if an outside source is
15	suspected. At a minimum, vacuum samples should be collected from HVAC system
16	filters, and wipe samples should be collected from room supply registers and return
17	grills. If HVAC ducts are contaminated, they must be cleaned and disinfected. If
18	mechanical cleaning and disinfection are not possible, gaseous disinfection may be
19	needed. Cleanup of fiberglass-lined duct work with biocides is of concern due to the
20	fact that spores may have been deposited in the organic material built up in the duct
21	work. Organic material interferes with the biocidal activity of fumigants, disinfectants
22	and chemical germicides. In addition, spores may become trapped in the insulating
23	materials, and depending upon the penetration of the fumigant, may or may not be
24	fully killed or inactivated.
25	
26	5.3 Shoes, Apparel and Linen
27	
28	Contaminated shoes, apparel and linen may be discarded in compliance with local and

1	State regulations for the disposal of pathological waste, or they may be retained for
2	disinfection. Do NOT launder contaminated clothing at home. If kept for re-use,
3	contaminated clothing should be placed into autoclave bags for autoclaving or
4	disinfecting following infection control guidelines for the collection, transport, and
5	treatment of biohazard materials.
6	
7	Dry cleaning cannot be relied on to disinfect clothing contaminated with <i>B. anthracis</i> .
8	Although little is known about the effectiveness of dry cleaning in destroying bacteria
9	and other microorganisms, it has been found to be ineffective against some viruses,
10	which are often less hardy than spores. Draft: Project #138 – FAQs on Handling
11	and Cleanup (Anthrax)
12	
13	5.4 Rodent and Insect Vector Control
14	
15	Cross contamination by crawling and flying insects and rodents may be possible. A
16	vector control program should be implemented to the extent feasible based on a site-
17	specific vector control assessment. Control programs should be developed in
18	consultation with local licensed pest control authorities and implemented, if possible,
19	prior to any structural fumigation. Any rodents eradicated through this control
20	program should be collected for disposal, sealed in labeled plastic bag, and
21	incinerated. Personnel handling dead rodents should wear appropriate PPE and follow
22	standard infection control precautions.
23	
24	5.5 Pets and Other Animals
25	Pets and other animals may be exposed to <i>B. anthracis</i> and should be quarantined on-site as
26	promptly as possible. It may be feasible to perform animal cleaning for some species.
27	Animals dying after exposure should not be handled and should be reported to public health
28	authorities. Issues related to disinfection, vaccination, prophylaxis, duration of quarantine,

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or the decision to euthanize, animals are beyond the scope of this guideline and should be initiated only in consultation with a knowledgeable veterinarian, and in compliance with local, State and international public health regulations or guidelines such as those contained in WHO Guidelines for the Surveillance and Control of Anthrax in Human and Animals, 3rd edition (http://www.who.int/emc-documents/zoonoses/whoemczdi986c.html). 5.6 Chemical Sensitive Artifacts, Artwork and Antiquities If damage to artifacts, artwork and antiques from cleanup is a concern, store the artifacts in an appropriate and secure location in sealed plastic bags (double bag, if possible) or other appropriate protective container, and label with biohazard warning labels prior to environmental cleanup. Consult appropriate equipment manufacturer, art restoration, or other experts for guidance on effect of cleaning and disinfection measures on the integrity of these items. 6.0 Public Notifications, Property Transfer and Other Record Keeping Related to cleanup and waste disposal activities, the property owner or manager may be subject to public notification and health and safety placarding regulations, and hazardous waste manifesting, occupational health/OSHA, or veterinary record keeping requirements. Other local property recording and recordkeeping requirements related to property transfer may be instituted by various other local authorities. Owners or managers should consult legal counsel to determine their responsibilities and to fully understand compliance requirements. 7.0. Post-Cleaning Testing, Verification and Notification Prior to Re-entry Wipe samples or vacuum samples will be collected in a representative sample of cleaned areas (see separate guidance document for sampling). Each of these areas should be sampled

using the same method by which it was sampled before cleaning. Local authorities should

interpret the results of post-cleaning environmental sampling. If any of these post-cleaning
samples show residual contamination, those areas should be cleaned again Prior to
recleaning, areas without contamination should be isolated from the areas with residual
contamination as described in Section 2.2.6.1, cleaned and resampled.
The owner or manager of the building is responsible for notification of local unions,
management associations, and employees as soon as possible of the results of post-
decontamination sampling.
Decontamination verification is required prior to re-entry and occupation of the
premises. Based on current information, the safety of the public or workers cannot be
assured if B. anthracis-contamination is present in the building.
8.0 Interim Custodial Cleaning Procedures for Non-Contaminated Areas Adjacent to
Contaminated Spaces
These guidelines are for routine cleaning and disposition of trash in areas and facilities
adjacent to but not identified as contaminated with B. anthracis. The cleaning of areas
adjacent to contaminated spaces should be specified in the written site-specific safety and
infection control plan previously described.
8.1 Custodial Procedures
• Optional protective equipment - Custodians and waste handlers may choose to
wear a properly fitted, NIOSH-approved filtering face piece respirator (N-95) and
nitrile or vinyl gloves for comfort. PPE should be inspected frequently, and worn
out or damaged gloves and respirators can be placed in the trash.

• **Reducing dust** - Use wet methods or a vacuum cleaner equipped with a high

1		efficiency particulate (HEPA) filter. For wet mopping or wiping, a 10% bleach
2		solution (1-1/2 cups of household chlorine bleach in 1 gallon of water or 1 part
3		bleach to 9 parts water) can be used. Avoid dry mopping or sweeping.
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5	•	Changing vacuum bags - Keep dust to a minimum when changing vacuum bags.
6		Put the full vacuum bag gently in a plastic bag. Seal the plastic bag and put it in
7		the trash.
8		
9	•	Trash removal - Put trash into a plastic bag and seal the bag. Incinerate or bury
10		trash in a sanitary landfill. Concern about B. anthracis contamination in locations
11		not experiencing a hazardous materials incident does not justify identifying the
12		trash as biohazardous waste unless the waste actually does contain pathological
13		waste as defined in OSHA Bloodborne Pathogens Standard (29 CFR Part
14		1910.1030 http://www.osha-
15		slc.gov/Preamble/Blood toc/Blood toc by sect.html).
16		
17	•	Integration of existing safety and disaster plans - Pre-contamination emergency
18		preparedness and security plans and procedures should be reviewed and revised if
19		needed. In any location experiencing a hazardous materials incident, HAZMAT
20		procedures should be followed.
21		
22	•	Personal hygiene habits for custodians and trash handlers
23	•	Cover any open wounds, cuts, scratches, rashes.
24	•	Don't eat, drink, smoke, or chew gum while working.
25	•	Never reach where you can't see. If you are cut or stabbed by a sharp object while
26		handling trash, immediately wash the area with soap and water, and report it as

soon as possible to your supervisor. Seek medical treatment.

• Wash hands after custodial and trash handling work, and before eating.

1	
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17	
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Appendix A. Permissible and Recommended Exposure Limits and

IDLH¹ values for Selected Chemical Fumigants

Disinfectant Agent	NIOSH Recommended Exposure Limit (REL)	Immediately Dangerous to Life and Health (IDLH) ¹	OSHA Permissible Level (PEL)
Chlorine Dioxide	0.1 ppm TWA^2	5 ppm	0.1 ppm TWA
Ethylene Oxide	<0.1 ppm TWA	800 ppm	1 ppm TWA
Formaldehyde	0.016 ppm TWA 0.1 ppm 15 min	20 ppm	0.75 ppm TWA
Glutaraldehyde	0.2 ppm Ceiling	None established	0.2 ppm Ceiling
Hydrogen peroxide	1.00 ppm TWA	1.00 ppm	75 ppm TWA
Peracetic acid	None established	None established	None established
ß-propiolactone§¥	Carcinogen	Carcinogen	Carcinogen
Propylene Oxide	None established	400 ppm	100 ppm TWA
Ozone	0.1 ppm Ceiling	5 ppm	0.1 ppm TWA

¹Immediately Dangerous to Life and Health (IDLH) - The current NIOSH definition for an immediately dangerous to life or health condition, as given in the NIOSH Respirator Decision Logic [NIOSH 1987], is a situation "that poses a threat of exposure to airborne contaminants when that exposure is likely to cause death or immediate or delayed

permanent adverse health effects or prevent escape from such an environment." It is also

stated that the purpose of establishing an IDLH is to "ensure that the worker can escape

from a given contaminated environment in the event of failure of the respiratory protection equipment.

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²TWA- Time weighted average usually over a 10 hr period.

§ Designated as a carcinogen.

¥ TLV 0.5 ppm; 1.5 mg/m³

16 17

18

1	Appendix B. Cleanup Procedures
2	Using Sodium Hypochlorite Solution
3	
4	1. Cleanup of non-porous surfaces (e.g., work surfaces, computer equipment, file
5	cabinets, vinyl floors, painted walls, and ceilings)
6	
7	1.1 General Precautions
8	
9	• Stage materials and equipment as necessary to begin the cleaning effort.
10	
11	• Begin work only after a personnel decontamination station is installed and
12	personnel are trained.
13	
14	• Ensure personnel appropriately select, don, use, doff, and maintain their PPE as
15	outlined in the site-specific safety and infection control plan.
16	
17	• Ensure that medical management plans, including any required prophylaxis and
18	medical monitoring are in place and being implemented.
19	
20	• Bleach forms toxic gases when mixed with acidic substances such as ammonia,
21	toilet bowl cleaners, drain cleaner, or vinegar. Do not mix bleach with other
22	cleaners.
23	
24	• Turn off electrical devices prior to cleaning. Liquid cleaners and disinfectants
25	should not used on electrical appliances while they are plugged into an electrical
26	source.
27	

1	1.2	2 Cleanup methods
2		
3	•	Preclean all surfaces of concern
4	•	Prepare cleaning solution using liquid household bleach (5.25% to 6.15%
5		solution.)
6		o Add 1 part bleach to 9 parts water, resulting in a solution containing 5,250 to
7		6,150 parts per million (ppm) free available chlorine. The final solution
8		should have a pH range between 6 and 8.
9		o Prepare solution immediately before use
10		o Do not store solution because storage reduces the free available chlorine and
11		the disinfectant ability.
12	•	Apply the solution to the contaminated surface. If using a spray applicator, set the
13		spray applicator on "mist" or at a 45 degree or higher spread and spray 6 to 8
14		inches away from the surface. This prevents reaerosolizing the spores.
15	•	Leave the solution on the surface for a minimum of 10 minutes (contact time).
16	•	Rinse (wipe) the cleaned areas with a solution of water and sodium thiosulphate
17		(20 grams thiosulphate to 1-gallon of water) to neutralize the bleach. This will help
18		protect the surfaces and prevent chlorine from interfering with cultures of samples
19		collected after cleaning.
20	•	Rinse (wipe) surfaces with clean water to remove any residue.
21		
22	1.3	Post-Cleanup methods
23	0	Dispose of materials used in the cleanup (bleach, moistened cloths, sponges) as
24		other normal household wastes.
25	0	Remove PPE in reverse order of donning, removing the outer pair of surgical
26		gloves, chemical protective coveralls, shoe covers, and respirator. The last item to
27		be removed is the second pair of surgical gloves. Used clothing should be bagged

1			and labeled for disposal. See Section 4: Solid Waste Disposal.
2		0	Wash hands immediately with soap and warm water for at least 30 seconds after
3			removing PPE.
4			
5	2.	Di	sposal of items with porous surfaces (e.g., carpeting, cloth-covered furniture)
6			
7		2.1	1 General Precautions
8			
9		•	Stage materials and equipment as necessary to begin the cleaning effort.
10			
11		•	Begin work only after a personnel decontamination station is installed and
12			personnel are trained.
13			
14		•	Ensure personnel appropriately select, don, use, doff, and maintain their PPE as
15			outlined in the site-specific safety and infection control plan.
16			
17		•	Ensure that medical management plans, including any required prophylaxis and
18			medical monitoring are in place and being implemented.
19			
20		•	Bleach forms toxic gases when mixed with acidic substances such as ammonia,
21			toilet bowl cleaners, drain cleaner, or vinegar. Do not mix bleach with other
22			cleaners.
23			
24		•	Turn off electrical devices prior to cleaning. Liquid cleaners and disinfectants
25			should not used on electrical appliances while they are plugged into an electrical
26			source.

2.2 Cleanup Methods

- Treat in place contaminated carpeted and cloth-covered areas or materials by
 applying the bleach solution until the surface is moist.
- Remove and dispose of treated material(s) as solid waste.

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2.3 Post-Cleanup methods

- o Dispose of materials used in the cleanup (bleach, moistened cloths, sponges) as other normal household wastes.
- 9 Remove PPE in reverse order of donning, removing the outer pair of surgical 10 gloves, chemical protective coveralls, shoe covers, and respirator. The last item to 11 be removed is the second pair of surgical gloves. Used clothing should be bagged 12 and labeled for disposal. See Section 4:Solid Waste Disposal.
- O Wash hands immediately with soap and warm water for at least 30 seconds after removing PPE.
 - Vacuum carpets outside the contaminated area with an appropriate HEPA-filtered vacuum or shampoo carpet.

1		Appendix C.
2		Cleanup Procedures Using Gaseous Formaldehyde
3		
4	Comn	nercial devices are available that automate the gaseous formaldehyde cleanup is
5	abstra	cted from U.S. Army Medical Research Institute for Infectious Diseases Regulation
6	385-1	7 and from Class II (Laminar Flow) Biohazard Cabinetry, National Sanitation
7	Found	lation International, Standard 49, 1992, Annex G.
8	Note:	Formaldehyde should be handled with caution. Porous materials may out-gas
9	forma	ldehyde for extended periods. Formaldehyde is a potential carcinogen, so this
10	metho	od should be used only if no other option is practical or feasible. Follow OSHA
11	Regul	ations as specified CFR 29 1910.1048. http://www.osha-
12	slc.go	v/OshStd_data/1910_1048.html
13		
14	1. Pr	re cleanup Methods
15	0	Pre-clean the area to remove dust and dirt with disinfectant soaked cloth.
16	0	Bag, label and remove all trash for final disposal.
17	0	Remove desk blotters and bag for final disposal.
18	0	Empty and leave all desk drawers open.
19	0	Sterilize with paraformaldehyde essential papers and books, if desired.
20		
21	2.	Room Preparation
22	0	Cover supply and exhaust duct openings with plastic and tape-sealed edges in areas
23		where the ventilation system cannot be shut down because it is being shared with
24		another area, or
25	0	Shut down the system or throttle it back to minimum flow through the system in areas
26		where the ventilation system is not shared with another area
27	0	Label (room number, location, etc.) and place biological indicators (spore strips

1		cont	aining spores of <i>Bacillus subtilis</i>) through out the area being fumigated.
2	0	Mai	ntain relative humidity at 60%; add water to the fry pans designated for water
3		if it	falls below 60%.
4	0	Mai	ntain room temperature at 25 °C.
5	0	Pou	r 1 gallon of liquid disinfectant with proven efficacy against <i>B. anthracis</i> or a
6		solu	tion of one part 5% sodium hypochlorite (household bleach) and nine parts
7		wate	er into each floor or sink drain in affected area.
8	0	Post	warning signs indicating a formaldehyde hazard on the outside of the doors to
9		the o	clean change room.
10			
11	3.	Pre	paration of the Paraformaldehyde and Disinfection
12			
13		3.1	Weigh out paraformaldehyde. Calculate the amount of paraformaldehyde
14			required as follows:
15			Multiply the volume of area to be cleaned in feet cubed (ft ³) by 0.3 grams
16			(g)/ft ³ and divide the answer by the percentage of formaldehyde in the
17			paraformaldehyde to be used for the cleanup.
18			Example: An area with the measurements 10 ft (length) by 15 ft
19			(wide) by 12 ft (height) has a volume of 1,800 ft ³ . The
20			paraformaldehyde used contains 91% formaldehyde. The amount
21			of paraformaldehyde needed is (1,800 ft ³ x 0.3 g/ft ³) divided by
22			(0.91) = 594 g.
23			
24		3.2	Weigh out ammonium bicarbonate. Calculate the amount of ammonium
25			bicarbonate required as follows:

1		Multiply the grams of paraformaldehyde determined in Step 3.2 by 1.1.
2		
3		Example: In the example in Step 3.1, 594 g of paraformaldehyde is
4		needed. The amount of ammonium bicarbonate needed
5		is $(594 \text{ g}) \times (1.1) = 653 \text{ g}.$
6		
7	3.3	Plug electric fry pans into interval timers, and place them in the areas to be
8		cleaned. Turn them to their maximum temperature (420° F), and check that
9		they operate correctly.
10		
11	3.4	Put on a full-face respirator equipped with an industrial canister approved by
12		the National Institute for Occupational Safety and Health (NIOSH)/Mine
13		Safety and Health Administrations (MSHA) for use with formaldehyde.
14		
15	3.5	Place pre-weighed ammonium bicarbonate into electric fry pans designated
16		for ammonium bicarbonate and pre-weighed paraformaldehyde into electric
17		fry pans designated for paraformaldehyde. Do not place more than 908 g
18		ammonium bicarbonate or paraformaldehyde in any one fry pan.
19		
20	3.6	Set the time fry pans containing paraformaldehyde and water are to turn on.
21		
22	3.7	Set the timers of the fry pans containing paraformaldehyde and water to turn
23		off 2 hours after the start time (production time). The contact time for the
24		formaldehyde gas is 10 hours.
25		
26	3.8	Set the timer of the fry pans containing ammonium bicarbonate to turn on 12 hours
27		after the start of the fumigation (10 hours after the formaldehyde frying pans have
28		turned off); set the timers to turn off the fry pans 1 hour later. The production time

1 and contact times for ammonium bicarbonate is 1 hour each. 2 4. Re-entry into Disinfected Area 3 4 4.1 Enter the disinfected area only under the following conditions: Two hours after the fry pan containing ammonium bicarbonate was set to 5 turn on (or one hour after it shut off) 6 7 Only personnel wearing Level A protection (a vapor protective suit constructed of 8 materials resistant to formaldehyde breakthrough for more than 8 hours plus a 9 self-contained breathing apparatus) with emergency rescue personnel equipped 10 with the same PPE standing by. 11 12 4.2 Take formaldehyde readings using a direct reading meter from several locations. 13 If the formaldehyde level is below 0.5 ppm, equipment used during the 14 15 disinfection process may be removed without respiratory protection. If readings 16 are above 0.5 ppm, respirator protection must be worn inside the disinfected area until after the area is washed down and formaldehyde levels are below 0.5 ppm. 17 Enter the disinfected area only while wearing a NIOSH-approved, full-face 18 19 respirator equipped with canisters specifically approved for protection against 20 formaldehyde vapor in combination with a particulate filter. 21 22 4.3 Collect spore strips from the area cleaned in addition to post cleanup 23 environmental sampling for B. anthracis. Spore strips in addition to a positive control should be incubated for a 72 hr period and read at 24, 48 and 72 hrs. If the 24 results of the spore strips are POSITIVE in other than the positive control then 25 26 cleanup must be repeated. If spore strips are NEGATIVE in combination with 27 post cleanup environmental sampling the area can be considered biologically

cleaned.

1	
2	4.4 Wash down the disinfected area to remove formaldehyde residue. PPE worn
3	during wash down should be a NIOSH-approved, full-face respirator equipped
4	with canisters specifically approved for protection against formaldehyde vapor in
5	combination with a particulate filter, long-sleeve shirt, long pants, protective
6	gloves, rubber boots and rubber apron.
7	
8	4.5 Continue air monitoring during the wash down process for the area with a direct
9	reading meter. Respiratory protection equipment as described in paragraph 4.4
10	must be worn until formaldehyde levels fall below 0.5 ppm.
11	
12	4.6 Once the ambient formaldehyde levels fall below 0.5 ppm, and if supply and
13	exhaust ducts have been sealed, they can be uncovered. If the ventilation system
14	had been shut down or throttled back, notify the facility manager to adjust
15	ventilation system to normal operating conditions
16	
17	4.7 Collect electric fry pans, timers, and other equipment used in the cleanup.
18	
19	4.8 Monitor the formaldehyde level until it is at levels in compliance with state and federal
20	exposure standards.
21	
22	
23	
2425	
2526	
27	
28	
29	Table 1

Production and Contact Time for Fumigation with Formaldehyde

Fumigant	Production Time	Contact time	Time to Rentry
Formaldehyde	2 hours	10 hours	13 hours after
			beginning of
			production time for
			formaldehyde
Ammonium	1 hour	1 hour	See above
Bicarbonate			