



Pennsylvania
Department of Health

Environmental Services Training and Competency Assessment Guide: *Best Practices for Cleaning and Disinfection of Multidrug-Resistant Organisms in Health Care Settings*

Division of Healthcare Associated Infection
Prevention

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Contents

INTRODUCTION.....	3
FACILITATOR ROLE	3
PARTICIPANT ROLE.....	3
BEFORE THE SIMULATION SCENARIOS	4
PRE-SIMULATION RESOURCES TO REVIEW	5
SUPPLY CHECKLIST	6
PREPARE THE ROOM OR HEALTH CARE SPACE	7
RUNNING THE SIMULATION.....	8
FACILITATOR GUIDE.....	9
AFTER THE SIMULATION	25
ATTACHMENTS	27

Introduction

Environmental services (EVS) personnel play a pivotal role in preventing the spread of infectious organisms in the health care setting. The purpose of this guide is to promote the best practices for cleaning and disinfecting in the health care environment, particularly in areas potentially contaminated with multidrug-resistant organisms (MDROs). This guide contains simulation scenarios and supporting documents that integrate infection prevention and control practices with EVS best practices for cleaning and disinfection.

The simulations throughout this guide are intended to be used in conjunction with your facility's policies and procedures and should be adapted as needed.

Facilitator Role

As the facilitator, this guide is intended for you! You will ensure participants are familiar with the pre-requisites outlined, set up simulation scenarios using the supply list, and guide participants through the simulation scenarios to ensure participants are performing the outlined tasks per facility policy and best practice guidelines.

Participant Role

Participants should have a basic understanding of cleaning and disinfection practices along with background knowledge of MDROs that may need a special cleaning and disinfectant product. A list of resources is available in the Before the Simulation Scenarios (page 5) and can be reviewed prior to the simulations being conducted. The learning objectives for participants are as follows:

- Demonstrate systematic cleaning and disinfection processes,
- Adequately don and doff personal protective equipment as outlined by transmission-based precautions,
- Adhere to the manufacturer's instructions for use of cleaning and disinfection products for effective disinfection.

Participants will physically demonstrate or verbalize steps throughout the outlined simulations.

Before the Simulation Scenarios

Pre-Simulation Resources to Review

Before participating in the simulation scenarios, we recommend that participants review the following resources and trainings.

Centers for Disease Control and Prevention (CDC) EVS Resources:

- [CDC Environmental Cleaning in Global Healthcare Settings](#)
- [CDC: Considerations for Reducing Risk: Surfaces in Healthcare Facilities](#)
- [CDC Project Firstline Video: Environmental Reservoirs](#)

Cleaning and Disinfection Products:

- [Environmental Protection Agency \(EPA\) Registered Disinfectant Products](#)
 - [List P Products](#) (for *Candida auris*)

MDRO-Specific Resources:

- MDRO Prevention Trainings and Resources:
 - EVS Articulate Training
 - [MDRO Huddle Points](#)
 - [EVS *Candida auris* Badge Card](#)
 - [C. *auris* Public Health Readiness Toolkit](#)
 - [Communication Journey: MDROs](#)
 - Transmission-Based Precautions (PPT)

General Infection Prevention and Control Practices:

- [Hand Hygiene Moments for EVS](#)
- [Donning and Doffing Handout](#)
- [Transmission-Based Precautions](#)
 - [Contact Precautions](#)
 - TRAIN PA Course: [Enhanced Barrier Precautions](#)

Supply Checklist

This list is a suggestion of the supplies you may use to complete the scenarios outlined. Please utilize teaching methods and supplies at your facility that are a part of your routine and terminal cleaning processes.

- Unoccupied patient/resident room, or common space (e.g., activity room, therapy gym, dining room)
- Adenosine triphosphate (ATP) bioluminescence markers or similar fluorescent product
- Ultraviolet (UV) light for revealing the bioluminescence markers
- EPA-registered cleaning and disinfection products
- Stopwatch or timer
- Alcohol-based hand rub (ABHR) or a working sink with soap and water to perform hand hygiene
- Trash can labeled "full" or containing non-infectious waste
- Dirty linen bin containing non-infectious linen
- Cleaning and disinfection supplies
 - Duster
 - Mops and mop heads
 - Rags or cleaning cloths
 - Trash bags
 - Toilet bowl brush
- Transmission-based precaution signs
 - Contact Precautions
 - Enhanced Barrier Precautions
- Personal Protective Equipment (PPE)
 - Gown
 - Gloves

Prepare the Room or Health Care Space

Facilitators will be tasked with setting up the patient/resident room, or shared health care space where participants will be training. Participants will be demonstrating cleaning and disinfection tasks that are outlined within the scenario. The supply list is included to assist you in setting up your space. Supplies used for the simulation should be those that are routinely used within your facility.

For each scenario, mark at least five high touch surfaces (e.g., bedside table, handrails, light switch, etc.) within the scenario space with a fluorescent marker. This will enable you to use a UV or blue light to show participants their successes or opportunities for improvement at the end of the simulation. The fluorescent marks symbolize germs throughout the health care facility and enhance the participants' recognition of how germs can spread if adequate cleaning and disinfection processes are not performed.

For scenario 2 and scenario 3, you will need transmission-based precaution signage and PPE supplies. If implemented in an acute care or long-term care hospital, use Contact Precautions. If implementing in a skilled nursing facility, use Enhanced Barrier Precautions.

Running the Simulation

Facilitator Guide

These scenarios can be used as is or adapted to best fit your facility. Scenarios can be presented individually or as a series, depending on your training and competency goals. If using these as competency-based simulations, participants should have existing knowledge of EVS and infection prevention and control best practices. If using these simulations for initial training purposes, guide participants through simulations in a step-by-step manner to ensure adherence to best practices.

Scenario 1: EVS Cart

Facilitator script:

You are starting your day and the first thing we must do is set up our EVS cart. As the participant in this scenario, please walk me through how you would set up your EVS cart for a day of patient/resident room cleaning and daily tasks.

Participants should demonstrate the following:

- ✓ Have an assigned place on the cart for each of your supplies
- ✓ Containers used to store cleaning solutions should be cleaned and dried before refilling, labeled, and be marked with an expiration date based on the manufacturer's instructions for use
- ✓ Stock cart with enough supplies to avoid the need to return for more supplies in the middle of cleaning tasks
- ✓ Ensure clean and dirty supplies are separated
- ✓ Store re-useable toilet brush on the bottom away from disinfectants or other clean supplies
- ✓ Have ABHR easily accessible on the cart without having to move or touch anything else
- ✓ Lock the cart, if applicable

Facilitator response:

It is time to give feedback! Provide the participant with successes and opportunities that you noted about their daily cart set up. Remind the participant to leave the cleaning cart outside of the patient/resident room to avoid the transmission of germs and to clean and disinfect the cleaning cart at the end of each shift. Also, remind the participant of the following best practices of what **not to do** with the cleaning cart:

- Ⓝ Store personal belongings in the cart
- Ⓝ Overfill soiled linen or trash bags
- Ⓝ Place used disinfectant cloths back into the clean solution bucket. Instead, use a new clean cloth.

Scenario 2: Daily room cleaning

Facilitator script:

There are two patients/residents in this room. You are tasked with a daily room clean. The patients/residents are in Contact Precautions/Enhanced Barrier Precautions for colonization with an MDRO and have a shared bathroom within the room. Please demonstrate the first infection prevention and control practice you should perform.

Participant demonstration:

Perform hand hygiene with ABHR and put on PPE.



*See attachments for EVS Hand Hygiene Moments (page 28) and PPE Donning Process (page 29).

Facilitator script:

Great job with hand hygiene and putting on your gown and gloves. You are ready to start your cleaning process. Demonstrate the first step in the room cleaning process.

Participant demonstration:

Take out the trash.



Facilitator script:

Yes, the trash is the first step of the daily room cleaning process. Let's set it outside of the room for now. Remember your cleaning cart will stay outside of the room for your cleaning and disinfection process. What will be your next step?

Participant demonstration:

Take off gloves, perform hand hygiene with ABHR, put new gloves, and obtain supplies needed to clean and disinfect high touch surfaces.



Facilitator script:

When cleaning high touch surfaces, or surfaces that come in frequent contact with hands, is there a specific place in the patient/resident environment you would like to begin to prevent the spread of germs?

High touch surfaces can include doorknobs, bedrails, light switches, wall areas around the toilet, edges of the privacy curtains, overbed tables, and non-critical medical equipment like blood pressure cuffs. For this scenario focus on the high touch surfaces of a daily room clean as outlined in the facility policy. Remember, as a best practice, if using microfiber cleaning cloths, fold cloths as indicated per facility policy and use a new clean microfiber cloth when needed. If using disinfectant wipes, multiple wipes may be needed to maintain contact time of the disinfectant product.

Participant demonstration:

Within the main room, clean outside to inside, where the patient/resident's bed space should be cleaned last. One patient/resident space should be done at a time.

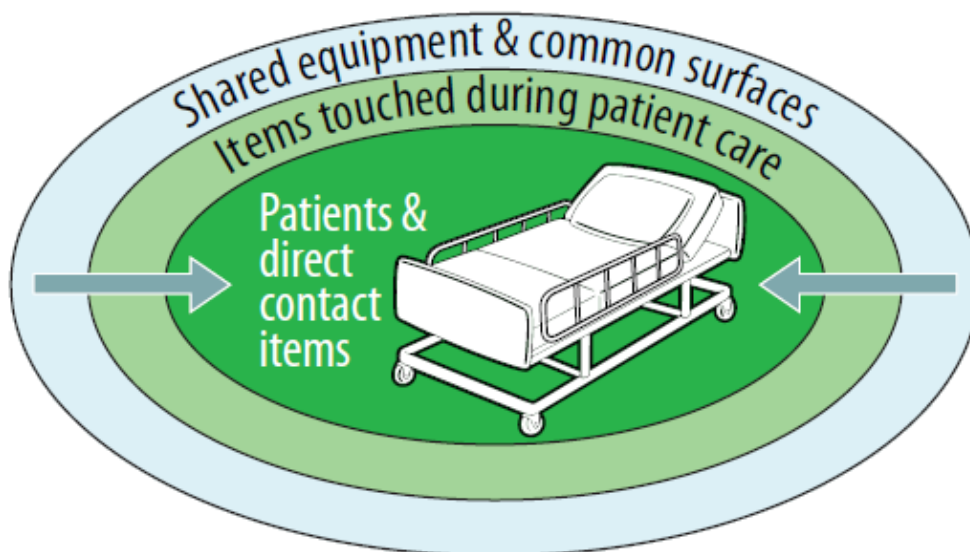


Image source: CDC. (2024, March 19). Environmental Cleaning Procedures. <https://www.cdc.gov/healthcare-associated-infections/hcp/cleaning-global/procedures.html>.

Facilitator script:

High touch surfaces in patient/resident A's space are cleaned and disinfected. You are now ready to clean patient/resident's B's space. What infection prevention and control practice would need to be done before continuing?

Participant demonstration:

Take off PPE, perform hand hygiene with ABHR, and put on new PPE to clean patient/resident B's high touch surfaces.



Facilitator script:

Always treat a multi-patient/resident space as if they are different rooms. This will ensure there is no sharing of patients'/residents' germs. Remember, there may be instances when not all high touch surfaces are accessible during a daily clean due to a patient's/resident's status. Refer to the facility policy and procedure for high touch surfaces to clean during a daily room clean. Once the high touch surfaces have been cleaned in patient/resident B's space to the best of your abilities, please demonstrate the next step in your cleaning process.

Participant demonstration:

Take off gloves, perform hand hygiene with ABHR, put on new gloves, and grab a new clean rag.



Clean the high touch surfaces in the bathroom first and the toilet last. A new cleaning rag or folding technique should be used in-between high touch surfaces and the toilet. If grabbing a new cleaning rag, ensure gloves are taken off, hand hygiene is performed using ABHR, and new gloves are put on before doing so.

Facilitator script:

Please demonstrate the final step in the cleaning and disinfection process for this shared patient/resident room?

Participant demonstration:

Mop in a systematic manner. After mopping, take off PPE and perform hand hygiene with ABHR.

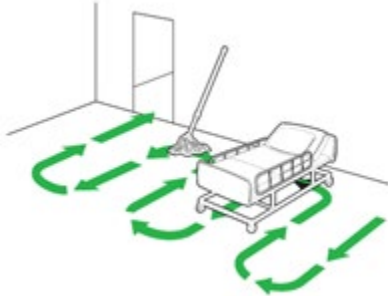


Image source: CDC. (2024, March 19). Environmental Cleaning Procedures.
<https://www.cdc.gov/healthcare-associated-infections/hcp/cleaning-global/procedures.html>.

*See attachments for PPE doffing sequence (page 30).

Facilitator response:

It is time to give feedback! At this time, you can check the bioluminescent marks that you made during your room preparations to see if they have been removed. Provide the participants with successes and opportunities that you noted about their daily cleaning processes. Provide two or three practices to focus on throughout their next cleaning task. Solicit feedback from the participant about what worked with this simulation and what could have gone better.

Scenario 3: Terminal discharge cleaning

Facilitator script:

You are tasked with a terminal discharge clean for a single patient/resident room. There is no bathroom within the patient/resident room. The patient/resident had *Candida auris*, an MDRO that can live on surfaces for long periods of time. *C. auris* requires an [Environmental Protection Agency \(EPA\)-registered List P product](#). As the EVS staff member assigned to this discharge clean, please demonstrate how you would conduct this cleaning from start to finish, along with any infection prevention and control measures you would need to ensure there is no cross contamination.

*See attachments for *C. auris* education (page 31).

Participant demonstration:

* Follow your facility's policies and procedures and take into consideration the outlined steps are CDC best practices for cleaning and disinfection.

- ✓ Look for transmission-based precautions signage to see if PPE is needed
- ✓ Perform hand hygiene using ABHR
- ✓ Put on appropriate PPE per transmission-based precautions sign, in this case gown and gloves
- ✓ Enter patient/resident room
- ✓ Discard all disposable items
- ✓ Remove large items on the floor (e.g., large visible debris)
- ✓ Empty waste baskets
- ✓ Remove linens
- ✓ Take off dirty gloves
- ✓ Perform hand hygiene
- ✓ Put on clean gloves
- ✓ Dust high surfaces
- ✓ Take off dirty gloves
- ✓ Perform hand hygiene
- ✓ Put on clean gloves
- ✓ Obtain supplies needed to clean and disinfect high touch surfaces
- ✓ Wipe low touch surfaces as applicable to facility practices and policies and high touch surfaces from cleaner to dirtier
 - Low touch: windowsills, curtains, reusable patient equipment
 - High touch: Doorknob, light switch, bedside table handles, telephone, chair, tray table, bed rail, call button, mattress and bed frame, IV pole, sink
 - When retrieving clean cloths throughout the process, ensure access is with a clean pair of gloves, performing hand hygiene in between glove changes.
 - Adhere to the disinfectant's recommended contact time per the manufacturer's instructions for use.
- ✓ Take off dirty gloves
- ✓ Perform hand hygiene
- ✓ Put on clean gloves
- ✓ Restock patient/resident disposable items
- ✓ Make bed with fresh linens

- ✓ Replace waste can liners
- ✓ Dry mop
- ✓ Wet mop
- ✓ Take off PPE
- ✓ Perform hand hygiene

Facilitator response:

It is time to give feedback! At this time, you can check the bioluminescent marks that you made during your room preparations to see if they have been removed. Provide the participant with successes and opportunities for improvement that you noted about their terminal cleaning processes. Provide two or three practices to focus on throughout their next cleaning task. Solicit feedback from the participant about what worked with this simulation and what could have gone better.

Scenario 4: Communal area

This scenario takes place in a communal setting for patients/residents; a unit-based hallway. Other examples of communal settings include a dining room in a skilled nursing facility or a waiting area in an outpatient setting.

As the facilitator, ensure the participant is able to read the label and find the information needed for each EPA-registered disinfectant. Please refer to page 32 for the attachment on How to Read a Disinfectant Label. This scenario will also require the facilitator to use a stopwatch to time the amount of time the EPA-registered disinfectant stays wet, to ensure contact time is properly adhered to during the cleaning and disinfection process.

Facilitator script:

The facility is conducting outbreak response due to five *C. auris* cases. You, the participant, are tasked with cleaning and disinfecting the hallways of the patient/resident unit/floor. The hallways contain handrails, light switches, doorknobs, and other high touch items.

For this cleaning and disinfection demonstration, what product will you be using for cleaning and disinfecting?

Participant demonstration:

Since there is a *C. auris* outbreak on the unit, we would utilize a [List P EPA-registered product](#).

Facilitator script:

That is correct. We want to ensure we are using a List P EPA-registered product. To do this our management team works with our infection preventionist to make sure the disinfectants used have an EPA-registration number that is on List P. We work together to make sure we have effective disinfectant products for these special organisms. We could also examine the list of organisms killed by the disinfectant product on the product label to see if *C. auris* is included.

You are ready to begin cleaning and disinfecting the hallway. Please demonstrate your process from beginning to end, with infection prevention and control practices as needed.

Participant demonstration:

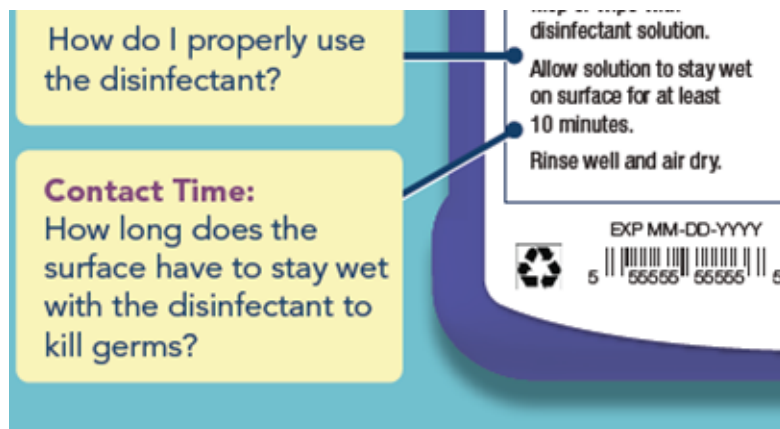
- ✓ Perform hand hygiene using ABHR
- ✓ Put on gloves
- ✓ Grab a cleaning cloth saturated with the List P product or a List P disinfectant wipe
- ✓ Disinfect the high touch surfaces throughout the hallway (this list is an example and may not be all encompassing). If using microfiber cleaning cloths, fold cloths as indicated per facility policy or use multiple wipes to maintain the indicated contact time of the product.
 - Handrails
 - Doorknobs
 - Light switches
- ✓ Put the cleaning cloth in the dirty linen bag or dispose in a waste container
- ✓ Take off gloves
- ✓ Perform hand hygiene with ABHR
- ✓ Dry mop
- ✓ Wet mop

Facilitator response:

It is time to give feedback! At this time, you can check the bioluminescent marks that you made in your preparations to see if they have been removed. Provide feedback as applicable. Ask the participant if they followed the contact time of the product during their cleaning and disinfection process. The contact time is the time a surface should remain wet with product to effectively kill germs, in this case, *C. auris*. Have the participant show you where to find the contact time on the List P product.

Participant demonstration:

Show facilitator the contact time of the List P product.



Facilitator script:

Make sure we are always following the contact time for each product we use so we are effectively killing the targeted germs. Since this is an outbreak scenario, how many times a day should we be cleaning communal areas of the facility?

Participant script:

Daily or more often than daily.

Facilitator script:

We will follow our facility's policies and procedures, but daily or during each shift would be a good practice for disinfection in this scenario. We can always work with our infection preventionist or designee for cleaning and disinfection best practices in an outbreak scenario.

Facilitator response:

Feedback time! Provide the participant with successes and opportunities that you noted about their terminal cleaning processes within this simulation. Provide at least three practices to focus on throughout their next cleaning task. Solicit feedback from the participant about what worked with this simulation and what could have gone better.

After the Simulation

You have successfully run the simulation scenarios. Congratulations!

Following the scenarios:

- ✓ If you are conducting multiple sessions, you will need to reset the scenarios prior to the next participants.
 - Clean any bioluminescent marks that were missed during the outlined cleaning and disinfection process from the previous participants. This can be accomplished with your EPA-registered product.
 - Mark high touch surfaces with bioluminescent markers or similar product.
 - Restock any necessary cleaning and disinfection supplies or PPE.

Give participants a post simulation evaluation. Example evaluation questions include:

1. On a scale of 1 to 10, 10 being the highest quality standard and 1 being the lowest quality standard, how would you rate today's simulation scenario?
2. Did you find today's simulation valuable to your daily tasks?
3. Did today's simulation provide you with new information or skills?
Please describe.
4. If you could change something about today's simulation, what would you change?
5. Will you apply any of the practices you learned into your daily tasks?
Please describe.

We would love to hear from you so we can continue to improve our EVS resources. If you would like to share your post evaluation feedback with the MDRO Prevention Team following this simulation, please email us at RA-DHHAI@pa.gov.

Attachments

MAKE YOUR INTENTION PREVENTION

Clean Hands Stop the Spread

Environmental Services Personnel



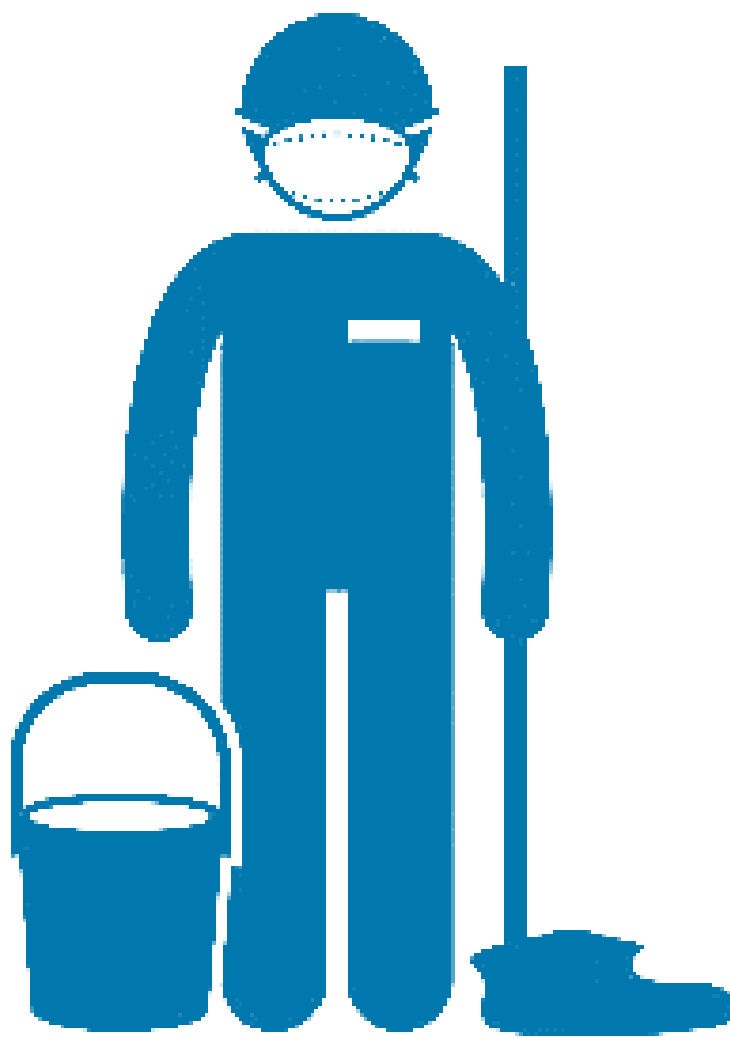
After donning personal protective equipment (PPE) including gloves



After patient contact including leaving the patient room



Before donning PPE including gloves



Stop Germs at the Door. Clean your Hands at These Critical Moments.



After touching patient surroundings and between cleaning patient bed spaces



Before patient contact including entering patient room



Between dirty and clean tasks
Including getting cleaning supplies from the cart



After body fluid exposure risk including after cleaning the bathroom



Pennsylvania
Department of Health

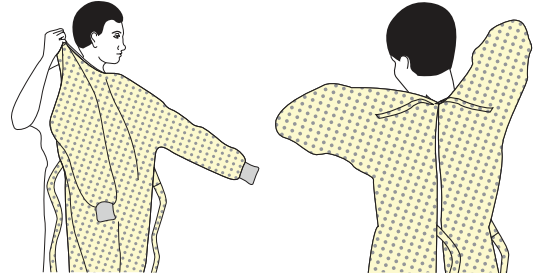
1-877-PA-HEALTH
(1-877-784-9854)

SEQUENCE FOR **PUTTING ON** PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

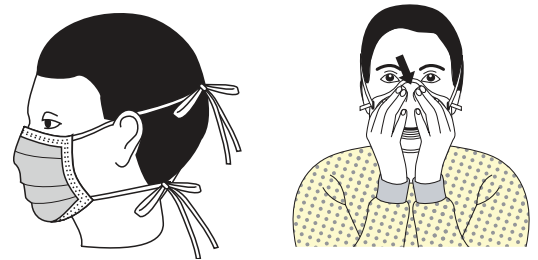
1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



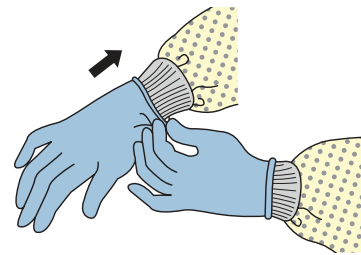
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



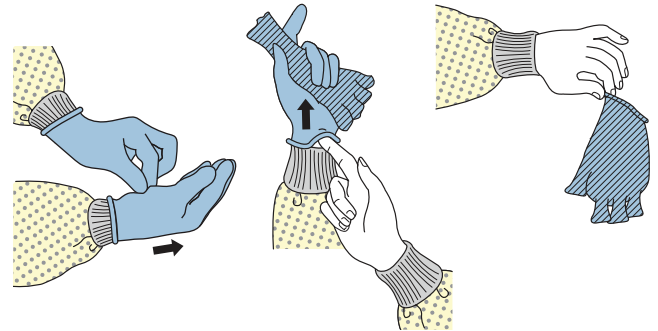
HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



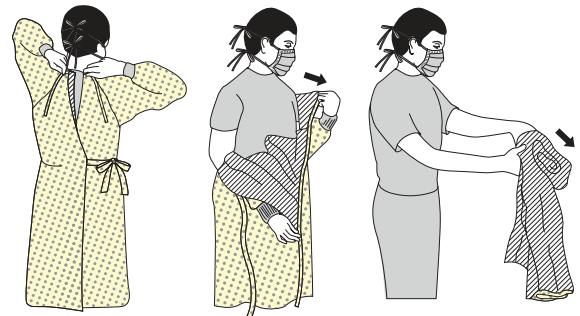
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



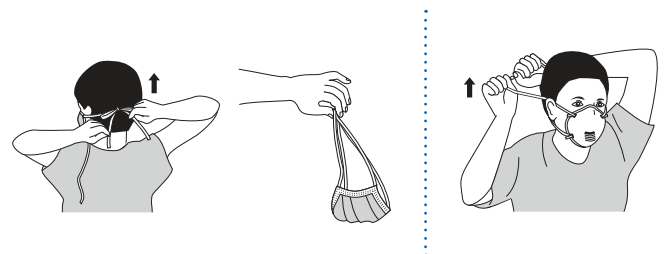
3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

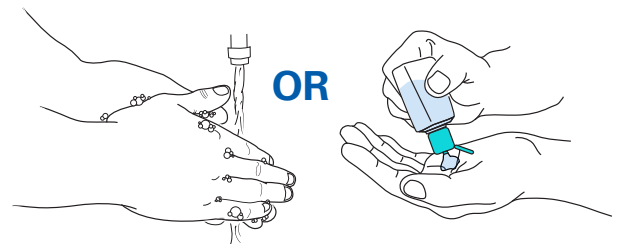


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE





Staff Huddle: What is *Candida auris*?



Yeast that can cause severe illness and is often resistant to antifungal medications.

Persons can be colonized or infected.



Ask: Can colonized or infected persons transmit *C. auris*?

Answer: Yes! Colonized and infected persons can transmit *C. auris*.



Spreads easily in health care facilities among patients with underlying medical conditions through contact with medical equipment, surfaces, or people. Risk factors for patients include:

- Indwelling medical devices (e.g., ventilators, foley catheters, central lines)
- Long-term exposure to antimicrobials
- Compromised immune systems

Healthy people do not usually get *C. auris*.



Ask: What Environmental Protection Agency (EPA)-registered cleaning and disinfectant products are effective against *C. auris*?

Answer: An environmental cleaning and disinfection product from EPA's [List P](#).



How to Read a Disinfectant Label

Read the entire label.

The label is the law!

Note: Below is an **example** of information that can be found on a disinfectant label

Active Ingredients:

What are the main disinfecting chemicals?

EPA Registration Number:

U.S. laws require that all disinfectants be registered with EPA.

Directions for Use (Instructions for Use):

Where should the disinfectant be used?

What germs does the disinfectant kill?

What types of surfaces can the disinfectant be used on?

How do I properly use the disinfectant?

Contact Time:

How long does the surface have to stay wet with the disinfectant to kill germs?



ACTIVE INGREDIENTS:

Alkyl (60% C14, 30% C16, 5% C12, 5% C18)
Dimethyl Benzyl Ammonium Chloride10.0%
OTHER INGREDIENTS:90.0%
TOTAL:100.0%

EPA REG NO. 55555-55-55555

CAUTION

Directions for Use

INSTRUCTIONS FOR USE:

It is a violation of Federal law to use this product in a manner inconsistent with its labeling.

For Disinfection of Healthcare Organisms:

Staphylococcus aureus,
Pseudomonas aeruginosa.

To Disinfect Hard, Nonporous Surfaces:

Pre-wash surface.
Mop or wipe with disinfectant solution.
Allow solution to stay wet on surface for at least 10 minutes.
Rinse well and air dry.



EXP MM-DD-YYYY



PRECAUTIONARY STATEMENTS:

Hazardous to humans and domestic animals. Wear gloves and eye protection.

CAUSES MODERATE EYE IRRITATION. Avoid contact with eyes, skin or clothing. Wash thoroughly with soap and water after handling. Avoid contact with foods.

FIRST AID: IF IN EYES: Hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye. **IF ON SKIN OR CLOTHING:** Take off contaminated clothing. Rinse skin immediately with plenty of water for 15-20 minutes.

POISON CONTROL: Call a Poison Control Center (1-866-366-5048) or doctor for treatment advice.

STORAGE AND DISPOSAL: Store this product in a cool, dry area away from direct sunlight and heat. When not in use keep center cap of lid closed to prevent moisture loss. Nonrefillable container. Do not reuse or refill this container.

Signal Words (Caution, Warning, Danger):

How risky is this disinfectant if it is swallowed, inhaled, or absorbed through the skin?

Precautionary Statements:

How do I use this disinfectant safely? Do I need PPE?

First Aid:

What should I do if I get the disinfectant in my eyes or mouth, on my skin, or if I breathe it in?

Storage & Disposal:

How should the disinfectant be stored? How should I dispose of expired disinfectant? What should I do with the container?



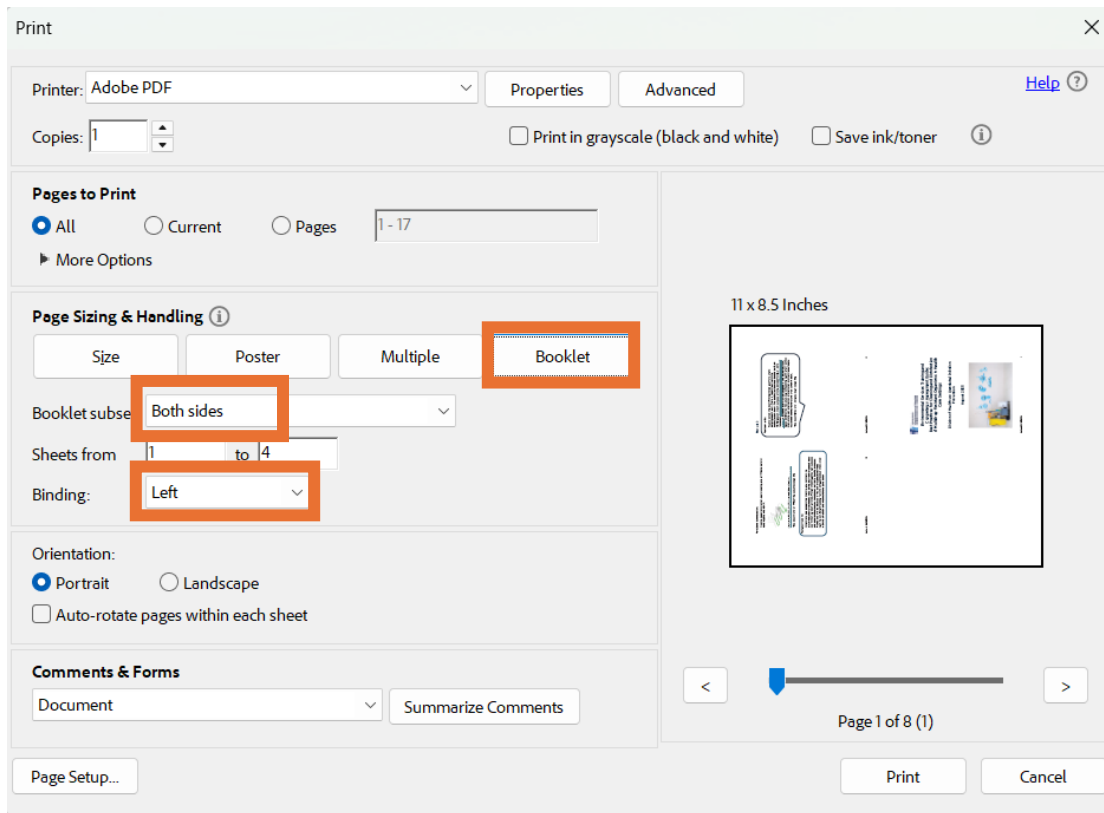
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



WWW.CDC.GOV/PROJECTFIRSTLINE

Instructions to Print as a Booklet

1. Select "File" in the upper left corner of the document -> "Print".
2. Under the section "Pages to Print", select "All" or "Pages" and input 1-32.
3. Under the section "Page Sizing & Handling" ensure:
 - a. Select the booklet option.
 - b. Booklet subset option should be "Both sides"; Binding "Left".
4. Select "Portrait" as the orientation.



5. Select "Print" to finish. Document will print double-sided* with two pages per 8.5" x 11" page of paper.
 - a. You may need to manually reinsert the pages into single-sided printers to print double-sided;
 - b. To print single-sided, select "Multiple" instead of "Booklet". Select 2 pages per sheet. To assemble, cut each page down the middle to separate, arrange pages in sequential order, and collate in the upper left corner with a staple or ring.
6. Fold each page in half widthwise.
7. Arrange pages so the crease is on the left side and the page numbers are sequential.