Disinfection of surfaces

Disinfection of surfaces can be done effectively with soaps or alcohols. Dishwashing liquid mixed with water at a concentration typically used for dishwashing or 70% ethanol (or isopropanol) effectively destroy the COVID-19 virus.

Note that 70% ethanol is flammable. Let’s not have any flaming benches! Store stocks of 70% alcohol in your flammables cabinet.

The spray cleaners we stock may also be effective; the EPA has a website that can be used to check the efficacy of various products [https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19)

**Bleach:** There is no need to use bleach to destroy COVID-19. An excerpt from a National Geographic article on coronavirus: “Using bleach is like using a bludgeon to swat a fly, says Jane Greatorex, a virologist at Cambridge University. It can also corrode metal and lead to other respiratory health problems if inhaled too much over time. ... an environmental health scientist recommends using milder soaps, like dish soap, to easily sanitize a surface indoors and outdoors.”

**Masks**

As we noted earlier, the UW requires masks to be worn at all times in all UW buildings. The only exception to wearing a mask would be when someone is in a room in which they are the only occupant of that room on a day-to-day basis (but a mask is needed to get to and from that room).

Below is a screen shot from the training we completed. Any of these types of masks is acceptable.

![Face Coverings Enhance Protection](image)

Note the “medical masks” and “disposable masks” look quite similar. The UW is reserving “medical masks” and “N95 respirator” masks for medical use. N95 respirator masks have the best filtration. Medical masks (sometimes called surgical masks) do not provide the same extent of filtration as N95 respirator masks; rather, medical masks are designed to prevent medical staff from exhaling droplets onto patients during surgery via an absorbent inner layer and to prevent
fluids from a patient from directly contacting the nose and mouth of medical staff via a hydrophobic outer layer (there is also a middle layer of filter material).

The “disposable masks” we have access to may be made out of the same materials as medical masks, but are labeled non-medical so they can be sold more widely.

Note medical masks, disposable masks, and cloth masks do not filter all of the inhaled or exhaled air. Much of the air inhaled and exhaled when wearing these masks flows around the mask rather than through it. In addition to some degree of filtration, these masks serve the purpose of catching exhaled droplets and minimizing the degree to which an infected person spreads virus.

If you prefer masks with fixed ear straps fit more snugly, tie a knot in the ear straps as below:

![Mask with fixed ear straps](image)

**Wastebaskets**

The custodial staff will not enter labs or offices during Phase 1. If you have a wastebasket that you would like to be emptied, leave it outside of your lab in the hallway.

**Deliveries**

To ensure lab personnel capacity is not exceeded, deliveries will occur in a designated area outside of your lab. Our buildings will be locked 24/7; only lab personnel will be in our buildings.

As you know, every lab has a member designated as the lab’s Responsible Person and all of the Responsible Persons on each floor work with the faculty Floor Lead to coordinate floor plans for things like delivery and bathroom protocols.