Protocol Template
Long Term Care

nocospray®
enhanced disinfection: simplified
la désinfection évoluée, simplifiée

What is this form for? **This form can help set-up and communicate a protocol including, Nocospray, to staff.**

Room Type Code: 1 - Bathroom   2- Lounge   3- Resident's room   4 - Kitchen   5- Other

Don't Forget:

- Do you have enough liquid in the bottle? 1,000 ml in a bottle, the setting indicates how many ml you need ex. Setting 200 needs 200ml.

- Did you clean the room?

- For sporicidal disinfection, did you remove soft surfaces to be disinfected according to your protocols? Examples of soft surfaces may include sheets, pillows, curtains, towels, stuffed animals

Room type	Situation	Machine setting (number on the dial)	Frequency*	Other Measures and /or wait time when to re-enter the room
1 - Bathroom	**Regular maintenance**		Weekly	
	Outbreak		Daily	
2 - Lounge	**Regular maintenance**		Weekly	
	Outbreak		Daily	
3 - Client's room	**Regular maintenance**		As available (prior to arrival /terminal clean)	
	Outbreak		Immidiately after Isolation orders are lifted	
4 - Kitchen	**Regular maintenance**		Daily (after last meal)	
	Outbreak		Daily	
5- Other ex. Physiotherapy room	**Regular maintenance**		Weekly	
	Outbreak		Daily (Days when used during the outbreak)	
	Regular maintenance			
	Outbreak			
	Regular maintenance			
	Outbreak			
	Regular maintenance			
	Outbreak			
	Regular maintenance			

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