HEALTH HOLDING

HAFER ALBATIN HEALTH CLUSTER
MATERNITY AND CHILDREN HOSPITAL

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Title:	Housekeeping and Hospital Environment		
Applies To:	All Hospital Areas		
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1. PURPOSE:

1.1 To provide useful information for healthcare professionals in an effort to offer a safe environment to ensure that quality healthcare services will be administered to the patients.

1.2 To minimize the risk for and prevent transmission of pathogens in the indoor healthcare facility environment, as well as to promote and standardize the implementation of environmental cleaning in patient care areas in all healthcare facilities.

2. DEFINITONS:

2.1 Cleaning: The physical removal of foreign material (e.g., dust, soil) and organic material (e.g., blood, secretions, excretions, microorganisms). Cleaning physically removes rather than kills microorganisms. It is accomplished with water, detergents, and mechanical action.

2.2 Routine cleaning: Regular cleaning (and disinfection, when indicated) when the room is occupied to remove organic material, reduce microbial contamination, and provide a visually clean environment. Emphasis is on surfaces within the patient zone.

2.3 Environmental cleaning: Cleaning and disinfection (when needed, according to risk level) of environmental surfaces (e.g., bed rails, mattresses, call buttons, chairs) and surfaces of noncritical patient care equipment (e.g., IV poles, stethoscopes).

2.4 Contact time: The time that a disinfectant must be in contact with a surface or device to ensure that appropriate disinfection has occurred. For most disinfectants, the surface should remain wet for the required contact time.

3. POLICY:

3.1 Cleaning agents and disinfectants are consistent with hospital's policy and used in the correct method according to manufacturer's recommendations including dilution and contact time.

3.2 There are separate clean and dirty utility rooms in each patient care area.

3.3 Housekeepers are trained on hand hygiene, use of PPE, methods of cleaning, and proper and safe mixing of chemicals. Only experienced housekeeping staff are allowed in critical care units

3.4 Hospital environment, lockers, and cabinets are regularly cleaned, dry and dust free.

3.5 Bedside curtains are clean, free of stains and changed regularly & when visibly contaminated.

3.6 Terminal cleaning process is done by using ultraviolet machine or fog machine when indicated.

3.7 Terminal cleaning process after discontinuation of isolation is supervised by the in-charge nurse, and in case of an outbreak by IPC practitioner.

3.8 Biological spill kits are available in all areas that have risk of blood and body fluid splashes and HCWs are capable of using them properly.

3.9 Routine environmental microbiological cultures (for air, water, or environmental surfaces) are not recommended routinely. Only environmental sampling is conducted when indicated and approved by the IPC team.

3.10 **Endocavitary ultrasound probes are cleaned and high level disinfected then covered with clean cover till use.**

3.11 There is a specific area for routine scheduled cleaning and disinfection of incubators or when required and by using approved MOH disinfectant and based on manufacturer's recommendation.

3.12 Flowers and plants are permitted in the rooms of immunocompetent patients only.

3.13 Medical equipment are cleaned/disinfected properly as per hospital's policies and manufacturer recommendations (frequency, recommended products, dilutions, contact time, methods,... etc.).

3.14 Bedside curtains are clean, free of stains and changed regularly & when visibly contaminated.

4. PROCEDURE:

4.1 Effective Environmental Health Program

4.1.1 Organization /administration component

4.1.1.1 Administrative support: Required support from the healthcare facility administration for the environmental cleaning & disinfection program includes a designated cleaning program manager or focal person.

4.1.2 Staffing and training of housekeeper component.

4.1.2.1 Staffing: The appropriate number of staffs and their training and education are key program elements.

4.1.2.2 Education and training:

4.1.2.2.1 A training program should be mandatory before staff can work independently within the healthcare facility.

4.1.2.2.2 Follow up and continues competency assessments (e.g., at least annually, before the introduction of new environmental cleaning supplies or equipment).

4.1.2.2.3 Training content should include, principles of IPC, including the transmission of pathogens, personal protective equipment's (PPE), & hand hygiene. Principles of environmental cleaning and disinfection based on national or facility environmental cleaning guidelines and policies.

4.1.2.2.4 Safely prepare and use different detergents, disinfectants, and cleaning solutions

4.1.2.2.5 How to prepare, use, reprocess, and store cleaning supplies and equipment (including PPE).

4.1.2.2.6 Specific training for cleaning staff who could be responsible for cleaning procedures in specialized patient areas—particularly high-risk areas, such as intensive care units, operating rooms, and maternity units.

4.1.2.2.7 How cleaning staff can protect themselves from pathogens.

4.1.3 Policy and procedure component

4.1.3.1 Provides the standards to which the facility will perform to meet best practices and include the following main standards:

4.1.4 Quality monitoring and auditing component.

4.1.4.1 To ensure that this goal is met, a quality control program that includes regular assessments of cleaning and cleanliness is required.

4.1.4.2 Methods Used to Monitor Cleaning and Cleanliness in Health Care Facilities. See appendices 7.1

4.2 Environmental Cleaning and Disinfection Required Supplies, Equipment's, Health Care and Utility Room Design. In order to support the best environmental cleaning & disinfection practices, the following general requirements are essential:

4.2.1 Environmental surfaces

4.2.1.1 Environmental services, infection prevention & control, and occupational health should be consulted as key stakeholders at the planning stage of construction and renovation and must be involved in decision-making regarding choices of equipment, furniture and finishes in health care settings.

4.2.2 Cloth furnishing: Cloth surfaces such as curtains, pillows, mattresses or soft furnishings are used in clinical areas, cloth surfaces with the following characteristics are preferred, as these characteristics minimize the risk of microbial contamination:

4.2.3 **Bedside privacy curtains:**

4.2.3.1 Bedside curtains should be washed properly and drying temperatures must be reached and appropriate chemicals must be ensured.

4.2.3.2 Privacy bedside curtains must be removed, cleaned and disinfected immediately if they become contaminated with blood or body fluids, or are visibly soiled.

4.2.3.3 Privacy bedside curtains used for all patients including patients under isolation precautions should be changed following discharge or transfer of the patient and before a new patient is admitted to that room or bed space.

4.2.3.4 For patients with extended stays, health care facilities should consider changing privacy curtains regularly (on a routine schedule), and when visibly soiled, or at least monthly.

4.2.4 Carpeting: Carpets collect dust and debris and are more difficult to maintain than floors. Because the dust in carpets contains fungal spores that may induce asthma attacks and cause fatal infections in immunocompromised patients, carpets are not recommended

4.3 Soiled (dirty) and clean utility/supply rooms: It is an essential environmental cleaning principle that clean and soiled (i.e., dirty, used) supplies and equipment should be clearly separated.

4.3.1 Soiled utility rooms characteristics:

4.3.1.1 Should be well-ventilated and illuminated (lighting or window access)

4.3.1.2 Labelled with a biohazard sign on the door

4.3.1.3 Physically separate from other areas, including clean supply/storage areas.

4.3.1.4 Have a work counter and flushing-rim clinical sink (i.e., hopper) with a hot and cold mixing faucet.

4.3.1.5 Have a dedicated hand washing sink with both hot and cold running water.

4.3.1.6 A separate utility sink is also required if the soiled utility room will be used for rinsing or removal of gross soiling of medical instruments or equipment.

4.3.1.7 Have personal protective equipment available to protect staff during cleaning and disinfecting procedures.

4.3.1.8 Be adequately sized within the unit and located near the point of care.

4.3.1.9 Soiled utility rooms should not be used to store unused equipment.

4.3.1.10 Have printed copies of the SDS for all environmental cleaning products, manufacturer's instructions, and job aids for the preparation of cleaning and disinfectant solutions.

4.3.1.11 Never contain personal clothing or grooming supplies, food or beverages.

4.3.2 Clean utility room characteristics:

4.3.2.1 Should be well-ventilated and illuminated (lighting or window access)

4.3.2.2 Labelled with a biohazard sign on the door

4.3.2.3 Physically separate from other areas, including clean supply/storage areas.

4.3.2.4 Have a work counter and flushing-rim clinical sink (i.e., hopper) with a hot and cold mixing faucet.

4.3.2.5 Have a dedicated hand washing sink with both hot and cold running water.

4.3.2.6 A separate utility sink is also required if the soiled utility room will be used for rinsing or removal of gross soiling of medical instruments or equipment.

4.3.2.7 Have personal protective equipment available to protect staff during cleaning and disinfecting procedures.

4.3.2.8 Soiled utility rooms should not be used to store unused equipment.

4.3.2.9 Have printed copies of the SDS for all environmental cleaning products, manufacturer's instructions, and job aids for the preparation of cleaning and disinfectant solutions.

4.3.2.10 Never contain personal clothing or grooming supplies, food or beverages.

4.3.2.11 Be equipped with a work counter and dedicated hand washing sink if used for preparing patient care items.

4.4 Cleaning equipment:

4.4.1 Tools and equipment used for cleaning and disinfection must be single-use and, if multi-use should be cleaned and dried between uses (e.g., mops, buckets)

4.4.2 Cleaning tools and equipment such as mop used in a room or bed space on isolation precautions must be either disposable and discarded after use, or if re-usable, changed immediately after use and transport to the laundry

4.4.3 If the mop heads and cleaning cloths should be changed and laundered daily or after use (if used less frequently than daily) and changed when visibly soiled.

4.4.4 All washed mop heads must be dried thoroughly before storage.

4.4.5 Cleaning equipment shall be well maintained, clean and in good repair.

4.4.6 Surface cleaning supplies:

4.4.6.1 Portable containers for environmental cleaning products (or solutions) should be clean, dry, appropriately sized, labelled, and dated

4.4.6.2 Surface cleaning cloths should be cotton or microfiber (disposable wipes can be used if resources allow). Have a supply of different colored cloths to allow color-coding: for example, one color for cleaning and a second color for disinfecting. Color-coding also prevents cross-contamination between areas.

4.4.7 Floor cleaning supplies:

4.4.7.1 Mop heads or floor cloths should be cotton or microfiber.

4.4.7.2 Use a cart or trolley with two or three buckets for the mopping process

4.4.7.3 It is highly recommended to display a wet floor/caution sign before starting.

4.5 Storage of cleaning supplies:

4.5.1 All chemical cleaning agents and disinfectants should be appropriately labelled and stored in a manner that eliminates exposure, inhalation, skin contact or personal injury.

4.5.2 A safety data sheet (SDS) shall be readily available for each item.

4.5.3 Equipment used to clean toilets (e.g., toilet brushes, toilet swabs) should not be carried from room to room.

4.5.4 Toilet cleaning and disinfecting equipment should be discarded when the patient leaves or sooner if required.

4.5.5 In multi-bed rooms, a system should be developed for the replacement of toilet brushes on a regular basis or as required.

4.5.6 When choosing a tool for cleaning toilets, consideration should be given to equipment that will minimize splashing.

4.6 Cleaning carts and trolleys

4.6.1 Cleaning carts and trolleys provide several benefits, such as the ability to carry and safely manage all the essential cleaning supplies and equipment and increased occupational safety for cleaning staff.

4.6.2 Two-bucket system (routine cleaning): one bucket contains a detergent or cleaning solution and the other contains rinse water

4.6.3 Three-bucket system (for disinfection): one bucket contains the detergent or cleaning solution; one contains rinse water and one the disinfectant or disinfectant solution.

4.6.4 Stock cleaning carts with sufficient quantities of supplies (e.g., cleaning cloths, cleaning solutions) to avoid the need to return for more supplies in the middle of cleaning in a particular patient care area.

4.6.5 Should have a separation between clean and soiled items.

4.6.6 Should never contain personal clothing or grooming supplies, food or beverages.

4.6.7 Should be thoroughly cleaned at the end of the day.

4.6.8 Shall be equipped with a locked compartment for storage of hazardous substances,and each cart shall be locked at all times when not attended, and stored, when not in use, within a locked housekeeping closet.

4.7 New equipment/product purchases

4.7.1 Develop and maintain a master list of facility-approved environmental cleaning products in the facility cleaning policy, as well as a list of approved suppliers (i.e., manufacturers, and distributors).

4.7.2 Manage environmental cleaning products according to the product's material safety data sheet (MSDS).

4.7.3 Prepare cleaning and disinfectant solutions according to the manufacturer's instructions.

4.7.4 Ensure that standard operating procedures or instructions are available for the preparation, use, and disposal of environmental cleaning products.

4.7.5 Must be approved by MoH infection prevention and control, occupational health and safety, and environmental services.

4.7.6 Must be used according to the manufacturers' recommendations (e.g., for dilution, temperature, water hardness, contact time, etc.).

4.7.7 Must be dedicated for healthcare facilities use.

4.7.8 The Criteria for Selection of Disinfectant: See appendices 7.2

4.7.9 Types of Approved Disinfectants & Detergents Used for Healthcare Environments: See appendices 7.3

4.8 Environmental Cleaning and Disinfecting Methods:

4.8.1 General overview of the environmental surfaces:

4.8.1.1 High-touch surfaces are those that have frequent contact with hands, examples include (but are not limited to) doorknobs, elevator buttons, telephones, call bells, bedrails, light switches, toilet flushes, monitoring equipment, IV infusion pump, end-of-bed table and the edges of the privacy curtains.

4.8.1.2 Low-touch surfaces are those that have minimal contact with hands, examples include (but are not limited to) floors, walls, ceilings, and windowsills.

4.8.1.3 High-touch surfaces in care areas require more frequent cleaning and disinfection than minimal contact surfaces.

4.8.1.4 Cleaning and disinfection should be performed at least daily and more frequently if the risk of environmental contamination is higher.

4.8.1.5 Low-touch surfaces require cleaning on a regular basis, when soiling or spills occur, and when a patient is discharged or transferred.

4.8.2 Cleaning & disinfection techniques:

4.8.2.1 Daily routine cleaning of the patient room or bed space:

4.8.2.1.1 Routine practices and additional precautions.

4.8.2.1.2 Perform hand hygiene before entering the room or bed space (for multi-bed rooms).

4.8.2.1.3 Put on additional personal protective equipment if required to avoid exposure to blood or body fluids or if indicated by additional precautions signage

4.8.2.1.4 Work from clean to dirty (to avoid moving dirt and microorganisms from dirty areas to cleaner areas) and from high to low (to avoid having dirt or microorganisms drip down and re-contaminate areas already cleaned).

4.8.2.1.5 Hand hygiene is required every time the room or bed space is re-entered and every time upon leaving the room or bed space.

4.8.2.1.6 If gloves or other personal protective equipment are worn, they must also removed every time you leave the room or bed space, and new personal protective equipment must be put on when re-entering the room or bed space.

4.8.2.1.7 In-room bathrooms should be cleaned last, after completing room cleaning, based on the principle of cleaning from clean to dirty.

4.8.2.2 Discharge/Transfer patient room cleaning (Terminal Cleaning):

4.8.2.2.1 When a patient is discharged, transferred or dies, the room or bed space must be cleaned and disinfected thoroughly before the next patient occupies the space to prevent the transfer of microorganisms to the new patient. In general, clinical staff are responsible for:

4.8.2.2.1.1 Removing or discarding medical supplies

4.8.2.2.1.2 Emptying items containing blood or body fluids and removing items or equipment potentially contaminated with blood or body fluids (e.g., discarding IV bags and tubing and urinary catheter collection bag, emptying Bedpans /commodes/urinals/washbasins, emptying suction bottles.

4.8.2.2.1.3 Disposal of personal articles left by the patient/resident including toiletries (e.g., soap, creams, razors, toothbrushes, comb, books, magazines, toys).

4.8.2.2.1.4 These items can transmit microorganisms to other patients and must be taken with the patient on discharge/transfer or discarded.

4.8.2.3 Floor cleaning:

4.8.2.3.1 Review the manufacturer's recommendations for cleaning a particular type of flooring before developing cleaning protocols

4.8.2.3.2 Floor cleaning consists of dry dust mopping to remove dust and debris, followed by wet mopping with a detergent to clean

4.8.2.3.3 Floors are low-touch surfaces that rarely come in contact with the hands of patients or health care providers.

4.8.2.3.4 Dry mopping may be done with microfiber mops or pads to reduce the dispersal of dust and debris.

4.8.2.3.5 A clean mop pad should be used for each room.

4.8.2.3.6 Wet mopping can be done using a bucket and loop mop, or with a microfiber mop.

4.8.2.4 Cleaning & disinfection of equipment:

4.8.2.4.1 Electronic equipment in the health care setting includes infusion pumps, ventilators, patient-controlled analgesia pumps, infusion fluid warmers, infant sensors, monitoring equipment, and keyboards.

4.8.2.4.2 Inappropriate use of liquids on electronic medical equipment may result in fires and other damage, equipment malfunctions and health care provider burns.

4.8.2.4.3 Cleaning and disinfecting agents used for equipment should be compatible with it and that manufacturer's recommendations for cleaning are followed.

4.8.2.4.4 Review the manufacturer's cleaning and maintenance instructions and ensure all staff who will be cleaning the item are trained.

4.8.2.4.5 If equipment is contaminated with blood or other potentially infectious material, follow the equipment manufacturer's directions for cleaning to remove as much soil as possible.

4.8.2.4.6 Electronic equipment should be cleaned on a regular basis, depending upon its use and the risk for patient-to-patient transmission of microorganisms

4.8.2.4.7 Electronic equipment that goes from patient to patient within the care environment must be cleaned and disinfected between patients.

4.8.2.5 Toys/playrooms/activity room cleaning & disinfection:

4.8.2.5.1 Toys can be a reservoir for potentially pathogenic microorganisms and outbreaks associated with toys have been described in the literature. All toys should be cleaned and disinfected between users.

4.8.2.6 Transport equipment's & vehicle cleaning & disinfection:

4.8.2.6.1 Transport equipment (e.g., wheelchairs, stretchers, walkers, and ambulance vehicles) used for more than one patient should be cleaned and disinfected immediately following use and when required and paying particular attention to the high touched surfaces. Once cleaned and disinfected, equipment should be tagged as clean.

4.8.2.7 Blood or body fluid spill cleaning and disinfection:

4.8.2.7.1 Strategies for decontaminating spills of blood and other body substances (e.g., vomit, urine) differ based on the setting in which they occur and the volume of the spill.

4.8.3 Cleaning & disinfection strategies:

4.8.3.1 Proceed from High to Low (Top to Bottom)

4.8.3.1.1 Proceed from high-to-low to prevent dirt and microorganisms from dripping or falling and contaminating already cleaned areas. Examples include, Cleaning bed rails before bed legs. Cleaning environmental surfaces before cleaning floors. Cleaning floors last to allow the collection of dirt and microorganisms that may have fallen.

4.8.3.2 Proceed from Cleaner to Dirtier

4.8.3.2.1 Proceed from cleaner to dirtier areas to avoid spreading dirt and microorganisms

4.8.3.2.2 During terminal cleaning, clean low-touch surfaces before high-touch surfaces.

4.8.3.2.3 Clean patient areas (e.g., patient zones) before patient toilets.

4.8.3.3 Proceed in a Methodical, Systematic Manner

4.8.3.3.1 Proceed in a systematic manner to avoid missing areas—for example, left to right or clockwise

4.8.3.3.2 In a multi-bed area, clean each patient zone in the same manner—for example, starting at the foot of the bed and moving clockwise.

4.8.4 New and evolving technologies for environmental cleaning & disinfection in health care settings:

4.8.4.1 No-touch disinfection systems

4.8.4.1.1 No-touch disinfection systems are systems that use chemical disinfectants or physical agents to disinfect surfaces and which do not require that the active agent is directly applied to and removed from the surface manually.

4.8.4.1.2 The most studied and approved no-touch disinfection systems include the use of hydrogen peroxide mist or vapor or the use of ultraviolet light to disinfect surfaces.

4.8.4.2 Disinfection using hydrogen peroxide vapor or mist:

4.8.4.2.1 Hydrogen peroxide vapor at 30% to 35% is generated by heat.

4.8.4.2.2 Aerosolized hydrogen peroxide at 2% to 7% is generated by pressure or ultrasonic nebulization

4.8.4.2.3 Hydrogen peroxide disinfection systems could be not used in presence of a human.

4.8.4.2.4 Hydrogen peroxide systems are effective against a wide range of microorganisms, including bacteria, viruses and spores, particularly those of C. Difficile.

4.8.4.2.5 The vapor or mist is typically delivered by a distribution system that ensures even distribution throughout the room while monitoring gas concentration, temperature and relative humidity.

4.8.4.2.6 Once decontamination is complete, an aeration unit in the room converts the hydrogen peroxide into water and oxygen.

4.8.4.2.7 The complete decontamination process takes an average of two to five hours

4.8.4.2.8 Hydrogen peroxide vapor reduces the level of bacterial contamination on surfaces following routine cleaning and disinfection

4.8.4.3 Disinfection using ultraviolet light:

4.8.4.3.1 UV radiation is a known disinfectant for air, water, and nonporous surfaces. UV radiation has effectively been used for decades to reduce the spread of bacteria.

4.8.4.3.2 Ultraviolet light disinfection could be not used in presence of humans as direct exposure to UV light is dangerous to humans

4.8.4.3.3 Ultraviolet light at wavelengths of 200 to 320 nm can kill microorganisms by destroying bonds in genetic materials.

4.8.4.3.4 UV radiation can only inactivate microorganisms if the microorganism is directly exposed to the radiation.

4.8.4.3.5 Inactivation of microorganisms on surfaces may not be effective due to the blocking of the UV radiation by soil, such as dust, or other contaminants such as bodily fluids.

4.8.4.3.6 Bacteria and viruses are more easily killed by ultraviolet light than are bacterial spores.

4.8.4.3.7 Pre-cleaning of visibly soiled surfaces is necessary before ultraviolet light disinfection, as ultraviolet light is absorbed by organic materials and its ability to penetrate is low.

4.8.4.3.8 Ultraviolet light disinfection reduces the level of bacterial contamination on surfaces following routine cleaning and disinfection

4.9 Cleaning Procedures for Different Hospital Areas

4.9.1 Cleaning procedures for Operating Room: See appendices 7.4.This is a high-risk specialized patient area with a mechanically controlled atmosphere where surgical procedures are performed. A high degree of asepsis is required because the vulnerability of the patients to infection is high

4.9.2 Cleaning procedure for Intensive Care Units (ICU) (Adult, Pediatric, Neonatal): See appendices 7.5.These are high-risk areas because patients may be immuno-compromised by underlying diseases, treatment modalities (e.g., invasive devices), and other life-threatening conditions (e.g., major trauma, stroke), and vulnerability to infection are high

4.9.3 Cleaning procedure for Special Isolation Units: See appendices 7.6.These are high-risk areas in which patients are highly immunosuppressed (e.g., bone marrow transplant, leukemia) and vulnerability to infection is high .

4.9.4 Cleaning procedure for Medication Preparation Areas: See appendices 7.7.Areas where medication is prepared (including pharmacy or in clinical areas) are high-risk areas in which a high degree of asepsis is required.

4.9.5 Cleaning procedure for Sterile Services Areas: See appendices 7.8.Areas where semi-critical and critical equipment is sterilized and stored in which a high degree of asepsis is required.

4.9.6 Cleaning procedure for General Procedure Areas: See appendices 7.9.These are high-risk areas (such as radiology and endoscopy services) because they often service patients with high vulnerability to infection (e.g., immunosuppressed), in addition to other patient populations.

4.9.7 Cleaning procedure for Labor and Delivery Wards/Rooms: See appendices 7.10.These are high-risk areas because they are routinely contaminated and the vulnerability of patients to infection is high.

4.9.8 Cleaning procedure for Emergency Department: See appendices 7.11. This is moderate to high-risk area because of the number of people who could contaminate the environment and because some patients may be more susceptible to infection. e.g., trauma patients

4.9.9 Cleaning procedure for Transmission-Based Precaution / Isolation Wards: See appendices 7.12.These are high-risk areas, especially for environmentally hardy pathogens (e.g., resistant to disinfectants) and for multidrug-resistant microorganisms

4.9.10 Cleaning procedure for General Outpatient area: See appendices 7.13 This is a low-risk area because the probability of contamination and the vulnerability of the patients to infection is low; however, procedural areas are moderate risk and therefore require more frequent and rigorous environmental cleaning.

4.10 Occupational Safety Considerations

4.10.1 Personal protective equipment (PPE) is used by cleaning staff for performing cleaning procedures

4.10.1.1 Appropriate PPE for the cleaning staff should always be available and used appropriately to reduce the risk for both patients and staff.

4.10.1.2 Always perform hand hygiene immediately before wearing gloves and immediately after removal.

4.10.1.3 Train cleaning staff on appropriate use and removal of required PPE for all environmental cleaning procedures and tasks.

4.10.1.4 Put on all required PPE before entering a patient care area and remove it (for disposal or reprocessing, if reusable) before leaving that area. Exception: N95 respirator should be removed outside the airborne isolation room or in ante room if available.

4.10.1.5 Conduct regular fit-testing for cleaning staff who are required to wear respirators.

4.10.1.6 Use reusable rubber gloves for cleaning and chemical-resistant gloves (e.g., nitrile, latex) for the preparation of cleaning chemicals.

4.10.1.7 Best practices for cleaning staff personal attire/grooming:

4.10.1.7.1 Keep sleeves at or above the elbow to not interfere with glove use or hand hygiene.

4.10.1.7.2 Wear rubber-soled closed toe shoes or boots (i.e., not sandals), to prevent accidental injury (e.g., slips and falls) and exposure to cleaning chemicals, dirt, or bacteria.

4.10.1.7.3 Remove wristwatches and hand jewelry before starting cleaning tasks these items can tear gloves and can also pick up microorganisms.

4.10.1.7.4 Keep fingernails short and free of nail varnish to prevent tearing of gloves and picking up dirt and bacteria

4.10.2 Immunization

4.10.2.1 Appropriate immunization protects staff and clients/patients/residents. Environmental service workers and housekeeping staff shall be included in facility policies of staff immunization.

4.10.3 Staff exposure

4.10.3.1 Evaluation of staff (employees or contract workers), including environmental service workers, who could be exposed to blood or body fluids and other infectious hazards.

4.11 Flowers and Plants in Patient-Care Areas

4.11.1 Microorganisms from cut flowers or potted plants have been linked with hospital-acquired infections. Health-care-associated outbreaks reinforce the importance of maintaining an environment free from these pathogens.

4.11.1.1 Vulnerable patient groups such as severely immunocompromised patients such as oncology patients, organ transplantation, stem cells transplantation patients, and other immunosuppressant patients, Burn patients, Acutely ill patients those admitted in critical areas such as Intensive Care Units, Hemodialysis patients.

4.12 Environmental Sampling. Routine environmental microbiological cultures are not recommended and it is therefore indicated for only specific situations such as in outbreaks and when approved and recommended by the infection control team.

4.12.1 Air sampling
Discuss the potential need formicrobial air sampling to determine if the capacity and expertise to conduct such sampling exists within the facility and when it is appropriate to enlist the services of an environmental microbiologist consultant

4.12.2 Environmental Surfaces Sampling
When indicated, surface sampling should be conducted with multidisciplinary approval in adherence to carefully considered plans of action and policy

4.12.3 Water Sampling
Routine testing of the water in a health-care facility is usually not indicated, but sampling in support of outbreak investigations can help determine appropriate infection-control measures.

4.13 Pest Control

4.13.1 The key to minimizing pests is to eliminate food sources, eliminate areas for nests and burrows, install tightly-fitting screens on windows and doors, seal off penetrations to the outside, and apply pesticides.

4.13.2 Environmental health staffs are responsible for coordinating pest control.

5.

5.1 **Forms and Records:**

5.1.1 N/A

5.2 **Materials and Equipment**

5.2.1 N/A

6. RESPONSIBILITIES:

6.1 Contract managers and supervisors must assess the competency of employees by observing the techniques of the worker using written criteria that have been previously explained and demonstrated to the employee. If literacy and/or proficiency in English is not a problem, written tests can be administered.

6.2 All Housekeeping Managers and supervisors who are responsible for the selection and use of cleaning products and the education of their staff shall have an understanding of the differences between a disinfectant detergent and a non disinfectant cleaning agent

6.3 Infection Prevention & control especially its Environmental Health and occupational Health & Safety Section must have a thorough knowledge of the cleaning agents and disinfectants used by Housekeeping Services.

6.4 Environmental services must comply with all the applicable regulations and standards other related national and international safety regulations to prevent potential contamination, minimize risk and maintain safe environment.

7. APPENDICES:

7.1 Methods Used to Monitor Cleaning and Cleanliness in Health Care Facilities. See attachment 7.1

7.2 The Criteria for Selection of Disinfectant: See attachment 7.2

7.3 Types of Approved Disinfectants & Detergents Used for Healthcare Environments: See attachment 7.3

7.4 Cleaning procedures for Operating Room: See attachment 7.4

7.5 Cleaning procedure for Intensive Care Units (ICU) (Adult, Pediatric, Neonatal): See attachment 7.5

7.6 Cleaning procedure for Special Isolation Units: See attachment 7.6

7.7 Cleaning procedure for Medication Preparation Areas: See attachment 7.7

7.8 Cleaning procedure for Sterile Services Areas: See attachment 7.8

79. Cleaning procedure for General Procedure Areas: See attachment 7.9

7.10 Cleaning procedure for Labor and Delivery Wards/Rooms: See attachment 7.10

7.11 Cleaning procedure for Emergency Department: See attachment 7.11

7.12 Cleaning procedure for Transmission-Based Precaution / Isolation Wards: See attachment 7.12

7.13 Cleaning procedure for General Outpatient area: See attachment 7.13

8. REFERENCES:

8.1 Best Practices of Environmental Health for Prevention & Control of Infections in Healthcare Facilities Guidelines. August 2022. Version 1.1

9. APPROVALS:

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Attachments:

7.1 Methods Used to Monitor Cleaning and Cleanliness in Health Care Facilities.

Method	Description	Advantages	Disadvantages
Visual assessment	- Trained observer (e.g., Trained infection control personnel) assesses cleanliness of an area following cleaning.	- Easy to implement. - Allows feedback to environmental service staff.	- Results do not correlate with levels of microbial contamination. - Does not assure that a "health care clean" has been achieved. - Results may vary across different observers.
Environmental cleaning performance observation	- The environmental service supervisor observes environmental service workers performing cleaning.	- Easy to implement. - Useful to assess that facility procedure for cleaning are performed correctly. - Allows feedback to environmental service staff.	- Time-consuming. - Labour intensive. - Performance while observed may not be the same as performance when not observed.
Environmental marking	- Prior to cleaning, environmental surfaces are marked with an invisible tracing agent** that can only be seen using a revealing agent. - After cleaning, a trained observer can check to determine if the tracing agent was removed from the surfaces during cleaning. - Failure to remove the tracing agent from a surface suggests that the surface was not cleaned.	- Allows direct assessment of cleaning. - Allows assessment of which high- and low-touch surfaces are cleaned consistently and are omitted associated with rapid improvement when constructive feedback is provided. - Easy to implement. - Results easily understood.	- Does not directly measure microbial contamination. - Does not measure quality or intensity of cleaning (i.e., a single wipe will remove marker). - Does not assess adequacy of cleaning of unmarked surfaces. - Surface texture may affect the removal of tracing agent.
Adenosine triphosphate (ATP)*	- ATP is a substance found in all living cells. - Surfaces can be tested after cleaning to determine the quantitative level of ATP present.	- Allows assessment of residual organic material present after cleaning. - Provides quantitative result. - Easy to implement. - Provides quick and direct feedback.	- Not a direct measure of microbial contamination. - Some cleaning products may interfere with the test (e.g., microfiber, bleach, hydrogen peroxide, quaternary ammonium compounds). - Does not assess the adequacy of cleaning of unmarked surfaces.

7.2 The Criteria for Selection of Disinfectant:.

The properties of the disinfection	The common Action
Broad-spectrum	- Active against the microorganisms encountered in the health care setting.
Fast-acting	- Produce a rapid kill.
Not affected by environmental factors	- Active in the presence of organic matter (e.g., blood, sputum, feces) and compatible with soaps, detergents, and other chemicals.
Nontoxic	- Low irritancy and allergenic characteristics. - Not to be harmful to the user or patient.
Surface compatibility	- Not corrode instruments and metallic surfaces. - Not cause the deterioration of cloth, rubber, plastics, and other materials.
Residual effect on treated surfaces	- Leave an antimicrobial film on the treated surface.
Ease of use	- Easy to use with clear label directions. - The disinfectant should be simple to prepare and use at the required concentration. - Require little or no mixing or diluting. - The ability of the disinfectant to act as a cleaner and disinfectant (e.g., one-step cleaner disinfectant.)
Wet contact time	- The disinfectant should have a sufficiently short contact time and should keep surfaces wet long enough to ensure that the contact time is met. - Active at room temperature with a short contact time.
Odorless	- A pleasant odor or no odor to facilitate its routine use.
Economical	- Not be prohibitively high in cost.
Solubility	- Be soluble in water.
Stability	- Stable in concentrate and use-dilution.
Cleaner	- Good cleaning properties.
Environmentally friendly	- Damage the environment on disposal.

7.3 Types of Approved Disinfectants & Detergents Used for Healthcare Environments:

Disinfectant	Area / Surfaces	Example of Items / Surfaces	Steps
Hospital Approved **Hydrogen Peroxide 3-5 %**	• Isolation Rooms • Critical Care Unit • Surgical Ward • Operating Theatre	**HIGH-TOUCH ENVIRONMENTAL SURFACES:** Bed rails, bedside tables, lockers, doorknobs, computers, blood pressure cuffs, pulse oximeters, Crutches, keyboards, trolleys, stethoscopes, intravenous pumps, stands etc.	- All non-critical items if not visibly clean should be cleaned with [soap and water] before using any disinfectant on daily basis and after patient discharge. - Wear PPE (disposable non-sterile gloves and mask). - Spray the solution on the surface/equipment and allow it to air dry. (pre-cleaned surface) (Contact Time: 5 minutes).
Hospital Approved **Quaternary Ammonium Chloride** (Disposable Wipes)	Non-Critical Surface Areas	**HIGH-TOUCH ENVIRONMENTAL SURFACES:** Bed rails, bedside tables, lockers, doorknobs, computers, blood pressure cuffs, pulse oximeters, crutches, keyboards, trolleys, stethoscopes, intravenous pumps, stands etc.	- Wear PPE. - Pick up the wipe from the container. - Wipe the equipment/surface to thoroughly wet in one direction with friction. - Allow the surface to air dry to ensure greater contact time for killing pathogens. (Contact time minimum 1-2 minutes). - Discard the wipe after 'one usage' and 'one direction'.
Hospital Approved **70% Isopropyl Alcohol** (Disposable Wipes)	Non-Critical Patient Care Items / Medical Equipment	Patient care equipment which are not compatible with Quaternary Ammonium Chloride wipes.	- Wear PPE. - Pick up the wipe from the container. - Wipe the equipment/surface to thoroughly wet in one direction with friction. - Allow the surface to air dry to ensure a greater contact time for killing pathogens. (Contact time minimum 1-2 minutes). - Discard the wipe after 'one usage' and 'one direction'.

Disinfectant	Area / Surfaces	Example of Items / Surfaces	Steps
Hospital Approved **Sodium Hypochlorite 5.25**	(C. Difficile & OR Rooms)	Floor & Toilet	- Use 1:10 dilution (5000ppm) - (400ml + 1 gallon of water) - Contact time 20 minutes
	(Non-C. Difficile Room)	For Toilet	- Use 1:100 dilution (500ppm) - (40mls + 1-gallon water) - Contact time 20 minutes
Hospital Approved **Quaternary Ammonium Chloride** (Liquid)	Non-Critical Surface Areas	For floors, walls and ceilings of Isolation and Non-Isolation patients' room during daily cleaning and terminal cleaning	- Use the disinfectant in accordance with the manufacturer's instructions (for the use and contact time).

Note:
Please follow the manufacturer's instructions for the cleaning and disinfecting direction and contact time. In the absence of a manufacturer's cleaning instructions, follow certain procedures:

1. All Surfaces/ equipment should be physically clean prior to disinfection either by disinfectant by wipe or by spray.
2. This may be followed by an application of an EPA-registered hospital-approved disinfectant after careful evaluation.
3. Contact time is the time needed for the germicide solution to remain wet on the surface to achieve disinfection of the stated kill claim(s) on the manufacturer's label.

Note:
For further information; Refer to the Approved Infection Control Supplies, Equipment and Disinfectants Specifications Guidelines, 1st Edition, GDIPC, MOH, 2021

7.4 Cleaning procedures for Operating Room:

Frequency	Person / Staff	Products / Technique	Method
Before first procedure	**Shared cleaning possible:** perioperative nursing / clinical staff and cleaning staff	**Disinfect:** 1. Horizontal surfaces 2. Furniture 3. Surgical lights 4. Operating bed 5. Stationary equipment	1. Carefully inspect records and assess the operating space to ensure that the terminal clean was completed the previous evening. 2. Wipe all horizontal surfaces in the room (e.g., furniture, surgical lights, operating bed, stationary equipment) with a disinfectant to remove any dust accumulated overnight. 3. If there was no written confirmation of terminal cleaning on the previous day, do a full terminal clean. 4. Thoroughly clean and disinfect portable patient-care equipment that is not stored within the operating theatre, such as suction regulators, anaesthesia trolley, compressed gas tanks, x-ray machines, and lead gowns, before introduction into the operating theatre.
Before and after every procedure	**Shared cleaning possible:** perioperative nursing /Clinical staff and cleaning staff	**Clean and disinfect:** • High-touch surfaces (e.g., light switches, doorknobs) outside • Surgical field • Any surface visibly soiled with blood or body fluids • All surfaces and noncritical equipment and the floor inside • The surgical field	Remove all used linen and surgical drapes, and waste (including used suction canisters, ¾ filled sharps containers), for reprocessing or disposal. • **Clean and disinfect:** high-touch surfaces (e.g., light switches, doorknobs) outside of the surgical field or any visible blood or body fluids outside of the surgical field (e.g., walls, floors). • All surfaces (high- and low-touch) and the floor inside of the surgical field, tops of surgical lights, reflective portion of surgical lights, suction canisters, tourniquet cuffs and leads, anesthesia trolley, operating table from top to bottom.
After the last procedure (terminal cleaning)	**Shared cleaning possible:** perioperative nursing / clinical staff and cleaning staff	**Clean and disinfect:** • All surfaces and noncritical equipment in the operating room • The entire floor • Any surface visibly soiled with blood or body fluids • Scrub and utility areas/sinks	**Clean and disinfect:** 1. Horizontal surfaces (high- and low-touch) and fixed equipment in the operating theatre, including booms and wheels of any equipment (e.g., carts). 2. Vertical surfaces such as walls and windows as needed to remove visible soiling. 3. Ventilation (ducts), handwashing sinks, scrub, and utility areas/sinks. 4. Floor take care to move the operating table and any mobile equipment to make sure to reach the floor areas underneath. 5. Thoroughly clean and disinfect portable patient-care equipment that is not stored within the operating theatre prior to removal from the operating theatre.

N.B. Operating Room must:

- Have dedicated supplies and equipment for the OR (e.g., mops, buckets).
- Use fresh mops/floor cloths and mopping solutions for every cleaning session, including between procedures.
- Use fresh cleaning cloths for every cleaning session, regularly replacing them during cleaning and never double-dipping them into cleaning and disinfectant solutions.

7.5 Cleaning procedure for Intensive Care Units (ICU) (Adult, Pediatric, Neonatal):

Frequency	Person / Staff	Method	Additional Guidance
Twice daily and as needed	Cleaning staff	**Clean and disinfect:** • High-touch surfaces (only outside of neonatal incubator when occupied) **Clean:** • Floors with neutral detergent and water.	Last clean of the day: clean low-touch surfaces
At discharge / Transfer (Terminal cleaning)	Cleaning staff	**Clean and disinfect:** • High-touch surfaces • Low-touch surfaces • Floors	1. Remove soiled/used personal care items (e.g., cups, dishes) for reprocessing or disposal. 2. Remove linens for reprocessing or disposal. 3. Change curtains for laundering. 4. Reprocess all reusable (noncritical) patient care equipment (in assistant with the area nursing staffs). 5. Clean and disinfect all low- and high-touch surfaces, including those that may not be accessible when the room/area was occupied (e.g., patient mattress, bedframe, tops of shelves, vents), and floors. 6. Clean (scrub) and disinfect handwashing sinks. Pay special attention to the terminal cleaning of incubators.

7.6 Cleaning procedure for Special Isolation Units:

Frequency	Person / Staff	Method	Additional Guidance
Daily, before cleaning any other patient care area (i.e., first cleaning session of the day)	Shared cleaning possible (clinical staff and cleaning staff)	Clean and disinfect: High-touch surfaces, with a focus on the patient zone Clean: Floors with neutral detergent and water	In addition, clean low-touch surfaces.
At discharge/ transfer (terminal cleaning)	Cleaning staff	Clean and disinfect: • High-touch surfaces • low-touch surfaces • Floors	• Remove soiled/used personal care items (e.g., cups, dishes) for reprocessing or disposal. • Remove linens & curtain for reprocessing or disposal. • Reprocess all reusable (noncritical) patient care equipment (in assistant with the area nursing staffs). • Clean and disinfect all low- and high-touch surfaces, including those that may not be accessible when the room/area was occupied (e.g., patient mattress, bedframe, tops of shelves, vents), and floors. • Clean (scrub) and disinfect handwashing sinks.

7.7 Cleaning procedure for Medication Preparation Areas:

Frequency	Person/ Staff	Method	Additional Guidance
Between uses	Clinical staff	**Clean and disinfect:** • Countertops • Portable carts used to transport or prepare medications	None
End of each day	Shared cleaning possible (clinical staff and cleaning staff)	**Clean and disinfect:** • All high-touch surfaces • Floors	Clean and disinfect low-touch surfaces, such as the tops of shelves and walls/ vents, on a scheduled basis (e.g., weekly)

7.8 Cleaning procedure for Sterile Services Areas:

Frequency	Person/ Staff	Method	Additional Guidance
Before and after every use	Clinical staff	**Clean and disinfect:** • Utility sinks used for washing • Semi-critical equipment (e.g., endoscopes)	None
Twice daily	Shared cleaning possible (clinical staff and cleaning staff)	**Clean and disinfect:** • All high-touch surfaces • Floors	Clean and disinfect low-touch surfaces, such as the tops of shelves and walls/ vents, on a scheduled basis (e.g., weekly) during the final daily clean

7.9 Cleaning procedure for General Procedure Areas

Frequency	Person/ Staff	Method	Additional Guidance
Before and after every procedure	Clinical staff	**Clean and disinfect:** •Any surface that is visibly soiled with blood or body fluids •High-touch surfaces inside the patient zone •Procedure table/station •Counter tops •External surfaces of fixed equipment •Floors inside the patient zone	Remove disposable equipment and reprocess reusable noncritical patient care equipment.
After the last patient of the day (terminal cleaning)	Shared cleaning possible (clinical staff and cleaning staff)	**Clean and disinfect:** •All high-touch and low-touch surfaces • Entire floor	Move the procedure table and other portable equipment to clean and disinfect the entire floor area. Handwashing sinks should be thoroughly cleaned (scrubbed) and disinfected.

7.10 Cleaning procedure for Labor and Delivery Wards/Rooms:

Frequency	Person/ Staff	Method	Additional Guidance
Before and after (i.e., between) every procedure	Shared cleaning possible (clinical staff and cleaning staff)	**Clean and disinfect:** • Any surface that is visibly soiled with blood or body fluids • High-touch surfaces inside the patient zone • Floor inside the patient zone	Remove soiled linens and waste containers for disposal / reprocessing
After the last delivery of the day (terminal cleaning)	Cleaning staff	**Clean and disinfect:** • Any surface that is visibly soiled with blood or body fluids. • All high-touch and low-touch surfaces • Entire floor	- Move the procedure table and other portable equipment to clean and disinfect the entire floor area. - Handwashing sinks should be thoroughly cleaned (scrubbed) and disinfected.

7.11 Cleaning procedure for Emergency Department:

Area	Frequency	Person / Staff	Method	Additional Guidance
Waiting / admission areas	At least daily and as needed (e.g., visibly soiled, blood/body fluid spills)	Cleaning staff	**Clean and disinfect:** • High-touch surfaces • low-touch surfaces • Floors	None
Consultation / examination areas	After each event/ case and at least twice per day and as needed	Shared cleaning possible (clinical staff and cleaning staff)	**Clean and disinfect:** • High-touch surfaces	Last clean of the day: clean and disinfect the entire floor and low-touch surfaces
Procedure areas include trauma areas	Before and after (i.e., between) every procedure, when needed	Shared cleaning possible (clinical staff and cleaning staff	**Clean and disinfect:** • Any surface visibly soiled with blood or body fluids • High-touch surfaces in the patient zone • Floors in the patient zone	**Clean and disinfect:** • Any surface visibly soiled with blood or body fluids • High-touch surfaces in the patient zone • Floors in the patient zone **Last clean of the day:** **Clean and disinfect:** • Other high-touch surfaces and low-touch surfaces • Handwashing sinks • Dirty/ clean utility areas • The entire floor.

7.12 Cleaning procedure for Transmission-Based Precaution / Isolation Wards:

Area	Frequency	Person/ Staff	Method	Additional Guidance
Airborne precautions	Daily and as needed	Cleaning staff	**Clean (neutral detergent and water) and disinfect:** • High-touch surfaces • Floors	• The primary focus is adherence to required PPE and additional entry/ exit procedures. • In addition, clean low-touch surfaces on a scheduled basis (e.g., weekly).
Droplet and/or contact precautions	Twice daily and as needed	Cleaning staff	**Clean and disinfect:** • Any surface visibly soiled with blood or body fluids • High-touch surfaces • Floors	• The cleaning staff must wear the required PPE. • Dispose of or reprocess cleaning supplies and equipment immediately after cleaning. • Last clean of the day: clean and disinfect the entire floor and low-touch surfaces.
A patient diagnosed with C. difficile on contact precautions	Twice daily and as needed	Cleaning staff	**Clean and disinfect (two-step process required and sporicidal agent):** • Any surface visibly soiled with blood or body fluids • High-touch surfaces in the patient zone • Floors	**Two-step process required (not use combined detergent disinfectant):** • Rigorous mechanical cleaning process (e.g., using friction). • Disinfectants with sporicidal properties, for example: – Sodium hypochlorite solution (e.g., 1,000-5,000ppm). – Enhanced hydrogen peroxide at 4.5%.
Dedicated noncritical patient care equipment for patients on transmission-based precaution	Consistent with cleaning frequency for the patient zone, before and after each use and as needed	Shared cleaning possible (clinical staff and cleaning staff)	Products based on the risk level of the patient care area	Select a compatible disinfectant. Reprocess (i.e., clean and disinfect) dedicated equipment after the patient is discharged or transferred (terminal clean).
All transmission based precautions	At discharge/ transfer (terminal cleaning)	Shared cleaning possible (clinical staff and cleaning staff)	**Clean and disinfect:** • High-touch surfaces • Low-touch surfaces • Floors	1. Remove soiled/used personal care items (e.g., cups, dishes) for reprocessing or disposal. 2. Remove linens for reprocessing or disposal. 3. Always remove privacy curtains and window coverings for laundering (curtains, blinds). 4. Clean and disinfect all low- and high-touch surfaces, including those that may not be accessible when the room/area was occupied (e.g., patient mattress, bedframe, tops of shelves, vents), and floors. 5. Clean (scrub) and disinfect handwashing sinks. **Airborne precautions:** The cleaning staff must wear the required PPE. Keep the door closed during the environmental cleaning process (ventilation requirement).

7.13 Cleaning procedure for General Outpatient area:

Area	Frequency	Person / Staff	Method	Additional Guidance
Waiting / Admission	At least once daily (e.g., per 24-hour period), when needed	Cleaning staff	**Clean (neutral detergent and water):** • High-touch surfaces • Floors	In addition, clean low-touch surfaces on a scheduled basis (e.g., weekly).
Consultation / Examination	At least twice daily, when needed	Shared cleaning possible: clinical and cleaning staff	**Clean (neutral detergent and water):** • high-touch surfaces	Last clean of the day: clean the entire floor with neutral detergent and water In addition, clean low-touch surfaces on a scheduled basis (e.g., weekly).
Procedural (minor operative procedures; e.g., suturing wounds, draining abscesses)	Before and after (i.e., between) each procedure, when needed	**Shared cleaning possible:** clinical and cleaning staff	**Clean and disinfect:** Any surface visibly soiled with blood or body fluids • High-touch surfaces in the patient zone • Floors in the patient zone	Last clean of the day Clean and disinfect: • Other high-touch surfaces • low-touch surfaces • Handwashing sinks • Dirty and clean utility areas • The entire floor