

Cleaning Guidance for Care Environments

Introduction

Each care facility should have written protocols to guide routine general cleaning together with a written cleaning schedule that ensures all areas of the environment are regularly cleaned to a satisfactory standard. Staff undertaking cleaning should follow agreed protocols which are clearly set out. Staff should have access to adequate resources and equipment to achieve required standard of cleaning. COSHH regulations should always be adhered to and staff should use appropriate personal protective equipment (PPE) to protect themselves at all times.

Cleaning is a process that removes visual dirt and contamination and many microorganisms. Warm water and detergent should be used and most of the time cleaning is effective at decontaminating both equipment and the environment. However in certain situations (e.g. during an outbreak or increased incidence of infection or in the case of *Clostridium difficile* infection), surfaces and equipment require both cleaning and disinfection.

Disinfection is a process that reduces the number of germs to a level at which they are not harmful. It is only effective if surfaces and equipment have been cleaned thoroughly with detergent and water beforehand (if a combined detergent/disinfectant product is not used). Warm water and detergent (diluted as per manufactures' instructions) should be used to clean hard surfaces followed by disinfection with 1000ppm (0.1%) chlorine releasing agent/hypochlorite solution or chlorine dioxide solution (diluted as per manufactures' instructions). The hypochlorite or chlorine dioxide solution will kill both bacteria and viruses provided it is used as per manufactures' instructions. Hypochlorite solutions are corrosive; it is recommended the solution is rinsed off commodes, mattresses and stainless steel surfaces with warm water at the end of the process. Some chlorine dioxide solutions do not need to be rinsed off.

What is routine general cleaning?

Routine cleaning of the environment should be undertaken at least <u>daily</u> within the care facility. Thorough cleaning with neutral detergent and water is the most common means of removing micro-organisms and dirt. If soiling (with blood and/or bodily fluids) is evident then general cleaning should be followed with a disinfectant clean using a chlorine releasing product/sodium hypochlorite or a chlorine dioxide solution at the appropriate concentration and for the correct contact time. If using a hypochlorite solution the area should then be rinsed and dried. Some chlorine dioxide solutions do not need to be rinsed off.

Always ensure that surfaces that are being disinfected are compatible with the product being used.



What is Enhanced Cleaning?

During an outbreak of infection or an unusual increase in incidence of a particular organism, enhanced routine cleaning (<u>minimum twice daily</u>) is recommended. This will entail cleaning/disinfection of the environment including frequently touched surfaces, and any area/piece of equipment that may potentially be contaminated. Depending on the type of outbreak in the care facility, certain areas will require more frequent cleaning and disinfection e.g. sanitary areas will require more frequent cleaning and disinfection during an outbreak of gastrointestinal infection. Note: Examples of frequently touched surfaces are-bed tables, bed rails, the arms of chairs, sinks, call bells, door handles and push plates.

What is Terminal Cleaning?

Terminal cleaning is the thorough cleaning/disinfection of <u>all</u> surfaces including floors and re-useable equipment either within the whole care facility or within a particular part of the facility (e.g. an individual ward/department/unit). This may be required in the following scenarios:

- Following an outbreak or increased incidence of infection
- Following discharge, transfer or death of individual patients who have had a known infection *individual patient room/bay/unit*
- Following isolation/contact precaution nursing of a patient individual patient room/bay/unit

A terminal clean will generally be commenced following discussion and agreement between the Infection Prevention & Control Team and the nurse or manager in charge of the ward/unit/facility. The terminal clean should not commence until the relevant room/area has been fully vacated.

Note: The cleaning schedule in use in the facility should clearly advise which member of staff is responsible for cleaning different areas of the room/areas included in the terminal clean.

Note: In addition to the above some facilities/organisations employ the use of other technologies when doing terminal cleans (e.g. Steam, vaporised hydrogen peroxide). This is an additional step in the cleaning process which is undertaken in some organisations but should not substitute the physical decontamination of the environment/equipment with detergent & water and disinfectant.



Terminal cleaning procedure:

- Gather all equipment required for the terminal clean to the point of use i.e. mop bucket, shaft and mop head/ disposable colour coded cloths/disposable roll /yellow clinical waste bags and tags/alginate& red bags/wet floor sign/vacuum cleaner fitted with a HEPA filter.
- Don Personal Protective Equipment (PPE) disposable apron and gloves before entering the room, discard all disposables in the room/bed space/unit (e.g. hand towels, magazines, bottles, toilet rolls, etc.) All materials must be treated as clinical waste. Dispose of this waste, remove PPE and decontaminate hands.
- On commencing the terminal clean don PPE as before.
- Prepare cleaning solutions in a container (dilution as per manufacturer's instruction). Do not mix chemicals and only use a cleaning product provided by your employer. It is important to follow the manufacturer's guidelines for dilution of the product and contact time.
- Ventilation of the area/room being cleaned must be adequate; if there is no window, the door should be left open when applying the hypochlorite/chlorine dioxide solution. Please note that COSHH regulations must be adhered to when using chemical disinfectants.
- Prepare rinse water to rinse all items following cleaning and disinfecting (if rinsing is required) before drying. In particular it is important to rinse chlorine containing solutions from stainless steel surfaces to prevent corrosion.
- Use disposable cloths/paper roll for cleaning throughout the terminal clean.
 Where available and appropriate use disposable mop heads after use these should be disposed into clinical waste bag prior to exiting the area/room.
- Ensure that PPE is changed when moving from one room/area to another and disposed PPE into clinical waste.
- Always decontaminate your hands after removing and disposing of PPE.



Terminal cleaning regime:

Using neutral detergent and water followed by a sodium hypochlorite solution	Using a combined detergent and sodium hypochlorite solution	Using a chlorine dioxide solution
Remove soft furnishings (bedclothes, curtains if applicable) and place in a water soluble bag and into a red linen bag. Process all linen, laundry etc. as infected linen.	Remove soft furnishings (bedclothes, curtains if applicable) and place in a water soluble bag and into a red linen bag. Process all linen, laundry etc. as infected linen.	Remove soft furnishings (bedclothes, curtains if applicable) and place in a water soluble bag and into a red linen bag. Process all linen, laundry etc. as infected linen.
Some curtains may require specialist cleaning. The dry-cleaning specialist should be informed that the curtains have come from an outbreak situation.	Some curtains may require specialist cleaning. The dry-cleaning specialist should be informed that the curtains have come from an outbreak situation.	Some curtains may require specialist cleaning. The dry-cleaning specialist should be informed that the curtains have come from an outbreak situation.
Take down blinds (if appropriate) and clean using a prepared solution of neutral liquid detergent in warm water (dilution as per manufacturer's instruction). Continue by wiping with a solution of 1000ppm (0.1%) sodium hypochlorite solution (dilution as per manufacturer's instruction), rinse and dry if appropriate.	Take down blinds (if appropriate) and clean using a prepared solution of combined detergent and hypochlorite (dilution as per manufacturer's instruction), rinse and dry if appropriate.	Take down blinds (if appropriate) and clean using a prepared solution of chlorine dioxide (dilution as per manufacturer's instruction).
Commence cleaning of high level surfaces. Clean first with a solution of neutral detergent and warm water (dilution as per manufacturer's instruction). Continue by wiping with a solution of 1000ppm (0.1%) sodium hypochlorite solution (dilution as per manufacturer's instruction), rinse and dry	Commence cleaning of high level surfaces using a prepared solution of combined detergent and hypochlorite (dilution as per manufacturer's instruction), rinse and dry if appropriate.	Commence cleaning of high level surfaces using a prepared solution of chlorine dioxide (dilution as per manufacturer's instruction).



if appropriate.

High level cleaning will include: Curtain rails/tracks /high level window ledges and frames/ screen rail if present /walls /television (stands and leads)/top of wardrobes units/light fittings/lampshades and any other high level equipment.

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Place bed in horizontal/flat position. Clean first with a solution of neutral detergent and warm water (dilution as per manufacturer's instruction). Continue by wiping with a solution of 1000ppm (0.1%) sodium hypochlorite solution (dilution as per manufacturer's instruction), rinse and dry if appropriate.

Place bed in horizontal/flat position. Clean using a prepared solution of combined detergent and hypochlorite (dilution as per manufacturer's instruction), rinse and dry if appropriate.

Place bed in horizontal/flat position. Clean using a prepared solution of chlorine dioxide (dilution as per manufacturer's instruction).

Commence cleaning of furniture, fixtures and fittings in the area. Radiator covers must be removed to permit cleaning of the radiator. Cleaning will include, locker, table, chairs, stool, lamp, tops of oxygen tanks and suction equipment, wardrobe, sink, mirror, doors, door handles, bin (inside and out), hand towel holder (inside and out), clean using a solution of neutral detergent and warm water (dilution as per manufacturer's instruction). Continue by wiping with a solution of 1000ppm (0.1%) sodium

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Please note that oxygen & suction connections should be changed and single patient use equipment should be discarded and replaced with new.

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Hospital environments do not normally contain soft furnishings; however if applicable, soft furnishings must be steam cleaned if the fabric can withstand required temperature.

Steam cleaning not only removes dust and debris but also uses a high temperature to achieve decontamination.
Consideration should be given to industrial steam clean and records should confirm that all soft furnishings/carpeted areas have been cleaned using this method.

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Commence cleaning of toilet if cleaning an ensuite. Clean all fixtures and fittings clean using a solution of neutral detergent and warm water (dilution as per manufacturer's instruction). Continue by wiping with a solution of 1000ppm (0.1%) sodium hypochlorite solution (dilution as per manufacturer's

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Clean and reline bin.



instruction), rinse and dry if appropriate. Cleaning will include sink, mirror, towel holder, toilet roll holder, bin (inside and out), door handle and toilet bowl and cistern. Clean and reline bin. Replenish supplies of toilet rolls and soap.

bowl and cistern. Clean and reline bin. Replenish supplies of toilet rolls and soap. Replenish supplies of toilet rolls and soap.

Damp mop floor using a solution of neutral detergent and warm water (dilution as per manufacturer's instruction). Continue by wiping with a solution of 1000ppm (0.1%) sodium hypochlorite solution (dilution as per manufacturer's instruction), rinse and dry if appropriate. Ensure that surfaces that are being disinfected using a chlorine based product are compatible with the product being used and rinsed. Skirting boards must be cleaned thoroughly.

Damp mop floor using a prepared solution of combined detergent and hypochlorite (dilution as per manufacturer's instruction), rinse and dry if appropriate. Ensure that surfaces that are being disinfected using a chlorine based product are compatible with the product being used and rinsed. Skirting boards must be cleaned thoroughly.

Damp mop floor using a prepared solution of chlorine dioxide (dilution as per manufacturer's instruction). Ensure that surfaces that are being disinfected using a chlorine dioxide product are compatible with the product being used. Skirting boards must be cleaned thoroughly.

Decontaminate domestic equipment following use Treat mops as infected linen / dispose of singleuse mop-heads. Mop buckets must be emptied and cleaned using a solution of neutral detergent and warm water (dilution as per manufacturer's instruction). Continue by wiping with a solution of 1000ppm (0.1%) sodium hypochlorite solution (dilution as per manufacturer's

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instruction), rinse and dry		
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Waste bags should be sealed using twist swanneck method and secured with a tag (provided by the waste contractor) when 3/4 full. Free liquid clinical waste should be disposed of in appropriate container provided by the waste contractor, secure lid and attach traceable tag when 3/4 full.	Waste bags should be sealed using twist swanneck method and secured with a tag (provided by the waste contractor) when 3/4 full. Free liquid clinical waste should be disposed of in appropriate container provided by the waste contractor, secure lid and attach traceable tag when 3/4 full.	Waste bags should be sealed using twist swanneck method and secured with a tag (provided by the waste contractor) when 3/4 full. Free liquid clinical waste should be disposed of in appropriate container provided by the waste contractor, secure lid and attach traceable tag when 3/4 full.
Remove P.P.E. and decontaminate hands.	Remove P.P.E. and decontaminate hands.	Remove P.P.E. and decontaminate hands.
Notify nurse in charge on completion of work to facilitate review and assurance that the terminal clean has been completed to required specification and standard.	Notify nurse in charge on completion of work to facilitate review and assurance that the terminal clean has been completed to required specification and standard.	Notify nurse in charge on completion of work to facilitate review and assurance that the terminal clean has been completed to required specification and standard.
Inspection and /or audit of the terminal clean will provide assurance that deep clean has been completed to the required specification.	Inspection and /or audit of the terminal clean will provide assurance that deep clean has been completed to the required specification.	Inspection and /or audit of the terminal clean will provide assurance that deep clean has been completed to the required specification.

AVOID LEAVING AND RE-ENTERING THE AREA UNTIL THE TERMINAL CLEAN IS FULLY COMPLETED.

THOROUGH PREPARATION AND SYSTEMATIC APPROACH IS KEY TO ACHIEVEING SUCCESSFUL TERMINAL CLEAN!