

GREEN HOSPITALS

CONCEPT MANUAL FOR

IMPROVING INFRASTRUCTURE

SECTION 5

Best Practice:

Environmental Cleaning Services

Additional sections available - go to [EPOS' Green Hospitals](#) page to view all:

Section 1: Best Practice – Basic Planning Principles

Section 2: Best Practice – Building and Building Services Maintenance

Section 3: Best Practice – Water Supply and Wastewater for Health Facilities

Section 4: Best Practice – Healthcare Waste Services

Section 5: Best Practice – Environmental Cleaning Services

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For further information contact:

EPOS Health Management • eposhq@epos.de • +49 (0)6172-930-370



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The five sections are as follows:

- SECTION 1 — Best Practice: Basic Planning Principles
- SECTION 2 — Best Practice: Building & Building Services Maintenance
- SECTION 3 — Best Practice: Water Supply for Health Facilities
- SECTION 4 — Best Practice: Healthcare Waste Services
- SECTION 5 — Best Practice: Environmental Cleaning Services



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Introduction—Importance of Providing Environmental Cleaning Services

Providing a clean and safe environment in healthcare facilities must be a priority as a high quality environment is essential for the safe delivery of healthcare services. Nowadays cleanliness in hospitals is more than just simply ensuring that the place clean. It makes a statement to patients and visitors about the attitudes of staff and managers in terms of attention to hospital hygiene, the level of care and the way the hospital is organised and run. It is not possible to have a “good” hospital without it being a clean and tidy hospital.

In addition to the fact that patients prefer to stay and to be treated in a visibly clean environment, proper cleaning of rooms and equipment is a key component for the prevention and control of healthcare associated infections (HCAI). All those using the healthcare premises have a right to assume that the environment is one in which hazards are being adequately controlled.

The essence of good cleaning is not only that things look clean – but that they are “technically” clean which is supported by high standards of environmental cleanliness. High standards of environmental cleanliness can only be achieved through:

- Clear specifications;
- Proper training of staff;
- Documented lines of accountability;
- Involving patients;
- All staff recognising their responsibilities;
- A meaningful framework for measurement.

Organization & Management of Services

Roles & Responsibilities

Providing a clean and safe environment for the delivery of healthcare services should be a key priority for every healthcare facility and is a clear responsibility of the facility managers. Cleanliness in hospitals is about more than just keeping the place clean. It makes a statement to patients and visitors about the attitudes of staff and managers in terms of attention to detail, the level of care and the way the hospital is organized and run. It is not possible to have a “good” hospital without it being a clean and tidy hospital. One important component in the prevention and control of hospital associated and acquired infections is routine cleaning (and disinfection) of non-critical items including all internal surfaces, walls, ceilings, floor etc. The purpose of routine cleaning is to:

- reduce the number of microorganisms that may come in contact with patients, visitors, staff and the community;
- and to provide a clean and pleasant atmosphere for patients and staff.

The management is responsible to ensure that:

- an efficient and effective roster system is in place so that the necessary staff are available to ensure compliance with agreed cleaning standards
- a comprehensive and up-to-date cleaning plan is maintained for all locations recognising their particular attributes so that all areas are cleaned in the appropriate manner. The plan should include WHAT is to be cleaned, WHERE it is located, WHEN it should be cleaned and HOW it should be cleaned.
- an effective quality assurance program is in place so that the requirements of the cleaning standards are complied with.

Human Resource Management

The management of the healthcare facility is responsible to ensure that the following job positions are introduced and the job descriptions are provided to the staff:

The Foreman of the Cleaning unit is/are the person(s) designated by the management to be responsible for particular elements or the total environmental cleaning process.

Cleaner: An cleaner is defined as any person with the authority to carry out routine or on demand environmental cleaning and surface decontamination services. Their duties may include the vertical and horizontal cleaning of fixed and mobile items, the cleaning up after spillages, replenishment of consumable items, such as detergent and other simple housekeeping duties.

The Infection Control Person provides independent auditing, and advice on environmental cleaning together with reviews and witness/validation of processes. He/she shall be also designated to carry out regular environmental surveillance by carrying out of swab test of surfaces and of regular air testing of high risk departments. S/He should have a profound knowledge in infection control and shall be responsible for advising the user on microbiological aspects of environmental cleaning.

The Maintenance Person is designated to carry out maintenance and periodic testing on equipment used for environmental cleaning such as polisher or vacuum cleaners and shall be from the technical department.

Quality Controller: The quality controller is defined as a person designated by the management to be responsible for quality control of the hospital environment with the authority to establish, verify and implement all quality control and quality assurance procedures.

Infection Control Committee: the Infection Control Committee is responsible for monitoring infection control and decontamination issues as part of the ongoing improvement against standards set in the various frameworks

Training Arrangements: The needed know-how for efficient environmental cleaning is generally underestimated and training is often not provided. A continuous training system for all cleaners should be set up. The position of a cleaner is often fluctuating. For newly employed cleaners, practical orientation training should be provided to explain standard working procedures, the concept of risk areas and the usage of colour coded equipment. The attendance at any environmental cleaning or infection control training shall be reported to the Infection Control Committee.

Budgeting

Budgeting for cleaning services includes allowing for capital cost and recurrent cost.

For capital costs the following items need to be considered:

- Cleaning equipment: vacuum cleaners, polishers to polish hard floors, automatic scrubbers to clean hard floors, steam cleaners, etc.
- Support equipment: dosing equipment, water treatment systems, etc.
- (Medical) furniture: storage equipment for chemicals, chairs, cupboards, etc.

For recurrent costs the following items need to be considered:

- Cleaning consumables: detergents, soap, different disinfectants, different brushes, etc.
- Minor equipment: Buckets, mops, personal protection equipment, etc.

The non availability of basic equipment, such as a insufficient mops or buckets and detergents is one of the main reasons for inadequate cleaning.

Providing Cleaning Services

Risk Areas

The following recommendations provide hospital executives with a framework to ensure that an effective and efficient cleaning service is provided that meets the needs of all users of hospital facilities. The recommendations have been framed so as to reflect the basic minimum policy standards which must be adhered to, guidelines based on a “best practice” methodology and a quality assurance program that will provide for an on-going monitoring process. The format of the Standards requires the input of hospital management to establish a cleaning program that reflects local policies and requirements to ensure acceptable cleaning standards are maintained.

Defining Risk Areas

All healthcare environments should pose minimal risk to patients, staff and visitors. However, different functional areas represent different degrees of risk and, therefore, require different cleaning frequencies and different levels of monitoring and auditing. All functional areas should be assigned to a risk category.

Risk Categories for Functional Areas

Very high

High

Significant

Low

The risk category influences the standards and frequency of cleaning, as well as the frequency of cleaning audits. Regular audits should form part of the cleaning services quality assurance program. Both informal monitoring and formal auditing of standards should take place continuously.

Very High Risk Functional Areas

Operating Theatres

Accident and Emergency (A&E) Departments

Intensive Care Units/ Critical Care

Special Care Baby Units/ NICU

Oncology

Any other departments where invasive procedures are performed or where immuno-compromised patients are receiving care.

Required Service Level

High cleaning standards must be maintained

Intensive and frequent cleaning

Auditing at least once a week to no less than monthly

Additional internal areas:

Bathrooms, toilets, staff lounges, offices and other areas adjoining very high-risk functional areas.

High-risk Functional Areas

General wards (acute, non-acute and mental health)

Sterile Services/Supplies

Pharmacy

Public Thoroughfares

Public Toilets

Additional internal areas:

Bathrooms, toilets, staff lounges, offices and other areas adjoining high-risk functional areas.

Required Service Level

Frequent cleaning on a scheduled basis with intermittent 'spot cleaning'

Auditing at least once a month to no less than twice-monthly

| Significant Risk Functional Areas | Required Service Level |
|-----------------------------------|--|
| Pathology | High standards for both hygiene and aesthetic reasons |
| Out Patient Departments | Regular and frequent cleaning on a scheduled basis with intermittent 'spot cleaning' |
| Laboratories | Auditing at least once every three months |
| Mortuary | |

Additional internal areas:

Bathrooms, toilets, staff lounges, offices and any other areas adjoining significant-risk functional areas.

| Low Risk Functional Areas | Required Service Level |
|---------------------------|--|
| Administrative Areas | High standards are required for aesthetic and, to a lesser extent, hygiene reasons |
| Non-sterile Supply Areas | Regular cleaning on a scheduled basis with intermittent 'spot cleaning' |
| Record Storage | Auditing at least at six monthly periods |
| Archives | |

Additional internal areas:

Bathrooms, staff lounges, offices and other areas adjoining low-risk functional areas.

Cleaning Frequency

How often a non-critical item must be cleaned and checked if it is clean depends on:

- the characteristic of the item in consideration of;
- the potential for direct patient contact;
- the likelihood that the surface is contaminated with pathogens;
- the degree and frequency of hand or skin contact;
- and the location of the item in consideration of;
- the risk of infection for patients and staff.

Full Clean

A full clean is where all aspects of the element are fully cleaned on each occasion.

Check Clean

A check clean is where the operative makes an observational check of all aspects of the element. Where they observe aspects of the element that are not up to the required standard they clean those aspects only. The outcome is the same as full clean i.e. the whole element is cleaned.

To consider the characteristic of non-critical items they can be divided in:

- Patient equipment with direct contact
- Patient equipment with close contact
- Fixed assets
- Hard floors
- Soft floors
- Electrical fixtures and appliances
- Furnishings and fixtures
- Kitchen fixtures and appliances
- Toilets, sinks, wash hand basins and bathroom fixtures.

Examples patient equipment with direct contact:

- Commodes,
 - Bathroom hoists,
 - Weighing scales,
 - Drip stands.
- Examples patient equipment with close contact:
- Notes and drugs trolley,
 - Bedside alcohol hand wash container,
 - Clipboards and
 - Notice boards.

Management of Equipment & Consumables

Different functional areas in healthcare facilities represent different degrees of risk of infection and, therefore, require different cleaning frequencies and different levels of monitoring.

Cleaning Products

A wide range of dirt, including microbial soils, require the use of “chemicals” to facilitate removal. Cleaning products incorporating these chemicals commonly used for hospital cleaning are grouped into the following categories:

- Neutral Detergents - are used for general cleaning of hard surfaces, i.e. floors, walls, furniture, glass etc. Neutral detergents are those with a PH of 6-8.
- Acid Cleaners - are used for removing lime scale from sanitary ware and water stains and scale from toilets. Acid cleaners are those with a PH of less than 6.
- Alkaline Cleaners — are used for the removal of grease. Alkaline Cleaners are those with a PH between 9-11. Any Alkaline Cleaner with a PH higher than 11 should be used only under strict supervision as they are dangerous substances.
- Solvent Cleaners— are used for dry cleaning and stain removal.
- Disinfectants— are only to be used to disinfect and are not to be used as a general cleaning chemical, however, the cleaning of bodily fluids could require the use of a sodium hypochlorite solution.
- Deodorants - are used as an odour suppressant only and have no cleaning or disinfection capabilities.
- Sealer/Finishes - floor sealer is used to protect floor surfaces prior to polish being laid.
- Floor Polish - is applied to floor surfaces to protect and prolong floor life.

All cleaning products should be correctly labelled and stored in to eliminate the risk of contamination, inhalation, skin contact or personal injury. Preference should be given to dispensing systems in place of bulk containers to ensure integrity of dilution ratios and to eliminate the need for decanting.

Risks to cleaning staff using hazardous chemicals should be minimized by employing a structured program of risk management. Staff, patients and users must be protected against hazardous chemicals and unsafe work practices. Hazard warnings shall include multilingual signs together with appropriate information regarding remedial action. Signage shall be clear and concise and written in an easily understood manner.

Material Safety Data Sheets (MSDS) are required for all cleaning chemicals in current use, and shall be easily available for reference in case of accidents. Cleaning chemicals shall be appropriately labelled identifying the product, safety precautions and hazard information, correct dilution and method of application.

Applications of cleaning products using aerosol or trigger sprays may cause eye injuries, induce or compound respiratory problems or illness and should be avoided wherever possible. Powdered chemicals applied in a dry form by shaking containers should also be avoided for the same reason as they may become airborne during the application process.

Personal Protective Equipment (PPE) shall be provided for all cleaning personnel and replaced when defective. A regular inspection program by supervisory staff to monitor chemical safety should include the following criteria:

- correct labelling/signage
- correct handling/application
- wearing of PPE and replacement requirements
- update of MSDS
- Security.

Colour Coding

Colour coding of hospital cleaning materials and equipment ensures that these items are not used in multiple areas, therefore reducing the risk of cross-infection. The colours should be assigned to specific functional areas and should be valid across the whole healthcare facility. The method used to colour code items should be clear, permanent and in accordance with existing local practice.

The following cleaning materials and equipment that should be colour coded:

- Cloths (re-usable and disposable),
- Mops,
- Buckets,
- Aprons and
- Gloves.

The following materials and equipment do not need to be colour coded

- Bleach and disinfectants,
- Catering equipment (for example, chopping boards and knives).

The following table shows are recommended colour code system:

| Areas | Colour Code |
|---|-------------|
| Bathrooms, washrooms, showers, toilets, basins and bathroom floors | Red |
| General areas including wards, departments, offices and basins in public areas | Blue |
| Catering departments, ward kitchen areas and patient food service at ward level | Green |
| Isolation wards / Isolation Areas | Yellow |
| Operation Theatres | White |

Equipment

Cleaning machinery can be considered as vacuum cleaners, polishers, scrubbers, steam cleaners, carpet extractors etc. The correct selection of machinery should be the result of a comprehensive evaluation using the same criteria as for the selection of chemicals, materials/equipment. The cost and availability of spare parts should also be taken into account when selecting machinery.

Evaluation should cover the true cost and productivity achievable, where possible machinery should be given extensive trial periods to satisfy that it meets the needs of the task to be performed. The correct equipment will bring a reduction in the amount of physical effort on behalf of the operator.

Cleaners Room

Cleaners room should be available on every floor at a minimum, but preferably in each department. The cleaners room is used for the storage of cleaning equipment and also be provided by an alcove or within a dirty utility room, if there is sufficient space.

The following recommendations are given for this room:

- Low level mop sink, preferably with hot and cold water;
- Rooms should be well ventilated.
- All chemicals and materials should be stored above the floor on appropriate shelving at accessible height.
- Suitable lighting should be installed.
- Rooms should be easily accessible in relation to the area it serves.
- Locks should be fitted to all doors.
- The size of the room should be appropriate to the amount of materials, equipment, machinery and chemicals stored within the room.
- Rooms should be inspected on a regular basis to ensure that conditions optimise manual handling and ergonomic principles.

Quality Management of Environmental Cleaning Services

Quality Management

Testing & Monitoring

Specific frequencies have not been stated in these recommendations, as these should be developed at each healthcare facility on a case by case basis. Standards to be applied should be stated as outcomes that can be measured. Time frames must be determined that reflect hospital policy and local requirements to ensure acceptable cleaning standards are established and maintained. The three main parameters to be monitored are Routine, Period and Activity.

Routine

Is the frequency of cleaning that is performed in functional areas on a pre-determined basis, set by management according to areas usage and the need for cleanliness.

Periodic

Are those tasks additional to, but in conjunction with, routine tasks, e.g. scrubbing floors, glass cleaning. The frequency of these tasks is determined by the organization dependent on needs.

Activity

Are those tasks undertaken in accordance with a planned cleaning program or on a needs basis, e.g. wall washing, carpet shampooing etc.

The cleaning programme is determined by the organization and is planned according to individual needs. Factors to be recognized in the process are:

- the function and role of the area
- occupation density, e.g. high, medium, low
- traffic
- nature, type and condition of furnishings, fabric, finishes and surfaces
- infection control requirements
- age and location of buildings.

Frequencies are to be based on a sound quality assurance program especially when they relate to “routine” cleaning. A set time schedule is not considered appropriate for routine cleaning. If an area requires cleaning it should be cleaned, if it does not require cleaning and it is not scheduled for cleaning should not be cleaned.

The achievement of an acceptable standard is dependent on the implementation of an effective quality assurance and monitoring program and as such the program must function in accordance with the established inspection criteria and with a periodic system of review:

1. Foreworkers to review work of cleaners daily and submit exception reports.
2. Infection Control Person to review work at locations on an established periodic basis.
3. Management to inspect areas randomly, review complaints and take corrective action.
4. Customer satisfaction surveys of staff, patients/clients and visitors are to be performed periodically.

For items 2, 3 and 4, a formal reporting and record-keeping system is to be put in place detailing:

- frequency of reviews, results and action (by whom/when);
- register of complaints;
- register of special requests for cleaning.

Standard Operation Procedures

It is recommended that a Standard Operating Procedure for cleaning be established, including detailed Operational Cleaning Statements for the most 'common' activities.

In addition the following notes should accompany cleaning statements:

- Refer to the operational cleaning manual for guidance on all cleaning processes, cleaning frequencies, colour coding, equipment, protective clothing, fluids and methods.
- Refer to manufacturers' instructions for all cleaning materials, fluids, electrical and mechanical machinery.
- Any cleaning equipment used must be safe and appropriate for each application.
- Ensure all equipment is clean and dry before starting procedure.
- Plan work route and when necessary, remove furniture and equipment.
- Always use clean hazard-warning signs and position at the start of the task where they are most effective and people will know cleaning is in progress.
- Remove, clean and return equipment to the storage area when the task is completed and the floor is dry.
- When cleaning or using cleaning equipment, items must be checked for damage or wear which may impair future use or endanger the safety of any individual. If damaged do not use, report to supervisor, label as faulty and remove from use.
- When operating electrical machinery, always keep the cable behind the machine.
- When plugging a machine into an electric socket, make sure the switch is in the off position.
- Wear goggles when preparing cleaning solutions. Goggles should be worn during processes when there is a likelihood of splashing for example, when kneeling down scouring the floor.
- Never mix cleaning agents, as poisonous gases could result (refer to manufacturers' instructions and safety data sheets).
- Always ventilate any area where chemicals are used.

Sample Cleaning Statements

The following sample cleaning statements have been included:

- * Decontamination of Blood and Body Fluid Spillages
- * Cleaning Hard and Semi-hard Floors
- * Cleaning Soft Floors
- * General Cleaning
- * Kitchen Cleaning
- * Washroom Cleaning
- * Toilet Area
- * Patient Equipment
- * Specialist Cleaning
- * Cleaning Operating Theatre
- * Cleaning Isolation Rooms

In addition, the following sample documentation has been included:

- * Isolation room: Cleaning checklist
- * Documentation Form: Cleaning Isolation Room (regular cleaning)
- * Documentation form: Cleaning Isolation Room (terminal cleaning)

| OPERATIONAL CLEANING STATEMENT Decontamination of Blood and Body Fluid Spillages | |
|---|--|
| Task: Immediate Decontamination of large Blood and Body Fluid Spillages | |
| General Remarks | |
| <ul style="list-style-type: none"> • Body fluids refer to fluid or tissue from a patient, specimen or spillage. For example, wound exudate, blood, sputum, urine, faeces or other secretions or fluids. • If you are able to clean up the spill, follow proper clean up procedures as described in the following and use proper personal protection equipment. • Manage the generated waste as infectious waste. • Consult the supervisor if necessary. | |
| Health and Safety | |
| <ul style="list-style-type: none"> • Standard precautions apply, including use of personal protective equipment as applicable. • Spillages of blood and other body fluids in clinical areas must be decontaminated promptly with a disinfectant. • Spills should be cleared up before the area is cleaned (adding cleaning liquids to spills increases the size of the spill and should be avoided). • Generation of aerosols from spilled material should be avoided. | |
| Equipment Required | |
| <ul style="list-style-type: none"> • General cleaning detergent solution • Infectious waste plastic bag; none-sterile latex gloves, apron, mask and goggles; chlorine solution (1 % available chlorine); sufficient amount of disposable absorbent material paper towels. | |
| Method | |
| <ol style="list-style-type: none"> 1. Wear disposable gloves and an apron for cleaning the spillage! If splashes may occur, wear additionally a mask and goggles! 2. Cover the spillage area with disposable absorbent material (paper towels) wetted in a 1% chlorine solution and leaved to stand for 10 minutes. 3. Remove waste and place content into an infectious waste bag. 4. The area should then be thoroughly cleaned with General Purpose Detergent and dried. | |

Method (contd.)

5. Remove the personal protective equipment and place the gloves into an infectious waste bag. Place contaminated aprons in a bag for soiled linen.
6. Wash hands thoroughly with soap and water!
7. Inform the responsible person (cleaning supervisor)!

OPERATIONAL CLEANING STATEMENT

Cleaning Hard and Semi-Hard floors

Task: Damp Mopping (double bucket/double solution)

Health and Safety

- Work in small square sections to prevent over stretching
- Ensure the area is first Dust Controlled or Suction Cleaned
- When mopping a corridor, mop half first leaving a clearly identified dry area for patients/ visitors to walk on
- Do not over-wet floor
- If mopping stairs, ensure area is cordoned-off and warning signs are displayed
- All equipment should be left clean, dry and tidy in storage area after use.

Equipment Required

- | | |
|--|--|
| <ul style="list-style-type: none"> • Colour-coded bucket x 2 with compatible wringer • Colour-coded gloves • Colour-coded mop handle • Colour-coded mop head | <ul style="list-style-type: none"> • Cleaning trolley • Laundry bag • Warning signs • Floor cleaner or general purpose detergent |
|--|--|

Method

1. Wash hands and put on gloves
2. Display the warning signs in the area, ensuring all signs are visible
3. Prepare the cleaning solution in a well-ventilated area (refer to manufacturers' instructions), adding solution to one bucket and fill the other bucket with water
4. Attach the mop head to the mop handle
5. Submerge the mop into the cleaning solution and remove excess solution from the mop in the wringer
6. Mop the floor in 1-2 metre square sections
7. Mop edges of the floor with a straight stroke, use a figure-of-eight (8) pattern, turning the mop frequently, leaving the floor as dry as possible after cleaning the rest of the section.
8. When the mop is completely dirty, submerge into the second bucket (water) and wring.
9. Avoid splashing other surfaces and remove any splashes that occur

Method (contd.)

10. On completion, remove mop head and place in a laundry bag

11. After use, all equipment should be checked, cleaned, dried and returned to the storage area

12. Remove gloves and wash hands

NOTE Regularly replace the mop head and water.

OPERATIONAL CLEANING STATEMENT

Washroom Cleaning

Task: Cleaning Hand Wash Basin

Health and Safety

- Never mix cleaning agents, as poisonous gases could result (refer to manufacturers' instructions)
- Throughout the cleaning, regularly clean the cloth and rinse in cleaning solution.
- Do not scratch with abrasive items as scratches may harbour harmful bacteria.
- Report faults for example, cracked or broken items or any build up of scale to your supervisor.
- Display warning signs and ensure they are clearly visible
- All equipment should be left clean, dry and tidy in storage area after use

Equipment Required

- Colour-coded bucket or colour-coded labelled spray bottle
- Colour-coded cloth
- Colour-coded gloves
- Bottle brush
- Non-abrasive pad
- Pair of tweezers
- Supply of soaps/paper towels and waste bags (to replenish stock)
- Warning signs
- General purpose detergent, general surface cleaner or bath/washbasin/shower/bidet cleaner

Method

1. Wash hands and put on gloves
2. Display the warning signs in the area, ensuring all signs are visible
3. Ventilate the area (for example, open a window)
4. Prepare the cleaning solution in a well-ventilated area (refer to manufacturers' instructions).
5. Remove any objects from the basin, (for example, patient personal items)
6. Remove any hair or other items from the plug, plug-hole and plug chain with the tweezers.

Method (contd.)

7. Dampen or rinse a cloth in the cleaning solution and wring out well. NOTE Start cleaning from outside and work towards the inside.
8. Wipe the surrounding surfaces of the bowl, including wall tiles, ledges, pipes, underneath the basin, paper towel dispenser, soap dispenser
9. Wipe the inside of the bowl, including the plug, plug chain, taps and overflow with a cloth rinsed and wrung out in the cleaning solution..
10. With running tap water, rinse the basin thoroughly, directing water into the overflow. Clean the overflow with a bottlebrush.
11. To remove any build-up of soap and grease, repeat steps 10 and 11 applying the cleaning solution and using a non abrasive pad. NOTE Frequently rinse the cloth in the cleaning solution. Change the cleaning solution when it becomes soiled.
12. Polish stainless steel or chrome
13. Replace items removed to original position, replenish soap and paper towels
14. Dispose of the cloth when the task is completed or if reusable place in a laundry bag
15. After use, all equipment should be checked, cleaned, dried and returned to the storage area
16. Remove gloves and wash hands

OPERATIONAL CLEANING STATEMENT

Toilet area

Task: Cleaning Sluice/ Dirty Utility

Health and Safety

- Never mix cleaning agents, as poisonous gases could result (refer to manufacturers' instructions)
- Do not splash walls and fixtures
- Do not scratch with abrasive items as scratches may harbour harmful bacteria
- Report faults and damages to your supervisor immediately
- Display warning signs and ensure they are clearly visible.
- All equipment should be left clean, dry and tidy in storage area after use.

Equipment Required

- Colour-coded bucket
- Colour-coded cloths
- Colour-coded gloves
- Colour-coded labelled spray bottle
- Abrasive pad
- Warning signs
- Bottle brush
- Toilet brush
- Tweezers
- General purpose detergent, general surface cleaner or bath/washbasin/shower/ bidet cleaner

Method

1. Wash hands and put on gloves
2. Assemble the equipment and check for safety.
3. Display the warning signs in the area, ensuring all signs are visible
4. Ventilate the area (for example, open a window)
5. Prepare the cleaning solution in a well-ventilated area (refer to manufacturers' instructions).
6. Fill a spray bottle with the cleaning solution and spray internal surfaces.

Method (contd)

7. Remove any hair or other items from the plug, plug hole and plug chain with the tweezers
8. Dampen or rinse a cloth in the cleaning solution and wring out well. NOTE Start cleaning at the highest point and work towards the lowest, from outside to the inside and from clean to dirty
9. Wipe the surrounding areas including external surfaces and pipe work
10. Rinse the cloth in the cleaning solution and wipe internal surfaces, pay particular attention to water marks and drains. NOTE Frequently rinse the cloth in the cleaning solution. Change the cleaning solution when it becomes soiled.
11. Rinse the sluice with clear water.
12. Channelled Urinal splash backs should be sprayed with the cleaning solution and wiped clean with clear water.
13. Dispose of the cloth when the task is completed.
14. After use, all equipment should be checked, cleaned, dried and returned to the storage area.
15. Remove gloves and wash hands.

OPERATIONAL CLEANING STATEMENT

Cleaning Operating Theatre

Task: Cleaning Between Patients

Health and Safety

- Never mix cleaning agents, as poisonous gases could result (refer to manufacturers' instructions)
- Always use a warning sign 'cleaning in progress', position to be effective
- All equipment should be left clean, dry and tidy in storage area after use.

Equipment Required

- Colour-coded bucket
- Colour-coded disposable cloth
- Detergent

Method

Surfaces such as the operating table and any equipment that has been in direct contact with the patient:

1. Clean carefully after the patient has left, using an approved detergent and hot water using a disposable cloth OR using a disposable detergent wipe. Wipe the area thoroughly and allow to dry.
2. It is not necessary to use disinfectants in addition, unless there has been contamination with blood/body fluid spillage or aerosol (see "blood spillage statement")
3. After cleaning, the surface should be dry before the next patient;
4. 15 minutes is sufficient for conventionally ventilated theatres to lie fallow after "dirty" cases and before the next case.

Further Reading

Options for further reading are indicated below:

- Cleaning standards for Victorian health facilities 2011 (August), Department of Health, Australia:
[http://docs.health.vic.gov.au/docs/doc/03B092C93089BCE5CA2578940021D50D/\\$FILE/Cleaning%20standards%20for%20Victorian%20health%20facilities%2020110831.pdf](http://docs.health.vic.gov.au/docs/doc/03B092C93089BCE5CA2578940021D50D/$FILE/Cleaning%20standards%20for%20Victorian%20health%20facilities%2020110831.pdf)
- Guidelines for Environmental Infection Control in Health-Care Facilities, CDC, US:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm>
- The NHS Healthcare Cleaning Manual, Department of Health Social Services and Public Safety
<http://www.dhsspsni.gov.uk/facilities-environmental-cleanliness>
- Environmental Cleaning Policy, Ministry of Health, New South Wales, Australia
http://www0.health.nsw.gov.au/policies/pd/2012/pdf/PD2012_061.pdf
- Revised Healthcare Cleaning Manual, Association of Healthcare Cleaning Professionals 2013, UK:
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