



# PATIENT SAFETY TOOL BOX TALKS ©

SAFE CARE & SUPPORT

## CLEANING & DECONTAMINATION

v1.1



### Cleaning & Decontamination

Every service user has a right to be treated and cared for in a clean, safe environment. It is the duty of everyone who works in a healthcare facility to ensure the highest standard of cleanliness is pursued. There is a growing body of evidence linking the environment with outbreaks of specific healthcare associated infections, such as VRE, C difficile etc...Cleaning can be done manually (elbow grease, clean cloth, warm water, detergent) or by machines (e.g. dishwasher).

### Terms

**Cleaning:** is a process which removes dust, soil, large numbers of microorganisms (germs) and the organic matter that protects them e.g. faeces, blood. **Cleaning is an essential step prior to disinfection or sterilisation.** Cleaning physically removes rather than kills germs.

**Disinfection:** is defined as the removal or destruction of all germs except bacterial spores and prions (e.g. CJD- 'Mad cow' disease). A disinfectant is an agent used in disinfection. A skin disinfectant is a type of disinfectant suitable for use on the skin; skin disinfectants are often called antiseptics. There are two main methods disinfection, heat disinfection (e.g. method used in bedpan washers) and chemical disinfection (e.g. bleaches and alcohols).It is important to note that skin disinfectants, e.g. Hibiscrub, are not suitable for environmental disinfection, and environmental disinfectants, e.g. bleaches must never be used on the skin.

**Sterilisation:** A process that renders an object free from viable micro-organisms (germs) including viruses and bacterial spores. Used on reusable invasive medical devices such as theatre implements, some devices used in dentistry etc. It kills all living micro-organisms (germs). Examples of sterilisation methods include steam sterilisers and UV lights.

### Cleaning Schedules

#### 1.Cleaning Frequency

Some areas pose a higher infectious risk to patients than others, and should be cleaned more frequently. The following risk categories apply (NHO Acute Hospitals Cleaning Manual 2006):

Risk Level	Status	Corresponding Work Area
1	Very High Risk	ICU, NICU, Theatre, Endoscopy, Pharma Clean rooms, Renal Dialysis Unit, High Risk Patients, Immuno-compromised patient areas, Special needs areas, Outbreak situations
2	High Risk	CSSD/TSSU/HSSD,A&E, Isolation Rooms, Catering facilities, Day Hospital/Day Services (includes Chemo Day Ward), OPD (invasive treatments), Treatment & Clinical Rooms, Pharmacy, Surgical, Maternity & CCU Wards
3	Moderate Risk	All other wards/units, Day activity centres (non-invasive), Rehab. Areas, General Pharmacy, Labs, Mortuary, Radiology (non-invasive), Public areas, on-call accommodation, Physiotherapy department, Occupational therapy, Stairwells
4	Low Risk	Admin, non-sterile supplies area, archives & record storage areas, workshops, plant rooms, central stores, chapel, fire escapes, library, meeting rooms, retail areas, staff changing facilities

## 2. Personal protective clothing for cleaning

### Gloves

Household gloves are recommended for general cleaning. Gloves should be colour coded in line with cleaning equipment. Hand hygiene should always be performed following glove removal.

### Disposable plastic aprons

Aprons should be worn to provide a waterproof barrier while cleaning if contamination of the clothing is likely to occur.

### Safety goggles and masks/visors

Should be worn if splashing of fluid during cleaning to the eyes/nose/mouth is anticipated.

## 3. Recommended Colour Coding for Cleaning Cloths

<b>RED DISPOSABLE</b> Toilets and floors of washrooms* (bathroom/toilet/shower/ensuite)	<b>WHITE</b> Theatre cleaning
<b>BLUE</b> General areas including wards, clinical rooms, offices, departments and public areas	<b>YELLOW</b> Wash hands basins and washroom surfaces*
<b>GREEN</b> Kitchens	<b>WHITE DISPOSABLE</b> Isolation room cleaning

## 4. Cleaning Agents & Antiseptics

Further Information on cleaning products, schedules, frequencies, etc... can be obtained from the National Hospital Office Acute Hospitals Cleaning Manual 2006.

Agent	Preparation	Use
General Purpose detergent/detergent wipes	Detergent with a neutral pH, i.e. a neutral detergent. In general, make up with water as per instructions	Routine and environmental cleaning of hard surfaces and equipment, especially seats, wheelchairs, floors etc..
Liquid Hypochlorite e.g. Milton 1% solution 100 mls in 1000 mls H <sub>2</sub> O or, Sodium dischloroisocyanurate (NaDCC) tab or granules or powders, e.g. Presept, Klorosept, Actichlor	Chlorine tablets, granules or liquid bleach made up to 1,000 ppm in a solution with water. Chlorine tablets or granules, or liquid bleach, made up to 10,000 ppm in water In all cases must follow manufacturers instructions. Hypochlorite solution or chlorine tablets diluted to 125ppm (0.0125% Hypochlorite)	Disinfection as indicated, e.g. following cleaning if soiled with blood or body fluids, blood spillages etc.. Both suitable for areas with residents infected with <i>C difficile</i> Suitable for catering surfaces and equipment
70% Isopropyl alcohol	Wipes, e.g. Alco wipes, cliniwipes	For rapid disinfection of smooth clean surfaces, e.g. scissors

### Group Exercise

Examine cleaning schedules in your area of work. Is there a policy required on this area? How often are cleaning schedules reviewed, audited and updated. For advice contact your infection control department or local Public Health department.