

INFECTION PREVENTION AND CONTROL POLICY AND PROCEDURES **Sussex Partnership NHS Foundation Trust (SPFT)**

IPC5

ENVIRONMENTAL CLEANING

INTRODUCTION

All staff have a responsibility to promote and safeguard the wellbeing and interests of service users. A dirty cluttered environment is not a standard on which any healthcare organisation wishes to be judged.

Cleaning is necessary to maintain the appearance, structure and efficient function of the environment and equipment. It is also required to control the microbial population and to prevent the transfer of certain micro-organisms. Cleaning, when performed effectively and regularly, is often all that is necessary to minimise the risk of cross-infection.

Standards of domestic services provision should be audited regularly to ensure compliance with local schedules and processes as laid down in:

- The National Specifications for Cleanliness in NHS a framework for setting and measuring performance outcomes (NPSA, 2007)*
- The National Specifications for Cleanliness Guidance on setting and measuring performance outcomes in care homes (NPSA, 2010)
- The national specifications for cleanliness in the NHS Primary Medical & Dental Services (NPSA, 2010).

* NPSA – National Patient Safety Agency

These standards should be locally adapted to suit individual organisations' needs and requirements. Where domestic (housekeeping) services are out-sourced to an independent contractor, arrangements for regular audit should be incorporated into the service contract and performance monitored as part of contractual arrangements by all parties.

STAFF PERSONAL HYGIENE

Personal hygiene is important as members of the domestic staff come into direct contact with vulnerable service users. Hands should be washed frequently and especially after each cleaning operation, to ensure that harmful organisms are not spread.

It is important that domestic staff report to their line manager any infections which they have or have come into contact with. See policy for Management of Infections in Staff.

Adequate and appropriate protective clothing must be available for domestic staff at all times including household gloves and plastic aprons. Staff should be trained in the use of PPE and the frequency for change of equipment.

GENERAL HYGIENE

Regular cleaning and attention to cleaning processes does more to remove environmental bacteria than any other activity, including the type of cleaning agent used.

Stained, dusty or unhygienic surroundings combine to produce an unattractive and sometimes high-risk healthcare environment.

Cleaning equipment should be cleaned thoroughly after use and stored dry in a clean secure place. Mops should not be left soaking as the water acts as a reservoir for micro-organisms. Mops must be wrung out and stored head uppermost to dry. Mop heads should be either disposable or laundered regularly dependent on risk e.g. daily in food preparation areas, isolation rooms etc. and weekly in other areas dependent on local risk assessment.

Appropriate protective clothing should be worn when carrying out cleaning processes, e.g. appropriate gloves (powder-free) and plastic aprons. Face protection should be available to staff handling disinfectants in compliance with Health and Safety and COSHH regulations.

COLOUR CODING OF EQUIPMENT

The aim of colour coding is to ensure that cross-infection does not occur when cleaning equipment is used in more than one type of area. Using a cloth in the kitchen following its use in the toilet would provide considerable risk of cross-contamination on environmental surfaces.

Colour coding should be applied to all housekeeping equipment in all areas of the organisation. All staff, especially domestic and care staff should be familiar with the colour coding in use. Posters demonstrating this should be available for staff as a reference tool. Ideally, colour coding of housekeeping equipment should reflect the guidance issued by the National Patient Safety Agency (NPSA 2007). See Appendix 1 National Colour Coding for Housekeeping Equipment.

USE OF DISINFECTANTS

Disinfectant solutions must only be used by staff that have been trained in their use and are aware of how to prepare the solution (including dilution), how to use the solution, what protective clothing must be worn and how to dispose of the solution after use. They must be aware of the COSHH regulations for the disinfectants used and have access to data sheets which are available from the product manufacturer. A folder

containing COSHH data sheets must be kept in all areas and be available for staff to refer to at all times.

Research has shown that efficient routine cleaning using a general purpose liquid detergent will remove a high proportion of micro-organisms, including bacterial spores and in most situations thorough cleaning will be adequate. Chemical disinfectants are not cleaning agents and to use them as such is unnecessary and wasteful as well as potentially harmful.

Disinfectants should only be used for the following processes:

- Disinfection of food preparation areas;
- In particularly dirty situations e.g. where blood or faeces are present;
- For disinfection of isolation rooms
- During outbreaks of infection when directed to do so by the local Infection Control Advisor

All disinfectants must be adequately labelled with the active ingredients in case of accident/splash/ingestion in accordance with COSHH regulations.

Gloves and plastic aprons must always be worn when handling disinfectants. Eye protection must also be available.

A decision should be made by the facility to use the same disinfectant preparations throughout the building to ensure consistency and economies of scale. Decisions relating to the use of disinfectant solutions should be made in collaboration with the local Infection Control Advisor to ensure use is appropriate.

Preparations should be available in the correct concentration. Bottles should be labelled accordingly. A Hypochlorite concentration of 10,000 ppm (parts per million) is necessary for use on blood and body fluid spillages. A weaker concentration of 1,000 ppm is used for environmental disinfection.

Usually, the type of disinfectant solution required to deal with high risk situations (as listed above) can be restricted to a specific chlorine-releasing agent, which is highly effective against bacteria, bacterial spores, viruses and other relevant pathogens.

An alternative system of environmental cleaning is the use of Microfibre cleaning systems which negate the requirement for the use of environmental disinfectants. Many commercial companies provide Microfibre systems which are widely used in NHS premises and are currently being evaluated with regards to their efficacy.

Where Microfibre systems are used there should be protocols in place. These should include, as a minimum:-

- Colour coding of cloths / mop heads
- Frequency of change of cloths / mop heads i.e. per room / bed space
- Maximum time of use / reprocessing of cloths / mop heads
- Method of laundering of cloths / mop heads
- Management of Microfibre laundry facilities

FREQUENCY OF CLEANING / CLEANING SCHEDULES

Environmental cleaning should be undertaken at a clearly defined frequency dependent on the risks associated with the specific environment. For example, clinical / treatment rooms require more frequent cleaning than office areas. The Revised Healthcare Cleaning Manual (AHCP, 2013)* contains comprehensive guidance on cleaning frequencies and provides schedules for local modification and use.

All cleaning frequencies must be clearly documented and staff must be adequately trained in their use.

Cleaning must be formally documented in the form of a check-list / schedule that must be kept in individual areas and filled in regularly by the cleaner/ housekeeper. Such schedules must be regularly audited to ensure compliance and regular review of audits should be undertaken with remedial action taken to address inconsistencies and non-compliance with local schedules. Cleaning schedules should be available for public / service user inspection. This enhances public / service user confidence and is a requirement of The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance (DH, 2015), criterion 2.

* AHCP – Association of Healthcare Cleaning Professionals

STAFF TRAINING

It is essential that all housekeeping staff receive a fully documented induction and orientation programme including:

- Cleaning methods
- Cleaning products and their safe use and storage
- Use of appropriate protective clothing
- Disposal of waste, including bagging, labelling and storage
- Sharps safety
- Cleaning of equipment, including care and storage
- Personal and environmental COSHH safety
- Hand Hygiene

- Food hygiene, if necessary
- Incident/accident and illness reporting.

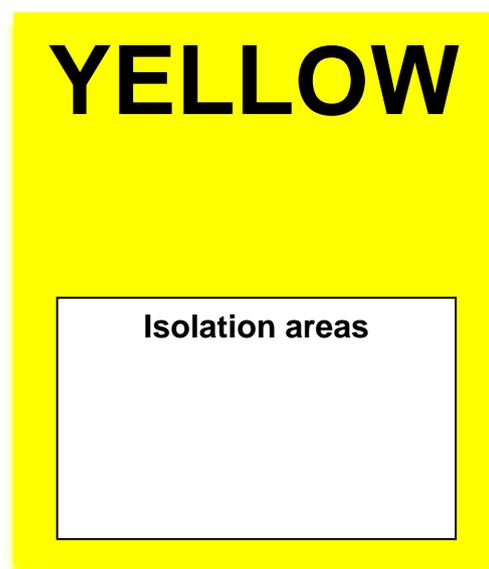
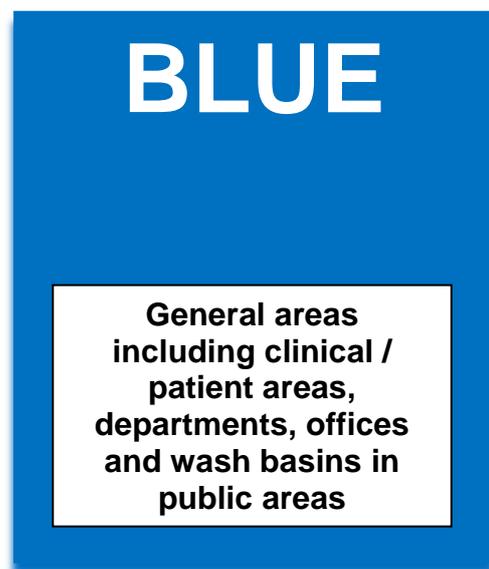
SERVICE USERS IN ISOLATION

Care staff should inform the Domestic Services office as soon as possible after a service user is placed in isolation, so that the Manager / Supervisor can ensure that domestic staff have the appropriate equipment and an understanding of the isolation precautions required as well as the type of product to be used and any enhanced frequency of cleaning. Dedicated cleaning equipment (which is appropriately colour-coded) is required for use in isolation rooms and should not be used elsewhere. The equipment should be kept in the room if possible e.g. in en suite facilities or in an appropriate location e.g. dirty utility/ sluice where it is adequately labelled to avoid inappropriate use.

During outbreaks of infection the entire area will require enhanced (increased) cleaning using appropriately colour-coded equipment and a chlorine-based disinfectant solution.

APPENDIX 1 NATIONAL COLOUR CODING FOR CLEANING EQUIPMENT

IN-PATIENT FACILITIES



Based on the National Patient Safety Agency
The National Specifications for Cleanliness in NHS a framework for setting and
measuring performance outcomes (NPSA, 2007)*

APPENDIX 2 NATIONAL COLOUR CODING FOR CLEANING EQUIPMENT

OUT-PATIENT FACILITIES



Based on the National Patient Safety Agency
The national specifications for cleanliness in the NHS Primary Medical & Dental
Services (NPSA, 2010)