11. MANAGEMENT OF THE PATIENT CARE ENVIRONMENT

Maintaining a safe, clean and hygienic environment and minimizing microbial contamination of surfaces, items and equipment within the health care environment is increasingly recognized as an essential approach to reducing the risk of health care-associated infections for everyone within any health care setting.\[13.1\]

11.1. Cleaning of Environment

Minimize Environmental Contamination:

- Do not bring the care record/chart into the patient room, cubicle or designated bed space in a shared room and perform hand hygiene after handling the record/chart.
- Do not eat or drink in areas where direct care is provided, at the nursing station, in medication rooms, in clean supply rooms, and in reprocessing or laboratory areas.
- Dedicate non-critical medical equipment to a single person receiving care.
- Assign responsibility and accountability for routine cleaning of care equipment.
- Ensure environmental cleaning follows a set procedure and frequency, and is documented and supervised by adequately trained dedicated personnel.
- Ensure adequate human resources.\[13.7\]

Areas/programs should have:

- Written policies and procedures for cleaning and disinfection of client/patient/resident rooms and equipment that includes cleaning standards and frequencies.\[13.7\]
- Procedures and increased capacity for outbreak management.\[13.7\]

- Ensure surfaces are constructed of materials that can be easily cleaned at the point of use.
- Increase the frequency of cleaning and disinfecting frequently touched surfaces. Clean and disinfect surfaces likely to be touched and/or used on a more frequent schedule compared to other surfaces (high touch surfaces). This includes surfaces in close proximity to the person receiving care (e.g., bedrails, over bed tables, call bells, exam beds, treatment chairs) and frequently touched surfaces in the care environment such as doorknobs, surfaces in the person's bathroom and shared common areas for dining, bathing, toileting.
- Monitor for adherence to recommended environmental cleaning practices.
- Ensure rooms/spaces are terminally cleaned following patient discharge and after discontinuing precautions.
- Use facility approved cleaners and disinfectants.
- Ensure the availability of healthcare approved cleaners and disinfectants for housekeeping and front line staff.\[13.5\]
- Clean areas adjacent to construction activities at the end of the day or at other times as required in order to maintain cleanliness of the area.\[13.7\]

When continued transmission of certain microorganisms (e.g., norovirus, rotavirus, \textit{C. difficile}) occurs, specific disinfectant products may need to be used. In outbreak situations or when there is continued transmission, rooms of \textit{C. difficile} infected persons should be decontaminated and cleaned with chlorine containing cleaning agents (at least 1,000 ppm) or other sporicidal agents.
11.2. Cleaning & Disinfection of Non-Critical Patient Care Equipment

Contamination of care equipment and items in the care environment, as well as the care environment itself has been implicated in transmission of infection.

Clean and disinfect used or potentially contaminated items that have been in direct contact with a person receiving care or in their environment before use in the care of another person receiving care including transport equipment. \[13.7\]

Identify used non-critical care equipment and other items such as toys and electronic games, and do not allow use by another person until these items are appropriately cleaned and disinfected.

Clean and disinfect non-critical care equipment dedicated to an individual person receiving care according to a regular schedule.

Dedicate bedpans and commodes to each person receiving care and label appropriately. Clean and disinfect before use by another person. The use of disposable bedpans is acceptable. Bedpan holders for disposable bedpans must be reprocessed following use.

Store sterile and clean supplies in a designated and separate clean dry area protected from dust. Do not store under sinks and/or near plumbing as leaks may occur.

Discard personal care items (e.g., tissues, lotions, soaps, razors) and disposable equipment such as containers used for blood collection or tourniquets left in the room following transfer, terminal cleaning or discharge.

Assign responsibility for regular cleaning of computer keyboards and horizontal computer cart surfaces utilized in the healthcare environment.

Ensure computer keyboards in patient rooms are cleaned during discharge or terminal cleaning, as well as after each use. Consider computer keyboards and computer device technology used in the healthcare environment as contaminated. Clean hands after using keyboards and computer devices, especially before touching a person receiving care, their environment or supplies.
11.2.1. In Home Care Settings\textsuperscript{[13.9]}

- Persons receiving care should be educated about the importance of environmental cleaning.
- The amount of disposable and non-disposable care equipment and supplies brought into the home should be limited.
- Persons receiving care should be advised to purchase items such as thermometers and scissors for personal use.
- Whenever possible, reusable care equipment should be left in the home until the person is discharged from home care services.
- Non-critical care equipment (e.g., stethoscope) that cannot remain in the home should be cleaned and low-level disinfected before taking them from the home.
- Alternatively, contaminated reusable items should be in a plastic bag for transport then cleaned and disinfected in a designated area at the home care office.
- Unused disposable equipment or supplies in the home should be discarded following discharge from home care services if the home/environment of the person receiving care:
  - Has suspected or known bed bugs.
  - Has known or suspected rodent activity.
  - Has pets, if any pet dander or excrement is present on packaging
    And
  - If the person receiving care has a communicable disease such as VRE, MRSA, etc.
  - If the expiry date on product has been reached.
  - If Packaging is soiled or moisture is present on it.
11.3. Handling of Linen

Linen in healthcare facilities may become contaminated with pathogens but risk of disease is negligible.

Care should be taken in the handling of soiled linen to prevent dispersal of microorganisms. Handle soiled linen with a minimum of agitation to avoid contamination of air, surfaces and persons.

Handle soiled linen in the same way for everyone without regard to their infection status. Place soiled linen in a no-touch receptacle at the point of use.

Use leak-proof containers for laundry contaminated with blood or body substances (water soluble bags and ‘double-bagging’ are not recommended) [13.7]

Linen bags should be tied securely and not over-filled [13.7]

Clean linen should be transported and stored in a manner to prevent inadvertent handling or contamination by dust, which may contain fungal spores harmful to immunocompromised persons.

Maintain separation of clean and soiled linen during transport and storage.

If laundry chutes are used, they should be properly designed, maintained, and used in a manner to minimize dispersion of aerosols from contaminated laundry.

Change bed linen regularly and when soiled, upon discontinuation of contact precautions and following discharge of the person receiving care.

Roll or fold heavily soiled linen to contain the heaviest soil in the centre of the bundle. Do not remove large amounts of solid soil, feces or blood clots from linen by spraying with water; use a gloved hand and toilet tissue to remove any solid waste then to avoid splashing carefully place into a bedpan or toilet for flushing.

Perform hand hygiene after handling soiled linen.

Wash reusable linen bags after each use; they may be washed in the same cycle as the linen contained in them.

In ambulatory care/clinic areas change linen following every treatment/procedure.
11.4. **Handling of Waste**

> Most waste generated in healthcare settings is no more hazardous than household waste.

Waste receptacles should be conveniently located and, preferably, hands-free.

Do not double-bag waste unless the first bag becomes stretched or damaged, or when waste has spilled on the exterior. \([13.5]\)

Close waste bags when three-quarters full and tie in a manner that prevents contents from escaping. \([13.5]\)

Remove waste to central holding areas at frequent intervals. \([13.5]\)

Dispose of blood, suctioned fluids, excretions and secretions in a sanitary sewer or septic system according to municipal/regional regulations. \([13.9]\)

Contain and dispose of biomedical waste according to site policies.

Wear personal protective equipment according to Point of Care Risk assessment

Perform Hand Hygiene after handling waste and waste containers.

11.5. **Handling of Dishes**

There are no indications for the use of disposable dishes other than when dishwashing equipment is non-functioning.

11.6. **Handling of Deceased Bodies**

Use Routine Practices properly and consistently applied for the routine handling of deceased bodies. There are no special requirements when handling deceased bodies. Adhere to provincial specified communicable disease regulations, available at Province of Manitoba, [Public Health Act, Dead Bodies Regulation](#).