9. MANAGEMENT OF THE PATIENT CARE ENVIRONMENT

Cleaning of Environment
Minimize Environmental Contamination by:

- Refraining from taking the patient 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
- Refraining from eating or drinking in areas where direct patient care is provided, at the nursing station, in medication rooms, in clean supply rooms, and in reprocessing or laboratory areas
- Dedicating non-critical medical equipment to a single patient
- Assigning responsibility and accountability for routine cleaning of patient care equipment
- Ensuring environmental cleaning follows a set procedure and frequency, and is documented and supervised by adequately trained dedicated personnel
- Ensuring surfaces are constructed of materials that can be easily cleaned at the point of use
- Increasing 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. This includes surfaces in close proximity to the patient (e.g., bedrails, over bed tables, call bells) and frequently touched surfaces in the patient care environment such as door knobs, surfaces in the patient's bathroom and shared common areas for dining, bathing, toileting.
- Monitoring for adherence to recommended environmental cleaning practices
- Ensuring rooms/spaces are terminally cleaned following patient discharge and after discontinuing precautions
- Using facility approved cleaners and disinfectants

When continued transmission of selected microorganisms (e.g., norovirus, rotavirus, C. difficile) occurs, use of specific disinfectant products may need to be considered. In outbreak situations or when there is continued transmission, rooms of C. difficile infected patients should be decontaminated and cleaned with chlorine containing cleaning agents (at least 1,000 ppm) or other sporicidal agents.

Cleaning & Disinfection of Non-Critical Patient Care Equipment

Contamination of patient care equipment, items in the patient environment, as well as the patient’s environment itself have been implicated in transmission of infection.

Clean and disinfect used or potentially contaminated items that have been in direct contact with a patient or in that patient’s environment before use in the care of another patient.

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

Clean and disinfect non-critical patient care equipment dedicated to an individual patient according to a regular schedule.
Dedicate bedpans and commodes for single patient use and label appropriately. Clean and disinfect before use by another patient. 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 patient, a patient environment or supplies.

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 all patients without regard to their infection status. Place soiled linen in an appropriate receptacle at the point of use.

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 patients.

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 patient bed linen regularly and when soiled, and following patient discharge.

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 then 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 areas change linen following every patient treatment/procedure.
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.

Contain and dispose of biomedical waste according to site policies.

Handling of Dishes
There are no indications for the use of disposable dishes other than when dishwashing equipment is non-functioning. No special precautions; Routine Practices are sufficient.

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 Manitoba Health, Public Health Act, Dead Bodies Regulation