Winnipeg Regional Health Authority **Office régional de la santé de Winnipeg** Caring for Health À l'écoute de notre santé	**Personal Care Home/Long Term Care Facility Infection Prevention and Control Program**

Operational Directive	**Infection Control in Housekeeping and Maintenance**	**Page** 1 of 6
	Approval Signature: *Linda Norton*	**Supercedes**: Infection Control in Housekeeping and Maintenance (December 12, 2001)
	Date of Approval: November 25, 2010	
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1.0 **PURPOSE:**

1.1 To achieve a clean environment to help prevent the spread of microorganisms.

2.0 **DEFINITIONS:**

2.1 Cleaning: The physical removal of foreign material, e.g., dust, soil, organic material such as blood, secretions, excretions and microorganisms. Cleaning physically removes rather than kills microorganisms. Cleaning reduces or eliminates the reservoirs of potential pathogenic organisms. Cleaning agents are the most common chemicals used in housekeeping activity.

2.2 Disinfection: The inactivation of disease producing microorganisms. Disinfection does not destroy bacterial spores. Disinfectants are used on inanimate objects; antiseptics are used on living tissue. Disinfection usually involves chemicals, heat or ultraviolet light. Levels of chemical disinfection vary with the type of product used.

2.3 Facility Approved Disinfectant: A disinfectant cleaner that has been approved by the facility/organization.

2.4 High level disinfection**:** The level of disinfection required when processing semi critical items. High level disinfection processes destroy vegetative bacteria, mycobacteria, fungi and enveloped (lipid) and non-enveloped (non-lipid) viruses, but not necessarily bacterial spores. High level disinfectant chemicals (also called chemisterilants) must be capable of sterilization when contact time is extended. Items must be thoroughly cleaned prior to high level disinfection.

2.5   Low level disinfection: The level of disinfection required when processing non-critical items or some environmental surfaces. Low level disinfectants kill most vegetative bacteria and some fungi as well as enveloped (lipid) viruses (e.g., hepatitis B, C, Hantavirus and HIV). Low level disinfectants do not kill mycobacteria or bacterial spores. Low level disinfectants-detergents are used to clean and disinfect environmental surfaces.

2.6   Non-critical items: Those items that either touch only intact skin but not mucous membranes or do not directly touch the resident. Examples of non critical items include equipment such as lifts, transfer boards, wheel chairs, BP cuffs and call bells. Reprocessing of non-critical items involves cleaning and/or low level disinfection.

2.7   Sterilization: The destruction of all forms of microbial life including bacteria, viruses, spores and fungi. Items must be cleaned thoroughly before effective sterilization can take place.

3.0   **OPERATIONAL DIRECTIVES:**

3.1   Routine cleaning of environmental surfaces and non-critical patient care items should be performed according to a predetermined schedule. The cleaning schedule should be sufficient to keep surfaces clean and dust free.

3.2   Surfaces that are frequently touched by the hands of health care providers and residents, such as nurse call systems, surfaces of medical equipment and knobs for adjustment or opening require frequent cleaning.

4.0   **PROCEDURE:**

4.1   Routine Cleaning
Refer to facility specific housekeeping and maintenance procedures which should include but is not limited to the following:
4.1.1   The environment should be kept free of clutter to facilitate housekeeping.

4.1.2   Cleaning is accomplished with water, detergent and mechanical action. Detergents are adequate cleaning agents for most housekeeping services. Extraordinary measures (i.e. high level disinfection and sterilization) are not needed to disinfect the health care environment.

4.1.3   Careful cleaning of environmental surfaces is effective in removing many contaminants from surfaces.

4.1.4   A schedule for cleaning and maintaining ducts, fans, and air conditioning systems should be established and implemented in collaboration with appropriate departments e.g. housekeeping, maintenance.

4.1.5   An education program for housekeeping staff should be implemented to facilitate understanding of the effective methods of cleaning and disinfection.

4.1.6   Damp rather than dry dusting or sweeping should be performed whenever possible. Any dry cleaning should be done carefully with a chemically treated dry mop or vacuum cleaner (equipped with exhaust filter) rather than a broom.

4.1.7   Vacuum cleaners should be used on carpeted areas. Expelled air from vacuum cleaners should be filtered to prevent the spread of dust in the air from unclean surfaces.

4.1.8   During wet cleaning, cleaning solutions and the tools with which they are applied soon become contaminated. Therefore, a routine should be adopted that does not redistribute microorganisms. This may be accomplished by cleaning less heavily contaminated areas first and changing cleaning solutions and cloths/mops frequently.

4.1.9   Wet mopping is most commonly done with a double-bucket technique (one bucket for cleaning with disinfectant and another bucket for rinsing), which extends the life of the solution because fewer changes are required. When a single bucket is used, the solution must be changed more frequently because of increased contamination.

4.1.10   Tools used for cleaning and disinfecting must be cleaned and dried between uses.

4.1.11   Mop heads used in areas of great activity should be laundered daily. Mop heads used in areas of lesser contamination should be laundered at a set interval. All washed mop heads must be dried thoroughly before storage.

4.1.12 A detergent is an acceptable cleaning agent for surface cleaning in most areas.

4.1.13   Cleaning and disinfecting agents must be mixed and used according to the manufacturers' recommendations. If an automatic dilution station is used, testing of dilution accuracy should be done according to manufacturer's recommendations.

4.1.14 Protective equipment, household utility gloves or disposable procedure gloves should be worn during cleaning and disinfecting procedures. Manufacturers' directions should be followed for product use to ensure safe handling practices.

5.0 **Cleaning Procedures for Common Items**

Surface/Object	Procedure	Special Consideration
Horizontal surfaces such as over bed tables, work counters, beds, mattresses, bedrails, call bells	• Thorough regular cleaning • Cleaning when soiled • Cleaning between residents and after discharge	Special procedures sometimes called carbolizing or terminal cleaning are regularly scheduled and also done before new resident admission.
Walls, blinds, curtains	• Should be cleaned with a detergent based on a determined schedule and as splashes/visible soil occur	.
Floors	• Thorough cleaning based on a determined schedule • Cleaning when soiled • Cleaning between residents and after discharge • Damp mopping preferred	Detergent is adequate in most areas. Blood/body fluid spills should be cleaned up with disposable cloths followed by disinfection with a low-level disinfectant. (See 7.0)
Carpets/Upholstery	• Should be vacuumed based on a determined schedule and shampooed as necessary	
Toilets and Commodes	• Thorough cleaning based on a determined schedule • Cleaning when soiled • Clean between residents and after discharge • Use a low-level disinfectant	These items may be the source of enteric pathogens such as *C. difficile* and *Shigella*.

6.0 **Special Cleaning**
Special organisms of epidemiologic significance.

6.1 During an outbreak, thorough environmental cleaning and disinfection with a facility approved disinfectant that has demonstrated effectiveness against the specific organism may be required.

6.2 More frequent cleaning in rooms is necessary where *Clostridium difficile or antibiotic resistant organisms (e.g. MRSA, VRE, ESBL) are* identified.

7.0 **Recommendations for Cleaning Blood or Body Fluid Spills**

7.1 Assemble materials required for dealing with the spill prior to putting on personal protective equipment.

7.2 Inspect the area around the spill for any splatters or splashes

7.3 Restrict activity around the spill until the area has been cleaned and disinfected, and is completely dry.

7.4 Wear appropriate personal protective equipment for cleaning up a blood or body fluid spill. Gloves should be worn during the cleaning and disinfecting procedures. If the possibility of splashing exists, the worker should wear a face shield (or fluid resistant mask and eye protection) and gown. For large blood or body fluid spills, overalls, gowns or aprons, as well as boots or protective shoe covers should be worn. Personal protective equipment should be changed if torn or soiled, and always removed before leaving the location of the spill.

7.5 Use disposable towels to mop up as much of the spill as possible. Discard the towels in a plastic-lined waste receptacle.

7.6 Disinfect the entire spill area with a facility approved disinfectant and allow it to stand for the amount of time recommended by the manufacturer.

7.7 Wipe up the area again using disposable towels and discard them into regular waste.

7.8 Avoid splashing or generating aerosols during the clean up.

7.9 Remove gloves and other PPE and perform hand hygiene according to Routine Practices.

7.10 Care must be taken to avoid splashing or generating aerosols during the cleanup.

8.0 **REFERENCES:**

8.1 Health Canada. Infection Control Guidelines: Handwashing, Cleaning, Disinfection and Sterilization in Health Care. CCDR 1998; 24S8:29-32.

8.2 PCH Program Operational Directive: Cleaning, Disinfecting or Reprocessing of Non Critical Reusable Resident Equipment/Items Approved October 30, 2008

8.3 Provincial Infectious Disease Advisory Committee, Best Practices for Environmental Cleaning for Prevention & Control of Infections, December 2009

8.4 Regional Policy: Cleaning of Non critical Reusable Equipment/Items Policy # 90.00.040 approved June 2007

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