February 16, 2016

Dear Health Director

Housekeeping Manual for First Nations Community Healthcare Facilities

This letter is to introduce the accompanying Housekeeping Manual to you. The Manual is to assist you to develop your own cleaning policies and procedures, or to use as it is if you prefer, and consists of three chapters with a specific purpose for each.

Chapter 1: ‘Daily Cleaning Procedures’ is for Housekeeping Staff to use and have available at all times for easy reference on how to perform cleaning tasks.

Chapter 2: ‘Housekeeping Lists, Guides and Personal Protection’ is for Housekeeping Staff to refer to for information on personal safety and for information on the importance of performing cleaning tasks.

Chapter 3: ‘Housekeeping Guidelines’ is a reference guide for Managers of the Housekeeping Staff.

We want to ensure that the Manual meets your needs and are also interested in learning how you adapted it for your use. Your comments, suggestions and questions are welcomed and can be emailed directly to me at Marlene.Hoover@fnha.ca

Sincerely,

Marlene Hoover, RN, BScN, MSN
Director of Nursing, Nursing Services
Email: Marlene.Hoover@fnha.ca
Contributors:

Ts’ewultun Health Centre; Seabird Island Band; Three Corners Health Services Society; Lax Kw’Alaams Health Centre; Ulkatcho Indian Band; Andrew Jin, MD, MHSc; Dr. Ursula Osteneck; BC Centre for Disease Control, PICNet; JEL Protection Ltd.; Health Canada, First Nations and Inuit Health, BC Region; Steve Pridgeon, Writer/Editor.

Development of this manual was funded by Health Canada, First Nations and Inuit Health, BC Region

Chapter 1: Daily Cleaning Procedures
For Use By Housekeeping Staff
Ways to use this Manual

• Keep this manual in a place where you can get to it easily.

• Check the manual whenever you need to know how to do a cleaning task.

• You can change the manual to suit the way you work:
  ◦ Use coloured tabs to mark pages or sections you use a lot.
  ◦ Add Material Safety Data Sheets for the chemicals that you use.
  ◦ Copy pages you need, put them into plastic sleeves, and put them on your cleaning cart.

We hope that you find this manual useful.
Introduction

Chapter 1 contains instructions on how to carry out almost every task you are likely to do in your daily work. Each task is broken down into the steps you should follow to do it properly and safely. As well as the section that deals with your regular work, there are instructions on how to deal with special situations. In those sections, you can find out about how to work safely around patients with infectious diseases and how to deal with pests like mice and insects.
Chapter 1: Daily Cleaning Procedures for Use by Housekeeping Staff

Contents

Introduction...............................................................................................................................5
Contents.................................................................................................................................7
Section 1: Cleaning Procedures Step by Step.................................................................9
  Procedure for Damp Wiping..............................................................................................11
  Procedure for Damp Mopping..........................................................................................14
  Procedure for Water Cooler Cleaning..........................................................................18
  Procedure for Clinic Toy Cleaning................................................................................21
  Procedure for Bed/Stretcher/Exam Table Cleaning.......................................................23
  Procedure for Wheelchair Cleaning.............................................................................26
  Procedure for Tub/Shower Cleaning.............................................................................28
  Procedure for Washroom Cleaning...............................................................................31
  Procedure for Commode Cleaning.................................................................................38
  Procedure for Handling and Disposal of Sharps............................................................40
  Procedure for Handling and Disposal of Clinic Garbage..............................................42
  Procedure for Cleaning Blood and Other Body Fluid Spills on Floors.........................45
  Procedure for Cleaning Blood and Other Body Fluid Spills On Carpet.........................49
  Procedure for Cleaning Vomit or Feces on Floors.........................................................53
  Procedure for Handling Soiled Laundry and Bedding.....................................................57
  Procedure for Care, Use and Maintenance of All Housekeeping Equipment/Supplies.................................................................................................................................60
  Procedure for the Care and Maintenance of Personal Protective Equipment...............61
  Procedure for the Care, Use and Maintenance of the Vacuum Cleaner........................62
  Procedure for Care, Use and Maintenance of Damp Mopping Equipment..................64
  Procedure for Care, Use and Maintenance of Other Housekeeping Equipment/Supplies.................................................................................................................................66
  Procedure for Mixing Surface Cleaner/Disinfectant.......................................................69
Section 2: Preventing Infection in Special Situations

1. Rooms Contaminated with Vancomycin-Resistant *Enterococcus* (VRE)…………………73
2. Rooms Contaminated with *Clostridium difficile*……………………………………………73
3. Outbreak of Gastrointestinal Disease (Infectious Diarrhea)………………………………74
4. Influenza Pandemic……………………………………………………………………………75
5. Emergency Room Washrooms…………………………………………………………………75

Section 3: Dealing with Mice, Lice, Scabies and Flies

Dealing With Mice in the Clinic………………………………………………………………………79
    Reducing Mouse Infestation………………………………………………………………………79
    Cleaning up Mouse Urine and Droppings…………………………………………………………80
    Cleaning Up Dead Mice and their Nests……………………………………………………………80
    Cleaning up Sheds, Outbuildings, Attics, Basements, Crawlspace, Storage Areas, Air Ducts and other areas with Heavy Mouse Infestation………………81
Dealing With Lice in the Clinic………………………………………………………………………82
Dealing With Scabies in the Clinic……………………………………………………………………83
Dealing With Flies/Insects in the Clinic………………………………………………………………84
Section 1:
Cleaning Procedures Step by Step
Procedure for Damp Wiping

Materials

Disposable nitrile gloves, gown and mask with eye protection (if needed)

Prepared surface cleaner/disinfectant solution in pail. Fresh surface cleaner/disinfectant solution should be made up at the start of each day

See Procedure for Mixing Surface Cleaner/Disinfectant (page 66)

Clean cloths

Alcohol-based hand rub

Method

STEP 1
- Risk assessment: every time you do a housekeeping task you must assess the risks of exposure to germs

STEP 2
- Put on gloves

STEP 3
- Wet the clean cloth in the surface cleaner/disinfectant solution
- Squeeze the cloth so that it is wet but not dripping
Fold the cloth once or twice  

You now have two sides of the cloth to work with  

STEP 4  

Damp wipe with the cleaning cloth in the folded position  
Never damp wipe with the cloth bunched up, as this would dirty both sides of the cloth  

Wipe in one direction only. Don't wipe back and forwards—this picks up dirt going one way and drops it off on the way back  

STEP 5  

Unless a surface is very dirty, one pass over each section is enough  
Overlap each wipe by one to two inches so that every part is cleaned  

STEP 6  

Turn the folded cloth over as it gets dirty  
Use one side of the cloth for each major item in the room  
As you wipe, make sure the surface looks WET so the surface cleaner/disinfectant can do its work and get rid of germs  

STEP 7  
No double dipping into the solution in the clean pail!  

Never put used cloths back into the clean surface cleaner/disinfectant pail when damp wiping  
This stops germs getting into the surface cleaner/disinfectant solution  

STEP 8  

Change cloths as often as needed to properly damp wipe  
If the cloth is no longer damp enough to leave the surfaces wet, then it is time to get a fresh, wet cloth  
Get a clean cloth once you have used both sides of a cloth  
Put used cloths into the dirty pail to be washed later
**STEP 9**
- Change the surface cleaner/disinfectant solution in the pail when it is cloudy or dirty, or at least after cleaning five rooms

**STEP 10**
- Change the surface cleaner/disinfectant solution in the pail after cleaning
  - Any heavily soiled/dirty area
  - A spill of blood or body fluids, vomit or feces
  - The emergency room
  - The soiled utility room or the reprocessing (sterilization) area

**STEP 11**
- After finishing a room, remove your gloves and put them into the garbage, then clean hands before going to another room or area

**STEP 12**
- After finishing cleaning, remove gloves and any other personal protective equipment (PPE), and put them in the garbage

**STEP 13**
- Wash hands or use alcohol-based hand rub if hands do not look dirty

**STEP 14**
- All dirty cloths should be put in the laundry and washed daily
Procedure for Damp Mopping

Materials

- Disposable nitrile gloves
- Disposable gown and mask with eye protection (if needed)
- Reusable household gloves and/or heavy duty gloves (if needed)
- Mop pail and cleaner/disinfectant
- Prepared surface cleaner/disinfectant solution in mop pail
  See Procedure for Mixing Surface Cleaner/Disinfectant (page 69)
- Mop heads

Method

STEP 1
- Risk assessment: every time you do a housekeeping task you must assess the risks of exposure to germs

STEP 2
- Use disposable nitrile gloves for regular housekeeping duties

STEP 3
- Clear easily moved objects, like chairs and garbage cans, out of the way
- Work with clinic staff to keep walkways and entrances to rooms free of clutter and garbage every day
STEP 4

- Clear the floor of garbage and loose dirt

- Pick up large debris and put into the garbage

- Use hand brush and dust pan to get dust and dirt out of corners and hard-to-reach areas

- Use the dry mop to push smaller garbage and dirt clumps to the door area, then collect them using dust pan and hand brush

- Use scraper/SOS pad to remove gum, tar, black marks etc., as needed

- If you find a needle, scalpel or other sharp object on the floor
  - **DO NOT** pick it up with your bare hands!

  - Use the hand brush and dust pan to sweep up the sharp object and drop it into the sharps container

  - You may also pick up the sharp by its blunt end with your gloved hand and put it into the sharps container

  **Report the incident to your manager and the Nurse-In-Charge**

STEP 5

- Use the HEPA vacuum cleaner to collect light, loose dirt from entry/exits, door mats and carpets

  **NEVER** use the vacuum cleaner to pick up
• Sharps such as needles and syringes, sutures and scalpel blades
• Contaminated waste such as bandages, blood, body fluids, vomit, feces
• Spilled food, drinks, water, ice or anything wet
• Gum or tar
• Chunks of dirt, clay or rocks

STEP 6
• Spills of blood or body fluids need to be cleaned up using the Procedure for Cleaning Blood and Other Body Fluid Spills on Floors (see page 45)
• Spills of vomit or feces need to be cleaned up using the Procedure for Cleaning Vomit and Feces on Floors (see page 53)

STEP 7
• Place a WET FLOOR sign or cone in front of the entrance to the area to be damp mopped so that everyone can see it

STEP 8
• Damp mop high traffic areas, such as entrances and main walkways daily, and when visibly dirty
• Damp mop all patient care areas (examination rooms, treatment rooms, washrooms and waiting areas) daily and when visibly dirty

STEP 9
• Wring out the mop head so it is damp but not dripping wet
• Start each day with clean mop head(s)

STEP 10
• First, push mop along the baseboard of the area you are going to clean
• Mop only one half of a hallway at a time so people have a dry area to walk on

STEP 11
• Damp mop using a side-to-side motion, like an S or figure 8, slowly stepping backwards as you mop
• Do not twist at the waist
• Overlap your passes by one to two inches so no area is missed
STEP 12
Leave the floor visibly wet as you mop. Let the floor air dry to give the surface cleaner/disinfectant time to kill germs

STEP 13
Turn the mop head over every five strokes as you mop

STEP 14
Dip the mop into the pail when the mop head is visibly dirty, or when it is no longer damp enough to leave the floor wet as you mop

STEP 15
The surface cleaner/disinfectant solution in the pail must be changed:
- When it is cloudy, looks soiled, or smells bad
- After cleaning five rooms
- After cleaning up a spill of blood or body fluids
- After cleaning the emergency room, soiled utility room, reprocessing/sterilization area
- After cleaning any heavily soiled or dirty area

STEP 16
- Remove used disposable PPE and put in the garbage

STEP 17
- Wash hands or use alcohol-based hand rub

STEP 18
- Dirty mop heads must be washed at the end of each shift, and stored clean and dry

STEP 19
- Remove WET FLOOR sign when the floor is dry
Procedure for Water Cooler Cleaning

Materials

- Disposable nitrile gloves
- Disposable gown
- Disposable mask and eye protection
- Bleach (concentrated, 5% to 8%)
- Distilled water
- Clean cloths
- Clean pail
- Alcohol-based hand rub
- Replacement water bottle

Method

Clean and disinfect the water cooler every week

**STEP 1**
- Put on gown, eye protection and gloves
- Mix bleach solution to use for cleaning:
  - Add 1 tablespoon (15 mL) of bleach (concentrated, 5% to 8%) to a 4-litre jug of distilled water
  - Cap and shake well
WARNING!
• Concentrated bleach is corrosive
• Wear eye protection and gloves when pouring and mixing
• If concentrated bleach splashes into your eyes, IMMEDIATELY flush your eyes with plenty of clean water for 15 minutes
• If concentrated bleach splashes onto your skin, wash off with water

STEP 2
• To avoid an electric shock, unplug the cooler from the electrical outlet

STEP 3
• Remove the empty water bottle from the water cooler

STEP 4
• Use a clean cloth and scrub inside the reservoir well with the bleach solution
• To prevent damage, let this bleach solution stand in the reservoir for 2 to 5 minutes, but no longer

STEP 5
• Drain the bleach solution from the reservoir through the faucets into the empty distilled water container
• Pour this dirty bleach solution down the toilet

STEP 6
• Rinse the reservoir well by filling the reservoir with DISTILLED water 4 times

STEP 7
• Lift off the drip tray and remove the screen under the faucet(s)
• Wash the tray and screen in the bleach solution in the clean pail

STEP 8
• Rinse the drip tray and screen in distilled water
• Replace drip tray and screen on cooler
STEP 9
• Remove all PPE and put in garbage

STEP 10
• Wash hands or clean with alcohol-based hand rub if hands do not look dirty

STEP 11
• Wipe the top and neck of the new water bottle with a clean cloth to remove any dust and dirt

STEP 12
• Check the expiry date on the water bottle
• Do not use past the expiry date

STEP 13
• Remove the cap from the new bottle of water and place the bottle on top of the water cooler

STEP 14
• Depress the faucets until the water flows freely

STEP 15
• Connect the water cooler to the electrical outlet

STEP 16
• Store bottled water indoors in a clean, cool, dry place
• **Do not store bottled water:**
  o In rooms or areas used for chemicals, paint or housekeeping supplies
  o In direct sunlight or above room temperature
  o For more than 30 days
Procedure for Clinic Toy Cleaning

Materials

- Nitrile gloves
- Eye protection and gown to protect from splashes with bleach
- Bleach solution (bleach concentration 5% to 8%)
- Clean cloths
- Dirty sink
- Clean pail

Method

**STEP 1**
Throw away clinic toys that:

- are made of cloth and have stuffing
- have parts that cannot be cleaned easily
- have sharp, broken, or jagged edges, or
- have small pieces that could break off

**STEP 2**
Remove toys right away if children have put them in their mouths or they have saliva (spit) or other visible body fluids, on them
- This stops germs from spreading to other children
• Put these toys in the dirty sink until they can be cleaned

STEP 3
• Clean toys when they look dirty and at least once a week (every day in busy clinics)

STEP 4
• Put on nitrile gloves and wash toys well with soap and water in the dirty sink
• Rinse the toys well

STEP 5
• Put on eye protection and gown

• Make a bleach solution by diluting 2/3 of a cup (160mL) of concentrated bleach in one bucket (8 litres) of tap water

• Fill the clean pail with enough bleach solution to cover the toy(s)
• Leave toy(s) in bleach solution for 10 minutes
• Rinse the toys well and leave them to air dry

STEP 6
• Remove gloves and put in garbage

STEP 7
• Wash hands, or clean with alcohol-based hand rub if hands do not look dirty
Procedure for Bed/Stretcher/Exam Table Cleaning

Materials

Disposable nitrile gloves
Prepared surface cleaner/disinfectant solution in clean pail
Dirty pail

Clean cloths
Clean bedding (as needed)

Paper roll

Alcohol-based hand rub

Method

STEP 1
How often
- Clean beds weekly, whenever they look dirty and between clients
- Clean stretchers daily and if they look dirty
- Clean exam tables daily and if they look dirty

STEP 2
- Use your feet to lock or unlock the wheels in order to move a bed or stretcher for cleaning

STEP 3
- Raise the bed/stretcher to a comfortable working level using the raising and lowering mechanism
- Lower the side rails for easier access

STEP 4
Beds and Stretchers
- Damp wipe the top and sides of the mattress
• Lift the mattress and damp wipe the bottom (underside) of the mattress
• Remove the mattress and let air dry
• Raise the head of bed or stretcher and carefully damp wipe the entire frame on top, sides and underneath
• Don’t forget to clean the openings in the bed/stretcher frame
• Repeat this step with the foot of the bed

• Wipe down the front, back and sides of the headboard and footboard

• Hand and side rails are touched a lot, so the top, bottom and sides of all surfaces need to be wiped down to remove all the germs

STEP 5
Exam Tables
• Raise the head of the exam table and damp wipe down all surfaces well

• Handles and stirrups are touched a lot, so damp wipe them carefully to remove all the germs

• Raise the foot of the exam table (if possible) and damp wipe all surfaces well
• Check the inside of the exam table drawers and cupboards and clean any surfaces where blood and other body fluids may have spilled
• Damp wipe pillows

STEP 6
• Remove gloves and discard into garbage

STEP 7
• Wash hands or clean with alcohol-based hand rub if hands do not look dirty

STEP 8
Make up the bed/stretcher/exam table
• Put paper cover on exam table
• Put bedding on bed or stretcher

STEP 9
• Reposition bed or stretcher and lock wheels, if needed
• Report broken items and torn surfaces on beds, stretchers and exam tables to the manager and Nurse-In-Charge
**Procedure for Wheelchair Cleaning**

**Materials**

- Disposable nitrile gloves
- Prepared surface cleaner/disinfectant solution in clean pail
  
  See Procedure for Mixing Surface Cleaner/Disinfectant (page 66)

- Clean cloths

- Dirty pail to hold dirty cloths

- Alcohol-based hand rub

**Method**

**STEP 1**
- Damp wipe every day wheelchairs that are used only for one client

**STEP 2**
- Clean wheelchairs used by more than one client after use, after discharge of the client or when they look dirty

**STEP 3**
- Remove armrests and footrests so you can reach all surfaces for cleaning
- Carefully damp wipe all surfaces of the wheelchair
- Clean both the front and back of all surfaces
- Clean both the top and underneath of all surfaces

**STEP 4**
- Put wheelchairs in the designated clinic area after cleaning
STEP 5
- Remove gloves and put into garbage

STEP 6
- Wash hands or clean with alcohol-based hand rub if hands do not look dirty

STEP 7
- Report broken items and torn surfaces on wheelchairs to the manager and Nurse-In-Charge
# Procedure for Tub/Shower Cleaning

## Materials

<table>
<thead>
<tr>
<th>Item</th>
<th>Image</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposable nitrile gloves</td>
<td><img src="image1.png" alt="Disposable nitrile gloves" /></td>
</tr>
<tr>
<td>Prepared surface cleaner/disinfectant solution in clean pail</td>
<td><img src="image2.png" alt="Prepared surface cleaner/disinfectant solution in clean pail" /></td>
</tr>
<tr>
<td>Clean cloths</td>
<td><img src="image3.png" alt="Clean cloths" /></td>
</tr>
<tr>
<td>Bathroom tub and tile cleaner</td>
<td><img src="image4.png" alt="Bathroom tub and tile cleaner" /></td>
</tr>
<tr>
<td>Glass cleaner</td>
<td><img src="image5.png" alt="Glass cleaner" /></td>
</tr>
<tr>
<td>Paper towels</td>
<td><img src="image6.png" alt="Paper towels" /></td>
</tr>
<tr>
<td>Melamine foam scrubbing pads</td>
<td><img src="image7.png" alt="Melamine foam scrubbing pads" /></td>
</tr>
<tr>
<td>Sink/shower/tub scrubbing brush</td>
<td><img src="image8.png" alt="Sink/shower/tub scrubbing brush" /></td>
</tr>
<tr>
<td>Nylon scrub pad and sponge</td>
<td><img src="image9.png" alt="Nylon scrub pad and sponge" /></td>
</tr>
</tbody>
</table>
Steel wool scouring pads

Alcohol-based hand rub

**Method**

**STEP 1**
- Remove build-up (scum, mildew, water stains, rust, etc.) using tub and tile cleaner and scrubbing pads
- Use the scrubbing brush to get into corners and cracks
- Use melamine foam scrubbing pads to get marks off easily scratched tub/shower surfaces like glass, plastic and polished metal
- Use steel wool scouring pads carefully, and only on surfaces that are not easily scratched, like metal surfaces and some tub/shower surfaces

**STEP 2**
- Damp wipe the entire surface of the shower/tub with the surface cleaner/disinfectant solution

**STEP 3**
- Damp wipe all surfaces of the shower curtain
- The shower curtain should be replaced if torn/damaged or if stains cannot be removed

**STEP 4**
- Rinse the tub/shower with water
STEP 5
• Dry tub/shower completely using paper towels or clean cleaning cloths
• Carefully dry areas where water collects, e.g. around edges and ledges in the tub/shower
  ○ This will stop germs from growing when the tub/shower is not being used

STEP 6
• Use glass cleaner after drying to buff or shine chrome and glass surfaces

STEP 7
• Wash all dirty cloths daily

STEP 8
• Remove gloves and put them into the garbage

STEP 9
• Wash hands, or clean with alcohol-based hand rub if they do not look dirty

STEP 10
• Report broken tiles, surfaces, dripping taps, etc. to the manager and Nurse-In-Charge for repair, maintenance, or replacement
Procedure for Washroom Cleaning

Materials

- Disposable nitrile gloves
- Eye protection
- ACCEL® surface cleaner/disinfectant (concentrated, 7%) in clean pail
- Wet mop
- Pail with surface cleaner/disinfectant solution

See Procedure for Mixing Surface Cleaner/Disinfectant (page 69)

- Clean cloths
- Pail for dirty cloths
- Dry mop
- Hand broom and dust pan
- WET FLOOR sign
- High-dusting wand
Melamine foam scrubbing pads

Sink/shower/tub scrubbing brush

Bathroom tub and tile cleaner

Nylon scrub pad and sponge

Steel wool scouring pads

Glass cleaner

Paper towels (for cleaning purposes)

Alcohol-based hand rub

Housekeeping cleaning cards

**Refill Supplies:**

Paper hand towels

Liquid soap

Alcohol-based hand rub
Toilet paper rolls

Method

STEP 1
- Washrooms should be cleaned everyday and whenever they appear soiled
- Emergency room washrooms should be cleaned every 4 hours

STEP 2
- Place a “WET FLOOR” sign or cone in front of the entrance to the washroom when cleaning

STEP 3
- Remove garbage from washrooms every day
- Pick up large debris/garbage on the floor and put into the garbage
- Sweep the smaller garbage/dirt to the door with a dry mop, then collect with a hand broom and dust pan
- Use a scraper or a scouring pad to remove gum, tar, black marks etc., as necessary from the floor
- If you find blood or body fluids on the floor, follow the Procedure for Cleaning Blood and Other Body Fluid Spills on Floors (page 45)
- If you find a sharp on the floor, sweep it up with a hand broom and dust pan, and drop it into a sharps container.
  
Report the incident to your manager and the Nurse-In-Charge

STEP 4
- Use the cleaning cards as a guide to help you work from clean to dirty when cleaning and damp wiping areas or objects in each room
**STEP 5**

- Washroom cleaning should always be done from the top down, for example, high damp dusting should be done before damp wiping the counters
  - Clean from the least dirty (mirrors) to the most dirty (toilet)
  - Clean from the door around the room to the toilet area last

**STEP 6**

- Use the high dusting wand to dust the lights, and vents and other hard to reach areas
  - Vacuum the wand whenever it gets dusty, and at least once a day, to stop dust from spreading from one place to another
  - Do high dusting every week

**STEP 7**

- Damp wipe, leaving surfaces wet with the surface/cleaner disinfectant solution, and allow to air dry
  - Turn the cloth over as you move from one area or surface to another
  - Get a clean cloth once you have used both sides
  - If the cloth is too dry to make surfaces wet, it is time to get a fresh, wet cloth
  - No “double dipping”! Never dip a used cloth into the clean solution!
  - Proper washroom cleaning needs at least two cleaning cloths
STEP 8

- Pay special attention to frequently touched areas
  
  - Use surface cleaner/disinfectant solution to damp wipe door handles, light switches, soap dispensers, paper towel dispensers, mirrors, counters, sinks, ledges, door and door handles, light switches, shelves, toilet paper dispenser, and sink
  
- Use glass cleaner and paper towels to shine mirrors and chrome after damp wiping

STEP 9

- Remove any build-up (scum, mildew, water stains, rust, etc.) using tub and tile cleaner and scrubbing pads

STEP 10

- Flush the toilet, put on eye protection, then pour one plastic medicine cup (30 mL) of undiluted
  
  - Use the scrubbing brush to get into corners and cracks
  
  - Use melamine foam scrubbing pads to get marks off easily scratched surfaces (walls and highly polished surface)
  
  - Use steel wool scouring pads carefully, and only on hard surfaces that will not be easily scratched
surface cleaner/disinfectant into the toilet bowl

STEP 11
• Clean the inside of the toilet bowl well with the toilet brush
• Use the toilet bowl brush on the INSIDE of the toilet bowl only. The toilet bowl brush should never be used to clean anything other than the inside of a toilet bowl!

• Put the toilet bowl brush back into the toilet bowl brush container when done (Leave the brush in the room)
• DO NOT FLUSH: Let the disinfectant solution sit in the toilet bowl

STEP 12
• Damp wipe the outside of the toilet

STEP 13
• Clean the top, back, sides, front, and around the seat of the toilet

• Ensure all visible body fluids are removed from the toilet

STEP 14
• Wet mop the floor last
  ○ Start at the farthest corner of the washroom and clean the floor towards the door

STEP 15
• Place all used dirty cloths in the appropriate containers on the housekeeping cart to be washed later
STEP 16
• Remove disposable gloves and put into garbage

STEP 17
• Wash hands (or clean with alcohol-based hand rub if hands do not look dirty)

STEP 18
• Replace toilet paper, paper towels and hand soap if needed (leave no more than one spare roll of toilet tissue in the washroom)

STEP 19
• Remove WET FLOOR sign when bathroom floor is dry

STEP 20
• Clean the washroom again whenever it does not look clean

STEP 21
• Report any broken or torn items to the manager or Nurse-In-Charge for repair or replacement

- Paper towels should only be put in the paper towel dispenser. Do not leave them anywhere else, e.g. on the side of the sink or toilet
- Check washroom supplies, e.g. toilet paper, hand paper towels, hand soap, regularly so they do not run out
- Do not top up hand soap. Replace empty soap containers with new, full containers. Do not use bar soap in the clinic
Procedure for Commode Cleaning

Materials

- Disposable nitrile gloves
- Eye protection
- ACCEL® surface cleaner/disinfectant (concentrated, 7%)
- Surface cleaner/disinfectant solution in clean container
- Clean cloths
- Dirty container to hold dirty cleaning cloths
- Toilet bowl brush in container
- Alcohol-based hand rub

Method

STEP 1
- Damp wipe once a day commodes that are used only for one client
- Commodes should NOT be shared between clients

STEP 2
- Empty commodes after each use
- Rinse off any visible soiling in the holding basin before cleaning
STEP 3
• **Put on eye protection**, then pour one teaspoon (5 mL) of undiluted ACCEL® surface cleaner/disinfectant (concentrated, 7%) into commode holding basin

STEP 4
• Clean the inside of the commode holding basin well with the toilet brush
• Use the toilet bowl brush on the INSIDE of the commode basin only

STEP 5
• Damp wipe ALL surfaces of the commode chair (arms, legs, back, seat and outside of the basin) with surface cleaner/disinfectant

STEP 6
• Put cleaned commodes in the commode storage area

STEP 7
• Remove gloves and put into garbage

STEP 8
• Wash hands or clean with alcohol-based hand rub if hands do not look dirty

STEP 9
• Report any broken items or torn surfaces on the commode to the Caretaker and/or Nurse-In-Charge for repair or replacement
Procedure for Handling and Disposal of Sharps

Materials

- Sharps containers
- Disposable nitrile gloves
- Heavy duty gloves
- Hand brush
- Dust pan

Method

STEP 1
Know where the sharps containers are in your clinic. There should be one in every area where sharps may be used. It should be kept out of reach of children

STEP 2
- If you come across a sharp on the floor, DO NOT pick it up with your bare hands
- Sweep it up with the hand brush and dust pan, then drop it into the sharps container
- Or put on reusable gloves and carefully pick it up by the blunt end, then drop it into the sharps container

Report the incident to your manager and the Nurse-In-Charge
STEP 3
• Collect the sharps container before the contents go over the fill line (3/4/ full). Close the lid firmly
  o Do not shake the container
• Replace with a new, empty YELLOW sharps container

STEP 4
• Put the filled sharps containers in a secure holding area for collection
  • Wear heavy duty gloves when collecting sharps containers

STEP 5
• Remove gloves and put into garbage

STEP 6
• Wash hands, or clean with alcohol-based hand rub if hands do not look dirty
Procedure for Handling and Disposal of Clinic Garbage

Clinic garbage includes items soiled by blood or body fluids (e.g. wound dressings) and regular garbage

**Materials**

- Heavy duty gloves
- Disposable nitrile gloves
- Garbage bags

![Yellow biohazard waste bags](image)

- Yellow biohazard waste bags

![Alcohol-based hand rub](image)

- Alcohol-based hand rub

**Method**

**STEP 1**
- Most clinic waste and regular garbage should be put in a container lined with a garbage bag

**STEP 2**
- The garbage bag must be thick enough not to puncture or tear easily, and must be waterproof
  - Regular plastic garbage bags will do the job in most cases
STEP 3
- Double bag items soaked with blood or body fluids that would drip if squeezed. Put the garbage bag into a YELLOW biohazard bag

STEP 4
- Collect garbage bags when ¾ full so they don't get overfilled or too heavy
  - Collect them sooner if there is a bad smell from the bag
  - Collect garbage at least once a day in patient care areas, e.g., washrooms, waiting rooms and food preparation areas

STEP 5
- Tie garbage bag tops tightly before removing them from the garbage container
  - Be careful—there could be sharps in the garbage. Do not push down on the tops of garbage bags or shake them
  - When tying off garbage bags let out the air by carefully pressing the bag toward the opening while you close it
  - Point the bag opening away from your face while you do this, so you don't get splashed

STEP 6
- If the bag is stretched, damaged, or dirty on the outside, double bag it

STEP 7
- Remove gloves and put into garbage

STEP 8
- Wash hands (or clean with alcohol-based hand rub if hands don't look dirty)
STEP 9
- Put on heavy duty gloves to take out the garbage bags

STEP 10
- Hold bags away from your body in case they contain sharp items
  - This also protects your clothes from any dirt on the outside of the bag

STEP 11
- Keep biohazard bags and filled sharps containers in a secure holding area for collection

For specific community disposal concerns contact your local Environmental Health Officer, Supervisor or Nurse In-Charge.
Procedure for Cleaning Blood and Other Body Fluid Spills on Floors

If you have questions about the proper cleaning of a blood or body fluid spill, ask the Nurse-In-Charge.

Materials

Reusable long-sleeved, waterproof gloves (if available)

Disposable gown (if there is a risk of splashing during clean-up)

Disposable mask with eye protection or goggles (if there is a risk of splashing during clean-up)

Garbage bags

Yellow biohazard waste bags

Mop and mop pail containing surface cleaner/disinfectant solution

Pail containing prepared surface cleaner/disinfectant solution

See Procedure for Mixing Surface Cleaner/Disinfectant (page 69)

Clean cloths

Pail for dirty cloths

Disposable nitrile gloves
Method

STEP 1
• Assess the amount of spill and gather all necessary supplies
• If there is a risk of splashing, put on eye protection, mask and gown

STEP 2
• Soak up as much of the spill as you can using disposable paper towels
  • Dispose of the paper towels and any soiled materials in the garbage
  • If the paper towels and soiled materials are dripping wet with blood/body fluids, then double bag them by putting the garbage bag inside a YELLOW biohazard bag

• Put on reusable long-sleeved gloves (disposable gloves can be used if there are no reusable ones)
STEP 3
- Carefully check the area 2 metres (6 feet) around the spill for splatters or splashes of fluids on walls or equipment
- Damp wipe these areas with surface cleaner/disinfectant solution and clean cloths

STEP 4
- Before removing reusable gloves, wipe them with disinfectant wipes. Put the used wipes in the garbage
  - Remove the reusable household gloves and hang them up to dry
  - Remove any other PPE worn during clean-up

STEP 5
- Clean hands with alcohol-based hand rub, then put on a clean pair of nitrile gloves

STEP 6
- Put out the WET FLOOR sign

STEP 7
- Wet mop 2 metres all (6 feet) around the spill with the surface cleaner/disinfectant solution from the mop pail
  - The mop should be wet enough to wet all of the spill area with surface cleaner/disinfectant solution
  - Leave the spill area wet with surface cleaner/disinfectant solution for at least 10 minutes
STEP 8
• Damp mop the spill area again using the regular damp mopping procedure

STEP 9
• Clean the pail before using it in any other clinic area
  o Empty the pail and rinse it well with water
  o Wipe the inside and outside of the pail with disinfectant wipes
  o Put the used wipes in the garbage

STEP 10
• Remove nitrile gloves and put them in the garbage

STEP 11
• Wash hands (or clean with alcohol-based hand rub if hands don't look dirty)
  o It is now safe for you to carry on with other work

STEP 12
If you used a YELLOW biohazard bag, put it in the secure holding area (where you keep full sharps containers) for collection

STEP 13
• Remove WET FLOOR sign when the floor is dry
Procedure for Cleaning Blood and Other Body Fluid Spills On Carpet

If you have questions about the proper cleaning of a blood or body fluid spill, ask the Nurse-In-Charge.

Materials

Reversible long-sleeved, waterproof gloves (if available)

Disposable waterproof gown (if there is a risk of splashing during clean-up)

Disposable mask with eye protection or goggles (if there is a risk of splashing during clean-up)

Garbage bags

Yellow biohazard waste bags

Clean pail containing prepared surface cleaner/disinfectant solution
See Procedure for Mixing Surface Cleaner/Disinfectant (page 69)

Clean cloths

Pail for dirty cloths

Disposable nitrile gloves

Alcohol-based hand rub
Method

STEP 1
- Assess the amount of spill and gather all necessary supplies
- If there is risk of splashing, put on disposable mask with eye protection, and a disposable gown
- Put on reusable long-sleeved gloves (disposable gloves can be used if there are no reusable ones)

STEP 2
- Soak up as much of the spill as you can using disposable paper towels
- Put the paper towels and any soiled materials in the garbage
- If the paper towels and soiled materials are dripping wet with blood or body fluids, then double bag them by putting the garbage bag inside a YELLOW biohazard bag

STEP 3
- Cover the spill area with the surface cleaner/disinfectant solution from the clean pail
  - Leave the spill area wet with surface cleaner/disinfectant solution for at least 10 minutes
STEP 4
• Carefully check the area 2 metres (6 feet) around the spill for splatters or splashes of fluids on walls or equipment
• Damp wipe these areas with surface disinfectant/cleaner solution and clean cloths

STEP 5
• After 10 minutes, soak up the surface cleaner/disinfectant solution from the carpet using paper towels
  ○ Avoid splashing while doing this

STEP 6
• Before removing the reusable gloves, wipe them down with disinfectant wipes and put the used wipes into the garbage
  ○ Remove the reusable household gloves and hang them up to dry
  ○ Remove any other PPE worn during clean-up

STEP 7
• Clean hands with alcohol-based hand rub, then put on a clean pair of nitrile gloves
**STEP 8**
- Clean the pail before using it in any other clinic area
  - Empty the pail and rinse it well with water
  - Wipe the inside and outside of the pail with disinfectant wipes
  - Put the used wipes in the garbage

**STEP 9**
- Remove nitrile gloves and put them in the garbage

**STEP 10**
- Wash hands (or clean with alcohol-based hand rub if hands don't look dirty)
  - It is now safe for you to carry on with other work

**STEP 11**
- If you used a YELLOW biohazard bag, put it in the secure holding area (where you keep full sharps containers) for collection

**STEP 12**
- Report the spill to your manager, who should have the carpet steam cleaned as soon as possible. This may also be a good time to remove the carpet permanently from the area
Procedure for Cleaning Vomit or Feces on Floors

If you have questions about the proper cleaning of a spill of vomit or feces, ask the Nurse-In-Charge.

Materials

Reusable long-sleeved, waterproof gloves

Disposable gown (if there is a risk of splashing during clean-up)

Disposable mask with eye protection or goggles (if there is a risk of splashing during clean-up)

Garbage bags

Mop and mop pail containing surface cleaner/disinfectant solution

Pail containing prepared surface cleaner/disinfectant solution

See Procedure for Mixing Surface Cleaner/Disinfectant (page 69)

Clean cloths

Container for dirty cloths

Disinfectant wipes and paper towels
Disposable nitrile gloves

Alcohol-based hand rub

WET FLOOR sign

Method

STEP 1
- Assess the amount of spill and gather all necessary supplies

- If there is a risk of splashing, or if an outbreak of gastrointestinal illness (infectious diarrhoea) is suspected, put on disposable mask with eye protection, and disposable gown

- Put on reusable gloves

STEP 2
- Soak up the spill using disposable paper towels

- Safely dispose of the paper towels and any soiled materials in the garbage
  - If the paper towels and soiled materials are dripping wet with vomit or feces, then double bag them with ordinary plastic garbage bags (vomit and feces do not need biohazard bags)

STEP 3
- Carefully check the area 2 metres (6 feet) around the spill for splatters or splashes of fluids on walls or equipment
o Damp wipe any splatters with surface cleaner/disinfectant and clean cloths

STEP 4
- Before removing the reusable gloves, wipe them down with disinfectant wipes and put the used wipes into the garbage
  - Remove the reusable gloves and hang them up to dry
  - Remove any other PPE worn during clean-up

o Damp wipe the spill area to remove any remaining soil
o Throw out any food within 2 metres of the spill

STEP 5
- Clean hands with alcohol-based hand rub, then put on a clean pair of nitrile gloves

STEP 6
- Put out the WET FLOOR sign

STEP 7
- Wet mop 2 metres all (6 feet) around the spill with the surface cleaner/disinfectant solution from the mop pail
  - The mop should be wet enough to wet all of the spill area with surface cleaner/disinfectant solution
  - Leave the spill area wet with surface cleaner/disinfectant solution for at least 10 minutes
STEP 8
- Damp mop the spill area again using the regular damp mopping procedure

STEP 9
- Clean the pail before using it in any other clinic area
  - Empty the pail and rinse it well with water
- Wipe the inside and outside of the pail with disinfectant wipes
- Put the used wipes in the garbage

STEP 10
- Wash the mop head in the surface cleaner/disinfectant solution in the mop pail, wring it out, and place into a leak-proof plastic bag for transport to the laundry

STEP 11
- Clean the mop pail before using it in any other clinic area
  - Empty the mop pail into the sewage and rinse with water

STEP 12
- Remove nitrile gloves and put them in the garbage

STEP 13
- Wash hands, or clean with alcohol-based hand rub if hands don’t look dirty

STEP 14
- Remove WET FLOOR sign when the floor is dry
Procedure for Handling Soiled Laundry and Bedding

Materials

- Disposable nitrile gloves
- Reusable long-sleeved, waterproof gloves
- Disposable gown (if there is a risk of splashing)
- Disposable mask with eye protection or goggles (if there is a risk of splashing)
- Laundry bag/hamper
- Disinfectant wipes
- Cold-water laundry detergent
- Garbage bags
- Fabric softener sheets
- Alcohol-based hand rub
- Washing machine and dryer

Method

STEP 1

- Look for blood or body fluid on soiled laundry
- If laundry is very dirty, use long-sleeved reusable gloves
STEP 2
- Collect soiled laundry and bedding at the point of care
  - Carefully roll up the soiled laundry to prevent the spread of germs
  - Wrap any wet laundry in a dry sheet or towel
  - If the laundry is very wet or soiled, put it into a garbage bag before it goes into the laundry bag or hamper
  - Laundry bags should be tied securely and not overfilled

STEP 3
- Take the laundry to the laundry room as soon as possible

STEP 4
- Sort the dirty laundry and bedding in the laundry room, not in client care areas!
  - Never put soiled laundry on the floor
  - Put cloth laundry bags into the washing machine with the rest of the laundry, after every use
  - Put garbage bags used to hold very wet or soiled laundry into the garbage

STEP 5
- Soak heavily soiled items for 30 minutes in cold water before washing, then discard the dirty water
- Wash heavily soiled items separately

STEP 6
- Wash laundry in cold water using the full washing cycle
- Dry well in the dryer

STEP 7
- Take off nitrile gloves and other disposable PPE and put them in the garbage

○ If not, use nitrile gloves
• If you wore reusable long-sleeved gloves, then:
  o Before removing the reusable gloves, wipe them down with disinfectant wipes
  o Put the used wipes into the garbage
  o Take off the reusable gloves and hang them up to dry

**STEP 8**
• Wash hands (or clean with alcohol-based hand rub if hands don't look dirty)
  o It is now safe for you to carry on with other work

**STEP 9**
• After washing and drying, clean laundry should be handled so that it stays clean
  o Protect clean laundry from dust and dirt during storage and handling
  o Store clean laundry with other clean items

**REMEMBER!**
Normal laundry practices can be used for all clients whatever their medical condition or diagnosis.
Procedure for Care, Use and Maintenance of All Housekeeping Equipment/Supplies

Materials

All supplies as listed in the Housekeeping Supplies List (see Housekeeping Lists, Guides and Other Tools)

Method

STEP 1
• Read and follow all housekeeping procedures

STEP 2
• Read and follow directions for all cleaning products

STEP 3
• Read and follow manufacturer’s directions on use, cleaning and care for all housekeeping equipment e.g. vacuum cleaners, ladders

STEP 4
• Use correct replacement parts for any repairs on housekeeping equipment

STEP 5
• Store equipment and supplies neatly and away from dust, moisture, etc.

STEP 6
• Not sure about how to use/maintain/repair equipment? Ask someone!

STEP 7
• Order and replace equipment and supplies on a regular basis and whenever needed

STEP 8
• Report any concerns or problems to the Nurse-in-Charge
Procedure for the Care and Maintenance of Personal Protective Equipment

Materials

All PPE as listed in the Housekeeping Supplies List (see Housekeeping Lists, Guides and Other Tools)

Method

STEP 1
• Order supplies on a regular schedule so that you do not run out

STEP 2
• Before use, all PPE should be checked for any rips, holes, staining or wetness

STEP 3
• Reusable PPE (such as long-sleeved rubber gloves and heavy duty gloves) are dedicated to one person and should not be worn by other housekeeping staff
  o Write your name on your reusable equipment with a permanent marker
  o Sharing PPE could spread infections!

• If you see damage or defects, do not use!

• Put damaged PPE into the garbage
Procedure for the Care, Use and Maintenance of the Vacuum Cleaner

Materials

Vacuum cleaner with a High-Efficiency Particulate Air (HEPA) filter
Attachments and supplies

Method

STEP 1
• Follow the manufacturer’s instructions for the proper use of the vacuum cleaner

STEP 2
• The vacuum cleaner should NEVER be used to pick up:
  o Sharps (needles and syringes, sutures, scalpel blades)
  o Contaminated waste (bandages, blood, body fluids, vomit, feces)
  o Spilled food, drinks, water, ice or anything wet
  o Gum or tar
  o Chunks of dirt, clay or rocks

STEP 3
• Do not wind the cord around the handle, or jerk the cord from the outlet when unplugging the vacuum cleaner

STEP 4
• If the vacuum cleaner is bagless, take it outside, at least once a week, to empty it
  o Empty the dust container onto damp paper towels, and fold so that the dirt is inside. (The damp towels reduce dust spreading into the air)
  o Put the wrapped dirt into the garbage
STEP 5
- If the vacuum cleaner uses a bag, replace the bag when it is full, or when the vacuum cleaner loses suction strength
  - Always keep replacement bags on hand
  - Take the vacuum cleaner outside to change the bag. Put the full bag into a plastic garbage bag to contain the dust

STEP 6
- Daily damp wipe the outside of the vacuum cleaner

STEP 7
- Check the vacuum cleaner’s HEPA filter regularly, and change according to the manufacturer’s directions
  - All vacuum cleaners used in health care settings should have a HEPA filter!

STEP 8
- Before each use, inspect the electrical cord for any defects

STEP 9
- Store the vacuum cleaner in a clean, dry area
Procedure for Care, Use and Maintenance of Damp Mopping Equipment

Materials

Mop bucket with wringer, detachable mop heads, and mop handle

WET FLOOR sign
Display beside wet floor

Method

Mop Buckets and Wringers:

STEP 1
- Do not handle buckets and wringers roughly. This can cause dents and leaks

STEP 2
- Empty the mop bucket after use, and rinse the bucket and wringers with water

STEP 3
- Dry mop buckets and wringers with paper towels, to prevent rust and soil build-up and growth of germs

STEP 4
- Clean and oil the wringer parts weekly to keep them working quietly and free of hair, string, and debris

STEP 5
- Leave wringers in released position when not in use

Mop Heads for Damp Mopping:

STEP 6
- Do not lean heavily on mops or use too much force when damp mopping

STEP 7
- Start with a clean mop head each day
- Change mop heads often when damp mopping
  - Change mop head after mopping five clinic rooms or when it looks dirty
o Change mop heads after cleaning up blood, body fluids, vomit or feces

STEP 8
- Clean and dry mop heads before storing them

STEP 9
- Before putting dirty mop heads into the laundry, rinse them and squeeze them out
- If you do not have laundry facilities or sink, please discuss options with your manager

STEP 10
- Wash dirty mop heads daily using cold water detergent with bleach in it, and the full laundry cycle
- Dry well in the dryer
  o Hot-air drying helps to get rid of any germs left after washing
- Wash dirty mop heads separately from linens

STEP 11
- Order enough new mop heads to be sure you don’t run out
Procedure for Care, Use and Maintenance of Other Housekeeping Equipment/Supplies

Materials

- Cleaning cloths
- Pail for dirty cloths
- Pail for cleaning solution
- Dry mop heads
- Radiator (high-dusting) wand
- Ladders and step stools
- Housekeeping cart

Method

**Cloths:**

- Wash dirty cloths daily using cold water detergent with bleach in it, and the full laundry cycle
- Dry well in the dryer
  - Hot-air drying helps to get rid of any germs left after washing
- Wash dirty cloths separately from linens
Cleaning solution pail and pail for dirty cloths:

- Clean pails at the end of each day,
  - Rinse out both pails with water and dry with paper towels
  - Wipe the inside and outside of pails with disinfectant wipes
  - Let pails air dry

Dry mop head:

- Take the dry mop OUTDOORS and shake off loose dirt before putting the mop head into the laundry
- Never shake mops indoors as this spreads dust and germs into the air!
- Wash mop heads daily, using cold water detergent with bleach and a full washing cycle
- Dry well in the dryer
- Wash dirty mop heads separately from linens
- Store mop heads clean and dry
- Replace mop head when it starts to wear out

Radiator (high-dusting) wand

- Vacuum clean the wand after each use
- Replace wand when it starts to wear out

Ladders and step stools:

- Inspect ladders and stools for loose or broken parts before use
- Keep step stools and ladders clean
Housekeeping Cart:

- Wipe down top of cleaning cart daily with disinfectant wipes and let air dry, or
- Damp wipe the whole cart daily (including wheels) with surface cleaner/disinfectant solution
- Oil the cart wheels monthly
- Do not overstock the housekeeping cart. This will reduce clutter on the cart and help to stop germs getting onto supplies
- No food, drinks, or personal items are to be stored on the cleaning cart!
Procedure for Mixing Surface Cleaner/Disinfectant

Materials

- Alcohol-based hand rub
- Disposable nitrile gloves
- Eye protection
- 1 litre water
- Concentrated (7%) ACCEL® surface cleaner/disinfectant
- Date container when opened and label according to manufacturer and WHMIS instructions
- 2x 30 mL medicine cups = 60 mL
- Clean pail

Method

STEP 1
- Clean hands
**STEP 2**
- Put on eye protection and gloves

**STEP 3**
- Mix 1 litre of warm tap water for every 2 full plastic medicine cups (60 mL) of ACCEL® surface cleaner/disinfectant (concentrated, 7%), in the clean pail

- Mix enough solution for the task: an 8 litre pail requires 8 litres of water and 16 medicine cups (480 mL) of concentrated ACCEL®

- To reduce splashing, pour the water in first, then pour ACCEL® concentrate into the water

**STEP 4**
Make up a fresh bucket of surface cleaner/disinfectant solution as often as needed:
- After cleaning five rooms
- After cleaning the Emergency Room Dirty Utility Room, Reprocessing (sterilization) Area, or Dental Area
- After cleaning up blood or body fluids
- Whenever the solution looks cloudy or dirty, or smells bad

**STEP 5**
- After using the surface cleaner/disinfectant, let the surface stay wet for at least 30 seconds
- DO NOT wipe or buff surfaces dry after mopping or wiping with surface cleaner/disinfectant. Leave surfaces to air dry for long enough to kill germs
Section 2: Preventing Infection in Special Situations
1. Rooms Contaminated with Vancomycin-Resistant *Enterococcus* (VRE)

**Daily cleaning**

Make a fresh bucket of surface cleaner/disinfectant solution and use fresh cloths and mop heads for each VRE room and ONLY for that room

**After the patient is discharged**

- Remove all dirty/used items such as suction container and disposable items
- Remove privacy, window and shower curtains before starting to clean the room
- Remove and discard:
  - soap
  - toilet paper
  - paper towels
  - glove box
  - toilet brush
  - books, magazines, puzzles, cards and comics
- Make a fresh bucket of surface cleaner/disinfectant solution
- Use fresh cloths and mop heads for each VRE room and ONLY for that room

2. Rooms Contaminated with *Clostridium difficile*

**Daily cleaning (clean twice everyday)**

- Make a fresh bucket of surface cleaner/disinfectant solution
- Use fresh cloths and mop heads for each *C. difficile* room and ONLY for that room
- Make a fresh bucket of bleach solution using 2/3 of a cup (160 mL) of bleach mixed with one bucket or 8 litres of water
- After cleaning, disinfect the room again
- Damp wipe all surfaces, including the toilet or commode
- Wet mop the floor with the bleach solution
- Allow to air dry

**Double cleaning after the patient is discharged**

- Remove all dirty/used items such as disposable suction containers
- Remove privacy, window and shower curtains before starting to clean
- Remove and discard:
  - soap
  - toilet paper
• paper towels
• glove box
• toilet brush
• books, magazines, puzzles, cards and comics

Clean twice!

• Make a fresh bucket of surface cleaner/disinfectant solution
• Use fresh cloths and mop heads for each *C. difficile* room and ONLY for that room
• Make a fresh bucket of bleach solution using 2/3 of a cup (160 mL) of bleach mixed with one bucket or 8 litres of water
• After cleaning, disinfect the room again
• Damp wipe all surfaces, including the toilet or commode
• Wet mop the floor with the bleach solution
• Allow to air dry

Using fresh solutions, cloths and mop heads, clean and disinfect the room, again!

• Replace curtains with clean curtains after the second cleaning

3. Outbreak of Gastrointestinal Disease (Infectious Diarrhea)

Disinfection of spills of vomit or feces

• Damp wipe and wet mop with accelerated hydrogen peroxide 0.5% solution
• Allow the solution to stand wet over the spill area for at least 10 minutes

Follow the [Procedure for Cleaning Vomit or Feces on Floors](#) (page 53)

OR

• Clean with detergent
• Then damp wipe
• Wet mop **AGAIN with accelerated hydrogen peroxide 0.5% solution**
• Allow the bleach solution to stand wet over the spill area for at least 10 minutes
• After cleaning, disinfect the room again
• Damp wipe all surfaces, including the toilet or commode
• Wet mop the floor with the bleach solution
• Allow to air dry
4. Influenza Pandemic

Daily cleaning CLEAN TWICE PER DAY

- Damp wipe touched surfaces in patient care areas with surface cleaner/disinfectant solution at least twice per day and when they look soiled

5. Emergency Room Washrooms

Daily cleaning: CLEAN EVERY 4 HOURS

- Clean at least every four hours or when visibly soiled
- Make a fresh bucket of bleach solution using 2/3 of a cup (160 mL) of bleach mixed with one bucket or 8 litres of water
Section 3:
Dealing with Mice, Lice, Scabies and Flies
Dealing With Mice in the Clinic

Treat all mice as if they are infected!

- Some mice carry a germ called Hantavirus
- Humans can breathe in air that contains the virus from droppings, urine or saliva (spit) from infected mice
- Hantavirus can live for three days after it has been left by a mouse
- Hantavirus does not spread from person to person
- The virus does not affect pets
- Pets do not pass the virus to humans
- Hantavirus causes an infection of the lungs
- People get sick quickly; the sickness is like flu, with high fever, chills, headache, and muscle pain in the lower back, hips and legs
- People can get breathing problems or pneumonia, or even die from the virus
- To stop the virus getting in the air, do not stir up dust by sweeping or vacuuming up mice/rodent droppings, urine, or nests

Reducing Mouse Infestation

- Plug holes mice use to enter the clinic; keep windows and doors tightly closed
- Cut back high grass, bushes and weeds around the clinic foundation
- Keep the lawn cut short
- All garbage containers must be mouse-proof and at least 12” off the ground
- Empty garbage containers weekly
- Take away trash and garbage weekly, and pick up clutter
- Get rid of nesting materials such as paper, clutter and soiled clothing or rags
- Keep woodpiles and other nesting material at least 100 feet from the clinic
- Keep the clinic as clean as possible to stop mice from coming in and looking for food and shelter
- Clean up spilled food right away
- Clean dishes, pots and pans and food scraps quickly after use—food left behind will attract mice
- Clean regularly in and under fridges, stoves, furniture, and cupboards in kitchens and eating areas
- Store dry foods in plastic or metal containers with lids that fit tightly
- Mousetraps must be checked daily and dead mice must be safely handled and thrown away
- Contact local public health for help if there is a mouse problem
Cleaning up Mouse Urine and Droppings

1. Wear proper PPE to clean up mouse droppings and urine:
   - Disposable gown if you could get splashed
   - Disposable mask with eye protection
   - Disposable nitrile gloves

2. Mix up fresh surface cleaner/disinfectant solution.
   See Procedure for Mixing Surface Cleaner/Disinfectant (page 69)
   - Apply enough of the surface cleaner/disinfectant solution to cover droppings and urine
   - Leave wet for five minutes

3. Use a paper towel to pick up the droppings and urine
   - Put this waste in the garbage

4. After the mouse droppings and urine have been removed:
   - Damp wipe any items that may have been soiled by mice
   - Damp mop floor areas that may have been soiled by mice

5. Steam clean or shampoo upholstered furniture and carpets with any signs of mice

6. Wash any mouse-soiled bedding and clothing in a full laundry cycle
   - Dry well in the dryer

7. Wash cloths and/or mop heads that you use to clean up mice droppings and urine in a full laundry cycle and dry well in the dryer

8. Remove gloves and PPE and put in garbage

9. Wash your hands with alcohol-based hand rub or soap and water

Cleaning Up Dead Mice and their Nests

1. Wear proper PPE to clean up dead mice or their nests:
   - Disposable nitrile gloves
   - Disposable mask with eye protection
   - Disposable gown if clothing could get dirty

2. Mix up fresh surface cleaner/disinfectant solution.
   See Procedure for Mixing Surface Cleaner/Disinfectant (page 69)
- Apply enough of the surface cleaner/disinfectant solution to cover the dead mice and/or nesting materials and the surrounding area
- Let area soak for five minutes

3. Use a paper towel or rag to pick up mice and/or nesting materials
   - Place in a plastic bag and seal tightly
   - Place this bag in a second plastic bag and seal
   - Put in the garbage

4. Wash any used cleaning cloths/mop heads in a full laundry cycle and dry well in the dryer

5. Remove gloves and PPE and put in garbage

6. Wash your hands with alcohol-based hand rub or soap and water

**Cleaning up Sheds, Outbuildings, Attics, Basements, Crawlspace, Storage Areas, Air Ducts and other areas with Heavy Mouse Infestation**

- Special precautions are needed in areas that have large numbers of mice, and where mice are known to have Hantavirus
- Contact public health for instructions in these situations

Source: CDC Fact Sheet Hantavirus
Dealing With Lice in the Clinic

Important Points

Head lice:
• Are spread by direct head-to-head contact
• Crawl quickly from one person's head to another
• Are a nuisance but not a health problem
• **Do not** result from a lack of cleanliness
• **Do not** live on dogs, cats or other animals, only on humans
• Anyone can get head lice
• Schoolchildren get them more often, as they are in close contact
• Parents can get head lice from children
• Sometimes they come from another adult in close contact with the children
• Lice do not spread through the environment
• To get rid of head lice, two treatments are needed
• All close contacts must be followed up—an untreated close contact often causes repeat spreading of lice
• Keeping hair short will not prevent head lice

Housekeeping duties
• Extra housecleaning and insecticides are not needed
• Wash laundry in a full wash cycle with detergent
• Dry laundry well in the dryer

Source: Lice Fact Sheet—Thunder Bay Health Unit
Dealing With Scabies in the Clinic

Important Points

Scabies:
• Is a contagious disease caused by a tiny insect called a mite
• Has nothing to do with cleanliness
• Spreads from person to person by direct contact or by touching clothing or other personal items used by someone who has it
• Causes discomfort and itching, mainly at night

  • The scabies mite does not jump
  • The mite cannot live more than 3 to 4 days without skin contact
  • Infected people who do not itch can pass the mite onto others
  • A person can be infected for 2 to 6 weeks before the rash or itching occurs
  • Scabies is treated with a special lotion or cream

Housekeeping duties
• Wash laundry using a full wash cycle with detergent
• Dry all laundry well in the dryer
• Bag items that cannot be washed for at least 72 hours to kill the scabies mite
• Normal cleaning of bedding, furniture, etc. will help get rid of scabies mites
• Fumigation of living areas is not needed

Source: Scabies Fact Sheet—Thunder Bay Health Unit
Dealing With Flies/Insects in the Clinic

Important Points
- Flies that live on feces, dead animals, blood or garbage are called filth flies
- Flies can spread many different diseases
- Mosquitoes are insects that can spread West Nile virus when they bite a person

Housekeeping Duties
- Keep doors and windows tightly closed in insect season
- Plug holes that flies and insects use to get into the clinic, such as broken window screens
- Cut down high grass, bushes and weeds around the clinic foundation
- Keep the lawn cut short
- Dispose of garbage in covered, fly-proof containers
- Remove garbage weekly and pick up or get rid of clutter
- Empty and clean garbage containers in patient care and food preparation areas every day
- Remove food and grime from surfaces regularly
- If cleaning is not done well food can be left behind and attracts flies
- Wash dishes straight away
- Regularly clean in and under fridges, stoves, furniture, and cupboards in kitchens and eating areas
- Keep all areas dry—flies and insects like to breed close to water
- Remove paper, clutter and soiled clothing or rags
- Contact your FNIHB Environmental Health Officer for help if you have an infestation of flies or insects

Source: CDC Disease Vectors and Pests
Chapter 2: Housekeeping Lists, Guides and Personal Protection
For Use By Housekeeping Staff
Preface

The purpose of Chapter 2: Housekeeping Lists, Guides and Person Protection is to provide custodial staff with an understanding of the rationale for the procedures set out in Chapter 1: Daily Cleaning Procedures.
Ways to use the Housekeeping Lists, Guides and Personal Protection Manual

- Keep this manual on hand as a reference book on current best practices.
- After attending a training course or workshop, you can use the manual to refresh your memory on specific topics.
- Adapt the manual to your own needs, and to the situation in your clinic:
  a. Use coloured tabs to mark the pages or sections.
  b. Add Material Safety Data Sheets for the cleaning and disinfecting agents that you use.
  c. Copy pages, put them into plastic page-protector sleeves, and carry them with you on your cleaning cart. Sections Personal Protective Equipment – What to Wear and When, and Cleaning Cards can be used in this way.
  d. You can use the sample cleaning checklists as models to help you make your own. Each one lists the items and surfaces in the room that you need to clean.
  e. The checklist is a reminder not to miss things. Keep each checklist on the cleaning cart or post one in each room and cleaning area.
  f. The manager can look at the checklists to see what is being cleaned.

We hope that you find this document useful.
Chapter 2: Housekeeping Lists, Guides and Personal Protection for Use by Housekeeping Staff

Contents

Preface ............................................................................................................................. 2
  Contents ....................................................................................................................... 5

Section 1: Routine Practices to Prevent Infection .............................................................. 7
  Routine Practices ......................................................................................................... 9
  How Germs Can Spread in the Clinic ......................................................................... 9
  Routine Practices for Housekeeping ....................................................................... 10

Section 2: Risk Assessment for Personal Protection ....................................................... 11
  Risk Assessment and Routine Practices ................................................................ 13
  Extra Precautions .................................................................................................... 14

Section 3: Hand Hygiene ............................................................................................... 17
  How to Wash Your Hands ....................................................................................... 19
  Washing Hands Works ......................................................................................... 20

Section 4: Housekeeping Personal Protective Equipment (PPE) .................................... 21
  PPE - What to Wear and When to Wear It .............................................................. 23
  Putting on PPE ....................................................................................................... 24
  Taking off PPE ....................................................................................................... 25
    Where/When to Take off PPE ............................................................................ 25

Section 5: Cleaning Standards for Health Care Facilities .......................................... 27
  Cleaning Standards for Your Clinic ....................................................................... 29
    Levels of Cleaning .............................................................................................. 29
  What Does Clean Look Like? ............................................................................... 31
  The Correct Cleaning Order .................................................................................. 33
  Using Cleaning Cards and Checklists .................................................................. 34
  Cleaning Card #1 .................................................................................................. 35
  Cleaning Card #2 .................................................................................................. 36
  Cleaning Card #3 .................................................................................................. 37
Section 1:
Routine Practices to Prevent Infection
Routine Practices

Routine practices reduce the spread of germs

from patient to patient
from patient to staff
from staff to to patient
from staff to staff

How Germs Can Spread in the Clinic

Dirty hands

Dirty hands touch patient

Dirty hands touch self

Dirty hands touch medical equipment

Dirty hands touch other patients
## Routine Practices for Housekeeping

### Hand Hygiene
Clean your hands using alcohol-based hand rub or soap and water:
- Before and after you touch a patient
- Before preparing, handling, serving or eating food
- After cleaning blood and body fluid spills and before you move to another activity
- Before putting on and after taking off gloves and **Personal Protective Equipment (PPE)**
- When your hands come into contact with any clients’ blood or body fluids
- After contact with patients’ items
- After body functions, e.g. blowing your nose

### Disposable Long-Sleeved Gown
- Wear a long-sleeved gown if you think blood and body fluids might splash onto your clothes

### Disposable Mask With Eye Protection
- Protect your eyes, nose and mouth if you think blood, body fluids or cleaning chemicals might splash onto your face
- Wear within 2 metres or 6 feet of a coughing client

### Gloves
- Wear gloves during **ALL** cleaning tasks as there is a risk of your hands touching blood, body fluids, dirty surfaces or items in the clinic, and cleaning chemicals
- Wearing gloves does NOT replace hand hygiene
- Do hand hygiene before putting on AND after removing gloves

### Environment
- All equipment used by more than one client must be cleaned between clients
- All touched surfaces and equipment used in the care of clients must be cleaned every day

### Linen and Waste
- Handle soiled linen and waste carefully to prevent contact with germs and spread of germs to clients and surfaces in the clinic

### Sharps Injury Prevention
- NEVER recap needles
- NEVER handle sharps such as needles, broken glass or scalpels with bare hands
- Place ALL sharps in sharps containers

### Client Placement/Accommodation
- Use a single room for a client who has vomiting and diarrhoea
- Clean your hands after leaving the room
Section 2:
Risk Assessment for Personal Protection
Risk Assessment and Routine Practices

What is risk assessment?

1. Risk assessment is thinking about your chances of contacting germs and other dangers before you start any housekeeping task and before you have any patient contact.

2. Deciding what Personal Protective Equipment (PPE) you will need is part of risk assessment.

Ask yourself:
- Will I be in contact with the patient?
- What will I be doing?
- What is my chance of being around
  - blood
  - body fluids—vomit (puke), urine (pee), diarrhoea (poop)
  - saliva (spit)
  - a patient's broken skin
  - patient's body tissues, e.g. the afterbirth
  - dirty clinic equipment, e.g. reusable medical objects and sharps
  - dirty clinic surfaces and equipment, e.g. tables, floors, toilets

After doing your own risk assessment, you can use extra precautions to protect yourself from germs. The extra precautions are on the next page.

Remember—if you are not sure, ask for help from your manager or the Nurse-in-Charge. Report anything unusual, especially if you think it might affect your safety, or someone else's.

IMPORTANT!
A risk assessment must be done for ALL patients and ALL health care workers at ALL times
Extra Precautions

Before you start any housekeeping task and have any patient contact, ask yourself:

Will you need to use extra precautions?

Use extra precautions if a patient has any of the following:
- Coughing or sneezing due to an infection:
  - Wear a mask and eye protection within 2 metres (6 feet) of the client.

- Active tuberculosis (TB):
  - Wear an N95 respirator mask if you have to enter while the client is still in the room.

- Measles, chicken pox or shingles:
  - Wear an N95 mask if you have not been immunized and have not had the disease and you have to enter while the client is still in the room.

- Pandemic influenza (flu):
  - Wear a mask, eye protection, gloves and gown within 2 metres (6 feet) of a flu patient or someone with flu-like symptoms.
  - Wear an N95 mask if the client is coughing or sneezing forcefully, and can't or won't cough or sneeze into their sleeve, use tissues, or wear a mask.

- Infectious diarrhoea:
  - Wear a mask and eye protection when cleaning up vomit (puke) or feces (poop).

How will you know when to use extra precautions?
- Ask!
- Have a meeting with your manager, community health representative and Nurse-In-Charge to decide a way to let you know when to use extra precautions
- See the next page for more information.
Deciding when to use extra precautions—it's a team effort!

Here is an example of an arrangement that may work for you in your clinic.

1. The Nurse-In-Charge will stick a coloured Post-it note on the exam room door after a patient leaves the room. The color of the Post-it note matches a certain way of cleaning and disinfection. We will use various colour post its for different levels of cleaning and disinfection.

2. Use the space below to write down the plan you arrange in your clinic.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
How to Wash Your Hands

1. Wet Your Hands
2. Apply Plain Soap
3. Rub Hands Together
4. Rinse Your Hands
5. Dry Your Hands
6. Turn Off Tap with Paper Towel

Leave the washroom neat and tidy.
Washing Hands Works

The Way You Clean Your Hands Matters!

- Cleaning your hands with alcohol-based hand rub is the preferred choice as it kills germs in seconds.
- It is better than washing your hands with soap and running water when they do not look dirty.
- Washing your hands with soap and running water removes germs and must be done when hands look dirty.

Two Ways to Clean Hands

Make sure that sleeves are pushed up and do not get wet

1. Rub all parts of your hands with alcohol-based hand rub.
2. Pay special attention to finger tips, between fingers, backs of hands and at the base of the thumbs.
3. Let your hands air dry.

1. Rub all parts of the hands with soap and running water.
2. Pay special attention to finger tips, between fingers, backs of hands and at the base of the thumbs.
3. Wash your hands for at least 15 seconds.
4. Pat your hands dry with paper towels.
5. If there is no running water use moistened towelettes to remove the visible dirt, followed by use of alcohol-based hand rub

Use hand lotion after washing your hands, to stop your skin from getting dry.

WARNING: Alcohol-based hand rub contains ethanol and rubbing alcohol. Do not swallow or rub wet into eyes. If rubbed into eyes, flush with clean water. If swallowed, get immediate medical advice, or contact the poison control center.
## PPE—What to Wear and When to Wear it

<table>
<thead>
<tr>
<th>What it’s called</th>
<th>When to wear it</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Disposable gloves</strong></td>
<td>• All regular cleaning tasks</td>
</tr>
<tr>
<td>made of nitrile or vinyl</td>
<td></td>
</tr>
<tr>
<td><strong>AVOID LATEX</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Reusable household gloves</strong></td>
<td>• Cleaning up spills of blood or body fluids</td>
</tr>
<tr>
<td>• long-sleeved waterproof</td>
<td>• Handling laundry soiled with blood, etc.</td>
</tr>
<tr>
<td>• rubber, nitrile or neoprene</td>
<td>• Picking up broken glass</td>
</tr>
<tr>
<td><strong>Heavy duty work gloves</strong></td>
<td>• Taking out the garbage</td>
</tr>
<tr>
<td><strong>Disposable waterproof gown</strong></td>
<td>• Picking up sharps containers</td>
</tr>
<tr>
<td><strong>Eye protection</strong></td>
<td>• When pouring concentrated cleaning solutions</td>
</tr>
<tr>
<td><strong>Disposable mask with eye protection</strong></td>
<td>• When your face might be splashed or sprayed with body fluids or cleaning chemicals</td>
</tr>
<tr>
<td><strong>N95 respirator mask</strong></td>
<td>• Working in a room with a patient who has active TB, measles, chicken pox or shingles, and you are not immune</td>
</tr>
<tr>
<td>YOU MUST BE INDIVIDUALLY FIT TESTED TO WEAR AN N95 MASK</td>
<td>• Within 2 metres (6 feet) of a patient with pandemic flu</td>
</tr>
<tr>
<td><strong>N95 respirator mask</strong></td>
<td></td>
</tr>
<tr>
<td>YOU MUST BE INDIVIDUALLY FIT TESTED TO WEAR AN N95 MASK</td>
<td></td>
</tr>
</tbody>
</table>
# Putting on PPE

## How to safely use PPE
- Clean or wash your hands before putting on new gloves
- Keep gloved hands away from face
- Avoid touching or adjusting other PPE
- Take off gloves if torn
- Only touch surfaces and items that need to be cleaned

<table>
<thead>
<tr>
<th>#1 Clean or wash your hands</th>
<th>Use alcohol-based hand rub if hands do not look dirty</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Clean between fingers, backs of hands, fingertips and thumbs</td>
<td><strong>OR</strong></td>
</tr>
<tr>
<td>• Clean hands for at least 15 seconds</td>
<td>Hand wash with soap and water for visibly dirty hands.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#2 Put gown on</th>
<th>![Image of person putting on gown]</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Opening at the back</td>
<td>![Image of person tying gown]</td>
</tr>
<tr>
<td>• Tie neck and waist</td>
<td>![Image of person pulling gown over gown]</td>
</tr>
<tr>
<td>• If gown is too small, use two gowns: 1. gown #1 ties in front</td>
<td>![Image of person tying second gown]</td>
</tr>
<tr>
<td>2. gown #2 ties in back</td>
<td><strong>#3 Put on mask with eye protection</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#3 Put on mask with eye protection</th>
<th>![Image of person putting on mask]</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Use procedure mask with attached eye protection</td>
<td>![Image of person putting on mask and glasses]</td>
</tr>
<tr>
<td>• Place over nose, mouth and chin</td>
<td>![Image of person securing mask]</td>
</tr>
<tr>
<td>• Secure on head with ties or ear loops</td>
<td>![Image of person making sure chin is covered]</td>
</tr>
<tr>
<td>• Make sure chin is covered</td>
<td>![Image of person fitting nose piece]</td>
</tr>
<tr>
<td>• Fit flexible nose piece over the bridge of your nose</td>
<td>![Image of person fitting nose piece]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#4 Put gloves on</th>
<th>![Image of person putting on gloves]</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Select correct type and size</td>
<td>![Image of person pulling gloves over gown]</td>
</tr>
<tr>
<td>• Put on gloves</td>
<td>![Image of person pulling gloves over gown]</td>
</tr>
<tr>
<td>• Pull gloves over cuffs of gown</td>
<td><strong>Adapted from the Center for Disease Control: Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007 Version Date: December 11, 2008</strong></td>
</tr>
</tbody>
</table>
# Taking off PPE

## Where/When to Take off PPE
- Immediately after finishing a contaminated task
- Before leaving the room to clean another clinic room/area
- Before starting another activity, e.g. going for lunch, answering the phone

Use alcohol-based hand rub if hands are not visibly dirty or wash with soap and water if hands are visibly dirty

<table>
<thead>
<tr>
<th>#1 Take off your gloves</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grasp edge of glove at wrist picture #1</td>
<td><img src="image1.png" alt="Image" /></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peel away and turn glove inside-out picture #1</td>
<td><img src="image2.png" alt="Image" /></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hold this glove in other hand picture #2</td>
<td><img src="image3.png" alt="Image" /></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slide finger under edge of glove and peel this glove over the top of the other glove to make a bag picture #2</td>
<td><img src="image4.png" alt="Image" /></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Put into garbage picture #3</td>
<td><img src="image5.png" alt="Image" /></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#2 Take off your gown</th>
<th>1.</th>
<th>2.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undo bottom, and then undo top tie</td>
<td><img src="image6.png" alt="Image" /></td>
<td></td>
</tr>
<tr>
<td>Peel gown away from body picture #1</td>
<td><img src="image7.png" alt="Image" /></td>
<td></td>
</tr>
<tr>
<td>Turn inside out, fold or roll picture #2</td>
<td><img src="image8.png" alt="Image" /></td>
<td></td>
</tr>
<tr>
<td>Put into garbage</td>
<td><img src="image9.png" alt="Image" /></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#3 Clean your hands</th>
<th><img src="image10.png" alt="Image" /></th>
</tr>
</thead>
<tbody>
<tr>
<td>Use alcohol-based hand rub if hands do not look dirty</td>
<td><img src="image11.png" alt="Image" /></td>
</tr>
<tr>
<td>Wash with soap and water if hands look dirty</td>
<td><img src="image12.png" alt="Image" /></td>
</tr>
<tr>
<td>Clean between fingers, backs of hands, fingertips and thumbs for at least 15 seconds</td>
<td><img src="image13.png" alt="Image" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#4 Take off your mask with or without the eye protection</th>
<th><img src="image14.png" alt="Image" /></th>
</tr>
</thead>
<tbody>
<tr>
<td>If mask has ties, undo bottom, then undo top</td>
<td><img src="image15.png" alt="Image" /></td>
</tr>
<tr>
<td>Lift away from face by holding ties or ear loops and put in garbage</td>
<td><img src="image16.png" alt="Image" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#5 Clean your hands</th>
<th><img src="image17.png" alt="Image" /></th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediately after taking off PPE</td>
<td><img src="image18.png" alt="Image" /></td>
</tr>
<tr>
<td>When you think your hands may not be clean</td>
<td><img src="image19.png" alt="Image" /></td>
</tr>
<tr>
<td>Before doing something else, e.g. taking a break</td>
<td><img src="image20.png" alt="Image" /></td>
</tr>
</tbody>
</table>

Adapted from the Center for Disease Control: Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007 Version Date: December 11, 2008
Cleaning Standards for Your Clinic

All cleaning must be monitored and audited by the manager

Levels of Cleaning

HOTEL CLEAN
For areas NOT used in patient care
• everything looks clean
• waste is removed
• supplies and dispensers are refilled
• broken or damaged items are fixed or replaced

HOSPITAL CLEAN
For ALL patient care areas

• Hotel clean PLUS:
  o Clean and disinfect high-touch surfaces in patient care areas with a hospital-grade disinfectant
  o Clean and disinfect non-critical medical equipment between patients
  o Cleaning practices are monitored and staff are given feedback and education

Hotel clean is applied to low risk areas

These are areas that are not used for client care and only need cleaning weekly or when visibly soiled

All client care areas must be kept hospital clean:
• washrooms
• waiting rooms
• dining rooms
• examination rooms
• diagnostic areas (X-ray and other tests)
• treatment rooms

All areas where clean tasks are done for clients must be kept hospital clean:
• equipment reprocessing (sterilization) areas
• sterile supplies storage
• clean utility rooms
• laundry room
• clean linen storage rooms
- pharmacy
- laboratory
- food preparation areas

All areas where clients stay for a few hours or more must be kept hospital clean:
- all surfaces that are normally touched
- equipment that touches patients

All surfaces in these areas must be smooth, non-porous, and cleanable
There should be no carpets or cloth furnishings
All equipment and toys must be cleanable or disposable.

High risk areas must be kept hospital clean and cleaned after every client:
These are areas routinely exposed to blood or body fluids
- dental procedure room
- emergency room
- birthing suite
- emergency room washroom must be cleaned every 4 hours and when it looks soiled

Medium risk areas where patient care happens must be kept hospital clean:
These are areas NOT routinely exposed to blood or body fluids. They only need to be cleaned once per day and when they look soiled
- mental health room
- addictions counselling room

Note: In patient care areas, surfaces that are not touched very often do not need to be cleaned every day, but they do need to be cleaned regularly. The manager will decide how often this is done, such as
- weekly wiping of surfaces above shoulder height
- monthly wiping of window blinds
- annual cleaning of window curtains
What Does Clean Look Like?

Never skip cleaning!

These lists are for you to check how well you have cleaned. Patient care areas, all touched surfaces, equipment and floors need to be disinfected **EVERY DAY**, even if they look clean.

<table>
<thead>
<tr>
<th>Furniture—free of dirt, smears and stains such as blood, body fluids vomit, faeces, urine, saliva. Be sure to check wheels, phones and TV screen dust build-up</th>
<th>Toilets—free of dirt, stains, dust, spots and soil on hinges, wall mounts, on and under chrome cover, wall area and baseboards surrounding toilet, inner/outside and underneath parts of toilet</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Floors</strong>—free of soil and stains, visible dust, lint, food crumbs or streaks. Be sure to check in corners, under items and behind doors, on walk off mats, drain screen and floor drain, carpet, build-up on floor seams, build-up on flush bolt striker plate and boot trays</td>
<td><strong>Beds</strong>—free of soil and dust on mattress, all under-bed parts, bed rails, headboard, foot board, foot and hand pedals, controls and wheels</td>
</tr>
<tr>
<td><strong>Waste Containers</strong>—free of soil on inside and outside</td>
<td><strong>Counters and Cupboard</strong>—free of dust build-up, soil and streaks</td>
</tr>
<tr>
<td><strong>Closets</strong>—free of dust, soil, dirt, and build-up on all surfaces and closet floor</td>
<td><strong>Dispensers</strong>—free of soil, dust, streaks and build-up on all sides of dispensers towel and toilet paper dispensers</td>
</tr>
<tr>
<td><strong>Tubs, lifts, showers and baths</strong>—free of soil, dust and build-up on inside of tub, lift, outer surfaces and wall surfaces, soap holders, shower rod and curtain, chrome surfaces, inside and outer part of plug and drain</td>
<td><strong>Walls</strong>—free of soil, marks, visible dust, stains, streaks, spots and hand prints on horizontal ledges and shelves, baseboards, registers and wall switches</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>Doors and kick plates</strong>—free of spills, wax spotting, dust, soils and streaks on door closure, frame and top; soil and streaks on door handle and door stopper</td>
<td><strong>Mirrors</strong>—free of dirt, dust residue, streaks and water marks Be sure to check horizontal and vertical ledges, front and back</td>
</tr>
<tr>
<td><strong>Ceilings, vents and curtain tracking (window and bedside)</strong>—free of dust, cobwebs or soil</td>
<td><strong>Windows, sills and drapes</strong>—free of smudges, dust, soil and build-up in corners of sills and on draperies</td>
</tr>
<tr>
<td><strong>Lights</strong>—free of dust, dirt particles and dead pests in light panels, on flat surfaces, on shades</td>
<td><strong>Wheelchairs, commodes and geri-chairs</strong>—free of soil, dust and build-up on wheelchairs in use or in storage</td>
</tr>
<tr>
<td><strong>Sinks</strong>—free of stains, corrosion, streaks, soil, odour, scum and build-up on plugs, around water tap, spout of water tap, sink edges on counter, metal drain ring, plumbing pipes under counter, on drainage</td>
<td></td>
</tr>
</tbody>
</table>
The Correct Cleaning Order

1. Work from **highest** point in the room to the **lowest** point in the room

   **CEILING**

2. Work from the **outside** edges of the room to the **inside** area of the room

   **FLOOR**

3. Work from **cleanest** objects/surfaces in the room to the **dirtiest** objects/surfaces in the room

   **INSIDE CARE AREA**
Using cleaning cards and checklists

Cleaning cards:
- help you to learn what you have to do in every room or area
- tell you the best practice method for cleaning
- are not checklists

Checklists:
- list all the things in the room that you need to clean
- must be carried with you on your cart
- post your checklists in each room or area
- help your manager to see what you need to clean in each room and area

A checklist must be made for each room and clinic area. Items should be added or removed to match what is in the room

Helpful hints:
- each room needs to have its own cleaning cards and checklists
- read the cleaning cards first and then the checklists in each room
- to help you, copy cleaning cards number 1, 2 and 3
- put all cleaning cards into plastic sleeves carry them on your cleaning cart
Cleaning card # 1

Getting started

For every room or area, you need to find out:

- Does this room need cleaning more than once today?
- Look at the checklists in the room or ask the nurse about this
- Do a walkabout inspection
- Does this room need extra cleaning for a special situation? For example, the emergency room washroom may need extra cleaning after a client with an infection has used it
- What housekeeping supplies do you need for this job?

Next:

- Make up fresh surface cleaner/disinfectant solution at the start of your shift, and make more as often as you need to
- Do a risk assessment and decide what PPE you need to wear for the job
- Put on your PPE
- Begin cleaning
Cleaning Card # 2

Cleaning

*Always clean from high to low, outside to inside and clean to dirty*

- Pick up any soiled linen and put it in the laundry hamper
- Pick up any garbage and put into the garbage container (this includes soiled books, magazines, papers, non-washable toys)
- Sweep up any sharps (carefully!) with small floor brush and dustpan, and drop them into the sharps container
- Clean up any spills
- Remove gloves, do hand hygiene and put on clean gloves
- Polish glass surfaces with glass cleaner
- Damp wipe items fixed to the wall
- Check curtains for soiling and take down for laundering or damp wipe
- Damp wipe working (horizontal) surfaces and items
- Damp wipe other items
- Check sharps container and replace with a new empty one when ¾ full
- Replace soiled linen bag daily and when ¾ full
- Wipe down linen hamper
- Empty garbage daily and when container is ¾ full
- Damp wipe empty garbage containers and replace liner bags
Cleaning card # 3

Finishing up

- Put up the wet floor sign
- Damp mop the floor
- Remove gloves and other PPE

Do not leave the area wearing dirty gloves or equipment!

- Clean hands
- Return any cleaned equipment to the clean storage or utility room
- Restock paper towels, toilet paper in dispensers, soap, alcohol-based hand rub, hand lotion (replace empty containers, do not top them up), new sharps container if needed and exam table paper
- Make up bed or stretcher
- Remove the wet floor sign when the floor is dry
- Clean hands again before leaving room/area
- Take garbage to the collection area
- Report anything leaking, broken, damaged or needs repair
- Report any mould, rodents, flies or other pests to your manager
Sample Cleaning Checklist: Emergency/Dental/Exam Room

**Dental and Emergency Room:** Hospital level clean, daily and after each patient

**Examination Room:** Hospital level clean, daily and when soiled

**Damp wipe these items, unless otherwise noted**

**Wall-attached items:**

- Ceiling light/fan/vent (weekly, use wand)
- Ceiling track for curtain (weekly, use wand)
- Shelves and tops of cabinets above shoulder level (weekly, use wand)
- Open shelves (weekly)
- Walls (spot clean)
- Wall-attached curtains/shades/blinds, plastic/washable surface (monthly)
- Wall-attached cloth curtains (machine wash if soiled and at least annually)
- White boards
- Bulletin boards
- X-ray viewing box
- Eye chart
- Pamphlet holders
- Wall light fixtures
- Back board/CPR board (weekly if not used)
- Scoop stretcher (weekly if not used)
  - Wall-attached reusable medical devices in protective covers (weekly if not used and cover not soiled)
  - Wall-attached reusable medical devices, exposed, e.g. BP cuff (use disinfectant wipes)
- Light switches and thermostats
- Doors and door frame (weekly, use wand for top of door)
- Door handle/knobs, and touched areas of frame
- Hand rails and grab bars
- Glove box holders
☐ Hand hygiene dispensers (soap, alcohol-based hand rub, lotion)
☐ Paper towel dispensers
☐ Front/tops of cabinets and cupboards
☐ IV pole, ceiling suspended

**Horizontal surfaces and items**

☐ Window sills/ledges (weekly)
☐ Blanket warmer (weekly)
☐ Client teaching models
☐ Battery/electric suction (use disinfectant wipes)
☐ Vertical weigh scale
☐ Desk lamps
☐ Desks, tables and chairs
☐ Telephones (use disinfectant wipes)
☐ Counter tops—items may need to be moved for proper cleaning
☐ Items on counter tops (do not damp wipe sharps containers!)
☐ Table baby scale
   Reusable medical equipment, e.g. tuning fork, reflex hammers, stethoscopes,
☐ etc. (use disinfectant wipes)
☐ Sinks and taps

**Other items**

☐ Water cooler (clean on clinic schedule)
☐ Eye wash station
☐ Portable lighting
☐ Oxygen tank and stand
☐ Emergency cart
☐ Incubator/bassinette
☐ Non-skid foot stool
☐ Examination stool with wheels
☐ Chairs
☐ Wheelchair
☐ IV pole
☐ Side/over bed table
☐ Stretcher bed
☐ Exam table
☐ Dental chair
☐ Movable electronic equipment, e.g. IV pump (use disinfectant wipes)
☐ Wheeled basin holder
☐ Wheeled mayo stand
☐ Laundry hamper/basket
☐ Garbage containers
   Urinal/bed pan (remove feces and fluids and wash after each use. If used by more than one client, also damp wipe with disinfectant solution between each client)
☐ Commode chair
Sample Cleaning Checklist: Washroom/Bathroom

Emergency Room Washroom: Hospital level clean every 4 hours or if soiled

Patient Washroom or Bathroom: Hospital level clean daily or if soiled

Damp wipe these items, unless otherwise noted

Wall-attached items

☐ Ceiling light/fan/vent (weekly, use wand)
☐ Ceiling track for curtain (weekly, use wand)
☐ Shelves and tops of cabinets above shoulder level (weekly, use wand)
☐ Open shelves (weekly)
☐ Front/tops of cupboards
☐ Walls (spot clean)
☐ Wall-attached curtains/blinds, plastic/washable surface (monthly)
☐ Wall-attached curtains, cloth (machine wash if soiled and at least annually)
☐ Mirrors
☐ Wall light fixtures
☐ Light switches and thermostats
☐ Doors and door frame (weekly, use wand for top of door)
☐ Door handle/knobs PUSH plate, and touched areas of frame
☐ Hand rails and grab bars
☐ Hand hygiene dispensers (soap, alcohol-based hand rub, lotion)
☐ Paper towel/toilet paper dispensers
☐ Toilet stall panels and doors

Horizontal surfaces and items

☐ Window sills/ledges
☐ Counter tops—items may need to be moved for proper cleaning
☐ Items on counter tops
☐ Eye wash station
☐ Sinks and taps

**Other items**

☐ Chairs
☐ Garbage containers
☐ Shower curtain (damp wipe, or replace if torn or stained)
  Bathtub/shower and fixtures (tub and tile cleaner may be needed to remove
  scum and mildew)
☐ Urinal, flushing handle and wall
☐ Toilet (clean inside of bowl with brush, leave brush in the room)
☐ Wall around toilet (damp mop)

**Sample Cleaning Checklist: Patient Waiting Area**

**Patient Waiting Area:** Hospital level clean, daily and when soiled
**Damp wipe these items, unless otherwise noted**

**Wall-attached items**

☐ Ceiling light/fan/vent (weekly, use wand)
☐ Ceiling track for curtain (weekly, use wand)
☐ Shelves and tops of cabinets above shoulder level (weekly, use wand)
☐ Open shelves (weekly)
☐ Walls (spot clean)
☐ Wall-attached curtains/blinds, plastic/ washable surface (monthly)
☐ Wall-attached cloth curtains (machine wash if soiled and at least annually)
☐ Mirrors
☐ White boards
☐ Bulletin boards
☐ Pamphlet holders
☐ Wall light fixtures
☐ Light switches and thermostats
☐ Doors and door frame (weekly, use wand for top of door)
□ Door handle/knobs, and touched areas of frame
□ Hand rails and grab bars
□ Hand hygiene dispensers (alcohol-based hand rub, lotion)
□ Front/tops of cabinets and cupboards

**Horizontal surfaces and items**

□ Window sills/ledges (weekly)
□ Computer printer/fax machine (use disinfectant wipes)
□ Desk lamps
□ Desks, tables and chairs
□ Television and remote/radio (use disinfectant wipes)
□ Telephones (use disinfectant wipes)
□ Computers, monitor, keyboard, mouse (use disinfectant wipes)
□ Coffee maker
□ Counter tops (may require moving items for proper cleaning)
□ Items on counter tops

**Other items**

□ Water cooler (clean on clinic schedule)
□ Portable lighting
□ Chairs
□ Wheelchair
□ Toys (wash and soak in bleach to disinfect)
□ Toys, too large to wash (damp wipe)
□ Toy chests/baskets (empty and damp wipe weekly)
□ Garbage containers
Section 6: General Health and Safety
Preventing Blood and Body Fluid Exposures

Diseases like Hepatitis B, Hepatitis C and HIV can be spread through cuts or punctures from dirty medical devices/items!

- Sharps containers must be placed where needles are used
- Replace sharps containers before they are three-quarters full
- NEVER damp wipe the top or sides of sharps containers
- Handle needles, scalpel blades and other sharp instruments with care to prevent accidental injuries
- If you find a sharp on the floor, DO NOT pick it up with your bare hands!
- Sweep it up with the hand brush and dust pan and drop it into the sharps container or wear gloves and carefully pick up the sharp at the blunt end
- Treat all waste as dirty
- Put used dressings, gauze, bandages in the regular garbage
- Do not push down on the tops of garbage bags or shake them
- When tying off the top of the bag, direct the air away from your face to prevent any splashes/sprays/smells onto your face or clothes
- Take soiled linen to the laundry area in the laundry hamper
- Do not squash dirty laundry down
- Hold dirty laundry and bags away from your body
- Wear PPE if needed, based on a risk assessment of the situation
- ALWAYS report it to your manager if you find needles left at the bedside or thrown into the regular garbage

You have been EXPOSED if:

- You are injured by a used sharp
- Blood or body fluids splash into your eye, nose, or mouth
- Blood or other body fluids enter a cut or other break in your skin

If you are exposed, IMMEDIATELY

- Rinse eye, nose or mouth with clean water or saline solution
- Wash skin with soap and water

    Allow wound to bleed freely and cover lightly with gauze.

Report to a nurse or Emergency Department for assessment in less than 2 hours.

You may need blood tests and immunization
Develop Healthy Habits

1. Personal Hygiene and Grooming
   - Wear your regular clothes to work and change into a uniform or scrubs
   - At the end of the day, shower or bathe and change back into your own clothes
   - It is healthy to shower or bath before you go home or as soon as you get home from work. Take a shower or bath every day

2. Clean Your Hands—When?
   - Before and after using the toilet
   - After coughing, sneezing, or blowing your nose
   - Before and after eating or preparing food or drink
   - After handling or cleaning fish, meat etc.
   - Before and after completing cleaning tasks
   - Before and after putting on/taking off gloves
   - Before touching a client/patient/resident or before touching any object or furniture in the client/patient’s environment
   - Clean your hands immediately after touching body fluids

3. Hand Care and Hand Hygiene
   - Nails: Keep clean and short—germs can hide under long nails and make holes in gloves
   - Nail polish: Must be in good condition, as germs hide in chips and cracks
   - Jewellery: Do not wear hand or arm jewellery at work, as they make it hard to clean your hands and increase the risk of tears to gloves

4. Protect Yourself and Others from Coughs and Sneezes
   - Keep 6 feet or 2 metres away from a coughing person
   - Wear a mask if you are in within 6 feet or 2 metres of a coughing person
   - Ask the person who is coughing to wear a mask
   - Get your annual flu vaccination
   - Cover your mouth and nose with a tissue when you cough or sneeze; put your used tissue in the waste basket
   - If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands!
5. **Keep Immunizations Up-to-Date**

- These vaccinations (shots) are recommended for staff working in healthcare facilities; annual influenza, hepatitis B, tetanus, measles, mumps, rubella, chickenpox, and pertussis.

- Keep all your shots up to date.

6. **Stay Home from Work if You Have:**

- Respiratory illness with fever, runny nose and cough, such as flu.

- Open and oozing skin areas that cannot be covered

- Diarrhea, with or without vomiting

- Eye infections, until treated

7. **Get Training in the Workplace Hazardous Material Information System (WHMIS)**

Here’s a link to this resource:


It is important to learn about the safe use of the common chemicals in your health facility, and first aid if you are exposed to them.
8. **Use Good Body Mechanics.**

Use correct posture while you work.

This is very important when you are lifting, carrying, sweeping, vacuuming, picking things up from the floor, and when you need to reach above your shoulders.

Avoid sitting or standing for long periods of time.

**Back Talk** tells you how to care of your back. Here is the link to this booklet:


9. **Working Alone—Violence Prevention in the Workplace.**

Working alone means that help is not readily available in an emergency, injury or illness. Have a discussion with your manager to put together a policy so you can work safely in your facilities when you have to work alone, in isolation, or at night after everyone has left the premises.

Here are some resources:

http://www2.worksafebc.com/Topics/Violence/Resources-WorkingAloneAndLateAtNight.asp
http://www2.worksafebc.com/publications/OHSRegulation/Part4.asp#SectionNumber:4.20.1

10. **Eat Nutritious Foods, Get Lots of Exercise and Rest, and Manage Stress!**

Start a hobby. Don’t forget to have fun!
Section 7: Housekeeping Supplies and Chemicals
## HOUSEKEEPING SUPPLIES LIST

<table>
<thead>
<tr>
<th>Product</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accelerated hydrogen peroxide, 7% concentrate (surface cleaner/disinfectant)</td>
<td>To clean and disinfect many clinic objects and surfaces, such as walls, floors, tables, beds, chairs, furniture, shelves, counter tops, etc.</td>
</tr>
<tr>
<td>Accelerated hydrogen peroxide, 0.5% (disinfectant wipes)</td>
<td>Pre-moistened, ready-to-use towelettes for surface disinfection of previously cleaned reusable medical equipment (IV poles, and moisture-sensitive equipment such as computer keyboards, phones etc.)</td>
</tr>
<tr>
<td>Glass cleaner</td>
<td>To shine up previously cleaned glass/chrome surfaces</td>
</tr>
<tr>
<td>Oven cleaner</td>
<td>To clean the inside of stoves</td>
</tr>
<tr>
<td>Melamine foam scrubbing pads</td>
<td>To remove marks from easily scratched surfaces, e.g. walls</td>
</tr>
<tr>
<td>Cold water laundry detergent with bleach—already contains bleach</td>
<td>To wash laundry and bedding using the COLD water cycle</td>
</tr>
<tr>
<td>Product</td>
<td>Purpose</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Steel wool scouring pads</td>
<td>To get rid of stains/scuff marks from floors, toilet, sink, tub and other surfaces that are not easily scratched.</td>
</tr>
<tr>
<td>Non-scented odour control product</td>
<td>To get rid of bad smells—FNIH approved product</td>
</tr>
<tr>
<td>Bathroom tub and tile cleaner</td>
<td>To remove scum, calcium build-up and stubborn stains from sinks, tubs and showers</td>
</tr>
<tr>
<td>Fabric softener sheets</td>
<td>To soften and reduce static build-up in laundry in the dryer</td>
</tr>
<tr>
<td>Liquid dish soap</td>
<td>To wash dishes</td>
</tr>
<tr>
<td>Household bleach</td>
<td>To clean water coolers and clinic toys, and to provide extra disinfection of floors and surfaces in special situations <strong>Bleach should not be mixed with any other cleaning products</strong></td>
</tr>
<tr>
<td>Reusable, waterproof, long-sleeved gloves made of rubber, nitrile or neoprene</td>
<td>To clean up spills of blood or body fluids To handle laundry soiled with blood or body fluids To handle broken glass</td>
</tr>
<tr>
<td>Product</td>
<td>Purpose</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Disposable gowns</td>
<td>To protect clothing from splashes/sprays during specific housekeeping tasks</td>
</tr>
<tr>
<td></td>
<td>Additional precaution within 2 metres of a patient with pandemic influenza</td>
</tr>
<tr>
<td>Disposable gloves (nitrile or vinyl)</td>
<td>To do all regular cleaning housekeeping tasks</td>
</tr>
<tr>
<td>Disposable masks with eye protection and ear loops</td>
<td>To protect eyes, nose and mouth from splashes/sprays during specific tasks</td>
</tr>
<tr>
<td></td>
<td>Additional precaution within 2 metres of a coughing/sneezing patient with a respiratory infection</td>
</tr>
<tr>
<td>N95 respirator mask</td>
<td>Additional precaution when entering room of a patient with active tuberculosis, measles, chicken pox, or shingles, or within two metres of a patient with pandemic influenza</td>
</tr>
<tr>
<td>Heavy duty work gloves</td>
<td>For handling garbage and sharps containers</td>
</tr>
<tr>
<td>Mop bucket with wringer</td>
<td>To hold surface cleaner/disinfectant solution for floor cleaning and to wring out mop heads</td>
</tr>
<tr>
<td>Detachable Mop Heads x 6 Mop Handle</td>
<td>To damp mop floors</td>
</tr>
<tr>
<td></td>
<td>To hold detachable mop heads</td>
</tr>
<tr>
<td>Product</td>
<td>Purpose</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Wet Floor Signs x 2</td>
<td>To let staff, clients and visitors know that floor is wet to prevent slips, trips and falls</td>
</tr>
</tbody>
</table>
| Dry floor mop with handle and Dry floor mop covers x 4 | To collect dirt/dust/debris from floors before damp mopping  
Mop cover can be removed for machine washing |
| Vacuum cleaner with HEPA filter and bags (vacuum models may vary) | To vacuum floors and carpets in the clinic  
To vacuum high dusting radiator wand after use |
| Toilet brush and holder—one in each washroom | To clean toilets only and  
To hold undiluted surface cleaner/disinfectant and toilet brush between toilet cleanings |
| Floor scrub brush and sink/shower/tub scrubbing brush | To remove stubborn dirt from floors, corners and baseboards and  
To remove stubborn dirt from around sinks, showers and tubs |
<p>| Nylon scrub pad and sponge                   | To remove build-up from sinks, tubs and showers                                                   |
| Toilet plunger                               | To unclog toilets                                                                                 |</p>
<table>
<thead>
<tr>
<th>Product</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housekeeping cart</td>
<td>To store and transport necessary cleaning supplies to and from areas within clinic</td>
</tr>
<tr>
<td>Step stool</td>
<td>To reach/get at objects to shoulder level such as walls etc.</td>
</tr>
<tr>
<td>Step ladder</td>
<td>To clean or work at high levels, e.g. ceilings.</td>
</tr>
<tr>
<td>Lint-free cleaning cloths x 20</td>
<td>To damp wipe objects and surfaces</td>
</tr>
<tr>
<td>Dirty cleaning container—dark colour</td>
<td>To hold dirty cleaning cloths until they are taken to the laundry for washing</td>
</tr>
<tr>
<td>Clean cleaning pail—light colour</td>
<td>To hold clean surface cleaner/disinfectant solution</td>
</tr>
<tr>
<td>Paper towels</td>
<td>To use for various cleaning purposes</td>
</tr>
<tr>
<td>Product</td>
<td>Purpose</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Radiator wand</td>
<td>To dust high spots</td>
</tr>
<tr>
<td>Dust pan</td>
<td>To collect large pieces of dirt/dust/debris/sharps from floors before damp mopping and To collect sharps/broken glass off floors/surfaces for safe disposal</td>
</tr>
<tr>
<td>Disposable alcohol-based hand rub bottles and cartridges for wall dispensers</td>
<td>To clean hands if they are not visibly dirty No topping up!</td>
</tr>
<tr>
<td>Disposable liquid soap bottles and soap cartridges for wall dispensers</td>
<td>To wash hands if they are visibly dirty No topping up!</td>
</tr>
<tr>
<td>Disposable hand lotion bottles and hand lotion cartridges for wall dispensers</td>
<td>To moisturize hands after washing No topping up!</td>
</tr>
<tr>
<td>Toilet paper rolls</td>
<td>To complete personal hygiene when using the toilet</td>
</tr>
<tr>
<td>Paper hand towels</td>
<td>To dry hands and turn off taps after hand washing</td>
</tr>
<tr>
<td>Product</td>
<td>Purpose</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Exam table paper</td>
<td>To cover exam tables between clients</td>
</tr>
<tr>
<td>Garbage bags—various sizes</td>
<td>To put in garbage containers of various sizes</td>
</tr>
<tr>
<td>Sharps containers—yellow, various sizes, for use at point of care</td>
<td>To collect all sharps, e.g. needles, lancets, scalpel blades, etc.</td>
</tr>
<tr>
<td>Biohazard bags YELLOW</td>
<td>To “double bag” garbage bags containing material soaked with blood or other body fluids</td>
</tr>
<tr>
<td>Biohazard bags RED</td>
<td>To double bag garbage bags containing human tissue or body parts (not including teeth, nails or hair)</td>
</tr>
</tbody>
</table>
Accelerated Hydrogen Peroxide (AHP) surface cleaner/disinfectant

- Use AHP surface cleaner/disinfectant to clean and disinfect surfaces such as floors, walls, tables, chairs, etc.

- Use AHP surface cleaner/disinfectant on floors after large pieces of dust/dirt/garbage have been removed.

- AHP is excellent for cleaning and disinfecting surfaces that are touched a lot, such as handrails, door knobs, light switches, paper towel dispensers, soap dispensers, etc. AHP is recommended as it is very good at killing germs, and easier and safer to use than bleach.

- You can make the AHP surface cleaner/disinfectant solution:
  See Procedure for Mixing Surface Cleaner/Disinfectant in the Housekeeping Manual for mixing instructions. (Page 69) Decide how much surface cleaner/disinfectant solution you will need for the task.

- Concentrated ACCEL® is corrosive. You must wear eye protection and gloves when pouring and mixing. If it splashes into your eyes, IMMEDIATELY flush your eyes with plenty of clean water. If it splashes onto your skin, IMMEDIATELY wash off with water. The diluted solution that you use for cleaning is quite safe.

- Keep the ACCEL® surface cleaner/disinfectant Material Safety Data Sheet (MSDS) on the cleaning cart or in the supply room in your clinic.

NEVER use AHP surface cleaner/disinfectant on medical devices or items such as surgical and dental instruments, or Ambu bags, airways or any devices that touch inside the body or on broken skin. These require special disinfection.

If you have any questions, speak to your manager or ask a nurse.
Use ACCEL® TB Disinfectant Wipes that are ready to use and pre-moistened with accelerated hydrogen peroxide 0.5%

- Use disinfectant wipes to disinfect the surfaces of medical devices/items that are reused on clients with unbroken skin.

- Use disinfectant wipes to disinfect the surfaces of electronics and devices that cannot be washed or damp-wiped.

- Use disinfectant wipes after cleaning medical devices/items to remove obvious dust, soil or fluids.

- Keep the ACCEL® TB Disinfectant wipes Material Safety Data Sheet (MSDS) on the cleaning cart or in the supply room in your clinic.

- Do not use disinfectant wipes for regular cleaning purposes on floors, walls, and fabric/cloth surfaces. The wipes are expensive, please don’t waste them.

Do not use disinfectant wipes on medical devices/items such as surgical and dental instruments, or Ambu bags, airways or other devices that touch inside the body or on broken skin. These require special disinfection.

If you have any questions, speak to your manager or ask a nurse.
APPENDIX

1. WHMIS, The Basics


Sample:
Material Safety Data Sheet (MSDS): ACCEL TB® Disinfectant Wipes (o.5%)

http://www.virox.com/msds/pdf/Acceltb16section05112CDN.pdf

2. Back Talk


3. Working Alone

1.0 PRODUCT AND COMPANY IDENTIFICATION

Product Name: Accel Tb
Product Use: Disinfectant Cleaner
Supplier: Virox Technologies Inc.
2770 Coventry Road
Oakvill, ON L6H 6R1
TEL: 1-800-387-7578
FAX: (905) 813-0220
Date MSDS Prepared: May 1, 2012

Legend  | HMIS | NFPA
--------|------|------
Severe  | 4    | Health  | 0 | 0
Serious | 3    | Fire Hazard | 0 | 0
Moderate| 2    | Reactivity  | 0 | 0
Slight  | 1    | Personal Protection | None
Minimal | 0    | 0 | 0

2.0 HAZARD IDENTIFICATION

Emergency Overview: The product contains no substances which at their given concentration, are considered to be hazardous to health.

Route of Entry: Eye, Skin contact, Ingestion, Inhalation.
Eye contact: None known.
Skin contact: None known.
Ingestion: None known.
Inhalation: None known.

3.0 INFORMATION ON INGREDIENTS

Not applicable to DIN products. Refer to product label for active ingredient content.

4.0 FIRST AID MEASURES

Eye: Flush with cool water. Remove contact lenses, if applicable, and continue flushing. Obtain medical assistance if irritation persists.
Skin: Rinse with water if irritation develops.
Ingestion: No specific first aid measures are required.
Inhalation: No specific first aid measures are required.

5.0 FIRE FIGHTING MEASURES

Flammability: This product is not flammable.
Flash point: >200°F (93.4°C)
Auto-Ignition temperature: Not applicable.
Means of extinction: Treat for surrounding material.
Specific hazards: Not applicable.
Unusual hazards: None known.
Special protective equipment for fire fighters: As in any fire, wear self-contained breathing apparatus pressure-demand, MSHA/NIOSH (approved or equivalent) and full protective gear.

6.0 ACCIDENTAL RELEASE MEASURES

Personal Precautions: Not relevant for the product itself.
Environmental precautions and clean-up methods: Large spills, greater than 5 gallons (19 litres), may be absorbed with non-reactive absorbent and placed in suitable, covered, labelled containers. Prevent large spills from entering sewers or waterways. Contact supplier for advice. Small spills may be neutralized with sodium carbonate and flushed into sanitary sewer with water.

Waste Disposal: Review federal, provincial, and local government requirements prior to disposal.

7.0 HANDLING AND STORAGE

Handling: Handle in accordance with good industrial hygiene and safety practices. No smoking or eating in handling area. Do not get this material in your eyes.

Storage: Protect from freezing and avoid storage at elevated temperatures. Keep tightly closed in a dry, cool and well-ventilated place. KEEP OUT OF REACH OF CHILDREN.

8.0 EXPOSURE CONTROLS/PERS0NAL PROTECTION

Engineering measures to reduce exposure: No special ventilation requirements.

Personal Protective Equipment

Eye Protection: No special requirements under normal use conditions.
Hand Protection: No special requirements under normal use conditions.
Skin and Body Protection: No special requirements under normal use conditions.
Respiratory Protection: No special requirements under normal use conditions.
Hygiene Measures: Handle in accordance with good industrial hygiene and safety practice.

9.0 PHYSICAL/CHEMICAL CHARACTERISTICS

| Physical State: Liquid | Evaporation Rate: Not available |
| Odor: Characteristic | pH: 2.0 |
| Boiling Point: Not available | Density: 1.007 Kg/L @20°C |
| Freezing Point: Not available | Solubility in Water: Complete |
| Vapor Density (air=1): Not available | Appearance and Color: Clear, colorless liquid |
| Vapor Pressure(mmHg): Not available | VOC (% as): 0.00% |
| Flash Point: >93.4°C (200°F) |

*-Title 17, California Code of Regulations, Division 3, Chapter 1, Subchapter 8.5, Article 2, Consumer Productions, Sections 94508

10.0 STABILITY AND REACTIVITY DATA

Stability: This product is stable.
Incompatible Materials: Do not mix directly with concentrated bleach.
Hazardous Decomposition Products: None reasonably foreseeable.

11.0 TOXICOLOGICAL INFORMATION

Acute Toxicity:
Eye contact: Non-hazardous by WHMIS criteria.
Skin contact: Non-hazardous by WHMIS criteria.
Ingestion: Non-hazardous by WHMIS criteria (Oral LD50 >5000 mg/kg).
Inhalation: Non-hazardous by WHMIS criteria (LC50>2.59 mg/L).
Dermal Toxicity: Non-hazardous by WHMIS criteria (Dermal LD50>5000 mg/kg).

Chronic Toxicity:
Skin Sensitization: Not a skin sensitizer
Respiratory Tract Sensitization: None known.

Specific effects
Carcinogenicity: None-hazardous by WHMIS criteria.
Teratogenicity: None-hazardous by WHMIS criteria.
Mutagenicity: None-hazardous by WHMIS criteria.
Reproductive Effects: None-hazardous by WHMIS criteria.
Synergistic Materials: None known.

12.0 ECOLOGICAL INFORMATION
Environmental Information: IC50 Luminescent Bacteria >100mg/L based on the standard use of the product (not classified under GHS).

13.0 DISPOSAL CONSIDERATIONS
Waste Disposable Methods: Review federal, provincial, and local government requirements prior to disposal.

14.0 TRANSPORTATION
ADN: Not regulated as dangerous goods.
ADR: Not regulated as dangerous goods.
IATA/ICAO (Air): Not regulated as dangerous goods.
IMDG (Marine Transport): Not regulated as dangerous goods.
RID: Not regulated as dangerous goods.

15.0 REGULATORY INFORMATION
Occupational health and safety Regulations:
Canada (WHMIS hazard class): Exempt (DIN 02246903)

International Inventories at CAS# Level: All components of this product are listed on the following inventories: Canada (DSL/NDSL)

16.0 OTHER INFORMATION
Last revision: May 1, 2012 Prepared by: Virox Technologies Inc

Notice to Reader:
This document has been prepared using data from sources considered technically reliable. It does not constitute a warranty, express or implied, as to the accuracy of the information contained within. Actual conditions of use and handling are beyond seller’s control. User is responsible to evaluate all available information when using product for any particular use and to comply with all Federal, State, Provincial and Local laws and regulations.
About WorkSafeBC

WorkSafeBC (the Workers’ Compensation Board) is an independent provincial statutory agency governed by a Board of Directors. It is funded by insurance premiums paid by registered employers and by investment returns. In administering the Workers Compensation Act, WorkSafeBC remains separate and distinct from government; however, it is accountable to the public through government in its role of protecting and maintaining the overall well-being of the workers’ compensation system.

WorkSafeBC was born out of a compromise between BC’s workers and employers in 1917 where workers gave up the right to sue their employers or fellow workers for injuries on the job in return for a no-fault insurance program fully paid for by employers. WorkSafeBC is committed to a safe and healthy workplace, and to providing return-to-work rehabilitation and legislated compensation benefits to workers injured as a result of their employment.

WorkSafeBC Prevention Information Line

The WorkSafeBC Prevention Information Line can answer your questions about workplace health and safety, worker and employer responsibilities, and reporting a workplace accident or incident. The Prevention Information Line accepts anonymous calls.

Phone 604 276-3100 in the Lower Mainland, or call 1 888 621-7233 (621-SAFE) toll-free in British Columbia.

To report after-hours and weekend accidents and emergencies, call 604 273-7711 in the Lower Mainland, or call 1 866 922-4357 (WCB-HELP) toll-free in British Columbia.
WHMIS
The Basics
WorkSafeBC publications

Many publications are available on the WorkSafeBC web site. The Occupational Health and Safety Regulation and associated policies and guidelines, as well as excerpts and summaries of the Workers Compensation Act, are also available on the web site: <www.worksafebc.com>

Some publications are also available for purchase in print:

Phone: 604 232-9704
Toll-free phone: 1 866 319-9704
Fax: 604 232-9703
Toll-free fax: 1 888 232-9714

Online ordering: <www.worksafebc.com> and click on Publications; follow the links for ordering

© 2005 Workers’ Compensation Board of British Columbia. All rights reserved. The Workers’ Compensation Board of B.C. encourages the copying, reproduction, and distribution of this document to promote health and safety in the workplace, provided that the Workers’ Compensation Board of B.C. is acknowledged. However, no part of this publication may be copied, reproduced, or distributed for profit or other commercial enterprise, nor may any part be incorporated into any other publication, without written permission of the Workers’ Compensation Board of B.C.

2005 edition

Library and Archives Canada Cataloguing in Publication Data
Main entry under title:
WHMIS, the basics. -- 2005 -

Irregular.
“Worksafe BC.”
ISSN 1715-5940 = WHMIS, the basics


T55.3.H3W45 363.17’7’0971 C2005-960192-2
## Contents

**WHMIS the Basics**..............................1

**Overview of WHMIS**.........................2
  Hazardous Materials..........................3
  Legislation.......................................3
  WHMIS Elements...............................4
  Key WHMIS Participants........................5

**Classification**............................6
  Classes and Symbols..........................6
  Exemptions.....................................11

**Labels**........................................13
  WHMIS Labels................................13
  Supplier Label................................14
  Acceptable Format for the Supplier Label..........................15
  Workplace Labels............................17
  Other Means of Identification.....................18

**Material Safety Data Sheet (MSDS)**.....19
  MSDS Information............................19
  9-Section MSDS — Sample Format..............21
  Trade secrets..................................25

**WHMIS Implementation**..................26
  WHMIS Program...............................26
  Education and Training......................27

**Exercises**....................................29
  Classification Exercise......................30
  Label Exercise..................................31
  MSDS Exercise..................................33

**Answer Keys**...............................35
  Classification Exercise Answers..............36
  Label Exercise Answers........................37
  MSDS Exercise Answers........................38

**Appendix**....................................39
  Information Items on a Supplier Label..............39
This booklet will explain the basics of Workplace Hazardous Materials Information System (WHMIS), including:

- **Overview**—background to WHMIS development, key elements, and key participants
- **Classification**—hazard classes and symbols; exempt products
- **Labels**—supplier labels, workplace labels, and other identifiers
- **Material Safety Data Sheet (MSDS)**—use, content, format, example, and trade secrets
- **Education/Implementation**—WHMIS Program; education and training

The overall purpose of WHMIS is to help ensure a safer, healthier workplace. Your knowledge about the workplace is your biggest asset in successfully understanding and benefiting from WHMIS.

Workers who are successfully educated and trained in WHMIS should be able to answer these four questions:

- **What are the hazards associated with controlled products?** (For example, How can it hurt me?)
- **How do I protect myself?** (For example, What should I wear?)
- **What should I do in an emergency?** (For example, What do I do if I spill it?)
- **Where do I get more information?**

By understanding the information in this book, you will learn where to look on the label of a controlled product, where to look on a Material Safety Data Sheet, and what to discuss with your supervisor.
The Workplace Hazardous Materials Information System (WHMIS) provides information about many hazardous materials used in the workplace. WHMIS calls these hazardous materials controlled products.

Under WHMIS, workers have the right to receive information about each controlled product they use—its identity, hazards, and safety precautions. The goal of WHMIS is to reduce injury and disease by communicating specific health and safety information about controlled products so that the information can be used to reduce exposure to hazardous materials.
Hazardous Materials

Exposure to hazardous materials can result in health problems such as irritation of the eyes, sensitization of the skin or lungs, heart ailments, kidney and lung damage or cancer. Hazardous materials can cause fires, explosions, or other accidents when improperly stored or handled.

Legislation


Provincial Legislation *(Occupational Health and Safety Regulation)* covers the use of hazardous materials in the workplace.

**BACKGROUND**

- Nationwide system implemented at the federal and provincial levels in 1988
- Recognizing the interests of all concerned
  - government (regulators)
  - industry (suppliers)
  - owners (employers)
  - labour (workers)
- Three key elements
  - labels
  - material safety data sheets (MSDS)
  - worker education and training
WHMIS Elements

WHMIS controlled products are classified by their hazard. There are six hazard classes and eight hazard symbols that identify the specific hazards. (There are three symbols in Class D.) The eight hazard symbols identify the specific hazards of controlled products. After a controlled product has been classified, the following three WHMIS elements are used to communicate health and safety information:

- WHMIS labels: Labels on controlled products alert workers to the identity of the product, hazards, and precautionary measures.
- Material Safety Data Sheets (MSDS): Technical bulletins provide detailed hazard and precautionary information.
- WHMIS education and training programs: The employer provides education and training for workers so that they can work safely with and near controlled products. Workers need to know how WHMIS works, the hazards of controlled products in their workplace, and the safe work procedures they must follow.

3 BASIC ELEMENTS OF WHMIS

- Labels
- Material Safety Data Sheets (MSDS)
- Education and Training
Key WHMIS Participants

The key WHMIS participants are suppliers, employers, and workers—all have specific responsibilities.

PARTICIPANTS

> SUPPLIERS
  - classify all controlled products
  - supply proper labels and MSDS
  - keep information on labels and MSDS current

> EMPLOYERS
  - educate and train workers
  - provide safe work procedures
  - ensure availability of proper up-to-date labels and MSDS

> WORKERS
  - understand content and significance of labels and MSDS
  - follow safe work procedures
  - notify employers about problems with labels and MSDS
Classification

Classification determines if a product falls within one or more of the hazard classes. Suppliers classify controlled products and apply hazard symbols.

Classes and Symbols

WHMIS covers six classes of controlled products, that are lettered A through F. Eight hazard symbols are used to depict the specific hazards within these different classes. (Class D contains three hazard symbols.) Note: the products, substances, and materials listed in each of the following graphics are examples only.

CLASS A
COMPRESSED GASES

Products under pressure
butane, propane, acetylene, and fire extinguishers

Hazards

If a pressurized container is punctured because it is dropped or exposed to excessive heat, the exploding fragments or rocket-like projectiles present a serious physical hazard. Examples include chlorine contained in a pressurized cylinder and used as a disinfectant at swimming pools, and oxygen used in oxyacetylene welding.
Hazards

These materials can pose a danger of fire and explosion. Flammables are more dangerous than combustibles because they ignite more easily. During use, they must be kept away from ignition sources such as sparks or open flames. When not in use, they must be stored in fire-resistant cabinets or other specified storage areas.

CLASS B
FLAMMABLE/COMBUSTIBLE MATERIALS

- Substances capable of catching fire
  - acetone, isopropyl alcohol, stoddart solvent

CLASS C
OXIDIZERS

- Products causing/contributing to the combustion of other materials
  - hydrogen peroxide, potassium nitrate, sodium chlorate

Hazards

Oxidizing materials greatly increase the risk of fire if they come in contact with materials that can burn. They should never be stored near flammable or combustible materials.
Hazards

Materials causing death or immediate injury. Examples include highly toxic sodium cyanide, used in the electroplating industry, which can be absorbed through the skin. The toxic gas, hydrogen sulphide, used in laboratories and present in petroleum and pulp and paper industries, can cause death when inhaled.

Class D: Poisonous and Infectious Materials

D1

- Materials causing immediate and serious toxic effect
  - arsenic, methylene chloride, formaldehyde

Hazards

Poisonous and infectious materials causing immediate skin or eye irritation or long-term health problems, such as skin/lung allergic response, birth defects, cancer, reproductive problems, or impairment of body organs and systems.

D2

- Materials causing other toxic effect
  - immediate skin or eye irritation
  - chronic health effects on body organs, cardiovascular or nervous system
  - carcinogens (asbestos, crystalline silica, benzene) sensitizers (methyl methacrylate) embryotoxin (xylene)
**Hazards**

Microorganisms (includes viruses, bacteria, fungi) causing disease in persons and animals. They may be present in cultures. Products containing biohazardous infectious materials may be found in laboratory and research facilities associated with the medical or agricultural sectors.

**CLASS E**

**CORROSIVE MATERIALS**

- Materials such as caustics or acids causing burns to skin or eyes
  - sodium hydroxide, bleach, hydrochloric acid, hydrofluoric acid

**Hazards**

Corrosive materials include caustics such as lye and acids. They can cause permanent damage (e.g., burns) to skin and eyes.
**CLASS F**

**DANGEROUSLY REACTIVE MATERIALS**

- Products that can undergo dangerous reaction if subject to heat, light, pressure, shock, water, air

- hydrogen cyanide, benzoyl peroxide, chlorine dioxide

**Hazards**

This class includes products that can undergo vigorous polymerization reaction on their own, or become self-reactive when exposed to shock or to increase in pressure or temperature. It also includes products that react vigorously with water to release a toxic gas.
Exemptions

Partially Exempt

Some products are already covered by other labelling legislation and do not require WHMIS labels and MSDSs. However, Provincial legislation requires employers to educate and train workers about the hazards of partially exempt products and in safe work procedures, and to use workplace labels.

PARTIALLY EXEMPT

No WHMIS Supplier Label and MSDS Required

EDUCATION & TRAINING AND WORKPLACE LABELS REQUIRED

- SOME CONSUMER PRODUCTS
- COSMETICS
- FOOD AND DRUGS
- MEDICAL DEVICES
- RADIOACTIVE SUBSTANCES
- PESTICIDES
- EXPLOSIVES

WHMIS: The Basics
- 11 -
Completely Excluded

Some products are completely excluded from both Federal and Provincial WHMIS requirements. However, workers must be advised of hazards and trained in safe handling procedures, as required under other provisions of the Occupational Health and Safety Regulation.

**COMPLETELY EXCLUDED**

None of the WHMIS Requirements Apply

_OH&S REGULATION APPLIES_

- **WOOD AND PRODUCTS**
  - MADE OF WOOD
- **MANUFACTURED ARTICLES**
- **GOODS HANDLED UNDER TDG**
  - % hazardous materials in transport
- **TOBACCO AND TOBACCO PRODUCTS**
- **HAZARDOUS WASTES**
**WHMIS Labels**

The purpose of labels is to alert workers to the main hazards of controlled products and provide instructions for safe handling, and to direct workers to the MSDS for more information.

The two types of WHMIS labels are the supplier label and the workplace label. Other means of identification may be used where appropriate (such as warning signs, colour codes, placards).

---

**WHMIS LABELS**

- All WHMIS controlled products must be labelled
- There are 2 types of WHMIS Labels
  - Supplier Labels
  - Workplace Labels
- Other means of identification
  - placards, warning signs, colour codes
- Labels alert workers to hazards and safe handling instructions
**Supplier Label**

Suppliers must provide supplier labels on containers of all controlled products sold or imported for use in the workplace.

- **Supplier labels** will show seven types of information within the WHMIS hatched borders.
- The written information must be shown in both English and French.
- The label must stand out from the container itself and other markings on the container (for example, the size of the label should be appropriate for the size of the container).

---

**SUPPLIER LABEL**

- Contains the following:
  - Product name
  - Hazard symbols
  - Risk phrases
  - Precautionary measures
  - First aid measures
  - Supplier identifier
  - Reference to MSDS

- All information must be disclosed in English and French within a hatched border
Acceptable Format for the Supplier Label

[1] Product Identifier
Identificateur du Produit

[2] Hazard Symbol(s)
Symbole de Danger

[3] Risk Phrases
Mention(s) de Risques

[4] Precautionary Statement(s)
Mesure(s) de Prévention

[5] First Aid Measures
Premiers Soins

[6] Supplier Identifier
Identification du Fournisseur

[7] Reference to the MSDS
Renvoi à la Fiche Signalétique

PRODUCT IDENTIFIER
IDENTIFICATEUR DU PRODUIT

RISK PHRASE(S)  MENTION(S) DE RISQUES

PRECAUTIONARY STATEMENT(S)  MESURE(S) DE PRÉVENTION

FIRST-AID MEASURES  MESURES DE SECOURS D'URGENCE

SEE MATERIAL SAFETY DATA SHEET
VOIR LA FICHE SIGNALÉTIQUE

SUPPLIER IDENTIFIER
IDENTIFICATEUR DU FOURNISSEUR
Supplier Label Example

ACETONE ACÉTONE

SEE MATERIAL SAFETY DATA SHEET FOR THIS PRODUCT
VOIR LA FICHE SIGNALÉTIQUE POUR CE PRODUIT

DANGER! EXTREMELY FLAMMABLE. IRRITATES EYES.
PRECAUTIONS: Keep away from heat, sparks, and flames. Ground containers when pouring. Avoid breathing vapours or mists. Avoid eye contact. Avoid prolonged or repeated contact with skin. Wear splash-proof safety goggles or faceshield and butyl rubber gloves. If acetone is present in concentrations greater than 250 ppm, wear a NIOSH-approved respirator with an organic vapour cartridge. Use with adequate ventilation, especially in enclosed areas. Store in a cool, well-ventilated area, away from incompatibles.

FIRST AID: In case of contact with eyes, immediately flush eyes with lots of running water for 15 minutes, lifting the upper and lower eyelids occasionally. Get medical attention immediately. In case of contact with skin, immediately wash skin with lots of soap and water. Remove contaminated clothing and shoes. Get medical attention if irritation persists after washing. Wear artificial respiration if not breathing. Get medical attention immediately. If swallowed, contact the Poison Control Centre. Get medical attention immediately. Do not give anything by mouth to an unconscious or convulsing person.

ATTENTION! THIS CONTAINER IS HAZARDOUS WHEN EMPTY. ALL LABELLED HAZARD PRECAUTIONS MUST BE OBSERVED.

BIG

DANGER! EXTRÊMEMENT INFLAMMABLE. IRRITE LES YEUX.
MESURES DE PRÉVENTION: Tenir à l’écart de la chaleur, des étincelles et des flammes. Relier les récipients à la terre lors du transvasement. Éviter de respirer les vapeurs ou les brumes. Éviter le contact avec les yeux. Éviter le contact prolongé ou répété avec la peau. Porter des lunettes contre les éclaboussures de produit chimique ou une visière de protection, et des gants en caoutchouc butyle. Si l’acétone est présent en concentration de plus de 250 pour un million, porter un respirateur muni d’une cartouche à vapeur organique approuvé par NIOSH. Utiliser avec suffisamment de ventilation surtout dans les endroits clos. Entreposer dans un endroit frais, bien aéré, à l’écart des produits incompatibles.


ATTENTION! CE RECIPIENT EST DANGEREUX LORSQU’IL EST VIDE. CHAQUE INDICATION DE DANGER SUR LES ÉTIQUETTES DOIVENT ÊTRE OBSERVÉES.
**Workplace Labels**

Workplace labels are required on containers of controlled products produced on site, and on secondary containers where the product has been transferred from the original container.

Workplace labels are applied to:
- Secondary containers
- Containers of products received in bulk
- Employer-produced products
- Containers with missing or illegible supplier labels

---

**WORKPLACE LABEL**

- Contains the following:
  - Product name
  - Safe handling procedures
  - Reference to the MSDS

---

The format for workplace labels is flexible and may be in the language of choice in the workplace.

---

**WORKPLACE LABEL EXAMPLE**

**ACETONE**

Flammable

- Keep away from heat, sparks, and flames
- Wear butyl rubber gloves and safety goggles
- Use with local exhaust ventilation

Material Safety Data Sheet Available
Other Means of Identification

Other means of identification may be used in the following circumstances.

- Warning signs
- Colour/number coding systems
- Symbols
  For identifying:
  - piping systems, reaction vessels, tank cars, conveyor belts carrying a controlled product
  - products not in a container
  - hazardous waste produced in the workplace
Material Safety Data Sheet (MSDS)

MSDS Information

A Material Safety Data Sheet is a technical bulletin that provides specific hazard information, safe handling information, and emergency procedures for a controlled product. Since the MSDS contains detailed health and safety information specific to each controlled product, it should be used as a key source of information for developing training programs and safe work procedures. It is also a valuable reference source of health and safety information for workers, health and safety committees, and emergency service personnel.

The MSDS must be made available and accessible to workers.

**USES OF MSDS**

- Provides detailed information on the hazards of a controlled product
- An important element for developing safe work procedures and control measures
- A key element of worker education and training

Some employers use an electronic database to store MSDSs. In this case, it is essential that workers are trained in accessing such a database to retrieve an MSDS. Employers may wish to consider having a printed copy of each MSDS available for workers, in case electronic files are not accessible (e.g., the system is down).
The Controlled Products Regulations list 54 items of information in 9 recommended sections on an MSDS, but does not require a standard format. MSDSs may be in different formats, and sections can be arranged in a different order.

MATERIAL SAFETY DATA SHEET (MSDS)

➢ A technical document providing information on a controlled product, for example:
  - hazardous ingredients
  - hazards (fire, explosion, reactivity)
  - health effects of exposure (acute and chronic)
  - hazard evaluation related to storage and handling
  - measures to protect workers
  - emergency procedures

➢ Must be current (no more than 3 years old), complete, and readily available to workers

RULES FOR COMPLETING MSDS

➢ Must not be more than 3 years old
➢ 9 recommended sections
➢ 54 items of information
➢ Specific hazardous ingredients must be disclosed (No “trade secrets proprietary” allowed unless a claim has been registered)
➢ Any abbreviations used must be defined
➢ Information must be specific
➢ No blanks
➢ No contradictory information

No Standard Format under WHMIS
9-Section MSDS — Sample Format

The following are the nine recommended section headings and the 54 items of information to be provided in those nine sections of the MSDS.

SECTION 1 — Product Information

This section identifies the product, the manufacturer, and the supplier; and it describes the intended product use. It also provides information about where to contact the manufacturer and supplier for information and/or in case of emergency.

<table>
<thead>
<tr>
<th>Product Identifier</th>
<th>WHMIS Classification (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Product Use</td>
<td></td>
</tr>
<tr>
<td>Manufacturer’s Name</td>
<td>Supplier’s Name</td>
</tr>
<tr>
<td>Street Address</td>
<td>Street Address</td>
</tr>
<tr>
<td>City</td>
<td>Province</td>
</tr>
<tr>
<td>Postal Code</td>
<td>Emergency Telephone</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION 2 — Hazardous Ingredients

This section lists the specific chemical names, percentages, and acute toxicity data for the individual components.

<table>
<thead>
<tr>
<th>Hazardous Ingredients (specific)</th>
<th>%</th>
<th>CAS Number</th>
<th>LD₅₀ of Ingredient (specify species and route)</th>
<th>LC₅₀ of Ingredient (specify species)</th>
</tr>
</thead>
</table>
SECTION 3 — Physical Data

This section contains general information on physical and chemical properties such as the specific gravity, boiling point, and evaporation rate.

<table>
<thead>
<tr>
<th>Physical State</th>
<th>Odour and Appearance</th>
<th>Odour Threshold (ppm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific Gravity</td>
<td>Vapour Density (air = 1)</td>
<td>Vapour Pressure (mmHg)</td>
</tr>
<tr>
<td>Boiling Point (°C)</td>
<td>Freezing Point (°C)</td>
<td>pH</td>
</tr>
</tbody>
</table>

SECTION 4 — Fire and Explosion Data

This section lists the conditions under which the product may catch fire or explode, as well as information for developing strategies and procedures to deal with fire and explosion hazards.

<table>
<thead>
<tr>
<th>Flammability</th>
<th>If yes, under which conditions?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>

Means of Extinction

<table>
<thead>
<tr>
<th>Flashpoint (°C) and Method</th>
<th>Upper Flammable Limit (% by volume)</th>
<th>Lower Flammable Limit (% by volume)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autoignition Temperature (°C)</td>
<td>Explosion Data — Sensitivity to Impact</td>
<td>Explosion Data — Sensitivity to Static Discharge</td>
</tr>
</tbody>
</table>
SECTION 5 — Reactivity Data

This section lists conditions and other substances that should be avoided to prevent dangerous reactions.

<table>
<thead>
<tr>
<th>Chemical Stability</th>
<th>If no, under which conditions?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>Incompatibility with Other Substances</td>
<td>If yes, which ones?</td>
</tr>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>Reactivity, and Under What Conditions?</td>
<td></td>
</tr>
<tr>
<td>Hazardous Decomposition Products</td>
<td></td>
</tr>
</tbody>
</table>

SECTION 6 — Toxicological Properties

This section identifies how the substance enters the body and the possible health effects from single or repeated exposures. It also identifies if the product has known long-term health effects such as liver or kidney damage, sensitization, cancer, or reproductive effects.

<table>
<thead>
<tr>
<th>Routes of Entry</th>
<th>☐ Skin Contact</th>
<th>☐ Skin Absorption</th>
<th>☐ Eye Contact</th>
<th>☐ Inhalation</th>
<th>☐ Ingestion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effects of Acute Exposure to Product</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effects of Chronic Exposure to Product</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposure Limits (value, source, date)</td>
<td>Irritancy (if yes, explain)</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensitization (if yes, explain)</td>
<td>Carcinogenicity (if yes, explain)</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reproductive Toxicity (if yes, explain)</td>
<td>Teratogenicity (if yes, explain)</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mutagenicity (if yes, explain)</td>
<td>Synergistic Products (if yes, explain)</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION 7 — Preventive Measures

This section includes information on required protective equipment, as well as on how to safely clean up spills and how to safely use, handle, store, dispose of, and transport the product.

<table>
<thead>
<tr>
<th>Personal Protective Equipment</th>
<th>□ Gloves</th>
<th>□ Respirator</th>
<th>□ Eye</th>
<th>□ Footwear</th>
<th>□ Clothing</th>
<th>□ Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>If checked, specify type</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Engineering Controls *(specify, such as ventilation, enclosed process)*

Leak and Spill Procedure

Waste Disposal

Handling Procedures and Equipment

Storage Requirements

Special Shipping Information | PIN |

SECTION 8 — First Aid Measures

This section lists specific instructions for the immediate treatment of a worker who has inhaled or swallowed the product or who has had skin or eye contact with the product.

Inhalation

Ingestion

Skin Contact

Eye Contact

SECTION 9 — Preparation Information

This section lists the date the MSDS was prepared and who prepared it.

Prepared by *(group, department, etc.)* | Telephone Number | Preparation Date
---------------------------------------|-----------------|-----------------
Trade Secrets

Suppliers and employers may apply to the Hazardous Materials Information Review Commission to withhold certain types of information.

CONFIDENTIAL BUSINESS INFORMATION

- Suppliers and employers may apply for trade secret protection to:
  - Hazardous Materials Information Review Commission
- Approved claim is valid for 3 years
- Protected trade information is only released to medical personnel in case of a medical emergency for treatment
- Health hazard information must be disclosed on MSDS
WHMIS Program

The WHMIS program will be specific to the workplace, but the major elements of the program will be similar to the checklist shown below.

The health and safety committee or representative must be involved in the program development, implementation, and review.

The employer must use WHIMS information (MSDS, label) and other workplace knowledge to develop written safe work procedures and emergency procedures.

The workers must be educated about the hazards and trained in safe work procedures.

WHMIS PROGRAM

- Assign responsibility
- Establish inventory of controlled products
- Meet MSDS/label requirements
- Determine hazards of controlled products
- Establish workplace controls
- Establish emergency procedures
- Provide worker education and training
- Evaluate WHMIS program
Education and Training

Employers are responsible for educating workers about WHMIS and training workers in safe work procedures.

WHO NEEDS WHMIS EDUCATION AND TRAINING?

- Workers who work with controlled products
- Workers who work in proximity to controlled products, including:
  - management
  - supervisors, and
  - first aid/emergency personnel

WORKER EDUCATION

An employer must ensure workers receive general WHMIS education on
- Hazards of controlled products in use at the workplace
- Rights and responsibilities
- Content required on labels and MSDS, and the significance of this information
- Elements of the WHMIS program
WORKER TRAINING

An employer must ensure instruction in

- specific procedures
  - for the safe use, storage, handling and disposal of a controlled product
  - to follow in case of an escape of a controlled product
  - to follow in an emergency involving a controlled product

- safe use, storage, handling and disposal of a controlled product in transit, e.g., in a pipe

Workers who are successfully educated and trained in WHMIS should be able to answer these four questions.

EDUCATION AND TRAINING ASSESSMENT

Is the trainee able to answer these questions?

- What are the hazards of the product?
- How do I protect myself?
- What should I do in case of an emergency?
- Where do I obtain more information?
Exercises
Classification Exercise

Match the hazard symbol to the hazards.

<table>
<thead>
<tr>
<th>Hazard Symbol</th>
<th>Hazards</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A Caustics or acids that can destroy skin or eat metals.</td>
</tr>
<tr>
<td>2</td>
<td>B Capable of catching fire or exploding in the presence of an ignition sources.</td>
</tr>
<tr>
<td>3</td>
<td>C Can undergo dangerous reactions with heat, pressure, impact, or contact with water.</td>
</tr>
<tr>
<td>4</td>
<td>D Provide oxygen that can increase the risk of fire.</td>
</tr>
<tr>
<td>5</td>
<td>E Contain harmful microorganisms.</td>
</tr>
<tr>
<td>6</td>
<td>F Can cause death of a person exposed to small amounts.</td>
</tr>
<tr>
<td>7</td>
<td>G Can cause immediate skin or eye irritation or long-term health effects.</td>
</tr>
<tr>
<td>8</td>
<td>H Can explode if exposed to heat or impact.</td>
</tr>
</tbody>
</table>
Label Exercise

1) What is the purpose of a WHMIS label?
____________________________________________________________________________________________

2) What are the two types of WHMIS labels?
____________________________________________________________________________________________

3) Identify the seven types of information on a supplier label from your workplace.
   a) _______________________________________________________________________________________
   b) _______________________________________________________________________________________
   c) _______________________________________________________________________________________
   d) _______________________________________________________________________________________
   e) _______________________________________________________________________________________
   f) _______________________________________________________________________________________
   g) _______________________________________________________________________________________

4) Identify the three types of information on this workplace label.

   \begin{center}
   \textbf{Solv-easy}
   \end{center}

   Extremely flammable.
   Keep away from sparks, heat, and open flame.
   Use local exhaust ventilation or NIOSH-approved organic vapour respirator.
   Wear neoprene gloves and chemical splash goggles.
   See the MSDS.
5) Name two situations where other means of identification can be used.
   a) ____________________________________________________________
   b) ____________________________________________________________
MSDS Exercise

1) Where are the MSDSs kept in your workplace?
____________________________________________________________________________________________
____________________________________________________________________________________________

2) How often must an MSDS be updated?
____________________________________________________________________________________________
____________________________________________________________________________________________

3) How many items of information are required on an MSDS?
____________________________________________________________________________________________
____________________________________________________________________________________________

4) Define acute and chronic exposure.
____________________________________________________________________________________________
____________________________________________________________________________________________

5) Using an MSDS for a product in your workplace: review the hazards of the product, the safe handling
   procedures, personal protective equipment, storage and shipping requirements for the product.
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Answer Keys
### Classification Exercise Answers

Match the hazard symbol to the hazards.

<table>
<thead>
<tr>
<th>WHMIS Hazard Class Exercise</th>
<th>Hazard Symbol</th>
<th>Hazards</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>🎯</td>
<td><strong>A</strong> Caustics or acids that can destroy skin or eat metals.</td>
<td>1-F</td>
</tr>
<tr>
<td>2</td>
<td>⚔</td>
<td><strong>B</strong> Capable of catching fire or exploding in the presence of an ignition sources.</td>
<td>2-D</td>
</tr>
<tr>
<td>3</td>
<td>🦠</td>
<td><strong>C</strong> Can undergo dangerous reactions with heat, pressure, impact, or contact with water.</td>
<td>3-E</td>
</tr>
<tr>
<td>4</td>
<td>🔥</td>
<td><strong>D</strong> Provide oxygen that can increase the risk of fire.</td>
<td>4-H</td>
</tr>
<tr>
<td>5</td>
<td>🦠</td>
<td><strong>E</strong> Contain harmful microorganisms.</td>
<td>5-A</td>
</tr>
<tr>
<td>6</td>
<td>✂️</td>
<td><strong>F</strong> Can cause death of a person exposed to small amounts.</td>
<td>6-G</td>
</tr>
<tr>
<td>7</td>
<td>⚡️</td>
<td><strong>G</strong> Can cause immediate skin or eye irritation or long-term health effects.</td>
<td>7-C</td>
</tr>
<tr>
<td>8</td>
<td>🔥</td>
<td><strong>H</strong> Can explode if exposed to heat or impact.</td>
<td>8-B</td>
</tr>
</tbody>
</table>
Label Exercise Answers

1) What is the purpose of a WHMIS label?
   **Answer:** To alert workers to the hazards of controlled products and the safe work procedures, and to direct workers to the second part of the WHMIS information system, the Material Safety Data Sheet.

2) What are the two types of WHMIS labels?
   **Answer:** Supplier label and workplace label.

3) Identify the seven types of information on a supplier label from your workplace.
   **Answers:** a) Product identifier, b) supplier identifier, c) reference to the MSDS, d) hazard symbols, e) risk phrases, f) precautionary measures, and g) first aid measures.

4) Identify the three types of information on this workplace label.

   **Solv-easy**

   Extremely flammable.
   Keep away from sparks, heat, and open flame.
   Use local exhaust ventilation or NIOSH-approved organic vapour respirator.
   Wear neoprene gloves and chemical splash goggles.
   See the MSDS.

   **Answers:** Product identifier, safe handling information, reference to Material Safety Data Sheet.

5) Name two situations where other means of identification can be used.
   **Answer:** Two of:
   a) Locations where workplace hazardous waste produced in the workplace are stored
   b) Controlled product transfer systems such as pipes or conveyor belts
   c) The contents of reaction or process vessels
   d) To identify the contents of portable containers that are filled directly from a labelled container and will be under the control of the worker who transferred the product to the new container for use on the same shift
   e) Decanted products in labs
   f) Products not in containers
   g) Products intended for export
**MSDS Exercise Answers**

1) Where are the MSDSs kept in your workplace?  
   **Answer:** Identify location. Note that the location must provide easy access to MSDSs at all times.

2) How often must an MSDS be updated?  
   **Answer:** Every three years or as soon as new information on the product is available.

3) How many items of information are required on an MSDS?  
   **Answer:** 54.

4) Define acute and chronic exposure?  
   **Answer:** Acute exposure refers to the effects of immediate exposure to a product. Chronic exposure refers to effects of exposure over a long period of time.

5) Using an MSDS for a product in your workplace: review the hazards of the product, the safe handling procedures, personal protective equipment, storage and shipping requirements for the product.  
   **Answer:** Discuss an MSDS from the workplace.
Appendix

Information Items on a Supplier Label

If you wish to determine if all components of a label are present, use the following template. A similar template for checking MSDSs is available in the WorkSafeBC publication WHMIS at Work, which can be found at WorkSafeBC.com.

<table>
<thead>
<tr>
<th>Information item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Product identifier</td>
</tr>
<tr>
<td>2</td>
<td>Hazard symbol(s)</td>
</tr>
<tr>
<td>3</td>
<td>Risk phrases</td>
</tr>
<tr>
<td>4</td>
<td>Precautionary statements</td>
</tr>
<tr>
<td>5</td>
<td>First aid measures</td>
</tr>
<tr>
<td>6</td>
<td>Supplier identification</td>
</tr>
<tr>
<td>7</td>
<td>Reference to MSDS</td>
</tr>
</tbody>
</table>
WorkSafeBC offices

Visit our web site at WorkSafeBC.com

**Abbotsford**
2774 Trethewey Street   V2T 3R1
Phone 604 276-3100
1 800 292-2219
Fax 604 556-2077

**Burnaby**
450 – 6450 Roberts Street   V5G 4E1
Phone 604 276-3100
1 888 621-7233
Fax 604 232-5950

**Coquitlam**
104 – 3020 Lincoln Avenue   V3B 6B4
Phone 604 276-3100
1 888 967-5377
Fax 604 232-1946

**Courtenay**
801 30th Street   V9N 8G6
Phone 250 334-8765
1 800 663-7921
Fax 250 334-8757

**Kamloops**
321 Battle Street   V2C 6P1
Phone 250 371-6003
1 800 663-3935
Fax 250 371-6031

**Kelowna**
110 – 2045 Enterprise Way   V1Y 9T5
Phone 250 717-4313
1 888 922-4466
Fax 250 717-4380

**Nanaimo**
4980 Wills Road   V9T 6C6
Phone 250 751-8040
1 800 663-7382
Fax 250 751-8046

**Nelson**
524 Kootenay Street   V1L 6B4
Phone 250 352-2824
1 800 663-4962
Fax 250 352-1816

**North Vancouver**
400 – 224 Esplanade W.   V7M 1A4
Phone 604 276-3100
1 888 875-6999
Fax 604 232-1558

**Prince George**
1066 Vancouver Street   V2L 5M4
Phone 250 561-3700
1 800 663-6623
Fax 250 561-3710

**Surrey**
100 – 5500 152 Street   V3S 5J9
Phone 250 276-3100
1 888 621-7233
Fax 604 232-7077

**Terrace**
4450 Lakelse Avenue   V8G 1P2
Phone 250 615-6605
1 800 663-3871
Fax 250 615-6633

**Victoria**
4514 Chatterton Way   V8X 5H2
Phone 250 881-3418
1 800 663-7593
Fax 250 881-3482

**Head Office / Richmond**
Prevention Information Line:
Phone 604 276-3100
1 888 621-7233 (621-SAFE)

Administration:
6951 Westminster Highway
Phone 604 273-2266

Mailing Address:
PO Box 5350 Stn Terminal
Vancouver BC   V6B 5L5

After Hours
Health & Safety Emergency
604 273-7711
1 866 922-4357 (WCB-HELP)
Back Talk
AN OWNER’S MANUAL FOR BACKS

WorkSafe BC
WORKING TO MAKE A DIFFERENCE
worksafebc.com
**About WorkSafeBC**

WorkSafeBC (the Workers’ Compensation Board) is an independent provincial statutory agency governed by a Board of Directors. It is funded by insurance premiums paid by registered employers and by investment returns. In administering the *Workers Compensation Act*, WorkSafeBC remains separate and distinct from government; however, it is accountable to the public through government in its role of protecting and maintaining the overall well-being of the workers’ compensation system.

WorkSafeBC was born out of a compromise between B.C.’s workers and employers in 1917 where workers gave up the right to sue their employers or fellow workers for injuries on the job in return for a no-fault insurance program fully paid for by employers. WorkSafeBC is committed to a safe and healthy workplace, and to providing return-to-work rehabilitation and legislated compensation benefits to workers injured as a result of their employment.

**WorkSafeBC Prevention Information Line**

The WorkSafeBC Prevention Information Line can answer your questions about workplace health and safety, worker and employer responsibilities, and reporting a workplace accident or incident. The Prevention Information Line accepts anonymous calls.

Phone 604 276-3100 in the Lower Mainland, or call 1 888 621-7233 (621-SAFE) toll-free in British Columbia.

To report after-hours and weekend accidents and emergencies, call 604 273-7711 in the Lower Mainland, or call 1 866 922-4357 (WCB-HELP) toll-free in British Columbia.
WorkSafeBC publications

Many publications are available on the WorkSafeBC web site. The Occupational Health and Safety Regulation and associated policies and guidelines, as well as excerpts and summaries of the *Workers Compensation Act*, are also available on the web site: WorkSafeBC.com.

Some publications are also available for purchase in print:
Phone: 604 232-9704
Toll-free phone: 1 866 319-9704
Fax: 604 232-9703
Toll-free fax: 1 888 232-9714
Online ordering: WorkSafeBC.com and click on Publications; follow the links for ordering

© 1987, 2003, 2007, 2010, 2011 Workers' Compensation Board of British Columbia. All rights reserved. The Workers' Compensation Board of B.C. encourages the copying, reproduction, and distribution of this document to promote health and safety in the workplace, provided that the Workers' Compensation Board of B.C. is acknowledged. However, no part of this publication may be copied, reproduced, or distributed for profit or other commercial enterprise, nor may any part be incorporated into any other publication, without written permission of the Workers' Compensation Board of B.C.

2011 edition

National Library of Canada Cataloguing in Publication Data
Main entry under title:
[Back talk (Richmond, B.C.)]
Back talk, an owner's manual for backs. — [Feb. 1975]-

Irregular.
Issues for 1981-, have subtitle: An owner's manual for backs.
ISSN 1207-1501 = Back talk (Richmond, B.C.)


RD768.B34 617.5'6 C97-800583-X
Introduction ................................................................ 2
Understanding back pain ............................................... 3
Understanding the structure of your back ....................... 5
Back pain ...................................................................10
Disc injuries...................................................................12
Posture and a healthy back.............................................13
Safe bending, lifting, and carrying.................................18
Exercise and your back..................................................19
Exercises ....................................................................21
Tips for your back ....................................................... 32
Exercise chart ............................................................ 33
Introduction

Our back is one of the strongest anatomical structures of our body. Despite this, about 80% of the population will experience back pain at some stage in their lives.

Even though back pain is common and may cause some people considerable pain, serious or permanent damage is rare. Fear and misunderstanding are two important factors that can delay recovery. The information and advice in this booklet will help you understand the structure of the back and show you how to care for yourself during episodes of back pain.

This booklet is not meant to replace your health professional. It is particularly important to seek professional advice if you experience any of the warning signs described on page 10.
In most cases, back pain is not caused by serious injury or disease. People who remain active and get on with their lives despite feeling back pain tend to do better than people who avoid physical activity. If you have back pain, you can expect things to improve within a few days or weeks. However, some back pain may last longer.

Also, when you’ve had one episode of back pain, you may have another in the future. This does not mean it is a serious problem. Episodes of back pain generally settle down with time, and in between episodes life is normal.

You may need to rest for the first day or two, but try to resume your daily activities as soon as you are able. In the past, back pain was treated with long periods of bed rest, but bed rest has been found to be harmful to people with back pain. Staying active, even while experiencing some pain, will help keep you fit and speed up your recovery.

Surgery is rarely required for back pain. X-ray, CT, or MRI scans are not typically needed to understand back pain. They may be useful if someone is considering surgery, but clinical examination is the best step to decide if surgery should even be contemplated.

Some of the terminology used in medical reports may sound scary. For example, degeneration is a very common finding, but it isn’t as bad as it sounds. Degeneration of bone and tissue is a normal change that comes with age. Discussing these medical terms with your doctor will help you understand what they mean.
How can I prevent my back pain from becoming chronic?

The risk of back pain becoming chronic is linked to the way people view their pain and the extent to which they remain active. For example, if you view back pain as a serious medical condition, you are actually increasing your risk of developing chronic pain. On the other hand, if you think your back pain will get better, even though it’s a nuisance, you reduce your risk of developing chronic pain. Hurt does not always mean harm.

One of the most important things to do is to play an active role in your recovery, rather than looking for a prescription or specific treatment as the answer.

People who are off work for more than a month increase their risk of chronic pain and disability. People who reconnect with work, even if they have to modify their activities for a while, are more likely to recover. If you notice you are starting to withdraw from others or are feeling blue, this is a warning that you could be at risk of developing chronic pain. If you cannot manage these feelings on your own, talk to a friend or a professional.
Spine

The main functions of the spine are to
- Support the trunk and the head
- Allow flexibility of the body
- Protect the spinal cord

Back and side view of the spine
Vertebrae
The spine is composed of boney blocks called “vertebrae” that are stacked on top of one another and separated by shock-absorbing discs. The neck has seven vertebrae. The chest has twelve vertebrae, each carrying two ribs. There are five vertebrae in the low back or lumbar area. The remaining fused vertebrae create a solid base called the “sacrum” and the “coccyx” or tailbone.

Discs
Discs act as cushions between the vertebrae. They have a very strong, tough outer casing with a firm jelly-like substance inside. Discs are firmly attached to the vertebra above and below and can withstand considerable compression. A disc can never slip out but can be ruptured, causing the jelly-like substance to protrude. As people get older, their discs become degenerated. This is a normal aging process, and for most people it does not cause any problems.

Facet joints
Facet (or apophyseal joints) connect adjacent vertebrae and allow the vertebrae to move on each other.
**Muscles**

Back, abdominal, and buttock muscles add stability to the spine and help maintain proper posture.

*Muscle systems of the back, buttocks, and abdominals*
**Spinal cord**

The spinal cord is the bundle of nerves that leads from the base of the brain to the level of the second lumbar vertebra. The lumbar spinal nerves join to form the sciatic nerves, which run down the back of the legs.
Spinal nerves

Between each two vertebrae, a spinal nerve branches out from the central spinal cord and carries commands to the organs and muscles. These nerves also send messages relating to touch, temperature, and pain to the spinal cord and the brain. If a nerve is pinched by a protruding disc, you may get leg pain.

Ligaments

Ligaments are bands of tough tissue between the bones that keep the vertebrae in good alignment and help keep the spine stable.
Most back pain does not indicate any serious injury or damage. Back pain may be called a sprain or strain. Often we don’t know the cause. What we do know is that most back pain improves within a few days or weeks given the proper care.

**Warning signs**

There are a few warning signs that you should pay attention to. Consult your doctor as soon as possible if you have back pain and develop any of the following signs or symptoms:

- Pain that spreads down your leg, especially below the knee, and is accompanied by weakness, tingling, or numbness
- Severe pain that worsens over several weeks
- Problems with urinating or bowel movements
- Numbness, especially in the area around your anus or groin
- Fever
- Unintended weight loss

**When back pain occurs**

What you need to do depends on how your back feels. At night you may stiffen due to inactivity and feel worse in the morning. You may need to get up a little earlier to give you more time to work out this stiffness before starting your regular morning activities.

Here are some things you can do:

- Use some measure to control pain (see below).
- Modify your activities for a short time, if necessary.
- Most importantly, stay active and get on with your life.

If you think back pain is caused by your work, the Occupational Health and Safety Regulation requires you to report it to your supervisor or first aid attendant.

**Measures to control pain**

**Painkillers**

Acetaminophen (for example, Tylenol) is the simplest and safest painkiller. You can also add anti-inflammatory medication such as ibuprofen (for example, Advil) or aspirin.
These simple, over-the-counter painkillers are often the most effective for back problems. It is important to start with the full recommended dose and take them regularly, every 4–6 hours, as you need them. It is important not to wait until your pain is out of control. You may need to take the painkillers for a few days, or you may need to take them for a week or two.

**Heat or cold**

Heat or cold may help relieve pain and relax muscles.

In the first 48 hours, try a cold compress on the sore area for 5–10 minutes at a time. You don’t need a special cold pack—a bag of frozen vegetables wrapped in a towel can do the trick.

Some people prefer heat such as a hot water bottle, a bath, or a shower.

**Massage**

Massage is one of the oldest treatments. Many people find gentle rubbing eases the pain and relaxes muscles.

**Spinal manipulation**

Spinal manipulation, such as that provided by chiropractors, osteopaths, physiotherapists, or other qualified health care practitioners, may help early on with back pain. The benefits of spinal manipulation should be felt within a few sessions. If you do not feel better after a couple of weeks, you may not be one of the people helped by manipulation.

**Other treatments**

Many other treatments, such as electrical stimulation, acupuncture, or alternative medicine, may be suggested to treat your back pain. There is no quick fix for back pain. If you can stay active, you’ll have a much better chance of recovery.
Disc injuries

Very few back problems are the result of disc injuries; however, when a disc is strained beyond its limit, the outer casing can tear or rupture. If the inner substance touches a spinal nerve, pain may be felt in the leg. This leg pain is called *sciatica*.

Most disc problems improve without surgery.
Proper spinal curves produce proper posture, which will result in comfort. A normal spine is shaped as a double S-curve with two curves to the front and one to the back. These curves balance each other so that the head is supported on a pillar.

Proper spinal curve
Poor posture

- Forward head
- Weak abdominal muscles

Good posture

- Balanced, upright posture
- Flat back

Poor posture

- Forward head
- Rounded shoulders
**Good posture—standing**

Good posture—when you are standing—is straight vertical alignment of your body from the top of your head, through your body’s centre, to the bottom of your feet.

If you have back pain from standing in one position for too long, try any of the following for relief:

- Walk around from time to time.
- Raise and rest one foot on a block about 15 or 20 cm (6 or 8 in.) high.
- Crouch periodically to relax your back.
- If you have been bending forward, stretch and bend backwards.
Good posture—sitting
You might be more comfortable with your pelvis in a neutral position. To do this, the spine should be supported along its natural curve, allowing the muscles to relax. The feet should be supported. The height of the seat should place the knees level with, or slightly higher than, the hips. Stand up regularly (at least every 45 minutes) and walk around.

If you sit at a computer, try raising the screen to eye level and adjusting the chair so you don’t have to lean forward.
Good posture—lying down

Lying on your side with hips and knees bent may relieve back pain. One or both legs may be bent. If only the top leg is bent, place a pillow under the knee to prevent twisting. If lying on your back with your legs straight leads to low back pain, try bending your knees.

There is no perfect mattress or pillow that will resolve back pain. A good mattress for you is one that allows you to sleep well and awake refreshed.

There is no one perfect posture. You may find it helpful to change your posture frequently and determine for yourself the most comfortable position.
Safe bending, lifting, and carrying

It is particularly important to stay healthy and prevent injury to the lower back when you are on the job. Good ergonomic design in the workplace is important, as are the rules for safe lifting and carrying. Always follow these rules, even for lifting light objects:

- Place your feet apart for good balance.
- Bend your knees.
- Hold the object as close to your body as possible.
- Lift smoothly and slowly.
- Pivot with your feet; don’t twist the back.
- Push, rather than pull a load.
- Share the load; work with a partner.
- Get mechanical assistance for heavy loads.

Know your own strengths and limitations. Use proper lifting, bending, and sitting techniques on the job to help avoid low-back injuries in the workplace.
Many people who have back pain are afraid that any exercise will cause further damage. The fact is, most backs benefit from exercise. Strong, flexible muscles are essential to a healthy back. They support the spinal column and determine posture, which is the key to a healthy back. If your muscles are weak or tight, back injuries are more likely, and recovery is more difficult.

Exercise is the only way to keep your muscles healthy. Exercise to
- Build strength and endurance for more efficient support and better posture
- Stretch shortened muscles that are causing imbalances
- Maintain mobility of joints

When you have an episode of back pain, you may find exercise more difficult. Try to stay as active as possible to promote recovery from your back pain episode.
Exercises

Stay fit by exercising regularly to maintain a proper balance of flexibility, strength, and endurance. On the following pages, you will find exercises designed to improve and maintain the overall fitness of your back. Cardiovascular exercise, such as walking, cycling, or swimming, has been shown to help control low back pain. This information is not intended as a substitute for medical attention. If you are receiving professional care, do only the exercises you have been instructed to perform.

At the end of this book is a chart for your health professional to write recommended exercises and the number of repetitions you should do.

- Start with five repetitions of each exercise.
- Progress slowly to 10 repetitions, but use your own judgment and don’t advance too quickly.
- A minimum of 20 minutes should be set aside daily for doing your exercises.
- If the exercises cause an increase in pain, consult your health professional.
1. Pelvic tilt

Lie on your back with your knees bent, feet flat on the floor, and arms at your sides. Tighten your stomach muscles and flatten the small of your back against the floor without pushing down on the feet. Hold for five seconds, and then slowly relax.
2. Knee to chest

Lie on your back with your knees bent, feet flat on the floor, and arms at your sides. Grasp your right knee and gently pull toward your right shoulder. Hold for five seconds. Return to the starting position and repeat with the left leg. This is one repetition.
3. Knee raises

Sit upright on the edge of a chair with your back in a neutral posture, maintaining the curves of the spine. Tighten your abdominal muscles to brace your spine. Slowly raise one knee up and move your foot off the floor without moving the rest of your body or pushing down on your other foot. Hold for about five seconds before slowly returning your foot to the floor. Repeat the exercise using the opposite leg.
4. **Cat stretch**

With hands under your shoulders and knees under your hips, tighten your abdominal muscles to brace your spine. Move your back down and up in a comfortable range of motion. Repeat 6–10 times.
5. Side bending
With your feet shoulder width apart, drop your head and shoulder while sliding your hand down your leg. Bend sideways slowly, as far as you can. Hold for five seconds and repeat on the other side. This is one repetition.
6. Trunk extension

Lie on your stomach. Push up with your arms. Keep your hands on the floor. Let your stomach muscles relax and your back sag. Be careful not to bend back too far. Hold for five seconds. Return to the starting position.
7. Bridging

Start with your back, shoulders, and arms flat on the floor and your knees slightly apart. Squeeze your buttocks together and slowly raise them off the floor, keeping your abdominal muscles tight. Slowly return to the floor.
8. Wall squat

Lean against a smooth wall with your feet pointing straight ahead, heels about 45 cm (18 in.) from the wall. Slowly slide down the wall until your knees are bent to 90°. Hold for five to ten seconds and slide back up. As you become stronger, increase the time you hold the squat.
9. Step ups
Stand facing a 30- to 45-cm (12- to 18-in.) step stool. Step up with your left foot, and then slowly step back down with your right foot. Do one set starting with one foot, then another starting with the other.
**10. Partial sit-up**

Lie on your back with your knees bent, feet flat on the floor, and arms at your sides. Slowly raise your head and shoulders off the floor. Slowly return to the floor.
11. Bird dog

With hands under your shoulders and knees under your hips, tighten your abdominal muscles to brace your spine. Slowly raise and lower your arm while keeping your back still. Repeat the movement and then switch sides. Slowly raise and lower your leg while keeping your back still. Repeat the movement and then switch sides. Progress to doing these exercises together when you are able to consistently control movement in the back.
Healthy diet

Excess weight places an unnecessary strain on the spine. The remedy includes developing good eating habits that provide you with enough nutrition without causing you to put on extra weight. Have your doctor or dietitian recommend a proper diet that suits your needs.

Recovery from back injuries

During an episode of back pain, what you do early on is very important. Resting more than a day or two usually does not help and may prolong your recovery. If you have back pain, you may want to take a hot bath or shower followed by stretching exercises. Find the most comfortable position. If you find heat or ice helpful, don’t apply it for more than 20 minutes at a time.

When the pain starts to ease, do the following:
• Stretch gently.
• Walk around the room.
• Walk around the house.
• Walk around the block.
• Keep moving a little further every day.
• Swim, cycle, and exercise your back.

Other tips

• Maintain a balanced posture while standing, sitting, and sleeping.
• Get on with your life—this will help you cope and assist with recovery.
• Do what you can following a back-pain episode.
• Stay fit and avoid overeating.
• Keep a positive attitude. Those who cope best know that the pain will get better.
• Stop smoking. Smoking is linked to back pain.
• Don’t rely on painkillers alone.
• Connect with work as soon as possible. You may need to modify your activities or job duties.

It’s normal to have twinges, aches, or pains for some time after you are back to normal activity.
<table>
<thead>
<tr>
<th>Date</th>
<th>Exercise</th>
<th>Repetitions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Exercise</td>
<td>Repetitions</td>
</tr>
<tr>
<td>------</td>
<td>----------</td>
<td>-------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
WorkSafeBC offices
Visit our web site at WorkSafeBC.com.

Abbotsford
2774 Trethewey Street   V2T 3R1
Phone 604 276-3100
1 800 292-2219
Fax 604 556-2077

Burnaby
450 – 6450 Roberts Street   V5G 4E1
Phone 604 276-3100
1 888 621-7233
Fax 604 232-5950

Coquitlam
104 – 3020 Lincoln Avenue   V3B 6B4
Phone 604 276-3100
1 888 967-5377
Fax 604 232-1946

Courtenay
801 30th Street   V9N 8G6
Phone 250 334-8765
1 800 663-7921
Fax 250 334-8757

Kamloops
321 Battle Street   V2C 6P1
Phone 250 371-6003
1 800 663-3935
Fax 250 371-6031

Kelowna
110 – 2045 Enterprise Way   V1Y 9T5
Phone 250 717-4313
1 888 922-4466
Fax 250 717-4380

Nanaimo
4980 Wills Road   V9T 6C6
Phone 250 751-8040
1 800 663-7382
Fax 250 751-8046

Nelson
524 Kootenay Street   V1L 6B4
Phone 250 352-2824
1 800 663-4962
Fax 250 352-1816

North Vancouver
400 – 224 Esplanade Ave. W.   V7M 1A4
Phone 604 276-3100
1 888 875-6999
Fax 604 232-1558

Prince George
1066 Vancouver Street   V2L 5M4
Phone 250 561-3700
1 800 663-6623
Fax 250 561-3710

Surrey
100 – 5500 152 Street   V3S 5J9
Phone 604 276-3100
1 888 621-7233
Fax 604 232-7077

Terrace
4450 Lakelse Avenue   V8G 1P2
Phone 250 615-6605
1 800 663-6633

Victoria
4514 Chatterton Way   V8X 5H2
Phone 250 881-3418
1 800 663-7593
Fax 250 881-3482

Head Office / Richmond
Prevention Information Line:
Phone 604 276-3100
1 888 621-7233 (621-SAFE)
Administration:
6951 Westminster Highway
Phone 604 273-2266
Mailing Address:
PO Box 5350 Stn Terminal
Vancouver BC   V6B 5L5

After Hours
Health & Safety Emergency
604 273-7711
1 866 922-4357 (WCB-HELP)
**About WorkSafeBC**

WorkSafeBC (the Workers’ Compensation Board) is an independent provincial statutory agency governed by a Board of Directors. It is funded by insurance premiums paid by registered employers and by investment returns. In administering the *Workers Compensation Act*, WorkSafeBC remains separate and distinct from government; however, it is accountable to the public through government in its role of protecting and maintaining the overall well-being of the workers’ compensation system.

WorkSafeBC was born out of a compromise between B.C.’s workers and employers in 1917 where workers gave up the right to sue their employers or fellow workers for injuries on the job in return for a no-fault insurance program fully paid for by employers. WorkSafeBC is committed to a safe and healthy workplace, and to providing return-to-work rehabilitation and legislated compensation benefits to workers injured as a result of their employment.

**WorkSafeBC Prevention Information Line**

The WorkSafeBC Prevention Information Line can answer your questions about workplace health and safety, worker and employer responsibilities, and reporting a workplace accident or incident. The Prevention Information Line accepts anonymous calls.

Phone 604 276-3100 in the Lower Mainland, or call 1 888 621-7233 (621-SAFE) toll-free in British Columbia.

To report after-hours and weekend accidents and emergencies, call 604 273-7711 in the Lower Mainland, or call 1 866 922-4357 (WCB-HELP) toll-free in British Columbia.
Many publications are available online at WorkSafeBC.com, including searchable versions of the Occupational Health and Safety Regulation and associated policies and guidelines, as well as excerpts and summaries of the Workers Compensation Act.

Some publications are also available for purchase in print:

Phone: 604 232-9704
Toll-free phone: 1 866 319-9704
Fax: 604 232-9703
Toll-free fax: 1 888 232-9714
Online ordering: WorkSafeBC.com and click on Publications; follow the links for ordering

© 2009, 2012 Workers’ Compensation Board of British Columbia. All rights reserved. The Workers’ Compensation Board of B.C. encourages the copying, reproduction, and distribution of this document to promote health and safety in the workplace, provided that the Workers’ Compensation Board of B.C. is acknowledged. However, no part of this publication may be copied, reproduced, or distributed for profit or other commercial enterprise, nor may any part be incorporated into any other publication, without written permission of the Workers’ Compensation Board of B.C.

Library and Archives Canada Cataloguing in Publication

ISBN 978-0-7726-6206-4

1. Small business—Employees—Health and hygiene. 2. Retail trade—Employees—Health and hygiene. 3. Delivery of goods—Employees—Health and hygiene. 4. Violence in the workplace—Prevention—Handbooks, manuals, etc. 5. Small business—Safety measures—Handbooks, manuals, etc. 6. Industrial safety—Handbooks, manuals, etc. 7. Industrial safety—British Columbia. I. WorkSafeBC

HD2341.W67 2009 363.11 C2009-906469-3
Employees who work alone or in isolation tend to be more vulnerable than those who have co-workers present, particularly if the lone worker is on shift during late night hours. If a lone worker is injured or an emergency occurs, how does the worker get help? What if the worker is unconscious? Even though such incidents aren’t that common, when they do occur the consequences can be serious.

Employees who work alone or in isolation also face an increased risk of confrontations or even violence. For example, a lone retail worker may be more vulnerable when dealing with angry, difficult, or abusive customers. Even if an incident doesn’t lead to a physical confrontation, it can still be stressful or emotionally traumatic for the worker.

A simple person check procedure involving regular phone calls will help ensure that an employee working alone is safe on the job.
Do you have employees who are assigned to work alone or in isolation?

If the answer is “yes,” you must do the following:

• Identify hazards and assess risks, and tell workers about them. See pages 8–10.

• Eliminate or minimize the hazards. See pages 11–12.

• Develop and implement a written procedure for checking on the well-being of workers (a person check procedure). See page 13.

• Train workers in the person check procedure. See page 15.

• Review written procedures at least annually, or more frequently if there is a change in work arrangements or the procedures are not effective.

Who should use this handbook

This handbook is for employers who have employees working alone or in isolation. For examples of employees who may be working alone or in isolation, see page 7.

The Workers Compensation Act (the Act) requires employers to provide a workplace that is as safe as possible for their workers. Specific requirements for working alone or in isolation are described in the Occupational Health and Safety Regulation (the Regulation). This handbook explains these requirements, and describes how employers can meet their legal obligations to provide a safe working environment for employees.
What does working alone or in isolation mean? ........................................ 7
- Examples of working alone or in isolation ........................................ 7
- Working alone or in isolation does not include .................................... 7

Hazard identification and risk assessment ............................................ 8
- Examples of potential hazards ................................................................ 8
- How to identify hazards ......................................................................... 9
- How to assess risks ............................................................................... 9

Eliminating or minimizing risks ............................................................ 11
- Engineering and administrative controls ............................................. 11
- How to minimize risks ......................................................................... 12

Written safe work procedures ............................................................. 13
- Person check procedures ..................................................................... 13
- Review written procedures .................................................................. 14

Training .................................................................................................. 15
- What should employee training include? ............................................. 15
- Identifying and reporting hazards ......................................................... 15

Workplace violence .............................................................................. 16
- What is workplace violence? ............................................................... 16
- What if a violent incident occurs? ....................................................... 16
- Violence prevention tips for retail employees .................................... 17
- Violence prevention tips for delivery drivers .................................... 18
Forms and checklists ................................................................. 19

Sample check-in frequency worksheet ................................. 20
Inspection checklist ................................................................. 22
Action plan .............................................................................. 26
Sample action plan ................................................................. 26
Sample procedure for regular person checks ....................... 27
Sample training record for working alone ......................... 28
Suspect and vehicle identification sheet.............................. 29
Violent incident report ............................................................ 30
Form 52E40 — Incident investigation report ...................... 32

Resources ................................................................................... 36

WorkSafeBC ............................................................................ 36
Industry associations .............................................................. 37
Late night retail premises

The Regulation includes specific requirements for retail premises that operate during late night hours. See section 4.22.1 and its associated guidelines for the most current requirements.

Late night retail premises means a retail location that is open to the public for late night hours, including the following:

- A gas station or other retail fueling outlet
- A convenience store or any other retail store where goods are sold directly to consumers
If you have an employee who is working alone or in isolation, it’s your responsibility as an employer to tell the employee about any hazards in the workplace. This means you will need to identify hazards and assess the risks associated with them.

You can prevent most workplace injuries and illnesses by identifying hazards and taking steps to eliminate them. If you can’t eliminate them, then implement controls to minimize the risk to your workers. Hazard identification doesn’t have to be a complicated process. Start by going over each area of your workplace — look for hazards and think about what could possibly go wrong in a specific area or while a specific task is being carried out.

### Examples of potential hazards

You might find, for example, that a cluttered storage area is creating tripping hazards (hazardous area); or that workers are at risk of violence when they are making cash deposits (hazardous task).

<table>
<thead>
<tr>
<th>Potential hazard</th>
<th>Example of scenario</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor vehicle accident</td>
<td>Driving alone on a rural road that is infrequently travelled</td>
</tr>
<tr>
<td>Falls</td>
<td>Using a ladder (even if it’s a short stepladder)</td>
</tr>
<tr>
<td>Burns</td>
<td>Working around hot cooking oil</td>
</tr>
<tr>
<td>Sprains and strains</td>
<td>Lifting heavy boxes</td>
</tr>
<tr>
<td>Violence</td>
<td>Working alone during late night hours</td>
</tr>
<tr>
<td>Chemical exposures</td>
<td>Using cleaning products, paint products, or other potentially hazardous materials</td>
</tr>
</tbody>
</table>
How to identify hazards

Follow these basic guidelines:

- Consider all aspects of your business — Think about the location, nature, and circumstances of your business or industry.
- Consider previous accidents — How many incidents have there been in your workplace and what happened? What about incidents at nearby businesses or previous work locations?
- Involve your employees — Ask for their input regarding current problems, concerns, and possible solutions.

How to assess risks

Once you’ve identified hazards, the next step is to assess the risks associated with them. A risk assessment will help you prioritize which hazards should be dealt with immediately and which ones can be dealt with later. When assessing risks, try to determine how likely an incident is and how serious it would be.

- Have there been previous incidents at your location?
- Have there been similar incidents at nearby businesses?

If an incident did occur, what were the outcomes of previous incidents? For example, did an incident result in a minor injury? Did it require a trip to the hospital? If it was a violent incident, were weapons used? Did it involve verbal abuse or threats?

If an incident is likely to happen or it could result in a serious injury, then you should deal with that hazard first, and you will probably need to develop written safe work procedures for it. If an incident is unlikely or it would only result in a minor injury, then that hazard should be placed further down the list, and there is probably no need to develop written procedures.

Even a stepladder can be a serious potential hazard for workers who are working alone or in an isolated location.
**Involve your employees**

If your company is small, include all your employees in the risk assessment process. If your company is larger, gather as many employees as possible. Make sure at least one person from every site, section, and shift is present. Gather groups by division or job description, or include a representative from each. It is essential to involve the joint health and safety committee (or worker health and safety representative, if applicable).

In a very large organization, you may want to supplement this process by distributing a memo or form asking for employee input. The form can be anonymous, but it’s a good idea to have employees list their job types, shifts, and locations (for example, “file clerk, afternoon shift, Surrey office”).

**Identify hazards during safety inspections**

Hazard identification and risk control are key components of an occupational health and safety program. Your health and safety program should also include regular safety inspections. Besides being an employer requirement, a safety inspection provides a good opportunity to identify hazards. You might find it helpful to use an inspection checklist such as the sample on pages 22–25.

**Reference**

For more information on health and safety programs, see the WorkSafeBC publication *How to Implement a Formal Occupational Health and Safety Program.*
Eliminating hazards or minimizing risks

Once you’ve identified hazards and assessed the risks associated with them, you need to find ways to control those risks. Risk control involves eliminating the hazard entirely, whenever possible; if that is unrealistic, risks must be minimized as much as possible.

Engineering and administrative controls

If a hazard cannot be eliminated, there are two options for minimizing the risks associated with the hazard: engineering controls and administrative controls.

Engineering controls

Engineering controls minimize risk by modifying the physical work environment. This may involve the physical arrangement, design, or alteration of workstations, equipment, materials, production facilities, or other aspects of the environment. For example, installing a protective barrier between an employee and the public is an engineering control.

Administrative controls

Administrative controls minimize risk by modifying work processes or activities. This may involve the provision, use, and scheduling of work activities and resources in the workplace, including planning, organizing, staffing, and coordinating. For example, rearranging the work schedule so that more than one employee is always on shift is an administrative control.
How to minimize risks

The following are some guidelines for minimizing risks:

• Modify equipment or the design of the workplace. For example, reduce the risk of falls by storing stock at lower heights so workers don’t have to climb ladders to retrieve it.

• Select appropriate safety features when purchasing or replacing equipment. For example, minimize the risk of a “caught in machinery” accident by making sure a dough mixing machine has an effective safeguard.

• Modify work procedures. For example, minimize the risk of violence by telling employees to use main entrances, not secluded or rear exits, when leaving work.

• Develop and implement safe work procedures. Make sure workers follow the procedures.

• Make sure workers use personal protective equipment such as gloves, goggles, ear plugs, and safety footwear.

• Schedule deliveries when there is more than one worker to help with lifting.

• Make sure that only trained and experienced people perform hazardous tasks.
Some tasks require workers to follow a written safe work procedure to eliminate or minimize risks. For example, in your workplace you may have developed a procedure for locking out machinery before cleaning it. Here are examples of topics that require written safe work procedures:

- Lockout
- Fall protection
- Personal protective equipment
- Violence in the workplace
- Chemical spill clean-up
- Emergency evacuation
- Person check procedures

**Person check procedures**

In addition to any other written safe work procedures, employers must develop and implement a procedure for checking on the well-being of employees who are working alone or in isolation. A person check procedure must include the following:

- The designated person who will establish contact and record results
- Time intervals between checks
- A check at the end of the shift
- A procedure to follow in case the employee cannot be contacted

The time intervals for checking the well-being of the employee must be developed in consultation with the employee assigned to work alone or in isolation. Time intervals should be based on the level of risk the employee is exposed to, with lower risks allowing for longer periods between checks. For example, an employee in a store that is located in a strip mall, with workers of other employers nearby, may not require checks as frequently as a worker who is working in an isolated premises.

The person assigned to check on the well-being of a worker must be trained in the written safe work procedures and what to do if they are unable to make contact with the worker.

**Reference**

For a sample procedure for regular person checks, see page 27. For a sample check-in frequency worksheet, see pages 20–21.

**Tip**

There are also monitoring services that you can hire to take care of the person check needs for your business. Search for “lone worker” or “working alone” on the web.
Written safe work procedures must be reviewed in all the following cases:

- At least once a year
- Whenever there is a change in work arrangements or the procedures are not effective
- Immediately following an incident related to the procedures

Written procedures for handling money

Section 4.22.1 of the Regulation also requires employers to develop and implement a written procedure for handling money during late night hours if an employee is working alone and there is any risk of harm from a violent act. Here are some guidelines to follow when you're developing your own written procedures.

Follow these guidelines for handling money:

- Handle money at a location away from entrances and exits.
- Keep as little cash in the cash register as possible.
- Place large bills in a drop box, safe, or strongroom that is out of sight.
- Use only one cash register and leave the cash tray of the unused register open and visible.

Follow these guidelines for making bank deposits:

- Avoid making bank deposits at night.
- Vary the time and route for making deposits.
- Don’t carry money in bags marked with the company logo or that make it obvious that cash is being transported.
- Make deposits with a co-worker, where practicable. The co-worker should face away from the depository to keep an eye on other people in the area.
**Training**

All workers need supervised, hands-on training in the written safe work procedures that apply to their jobs. For example, if an employee is required to operate a tool or machine, that employee has to be properly trained in the written procedures for using the equipment safely. Employees must be properly trained before they start a job.

**What should employee training include?**

Training should include how to:

- Perform tasks safely
- Operate machines and equipment safely
- Use and maintain any required personal protective equipment such as gloves or goggles
- Identify and report hazards

Employees who work alone must also be trained in the written person check procedures for your workplace. Employees who work alone in late night retail premises must be trained in cash handling procedures (see page 14).

You may need to explain what tasks employees should not do without specific training or qualifications, such as operating a forklift or handling chemicals. Make employees aware of any restricted access areas, such as confined spaces.

**Identifying and reporting hazards**

During training or orientation, discuss or point out hazards in the workplace. Discuss past accidents and near misses that have occurred and how they might have been avoided. Explain what has been done to prevent these incidents from recurring.

Explain what workers should do when they see an unsafe condition or hazard. They should eliminate the hazard if they are able to do so safely (for example, clean up a spill). If they cannot eliminate the hazard, they should immediately report it to their supervisor, who will ensure that corrective action is taken.

**Young and new workers**

Young and new workers need special attention because they are at more risk of injury than their older or more experienced counterparts. Sections 3.22 to 3.25 of the Regulation specify requirements for the training and orientation of young and new workers.

**Reference**

For more information on training employees, including an orientation checklist and a list of orientation and training topics, see the WorkSafeBC publication *3 Steps to Effective Worker Education and Training*.
What is workplace violence?

Workplace violence is the attempted or actual exercise by a person, other than a worker, of any physical force so as to cause injury to a worker. Violence doesn’t have to be a physical act — it can include any threatening statement or behaviour that gives a worker reasonable cause to believe that he or she is at risk of injury.

There are many potential hazards in a typical workplace, but the most common hazard in retail operations is violence. The following scenarios all carry a risk of violence, particularly if an employee is working alone:

- Robbery and assault
- Theft (shoplifting)
- Irate or abusive customers or clients
- Unwelcome members of the public (loiterers)

Whenever there is direct interaction between employees and the public, there is a potential for violence to occur. According to the Regulation, if experience in a specific workplace or in similar workplaces indicates that a potential for violence exists (for example, in the retail industry), you are required to identify hazards, assess the risks, and eliminate or control those risks.

What if a violent incident occurs?

If an incident occurs, the employee involved should fill out a Violent Incident report (see pages 30–31) and a Suspect and Vehicle Identification sheet (see page 29) as soon as possible, while the details are still fresh in the employee’s mind. The employer must ensure that an incident investigation takes place. Fill out Form 52E40 — Incident Investigation Report (see page 32) and submit a copy to WorkSafeBC.
Violence prevention tips for retail employees

Minimize the risk to employees by following these guidelines:

• Keep all outside areas well lit.
• Designate a well-lit parking spot close to the building for those who work alone after hours.
• Ensure that back doors are locked from the outside when not in use (but don’t violate local fire codes).
• Keep doors and windows free of posters to ensure a clear line of sight.
• Lower shelving units so workers have a clear line of sight to all parts of your business.
• Install overhead mirrors so workers can see all parts of the store from the cash register area.
• Raise the area where your cash register is located. Keep counter-top displays to a minimum.
• Build the counter high and deep enough to provide some physical distance from threatening individuals.
• Install a panic or emergency alarm for workers.
• Regularly check on workers who are working alone. Consider providing workers with an automatic warning device that triggers if movement or signals are not detected within a set time.
• Post signs that state there is no cash or minimal cash less than $20 on the premises, or that it is locked in a safe.
• Install security cameras and advertise their presence.
• Identify areas where workers can safely retreat and call for help.
• Train workers to check that all the doors and windows are locked and that no one is in the washroom or storage room before one person is left to work alone.
• Train workers not to resist if they are threatened with violence.
• Organize specific work tasks that may place a worker at risk of injury from violence so those tasks will be completed when there is more than one employee working.
Violence prevention tips for delivery drivers

Minimize the risk to delivery drivers by following these guidelines:

• Provide drivers with a communication system such as cellular phone or two-way radio that is in functional range wherever they might be required to drive.

• Maintain delivery vehicles in good running order, and ensure that drivers know how to perform basic emergency repairs, such as changing tires.

• Encourage drivers not to wear expensive jewelry.

• Require drivers to cash out on each delivery, by depositing all cash from a delivery before leaving the store again.

• Remove signage from the tops and sides of cars.

• Encourage drivers to use a bright flashlight to find addresses or check the perimeter.

• Train drivers not to take unnecessary risks. For example, if they feel a situation is unsafe they should use a cell phone to call and ask the customer to meet them out front; or they should wait until the dispatcher can confirm safe delivery (for example, the porch lights are turned on).

• Work with local police to determine high crime areas to be avoided. Restricting delivery to a whole area may result in a loss of business, so other restrictions may be useful (for example, deliver only to the supervisor’s suite in an apartment building or only during safe hours). Some companies have a policy of telling customers in high-risk areas to come out to the vehicle, cash in hand, so the driver can leave quickly if necessary.

Delivery drivers should travel with a cell phone or two-way radio, and cash out at the store before leaving on another delivery.
Forms and checklists

This part includes the following forms and checklists:

• Sample check-in frequency worksheet
• Inspection checklist
• Action plan
• Sample action plan
• Sample procedure for regular person checks
• Sample training record for working alone
• Suspect and vehicle identification sheet
• Violent incident report
• Form 52E40 — Incident investigation report
Sample check-in frequency worksheet

Use this sample to help you develop a check-in frequency worksheet that is specific to your own workplace. The minimum check-in requirement for low-risk activities is at the start and end of each shift for all workers.

**Instructions**

1. Complete a worksheet with a worker for each situation and location where the worker is working alone and may be at risk of an injury that would prevent him or her from getting help.

2. Consider which of the common hazards from column A might apply. In column C, identify the injury that would result. Identify additional hazards and injuries as necessary.

3. Use Table 1 to assess the likelihood of the accident (Column D).

4. Use Table 2 to assess the likelihood that the accident would result in an injury serious enough to be disabling (Column E).

5. Use Table 3 to assess the likelihood of help being available to an injured worker (Column F).

6. Calculate the frequency rating (Column G) by multiplying the numbers in Columns D, E, and F.

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hazard (based on history)</td>
<td>Examples</td>
<td>Worst probable injury</td>
<td>Likelihood of accident happening</td>
<td>Likelihood of disabling injury</td>
<td>Likelihood of help available</td>
<td>Frequency rating (D x E x F)</td>
</tr>
<tr>
<td>Slip, trip, or fall</td>
<td>Falls from steps or ladders, tripping while carrying items</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burns</td>
<td>Contact with hot equipment when cooking or baking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Struck by items</td>
<td>Items falling from shelves or displays</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sprain or strain</td>
<td>Straining back while lifting items or reaching</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cut, struck by, or caught in equipment</td>
<td>Working with large equipment or tools such as mixers or saws</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemical spill</td>
<td>Cleaning products or paint supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Threat of violence</td>
<td>Robberies or dealing with angry or irate individuals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 250 or less: low check-in frequency (every 4–8 hours)
- 251–400: moderate check-in frequency (every 2–5 hours)
- 401 or more: high frequency (every 3 hours to 30 minutes)
Table 1: What is the likelihood of an accident occurring in this situation or location? | Value |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Most likely</td>
<td>10.0</td>
</tr>
<tr>
<td>Very high likelihood</td>
<td>8.0</td>
</tr>
<tr>
<td>Quite possible, would not be unusual</td>
<td>6.0</td>
</tr>
<tr>
<td>Unusual, not likely</td>
<td>4.0</td>
</tr>
<tr>
<td>Remote possibility</td>
<td>2.0</td>
</tr>
<tr>
<td>Extremely remote possibility but conceivable</td>
<td>0.5</td>
</tr>
<tr>
<td>Practically impossible, “one in a million” chance of happening</td>
<td>0.1</td>
</tr>
</tbody>
</table>

Table 2: What is the likelihood of a disabling injury resulting from this type of hazard or accident? | Value |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Expected result</td>
<td>10.0</td>
</tr>
<tr>
<td>Probable result</td>
<td>8.0</td>
</tr>
<tr>
<td>Unusual, not expected</td>
<td>6.0</td>
</tr>
<tr>
<td>Remotely possible result</td>
<td>4.0</td>
</tr>
<tr>
<td>Practically impossible to result in disabling injury</td>
<td>2.0</td>
</tr>
</tbody>
</table>

Table 3: What is the likelihood of help being available? | Availability | Value |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Isolated areas where no one is likely to pass by or see the worker</td>
<td>Never</td>
<td>12.0</td>
</tr>
<tr>
<td>Examples: Warehouse or storage area; cold room or freezer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Areas where people pass by infrequently</td>
<td>Rare</td>
<td>8.0</td>
</tr>
<tr>
<td>Example: Retail stores in rural areas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Areas where some people pass by regularly</td>
<td>Occasionally</td>
<td>6.0</td>
</tr>
<tr>
<td>Example: Retail stores in suburban areas, or in malls near closing or late at night</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Areas where the worker is not in constant view of others, but if the worker was unexpectedly gone for any length of time, someone would notice and take action</td>
<td>Usual</td>
<td>4.0</td>
</tr>
<tr>
<td>Example: Retail store in a mall or busy street</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Areas where people pass by often enough that there is a high likelihood of someone witnessing the incident</td>
<td>Frequently</td>
<td>2.0</td>
</tr>
<tr>
<td>Example: Retail stores in high traffic malls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Areas surrounded by potential witnesses</td>
<td>Continuous</td>
<td>1.0</td>
</tr>
<tr>
<td>Example: Mall kiosks</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Use this checklist when conducting your regular safety inspections. Go over every aspect of your workplace to identify possible hazards. Check “Yes” or “No” to indicate whether or not items are available or present in your workplace, or “N/A” for items that do not apply to your workplace.

Add or delete items as necessary for your particular workplace. If during your inspection you notice any other risks to workers that are not listed here, write down those risks on a blank page and include it with this checklist.

<table>
<thead>
<tr>
<th><strong>Worker training and safety</strong></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have young or new workers been provided with orientation as specified in sections 3.22–3.25 of the Occupational Health and Safety Regulation?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do workers understand the hazards and risks of the workplace as specified in section 4.30 of the Regulation?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have workers been instructed on how to handle potentially violent incidents as specified in section 4.30 of the Regulation and as specified in your workplace violence policies and procedures?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have workers been provided with phone numbers and a procedure in the event of an emergency or violent encounter as specified in section 4.29 of the Regulation?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are workers aware of their responsibilities under Section 116 of the <em>Workers Compensation Act</em>?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have workers been provided with propane training if pertinent?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have workers been provided with high visibility safety vests, and do they understand that they must wear them at all times when outside in proximity to moving vehicles? See section 8.24 of the Regulation.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are workers aware of a process for reporting and correcting unsafe work situations?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are workers aware of the process for refusing unsafe work?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are workers aware of the location of a copy of the Act and the location of a notice advising where the copy is available?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are workers aware they must cooperate with WorkSafeBC and its officers?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Employees working alone**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a person check procedure in which someone contacts lone workers regularly or they contact someone to ensure they are okay? Check times may be based on variables specific to the location, for example:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Station in a secluded area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Near a forest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• In a residential area with nearby houses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Near other businesses open late at night</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Types of person checks could include:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Call services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Secondary gas stations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Nearby businesses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a plan if the worker does not respond to a person check such as a phone call?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there adequate supervision of the day and night shifts to ensure workers are following procedures? For example, checking periodically to make sure they have locked the doors or are wearing their necklace alarms. What does this supervision involve? (Answer in the space below.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Building layout and design**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is it easy to distinguish public areas from private areas such as offices?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is access to worker-only areas controlled with locks?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the cash-handling area separate from the general workplace?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do counters have an elevated place for cash registers?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are anti-jump barriers fitted in front of cash-handling devices?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is alternative access to the building blocked (aside from fire exits)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is public access to washrooms controlled?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there bushes, or unlit or overgrown areas, where someone could hide?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are any areas not visible to workers?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are unoccupied rooms locked?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the designated smoking area located in a well-lit, safe outdoor location?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Visibility and lighting</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>Can workers see in and out of the store, or do posters, signs, and bushes block their view?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are workers visible to potential witnesses outside?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do mirrors help workers see the whole store?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does lighting ensure that would-be thieves or robbers will be recognizable?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do tinted windows prevent workers from seeing would-be aggressors outside at night?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>General store impression</strong></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the workplace look cared for? Is there graffiti or vandalism?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are fences and other security measures well-maintained?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are workers dressed to suit the general appearance of the store?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Signage and emergency information</strong></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are emergency numbers posted in a prominent place or on phones?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are robbery-prevention signs prominently displayed? (For example, “Area monitored by video camera,” “Store has less than $40 after dark,” and “Time-Lock Safe—Clerk Cannot Open.”)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a colored height chart next to the entrance?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Tools and equipment</strong></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are knives and other sharp objects kept out of sight and reach of customers?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can anyone grab and use tools or other items as weapons against workers?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Handling money and deposits</strong></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are cash-handling areas positioned away from entries and exits?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is it standard practice to keep as little cash in the till as possible?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are large bills put into a drop box, safe, or strongroom that is out of sight?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If there are counter safes, are they fitted with time-delay locks?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do workers make deposits at night or alone?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When workers make deposits together, do they face in opposite directions to keep an eye on the surroundings?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the time and routine for making deposits vary from day to day to make it less predictable?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do workers transport cash in a bag that has the company logo or otherwise makes it obvious they are carrying cash?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opening and closing</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>---------------------</td>
<td>-----</td>
<td>----</td>
<td>-----</td>
</tr>
<tr>
<td>Do workers work in pairs at opening and closing, especially when doing the rounds at the end of a shift?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do the written procedures for opening and closing emphasize personal safety? For example, “Don’t count the cash from the till at the sales counter.”</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Travelling to and from work</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do workers have the option of asking for an escort to walk to their cars or the bus stop?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can workers park nearby and within sight of the station, especially at night?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is evening or night parking available for workers in nearby spaces normally reserved for customers?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Security guards and equipment</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there door alarms to alert workers that someone is entering the store?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are security guards or buddy systems available at the location?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is a closed-circuit television or surveillance camera installed?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is a silent, centrally monitored holdup alarm installed?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do workers wear personal alarms all the time, if provided?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regular checks</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you conduct risk assessments for violence annually or whenever there are significant changes in the workplace?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you conduct an incident investigation whenever there is an accident or violent incident?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer and supplier responsibilities</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are copies of the risk assessment available for the licensee and supplier?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there supporting materials for the risk assessment or policies and procedures?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there any training or instruction on performing a risk assessment and creating site-specific policies and procedures?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there regularly submitted documentation to the effect that an assessment has been performed and policies have been reviewed?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are work environment alterations supported by both the licensee and the supplier following a risk assessment?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If not, has there been some consideration of alternatives?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there monitoring of the licensee?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the supplier review the licensee’s policies and procedures?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the risk assessments and policies and procedures discussed between the licensee and the supplier?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Sample action plan

The sample table below lists items from a completed inspection checklist that require action.

<table>
<thead>
<tr>
<th>Action required</th>
<th>Timeline for completion</th>
<th>Completion date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide workers with phone numbers and a procedure in the event of an emergency</td>
<td>August 2007</td>
<td>August 10, 2007</td>
</tr>
<tr>
<td>or violent encounter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Make workers aware of working alone procedures</td>
<td>August 2007</td>
<td>August 30, 2007</td>
</tr>
<tr>
<td>Add mirrors to help workers see the whole store</td>
<td>September 2007</td>
<td></td>
</tr>
<tr>
<td>Add a coloured height chart next to the entrance</td>
<td>August 2007</td>
<td>August 15, 2007</td>
</tr>
<tr>
<td>Install closed-circuit television system</td>
<td>October 2007</td>
<td></td>
</tr>
<tr>
<td>Provide orientation to young or new workers as specified in sections 3.22-3.25</td>
<td>August 2007</td>
<td></td>
</tr>
<tr>
<td>of the Occupational Health and Safety Regulation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add locks to worker-only areas</td>
<td>September 2007</td>
<td></td>
</tr>
<tr>
<td>Establish a check-in procedure for employees working alone</td>
<td>September 2007</td>
<td></td>
</tr>
</tbody>
</table>
Sample procedure for regular person checks

This section describes procedures for checking on the well-being of an employee working alone.

You will be contacted by: __________________________________________________________

They will contact you:  ☐ in person   ☐ by telephone   ☐ other method ____________________

They will contact you:  ☐ every 30 minutes   ☐ every hour   ☐ every 2 hours   ☐ at end of shift

You will attempt to call the contact person within five minutes if you were not available at the predetermined person-check time.

If your contact person cannot reach you at one of these predetermined times, he or she will make another attempt within five minutes. If your contact person still cannot reach you after the second attempt, he or she will do the following:

1. Call the neighbouring store (if there is one) and have someone check on you.
2. Call the owner or manager of your store, and send someone to your work location if there are no neighbours.
3. If necessary, call 9-1-1 and request help at your location.

Emergency information

Contact name: _______________________________________________________________

Contact phone number: _________________________________________________________

Record of checks

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Initials</th>
<th>Comments or issues</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Sample training record for working alone

Date of training: ____________________________________________

Employee name: ____________________________________________

Position: __________________________________________________

Duties: ___________________________________________________

Supervisor name: ______________________________________

Supervisor contact information: ____________________________

Location of written work procedures: _______________________

The trainer must ensure that training includes the following procedures. Both the trainer and the employee should initial each item to indicate that it has been covered during training.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Initials (trainer)</th>
<th>Initials (employee)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening and closing the store</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handling money and making bank deposits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taking out garbage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person-check procedure (see sample procedure on page 8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dealing with robberies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dealing with shoplifting, dine and dash, or gas and dash</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dealing with irate or abusive customers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Suspect and vehicle identification sheet

**Facial appearance**
- **Skin or hair colour**
- **Wrinkles**
- **Wavy/Hair style**
- **Hair texture**
- **Shape of eyebrow**
- **Size and shape of eye**
- **Mouth and lips**
- **Cheek(s) (full or sunken)**
- **Shape of nose**
- **Neck and Adam's apple**
- **Moustache or beard**

**Write below specific facial details that you definitely remember.**

**What did the suspect say?**

**Describe any tool or weapon seen.**

**General appearance**

#### FACE
- **Hair** (colour, and style)
- **Eyes** (glasses)

#### WEIGHT
- **Height**

#### AGE

#### SEX
- Male
- Female

#### SHIRT/BLouse
- **MAU**
- **CACT**

#### PANTS/SKIRT

#### SHOES

#### TIE

#### BODY style

#### Damage or rust
- **Body style**

#### Colour

#### Make

#### Licence number

#### Wheel covers

#### Direction of travel

#### Bumper sticker
# Violent incident report

## General information

<table>
<thead>
<tr>
<th>Your name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Today’s date:</td>
</tr>
<tr>
<td>Workplace branch or location:</td>
</tr>
</tbody>
</table>

| Witness information (names and contact numbers): |

## The incident

<table>
<thead>
<tr>
<th>Date of incident:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time of incident:</td>
</tr>
<tr>
<td>Where did the incident happen (for example, the sales counter, stockroom, or hallway)?</td>
</tr>
</tbody>
</table>

| What type of incident was it (for example, verbal abuse, physical threat, pushing, slapping, or robbery)? |

| Describe what happened. Include factors that led up to the incident. |

<table>
<thead>
<tr>
<th>Did you receive first aid or other medical attention? □ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has this incident been reported to the police or security? □ Yes □ No □ Don’t know</td>
</tr>
</tbody>
</table>

If available: Police file #
The incident cont.

How has this incident affected you (for example, missed work, emotional trauma, or physical injury)?

The offender

Offender’s name (if known):

Offender’s relationship to you (for example, a customer, co-worker, spouse, ex-girlfriend, or ex-boyfriend):

Describe the offender:

☐ Male  ☐ Female  Age: _____  Height: _____  Weight: _____  Complexion: ________________

Any other information (for example, accent, hair colour, skin colour, tattoos, clothing, or footwear):

Has the offender been involved in any previous violent incidents that you know of?  ☐ Yes  ☐ No

Describe any other relevant information, including suggestions for preventing a similar incident:

Please present this completed report to your employer or supervisor.

For confidential, free help in dealing with the after-effects of this incident, we encourage you to use the Critical Incident Response program. WorkSafeBC coordinates this program for work-related traumatic events.

You can call a Critical Response Liaison at 604 233-4052 in the Lower Mainland or 1 888 621-7233, local 4052, toll-free in B.C. Or call the after-hours line, seven days a week, at 1 888 922-3700.
INCIDENT INVESTIGATION REPORT
Worker and Employer Services Division

This form is provided to employers for the purpose of documenting the employer's investigation into a workplace incident. Please attach a separate sheet if necessary.

<table>
<thead>
<tr>
<th>Employer name</th>
<th>Employer number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Employer head office address

**Incident occurred** ref: s. 3.4(a) Occupational Health and Safety Regulation (OHS Regulation)

<table>
<thead>
<tr>
<th>Address where incident occurred (including nearest city)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
</tr>
<tr>
<td>yyyy-mm-dd</td>
</tr>
</tbody>
</table>

**Injured person(s)** ref: s. 3.4(b) OHS Regulation

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>Job title</th>
<th>Age</th>
<th>Length of experience with this employer</th>
<th>Length of experience at this task/job</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Nature of injury/injuries**

| 1) |
| 2) |

**Witnesses** ref: s. 174(4) WCA and s. 3.4(c) OHS Regulation

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>Address</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td></td>
<td></td>
<td>( )</td>
</tr>
<tr>
<td>2)</td>
<td></td>
<td></td>
<td>( )</td>
</tr>
<tr>
<td>3)</td>
<td></td>
<td></td>
<td>( )</td>
</tr>
</tbody>
</table>

**Incident description** ref: s. 3.4(d)–(e) OHS Regulation

Briefly describe what happened, including the sequence of events preceding the incident.
**Statement of causes**  *ref: s. 174(2)(a)–(b) WCA and s. 3.4(f) OHS Regulation*

List any unsafe conditions, acts, or procedures that in any manner contributed to the incident.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Recommendations**  *ref: s. 174(2)(c) WCA and s. 3.4(g) OHS Regulation*

Identify any corrective actions that have been taken and any recommended actions to prevent similar incidents.

<table>
<thead>
<tr>
<th>Recommended corrective action</th>
<th>Action by whom</th>
<th>Action by date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Persons conducting investigation**  *ref: s. 3.4(h) OHS Regulation*

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Type of representative</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Employer ☐ Worker ☐ Other ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Employer ☐ Worker ☐ Other ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Employer ☐ Worker ☐ Other ☐</td>
<td></td>
</tr>
</tbody>
</table>

For additional information on WorkSafeBC (Workers' Compensation Board of B.C.) and on the requirements for incident investigations, please refer to WorkSafeBC’s web site: WorkSafeBC.com

**Mailing address**  
WorkSafeBC  
PO Box 5350 Stn Terminal  
Vancouver BC V6B 5L5

Fax number: 604 276-3247

**Telephone information**

**Call centre:** 604 276-3100 or toll free within B.C. 1 888 621-SAFE (7233)  
**After hours health and safety emergency:** 604 273-7711 or toll free 1 866 922-4357 (WCB-HELP)
A GUIDE TO INCIDENT INVESTIGATION

Use this guide in conjunction with the requirements of the Workers Compensation Act (WCA), Part 3 Division 10, and the Occupational Health and Safety Regulation (OHS Regulation), section 3.4.

When is an investigation required?
Employers are required to immediately undertake an investigation into any accident or other incident that:

- Is required to be reported under section 172 of the Workers Compensation Act, or
- Resulted in injury requiring medical treatment, or
- Did not involve injury to a worker or involve a minor injury that did not require medical treatment but had the potential for causing serious injury, or
- Was an incident required by regulation to be investigated.

Who should conduct the investigation?

- Incidents must be investigated by people knowledgeable about the type of work involved at the time of the incident.
- If reasonably available, investigations must be carried out with the participation of one employer representative and one worker representative.

What is the purpose of an investigation?
The purpose of an investigation is to determine the cause or causes of the incident, to identify any unsafe conditions, acts, or procedures that contributed to the incident, and to recommend corrective action to prevent similar incidents.

Who receives copies of the report?

Incident investigation reports required by the WCA must be provided to the joint health and safety committee or worker representative as applicable, and to WorkSafeBC.

What follow-up action is required after an incident investigation?

After an investigation, the employer must without undue delay undertake any corrective action required to prevent recurrence of similar incidents and must prepare a report of the action taken. The report must be provided to the joint health and safety committee or worker representative as applicable. The follow-up report does not have to be provided to WorkSafeBC unless requested by a WorkSafeBC officer.

What information should be included in the investigation report?

An incident investigation report should answer the WHO, WHERE, WHEN, WHAT, WHY, and HOW questions with regard to the incident.

**WHO**
- Employer, injured person(s), other person(s) involved in the incident, witnesses, and persons carrying out the investigation

**WHERE**
- Place, location where incident occurred

**WHEN**
- Date and time of the incident

**WHAT**
- A brief description of the incident, including the sequence of events that preceded the incident
  - **Before the incident occurred:**
    - What were the events that led up to the incident?
    - What process(es) was/were occurring immediately prior to the incident?
    - What was/were the worker(s) doing immediately prior to the incident?
    - What was the last event before the incident occurred?
  - **At the time of the incident:**
    - What happened at the time of the incident?
    - What process(es) was/were occurring at the time of the incident?
    - What was/were the worker(s) doing at the time of the incident?
• What hazard(s) was/were the worker(s) exposed to?
• What hazards may have contributed to the incident occurring?
• What hazards did the worker(s) encounter?
• What personal factors may have contributed to the incident occurring?

Other information:
• Other observations
• Other related information

WHY From the answers to “what,” identify any unsafe conditions, acts, or procedures that in any manner contributed to the incident. Why did the unsafe conditions, acts, or procedures occur? Why were the personal factors not identified and/or addressed before the incident occurred?

HOW An investigation report should recommend corrective actions to prevent similar incidents from occurring. Once it is known why an incident occurred, determine how to prevent recurrence. For example:
• Improve workplace inspection and maintenance programs
• Repair or replace equipment/building
• Install safeguards
• Establish or revise safe work procedures
• Train/retrain person(s)
• Improve supervision

Additional information for determining why an incident happened
To determine the most probable cause(s) of an incident, consider all details of the investigation, including witness statements and, where possible, the injured worker’s statement.

Determine if the incident was due to an unsafe act, an unsafe condition, unsafe or inadequate procedures, or a combination of these. Consider whether the accepted/current procedures adequately address safety concerns associated with the activity that was taking place when the incident happened. Consider training, supervision, equipment controls, safeguards, and lock-out.

Unsafe acts — An unsafe act is a specific action or lack of action by an individual that is under the individual’s control. Examples of unsafe acts include: knowingly not following established rules, knowingly not following established procedures, knowingly disregarding a hazard, willful misconduct, abusing equipment, knowingly using equipment incorrectly, choosing not to use personal protective equipment, and not locking out when required. Generally, violating a safety rule, not following a safe work procedure, or disregarding a hazard are considered unsafe acts.

Unsafe conditions — Examples include poor housekeeping, congested areas, deficient equipment, equipment lacking safeguarding or having ineffective safeguarding, lack of personal protective equipment, poor visibility, poor weather conditions, and lack of or inadequate training. Inadequate training should be considered an unsafe condition as opposed to a deficiency in skill or ability (personal factors).

Inadequate procedures — Indications that procedures are inadequate include:
• Procedures are not available in written form
• Procedures do not identify inherent hazards
• Procedures do not identify hazard control methods
• Procedures do not identify safeguards that must be in place
• Procedures do not address pre-operation inspection requirements
• Procedures do not address lock-out requirements
• Procedures direct improper use of equipment or tools

Personal factors — A personal factor is a deficiency in skill or ability, a physical condition, or a mental attitude. It is a factor inherent in an individual at the time of the incident. Examples include work fatigue due to manual exertion, distress due to emotional problems, the influence of alcohol or drugs, or illness. A condition causing an allergic reaction in some but not most workers should be considered a personal factor, not an unsafe condition.
WorkSafeBC produces many pamphlets, booklets, and videos on safe work practices that can help you deal with specific hazards in your workplace. The following are a few of the publications that you may find helpful.

**Preventing Violence, Robbery, and Theft: A Guide for Retail Owners, Managers, and Workers**

Describes how to prevent violent incidents in the workplace and how to deal with incidents that do occur.

**Handbook for Employers: Working Alone, Late Night Retail, and Prepayment of Fuel**

Describes requirements for violence prevention and young and new worker training.

**Take Care: How to Develop and Implement a Workplace Violence Prevention Program**

Explains how to set up a violence prevention program to eliminate or minimize violence in your workplace.

**Your Retail Business Series Safety Tip 1: Working Alone (StartSafe poster)**

Describes basic safe work practices that employers can implement and employees can follow when working alone.

**Your Retail Business Series Safety Tip 2: Dealing with Shoplifters (StartSafe poster)**

Describes safe work practices for preventing shoplifting and dealing with it if it does occur.

Where to find WorkSafeBC publications and videos

The resources mentioned throughout this guide are available at WorkSafeBC.com for online viewing or downloading. The web site also includes searchable versions of the Regulation and excerpts from the *Workers Compensation Act*.

If you want to order print publications, see the ordering information in the front of this handbook, under “WorkSafeBC publications.”
For more information on working alone and violence prevention, contact the following industry organizations or your local police.

<table>
<thead>
<tr>
<th>Industry</th>
<th>Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture</td>
<td><strong>Farm and Ranch Safety and Health Association (FARSHA)</strong></td>
</tr>
<tr>
<td></td>
<td>Tel: 604 881-6078</td>
</tr>
<tr>
<td></td>
<td>Toll-free: 1 877 533-1789</td>
</tr>
<tr>
<td></td>
<td>E-mail: <a href="mailto:farmsafe@farsha.bc.ca">farmsafe@farsha.bc.ca</a></td>
</tr>
<tr>
<td></td>
<td>Web: <a href="http://www.farsha.bc.ca">www.farsha.bc.ca</a></td>
</tr>
<tr>
<td>Construction</td>
<td><strong>Construction Safety Association of BC</strong></td>
</tr>
<tr>
<td></td>
<td>Tel: 604 434-3222</td>
</tr>
<tr>
<td></td>
<td>Toll-free: 1 877 434-3222</td>
</tr>
<tr>
<td></td>
<td>E-mail: <a href="mailto:info@csabc.ca">info@csabc.ca</a></td>
</tr>
<tr>
<td></td>
<td>Web: <a href="http://www.csabc.ca">www.csabc.ca</a></td>
</tr>
<tr>
<td>Construction</td>
<td><strong>BC Road Construction and Maintenance Safety Network</strong></td>
</tr>
<tr>
<td></td>
<td>Tel: 604 436-0232</td>
</tr>
<tr>
<td></td>
<td>Toll-free: 1 866 860-0232</td>
</tr>
<tr>
<td></td>
<td>E-mail: <a href="mailto:info@safetynetwork.bc.ca">info@safetynetwork.bc.ca</a></td>
</tr>
<tr>
<td></td>
<td>Web: <a href="http://www.safetynetwork.bc.ca">www.safetynetwork.bc.ca</a></td>
</tr>
<tr>
<td>Film, television, and live performance</td>
<td><strong>Safety and Health in Arts Production and Entertainment (SHAPE)</strong></td>
</tr>
<tr>
<td></td>
<td>Tel: 604 733-4682</td>
</tr>
<tr>
<td></td>
<td>Toll-free: 1 888 229-1455</td>
</tr>
<tr>
<td></td>
<td>E-mail: <a href="mailto:info@shape.bc.ca">info@shape.bc.ca</a></td>
</tr>
<tr>
<td></td>
<td>Web: <a href="http://www.shape.bc.ca">www.shape.bc.ca</a></td>
</tr>
<tr>
<td>Fishing</td>
<td><strong>FishSafe</strong></td>
</tr>
<tr>
<td></td>
<td>Contact FishSafe for safety-related information.</td>
</tr>
<tr>
<td></td>
<td>Tel: 604 261-9700</td>
</tr>
<tr>
<td></td>
<td>E-mail: <a href="mailto:fishsafe@telus.net">fishsafe@telus.net</a></td>
</tr>
<tr>
<td></td>
<td>Web: <a href="http://www.fishsafebc.com">www.fishsafebc.com</a></td>
</tr>
<tr>
<td>Industry</td>
<td>Association</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Food processing</td>
<td><strong>BC Food Processors Health and Safety Council</strong></td>
</tr>
<tr>
<td></td>
<td>Tel: 604 701-0261</td>
</tr>
<tr>
<td></td>
<td>E-mail: <a href="mailto:info@bcfphsc.com">info@bcfphsc.com</a></td>
</tr>
<tr>
<td></td>
<td>Web: <a href="http://www.bcfphsc.com">www.bcfphsc.com</a></td>
</tr>
<tr>
<td>Forestry</td>
<td><strong>BC Forestry Safety Council</strong></td>
</tr>
<tr>
<td></td>
<td>Web: <a href="http://www.bcforestsafe.org">www.bcforestsafe.org</a></td>
</tr>
<tr>
<td></td>
<td>Vancouver</td>
</tr>
<tr>
<td></td>
<td>Tel: 604 632-0211</td>
</tr>
<tr>
<td></td>
<td>Toll-free: 1 888 632-0211</td>
</tr>
<tr>
<td></td>
<td>Nanaimo</td>
</tr>
<tr>
<td></td>
<td>Tel: 250 741-1060</td>
</tr>
<tr>
<td></td>
<td>Toll-free: 1 877 741-1060</td>
</tr>
<tr>
<td></td>
<td>Prince George</td>
</tr>
<tr>
<td></td>
<td>Tel: 250 562-3215</td>
</tr>
<tr>
<td></td>
<td>Toll-free: 1 877 324-1212</td>
</tr>
<tr>
<td>Healthcare</td>
<td><strong>Occupational Health and Safety Agency for Healthcare (OHSAH)</strong></td>
</tr>
<tr>
<td></td>
<td>Tel: 778 328-8000</td>
</tr>
<tr>
<td></td>
<td>Toll-free: 1 877 328-7810</td>
</tr>
<tr>
<td></td>
<td>E-mail: <a href="mailto:info@ohsah.bc.ca">info@ohsah.bc.ca</a></td>
</tr>
<tr>
<td></td>
<td>Web: <a href="http://www.ohsah.bc.ca">www.ohsah.bc.ca</a></td>
</tr>
<tr>
<td>Hospitality and tourism</td>
<td><strong>go2 — The Resource for People in Tourism</strong></td>
</tr>
<tr>
<td></td>
<td>Tel: 604 633-9787 (for go2)</td>
</tr>
<tr>
<td></td>
<td>604 633-9798 (for Serving it Right)</td>
</tr>
<tr>
<td></td>
<td>Web: <a href="http://www.go2hr.ca">www.go2hr.ca</a></td>
</tr>
<tr>
<td>Marine</td>
<td><strong>BC Maritime Employers Association</strong></td>
</tr>
<tr>
<td></td>
<td>Tel: 604 688-1155, ext. 422</td>
</tr>
<tr>
<td></td>
<td>Mobile: 778 229-6390</td>
</tr>
<tr>
<td>Industry</td>
<td>Association</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Municipalities</td>
<td><strong>BC Municipal Safety Association</strong></td>
</tr>
<tr>
<td></td>
<td>Tel: 778 278-3435 (administrative assistant)</td>
</tr>
<tr>
<td></td>
<td>Web: <a href="http://www.bcmsa.ca">www.bcmsa.ca</a></td>
</tr>
<tr>
<td>Oil and gas</td>
<td><strong>Enform</strong></td>
</tr>
<tr>
<td></td>
<td>Tel: 403 250-9606</td>
</tr>
<tr>
<td></td>
<td>Toll-free: 1 800 667-5557</td>
</tr>
<tr>
<td></td>
<td>Web: <a href="http://www.enform.ca">www.enform.ca</a></td>
</tr>
</tbody>
</table>

**BC Crime Prevention Association**

Tel: 604 291-9959
Toll-free: 1 888 405-2288
E-mail: info@bccpa.org
Web: www.bccpa.org
WorkSafeBC offices

Visit our web site at WorkSafeBC.com.

Abbotsford
2774 Trethewey Street  V2T 3R1
Phone:  604 276-3100
Toll-free:  1 800 292-2219
Fax:  604 556-2077

Burnaby
450 – 6450 Roberts Street  V5G 4E1
Phone:  604 276-3100
Toll-free:  1 888 621-7233
Fax:  604 232-5950

Coquitlam
104 – 3020 Lincoln Avenue  V3B 6B4
Phone:  604 276-3100
Toll-free:  1 888 967-5377
Fax:  604 232-1946

Courtenay
801 30th Street  V9N 8G6
Phone:  250 334-8765
Toll-free:  1 800 663-7921
Fax:  250 334-8757

Kamloops
321 Battle Street  V2C 6P1
Phone:  250 371-6003
Toll-free:  1 800 663-3935
Fax:  250 371-6031

Kelowna
110 – 2045 Enterprise Way  V1Y 9T5
Phone:  250 717-4313
Toll-free:  1 888 922-4466
Fax:  250 717-4380

Nanaimo
4980 Wills Road  V9T 6C6
Phone:  250 751-8040
Toll-free:  1 800 663-7382
Fax:  250 751-8046

Nelson
524 Kootenay Street  V1L 6B4
Phone:  250 352-2824
Toll-free:  1 800 663-4962
Fax:  250 352-1816

North Vancouver
400 – 224 Esplanade Ave. W.  V7M 1A4
Phone:  604 276-3100
Toll-free:  1 888 875-6999
Fax:  604 232-1558

Prince George
1066 Vancouver Street  V2L 5M4
Phone:  250 561-3700
Toll-free:  1 800 663-6623
Fax:  250 561-3710

Surrey
100 – 5500 152 Street  V3S 5J9
Phone:  604 276-3100
Toll-free:  1 888 621-7233
Fax:  604 232-7077

Terrace
4450 Lakelse Avenue  V8G 1P2
Phone:  250 615-6605
Toll-free:  1 800 663-3871
Fax:  250 615-6633

Victoria
4514 Chatterton Way  V8X 5H2
Phone:  250 881-3418
Toll-free:  1 800 663-7593
Fax:  250 881-3482

Head Office/Richmond
Prevention Information Line:
Phone:  604 276-3100
Toll-free:  1 888 621-7233 (621-SAFE)
Administration:
6951 Westminster Highway
Phone:  604 273-2266
Mailing Address:
PO Box 5350 Stn Terminal
Vancouver, BC  V6B 5L5
After Hours Health & Safety Emergency:
Phone:  604 273-7711
Toll-free:  1 866 922-4357 (WCB-HELP)

+HDG2I¿FH5LFKPRQG

R06/06
Chapter 3: HOUSEKEEPING GUIDELINES
For Use By Managers of Housekeeping Staff
Preface

Chapter 3: Housekeeping Guidelines, is for the use of the managers of custodians in these facilities. The practices in the previous chapters are based on the Chapter 3: Housekeeping Guidelines.

For a health facility that is pursuing or maintaining accreditation status, it is recommended that the facility ask their accrediting body about any training and education that is needed by facility staff to meet assigned accreditation standards, processes and practices.
Chapter 3: Housekeeping Guidelines for Use by Managers of Housekeeping Staff

Contents

Preface ................................................................................................................................. 2
Contents .............................................................................................................................. 3
Introduction ....................................................................................................................... 5
Guidelines .......................................................................................................................... 7
  The Patient Care Environment ......................................................................................... 7
  Cleaning Agents and Disinfectants ............................................................................... 9
  Hand Hygiene for Cleaning Staff ................................................................................... 10
  Personal Protective Equipment (PPE) for Cleaning Staff .............................................. 14
  Management of Cleaning Services and Staff ................................................................. 15
  Laundry ........................................................................................................................... 20
  Biomedical Waste ......................................................................................................... 21
  Environmental Cleaning Practices .................................................................................. 23
Appendix 1: Method to Determine Level and Frequency of Cleaning ....................... 27
  A. Level of Cleaning ...................................................................................................... 27
  B. Frequency of Cleaning ............................................................................................ 28
  C. Examples Using the Method to Determine Level and Frequency of Cleaning of Specific Areas .................................................................................................................. 30
Appendix 2: Visual Assessment of Cleanliness ................................................................. 35
  Objective Standards of Cleanliness for Items in the Health Care Facility .................. 35
Appendix 3: Sample Cleaning Checklist and Audit Tool ................................................ 45
Appendix 4: Hospital-Grade Cleaning and Disinfecting Agents .................................... 47
Appendix 5: Recommended Minimum Cleaning and Disinfection Level and Frequency for Non-Critical Patient Care Equipment ......................................................... 51
Introduction

Housekeeping staff maintain a clean and pleasant environment and prevent infections, among both clients and staff of the health care facility. The facilities that provide health services to First Nations communities in British Columbia include Community Health Centres (ambulatory health care clinics) and Nursing Stations (facilities providing both ambulatory and emergency/urgent care to remote or isolated communities where there is no hospital).

The purpose of the Housekeeping Guidelines is:

1) to assist First Nations Nursing Stations and Community Health Centres to develop their own policies and procedures based on best practices for housekeeping staff, and

2) to assist Nursing Stations and Community Health Centres to comply with accreditation standards that are based on best practices for housekeeping staff.

This chapter is intended for the supervisors of housekeeping staff at First Nations Nursing Stations and Community Health Centres in British Columbia. Chapter 1 and 2 are intended for the cleaning staff.

The Guidelines in this document, and the supporting Appendices, were adapted from these sources:


The following sources were also consulted to identify additional precautions (personal protective measures for health care workers) and additional cleaning procedures that are recommended in situations of special contamination or disease epidemics:


We hope that you find this document useful as you develop policies and procedures for housekeeping staff in your own health care setting.
Guidelines

The patient care environment

1. Patient care areas include:
   • washrooms, waiting rooms and dining rooms used by patients
   • procedure rooms, examination rooms
   • diagnostic and treatment areas
   • equipment reprocessing (sterilization) areas
   • sterile supplies storage, clean utility rooms
   • laundry room, clean linen storage rooms
   • pharmacy
   • laboratory
   • food preparation areas

   Patient care areas should be used only for patient care activities. Within the health care facility, patient care activities should not be done outside of the designated patient care areas.

2. In patient care areas:
   a) Replace worn, stained, cracked or torn furnishings;
   b) Remove upholstered furniture and other cloth or soft furnishings that cannot be cleaned and disinfected. ¹

3. Surfaces of furnishings and equipment in patient care areas should be:
   a) easily maintained and repaired;
   b) cleanable with hospital-grade detergents, cleaners and disinfectants (see Appendix 4); and
   c) smooth, non-porous and seamless. ²

4. Ensure that cloth items (such as curtains, pillows, mattresses and soft furnishings):
   a) are easily maintained and repaired;
   b) are seamless or double-stitched;
   c) have removable covers for cleaning;
   d) are resistant to mould;
   e) are cleanable with hospital-grade detergents, cleaners and disinfectants (see Appendix 4); and
   f) are quick drying. ³

5. Do not carpet areas
   a) that serve patients who have seriously reduced resistance to infection (e.g., transplant and chemotherapy patients, newborns who are ill or premature)
   b) where patients receive treatments or procedures

¹ Best Practices for Environmental Cleaning, Recommendation 3.
c) where there is risk of blood or body fluids being spilled, or 
d) where there is risk of vomit, feces or wastewater being spilled.  

6. If used, carpet must:
   a) be cleanable with hospital-grade cleaners and disinfectants (see Appendix 4);
   b) be cleaned by trained staff using appropriate cleaning equipment and procedures;
   c) be removed and replaced when worn or stained; and 
   d) dry quickly to reduce the likelihood of mould accumulation; carpeting that remains wet 
      after 72 hours must be removed.  

7. If carpeting is used in patient care areas, there must be a rigorous program of care that 
   includes:
   a) daily vacuuming with a HEPA-filtered vacuum;
   b) scheduled cleaning by extraction or shampooing; and 
   c) rapid response for dealing with spills of blood, body fluids, vomit or feces. (See the 
      Housekeeping Manual for carpet cleaning procedures in case of such a spill.) 
   d) Following cleanup of blood, body fluids, vomit or feces, the carpet must be steam cleaned at a 
      temperature of at least 60 degrees C (140 degrees F), or replaced.

8. Do not use equipment that cannot be properly cleaned, disinfected or covered, in the care 
   environment. This includes electronic equipment.

9. Non-critical medical equipment (equipment that does not touch the patient, or touches only 
   intact skin, but not mucous membranes, for example: blood pressure cuffs and stethoscopes) 
   must be cleanable to recommended standards (see Appendix 5).

   Note: Equipment that touches mucous membranes or broken skin, (e.g., dental and surgical 
   instruments, endoscopes, vaginal specula) is considered “critical” and requires high-level 
   disinfection or sterilization before re-use. This is only done by staff trained in reprocessing, and 
   is not covered by these guidelines.

10. Each item of non-critical medical equipment must have written cleaning and disinfection 
    instructions provided by the manufacturer.

11. Toys in patient care areas should: 
    a) be nonporous and able to withstand thorough cleaning and disinfection; 
    b) not be capable of soaking up or otherwise holding water; 
    c) not have parts that cannot be cleaned; and 
    d) not be cleaned with phenolic disinfectants (Note: phenolic disinfectants can be absorbed 
        through skin and can harm infants and young children).

---

5 Best Practices for Environmental Cleaning, Recommendation 8.
7 Best Practices for Environmental Cleaning, p80, p96.
Plush toys should be dedicated to individual patients and be sent home with the patient or discarded;
If toys in patient care areas cannot be cleaned and disinfected (e.g., books, magazines, puzzles, cards, comics) they should be discarded or dedicated to individual patients.

Cleaning agents and disinfectants

12. Cleaning and disinfecting products must:
   a) have a Drug Identification Number (“DIN”) from Health Canada;
   b) be compatible with items and equipment to be cleaned and disinfected; and
   c) be used according to the manufacturers’ instructions \(^{12}\); including the expiry date, if one is given.

Note: Cleaning agents remove dirt. Soap and detergents are cleaning agents. Disinfectants kill germs. Bleach, ordinary hydrogen peroxide, alcohols, iodophors and phenolics are disinfectants. Accelerated hydrogen peroxide and quaternary ammonium compounds (“quats”) do both: they clean and disinfect at the same time. See Appendix 4 for more about the uses and limitations of these products.

13. Disinfectants chosen for use should:
   a) be effective against the germs normally found in the health care setting;
   b) be effective at room temperature and within a short time;
   c) be safe for the patients, cleaning staff and health care workers (i.e., not toxic and low risk for irritant or allergic effects); and
   d) be safe for the environment. \(^{13}\)

See Appendix 4 for a list of options. The managers of each community health facility will decide, but we recommend accelerated hydrogen peroxide 0.5% (or 7% diluted 1:16) as a general surface cleaner and disinfectant in patient care areas. Accelerated hydrogen peroxide is more effective at killing germs than are quaternary ammonium compounds (“quats”), and is easier and safer to use than bleach. We recommend bleach for disinfecting toys, dishes, drinking water coolers and laundry, and for additional sporicidal disinfection\(^{14}\) of emergency room washrooms and rooms contaminated with Clostridium difficile.

If you choose to use a “quat” as your general surface cleaner and disinfectant, this will be adequate for most purposes in patient care areas. However, “quats” are NOT strong enough to disinfect spills of blood, body fluids, vomit or feces. For such spills, you would first need to clean (damp wipe or damp mop with the “quat” solution, then disinfect by damp wiping or damp mopping AGAIN with bleach (0.1% solution for blood or body fluids, 0.5% solution for vomit or feces). We suggest that it would be simpler to use accelerated hydrogen peroxide.

\(^{12}\) Best Practices for Environmental Cleaning, Recommendation 12.
\(^{13}\) Best Practices for Environmental Cleaning, Recommendation 13.
\(^{14}\) A sporicidal agent is effective at killing the spore forms of Clostridium difficile and related bacteria.

15. Cleaning agents and disinfectants must be stored safely in storage rooms or closets.  

16. If disinfectants are dispensed from bulk containers into smaller bottles, the bottles should be clean, dry, appropriately-sized, and clearly labelled and dated. They should not be topped up or refilled. The bottles should be discarded when emptied or after the expiry date, whichever comes sooner.  

17. Personal protective equipment (for example: gloves, masks, eye protection, gowns) must be:  
   a) sufficient and accessible for all cleaning staff;  
   b) worn as required by the Materials Safety Data Sheet when handling chemicals.  

18. If the Materials Safety Data Sheet on a product says to flush or rinse eyes with water (if the product splashes into a worker’s eyes), then the workplace must have an eye-washing station, in working condition and accessible to all workers.  

**Hand hygiene for cleaning staff**  

19. Cleaning staff must be given hand hygiene education that includes:  
   a) indications for hand hygiene;  
   b) factors that influence hand hygiene;  
   c) hand hygiene agents;  
   d) hand hygiene techniques; and  
   e) hand care to promote skin integrity.  

The *Housekeeping Lists, Guides and Personal Protection* manual contains examples of hand hygiene education materials that cover the topics listed above. See:  
   a) *The Way You Clean Your Hands Matters!*  
   b) *How to Wash Your Hands*  
   c) *Washing Hands Works*  

20. Cleaning staff must follow best practices for hand hygiene (see the following points).  

21. Choose hand hygiene products that are acceptable to the users; if the workers won’t use the product, then it cannot be effective.  

---  

17 Best Practices for Environmental Cleaning, Recommendation 43.  
19 BC Occupational Health and Safety Regulation, Part 5, Sections 5.85 to 5.92:  
[http://www2.worksafebc.com/Publications/OHSRegulation/Part5.asp#SectionNumber:5.85](http://www2.worksafebc.com/Publications/OHSRegulation/Part5.asp#SectionNumber:5.85)  
22. Choose hand hygiene products that are not irritating to the skin.  

23. Avoid hand hygiene products that might damage gloves or affect the action of other hand hygiene or hand care products. (Read the manufacturer’s instructions and warnings.)

24. Use 70% to 90% alcohol-based hand rub to sanitize hands that are not visibly soiled. Non-alcoholic, waterless antiseptic agents are less effective than alcohol at killing germs, and should NOT be used.

Note: Alcohol-based hand rubs contain a mixture of ethanol and isopropyl alcohol (“rubbing alcohol”) and may be harmful if swallowed or rubbed wet into the eye. However, they are quite safe to use on skin. Read product labels, and have available the Materials Safety Data Sheet and the telephone number of the Poison Control Centre, in case of an accident.

25. Bar soap should NOT be shared between individuals for hand washing—doing this can spread germs.

26. Alcohol-based hand rub, soaps, and hand-moisturizing lotions must be dispensed from disposable (single-use) dispensers that deliver an appropriate amount of the product. If more than two pumps are required, the dispenser is inadequate and should be replaced.

- Single-use dispensers must be discarded when empty; containers must not be “topped-up” or refilled.
  - A refillable dispenser can be used only if it has a disposable bag or cartridge that is replaced when empty (the bag or cartridge must not be topped-up or re-filled).
- Responsibility for maintaining product dispensers must be clearly defined.

27. Alcohol-based hand rub dispensers are for the use of all clinic staff (including cleaners) and patients.

- Put dispensers at patient care points, at the entrance to the clinic area, and at the entrances to other areas where clinic staff go.
- DO NOT put alcohol-based hand rub dispensers in places where they might be exposed to open flames.

32 Best Practices for Hand Hygiene, Recommendation 42.
28. Hand washing sinks must be used only for hand washing. Hands-free, freestanding models are best.
   - Hand-operated taps are acceptable, as long as the user does not have to hold on to the tap to keep the water flowing,
     - The user must be able to turn off the water without having to touch the taps with clean hands.

29. There should be enough hand washing sinks so that staff do not need to walk more than 6 metres (20 feet) to reach a sink.

30. Provide disposable paper towels for drying hands. The towel dispenser should be designed so that the user can pull out the paper towels without touching anything else.

31. A foot pedal-operated waste bin, with a waste bag, should be placed by each hand-washing sink. A waste container should be located near the exit door for disposal of the paper towel used to open the door.

32. If a hot-air hand dryer is used and paper towels are not provided, taps that turn off automatically or that can be turned off without using the hands are required.

33. If hot-air hand dryers or sink controls based on electric-eye technology are used, there must be alternative hand washing facilities available in case of electrical power failure.

34. Cloth towels used to dry hands must be single-use.

35. To enable effective hand hygiene:
   - nails must be kept clean and short;
   - nail polish, if worn, must be fresh and free of cracks or chips;
   - artificial nails or nail enhancements must not be worn;
   - avoid wearing rings; and
   - hand and arm jewellery, including watches, must be removed or pushed up above the wrist before performing hand hygiene.

36. When sanitizing hands with alcohol-based hand rub, apply enough so that it will remain in contact with the hands for a minimum of 15 seconds before the product dries (usually one to two pumps is enough).

---

33 Best Practices for Hand Hygiene, Recommendation 36.
34 Best Practices for Hand Hygiene, Recommendation 37.
37. Wash hands with soap and water if there is visible soiling with dirt, blood, body fluids or other body substances. If hands are visibly soiled and running water is not available, use moistened towelettes to remove the visible soil, followed by sanitization with alcohol-based hand rub.  

38. When washing hands with soap and water, rub and lather all skin surfaces of the hands, fingers and wrists for at least 15 seconds before rinsing.

39. Dry hands using a method that does not re-contaminate the hands.
   - Disposable paper towels are the preferred method, if the towels can be pulled from the dispenser without touching anything else.
   - After drying hands, use the towels to turn off the taps. Do not touch the taps with clean hands.
   - A hot-air hand dryer is acceptable, as long as you do not touch the taps with clean hands.
     - If you need to push a button to turn on the hot-air hand dryer, use your elbow or shoulder.
   - If cloth towels are used to dry hands, they must be used only once each.
   - If there is an exit door, open the door with the towels. Do not touch the taps or the door hardware with clean hands.

40. Dry hands completely before putting on gloves.

41. Do not use alcohol-based hand rub immediately after washing hands with soap and water. It is not necessary, and may cause excessive drying and irritation of the skin.

42. Provide staff with hand moisturizing lotions and encourage regular frequent use, to prevent excessive drying and irritation of skin associated with frequent hand washing. Put hand lotion dispensers beside hand washing sinks.

43. Supervisors should monitor the staff’s compliance with the hand hygiene program, and provide timely feedback, by using a reliable, validated observer audit tool and training process. An example of such a tool is the Hand Hygiene Observation and Analysis Tool, which can be found on the web page Just Clean Your Hands for long-term care and retirement homes—Tools for implementation, http://www.oahpp.ca/services/jcyh/ltch-implementation.html.

---

52 Best Practices for Hand Hygiene, Recommendation 5.
53 Best Practices for Hand Hygiene, Recommendation 47.
Personal protective equipment (PPE) for cleaning staff

44. Personal protective equipment (PPE) must be:
   a) sufficient and accessible for all cleaning staff;
   b) worn as required for infection prevention and control; and
   c) removed immediately and disposed of appropriately, after the infection prevention and control task for which it is worn. 

45. Wear gloves if hands will be in contact with
   a) mucous membranes, (i.e., the lining of the mouth, throat, nose, eye, vagina, rectum, or urethra)
   b) non-intact skin, (i.e., skin that is broken and oozing blood or fluid)
   c) body tissues,
   d) blood, body fluids, secretions,
   e) excreta, or
   f) equipment or surfaces contaminated with any of the above. 

46. Select gloves that fit well and are sufficiently durable for the task.

47. Put on gloves just before the task or procedure that requires them.

48. On leaving each patient care room, staff must remove gloves and sanitize or wash hands. Gloves must not be worn when walking from room to room or to other areas of the health care facility.

49. Single-use disposable gloves should not be re-used or washed.

50. Wear a gown if a procedure or activity is likely to cause splashes or sprays of blood, body fluids, secretions, or excreta.

51. Remove the gown immediately after the task for which it has been used. Avoid shaking the gown or contaminating skin or clothing by touching the outside of the gown.

52. Wear a mask and eye protection if a procedure or activity is likely to cause splashes or sprays of blood, body fluids, secretions or excreta.

56 Routine Practices and Additional Precautions, Recommendation 12.
59 Routine Practices and Additional Precautions, Recommendation 17.
60 Routine Practices and Additional Precautions, Recommendation 18.
53. Wear a mask and eye protection within 2 metres (6 feet) of a patient on Droplet Precautions. These are a set of additional measures used in the care of patients with infections that can be spread by large respiratory droplets.

54. Staff may not enter an airborne isolation room occupied by a patient with active tuberculosis unless they wear an N95 respirator.

55. Staff may not enter the room of a patient with measles, varicella (chicken pox) or zoster (shingles) unless they wear an N95 respirator, or they are immune (by previous infection or vaccination).

56. During an influenza pandemic:
   • Wear a face shield (or a mask and eye protection), gloves and gown when working within 2 metres (6 feet) of a patient with influenza (or someone with influenza-like symptoms).
   • Wear an N95 respirator, eye protection, gloves and gown when working within 2 metres of a patient with influenza (or someone with influenza-like illness symptoms) who is coughing forcefully, and is unable or unwilling to cover up by e.g., coughing or sneezing into sleeve, using tissues, or wearing a mask.

57. During an outbreak or a suspected case of gastrointestinal infection (infectious diarrhea), wear a face shield (or a mask and eye protection), gloves and gown when cleaning an area obviously contaminated with vomit or feces.

**Management of cleaning services and staff**

58. Each health care facility must have policies and procedures to ensure that cleaning:
   a) takes place on a continuous and scheduled basis;
   b) incorporates principles of infection prevention and control;
   c) clearly defines cleaning responsibilities and scope; and
   d) meets all statutory requirements

Allowance should be made for surge capacity during outbreaks.

59. Adequate resources must be devoted to housekeeping staff services. These should include:
   a) a single individual with assigned responsibility for the care of the physical facility;
   b) written procedures for cleaning and disinfection of patient care areas and equipment that include:
      i. defined responsibility for specific items and areas;
      ii. procedures for daily and terminal cleaning (“terminal” means cleaning that occurs after the patient leaves the room and before the next patient enters), see *Housekeeping Manual*;

---

63 Routine Practices and Additional Precautions, Recommendation 49.
64 Routine Practices and Additional Precautions, Recommendation 54.
65 Routine Practices and Additional Precautions, Recommendation 55.
66 Prevention and Control of Influenza During a Pandemic, p41, 42.
III. Procedures for cleaning in construction/renovation areas;
IV. Additional procedures for cleaning and disinfecting areas contaminated with vancomycin-resistant Enterococcus or C. difficile (see Housekeeping Manual);
V. Additional cleaning procedures for outbreaks of gastrointestinal disease (infectious diarrhea) and pandemic influenza (see Housekeeping Manual);
VI. Cleaning standards and frequency (see Appendix 1 and Appendix 5);
VII. Procedures for cleaning and disinfecting after spills of blood, body fluids, vomit or feces (see Housekeeping Manual);
c) Adequate human resources to allow thorough and timely cleaning;
d) Training and continuing education of cleaning staff;
e) Monitoring of environmental cleanliness (see Appendix 2 and Appendix 3); and
f) Ongoing review of procedures. 69

60. If housekeeping staff services are contracted out, the occupational health and safety policies of the contracting services must be consistent with the facility’s occupational health and safety policies. 70

61. Cleaning schedules should be developed, with frequency of cleaning reflecting whether surfaces are high-touch or low-touch, the type of activity taking place in the area and the infection risk associated with it, the vulnerability of the patients in the area, and the probability of contamination. See Appendix 1 for instructions on how to determine the appropriate level and frequency of cleaning for an area. 71

62. Non-critical medical equipment (items that touch intact skin, for example: blood pressure cuffs and stethoscopes) requires cleaning and disinfection at the level and frequency specified in Appendix 5. In most cases, this means after each patient. 72 This also applies to equipment items that are taken from the health care facility and used off-site.

63. Cleaning and disinfection of non-critical medical equipment should be done as soon as possible after items have been used. 73 This also applies to equipment items that are taken from the health care facility and used off-site.

64. Each health care facility should have written policies and procedures for the appropriate cleaning of non-critical medical equipment that clearly defines the frequency and level of cleaning (see Appendix 5) and which assigns responsibility for the cleaning. 74

65. Areas that have toys must have policies and procedures for cleaning the toys. 75
   a) After each use, clean, disinfect and rinse thoroughly toys that may be ‘mouthed’ (infant and toddler toys).

71 Best Practices for Environmental Cleaning, Recommendation 27.
72 Best Practices for Environmental Cleaning, Recommendation 28 and 70.
75 Best Practices for Environmental Cleaning, Recommendation 69.
b) Clean and disinfect all other shared toys daily and when visibly soiled. This includes high-touch surfaces of shared electronic games (e.g., keyboards, joysticks), high-touch surfaces of playhouses/climbers/rocking horses, and high-touch surfaces in playrooms (e.g., tables, chairs, doorknobs).

c) The preferred cleaning and disinfection method is total immersion: wash in hot water and detergent, then disinfect by soaking for 10 minutes in bleach 0.1% (5% to 8% concentrated bleach, diluted 1:50 with water). Washing toys in a dishwashing machine, using detergent with bleach in it, is also a good method.

d) Electronic toys and toys too large to be immersed should be damp wiped with surface cleaner/disinfectant solution.

e) Discard shared books, magazines, puzzles, cards and comics when visibly soiled.

f) Clean on a regular schedule: toy storage bins/boxes/cupboards/shelves, and all surfaces of playhouses/climbers.

66. During construction and renovations, the health care facility must have a plan to deal with the containment and transport of construction materials, as well as clearly defined roles and expectations of cleaning staff and construction staff related to cleaning of the construction site and adjacent areas.76

Responsibility for cleaning, and the expected level of cleaning of the job site and adjacent areas during construction must be stated in the contract with the builder/renovator. Construction workers are expected to remove gross soil, dust and dirt, construction materials and workplace hazards within the construction zone. This includes:

i. sweeping floors to remove debris,
ii. vacuuming walk-off mats,
iii. replacing ‘sticky’ mats,
iv. removing large pieces of drywall, wiring, etc., and
v. wiping work surfaces clean.

These are to be done at the end of the day, or more often if needed, to reduce dust. A clear plan for transportation of construction materials—avoiding care areas as much as possible—must be established and followed. The health care facility cleaning staff will continue regular cleaning and disinfection while construction is in progress.

67. The health care facility must have a plan in place to deal with a flood.77 In the event of a flood (e.g., overflow from a washing machine, dishwasher, toilet, sewer), evacuate the area, contain the flood if possible, and protect equipment with plastic sheeting or move if possible. The area must be assessed immediately to determine the risk of contamination. All staff should assume that the water is contaminated until its source is determined.

If the floodwater is contaminated with harmful bacteria (e.g., sewer or toilet overflow) the area should be cordoned off until cleaning and disinfection are completed.

- Disinfect all equipment and furniture before moving it out of the flood area.
- Assess the long-term risk of mould from wet materials, drywall and furnishings.

76 Best Practices for Environmental Cleaning, Recommendation 52.
77 Best Practices for Environmental Cleaning, Recommendation 53.
• Carpeting that remains wet after 72 hours is likely to have mould, and must be removed.

If the flooding involves a food preparation area, all food products that have come into contact with floodwater must be discarded and Environmental Health officers (First Nations and Inuit Health) must be notified. If vaccine refrigerators are involved in a flood, or if flooding leads to a power failure that may have compromised vaccine refrigeration, contact your local public health unit to find out whether the vaccines are still usable.

68. The health care facility must provide the cleaning staff with a training program that includes:
   a) a written curriculum;
   b) orientation;
   c) assessment of proficiency;
   d) documentation of training and proficiency verification; and
   e) continuing education and performance monitoring.  

69. Infection prevention and control education provided to cleaning staff must include:
   a) hand hygiene and basic personal hygiene;
   b) appropriate and correct use and disposal of PPE;
   c) special cleaning procedures for vancomycin-resistant Enterococcus, C. difficile, outbreaks of gastrointestinal disease (infectious diarrhea), and pandemic influenza;
   d) prevention of blood and body fluid exposures;
   e) safe handling and disposal of used sharps (e.g., needles, lancets, scalpel blades).  

70. Housekeeping staff services managers and supervisors must attend a course directly related to health care housekeeping, and obtain certification within a recognized association.

71. Housekeeping staff services managers and supervisors should participate in relevant workplace committees, e.g., infection prevention and control, occupational health and safety, and emergency response.

72. There should be a process to measure the quality of cleaning in the health care setting. Routine monitoring (by Visual Assessment of Cleanliness, see Appendix 2) should take place immediately after cleaning, to ensure that cleaning has been carried out correctly and to an appropriate standard.
   • Use checklists and audit tools (see Appendix 3) to monitor and document cleaning and disinfection, and to provide feedback to cleaning staff.
   • Auditing (by direct observation of the cleaner as she works) should be done periodically, when training new cleaning staff, and when cleaning methods or procedures change.

---

78 Best Practices for Environmental Cleaning, Recommendation 56.
73. In patient care areas, auditing should also include objective measurement of cleanliness, using at least one of the following tools: residual bio-burden or environmental marking.  

- The residual bio-burden test detects living bacteria, body fluids and other organic materials by making them glow, using chemicals from fireflies. The test measures the amount of glow in a sample and indicates how much contamination is present.

- Environmental marking uses a clear liquid that glows in ultraviolet light (fluorescence). The liquid is painted onto surfaces before cleaning. When the cleaning is completed, the surfaces are inspected with a handheld ultraviolet lamp. Any of the fluorescent liquid that was not removed by cleaning will glow, showing areas that were not properly cleaned. This result is then measured by either calculating the percentage of marked objects/surfaces that were cleaned in a particular room or area; or by giving a cleaning score (e.g., 3 = heavy fluorescence, 2 = moderate fluorescence, 1 = light fluorescence, 0 = no fluorescence).

74. Results of cleaning audits should be recorded and analysed. Feedback can then be given to staff, and action taken to correct deficiencies.

75. Housekeeping staff must be offered appropriate immunizations: annual (seasonal) influenza, pandemic influenza, measles-mumps-rubella (MMR), varicella, tetanus, hepatitis B and pertussis vaccines.

76. The health care facility must have a program to deal with sharps injuries and other exposures of clinic staff (including cleaning staff) to blood and body fluids. The program will include:

a.) identification of exposed staff;

b.) provision of immediate first aid and medical attention

c.) assessment and immunization history;

d.) post-exposure preventative treatment and follow-up including:
   i. collection and analysis of blood specimens from the exposed staff; and
   ii. prompt administration of any indicated vaccines, antibodies, or drugs;

e.) documentation of the incident and reporting of injuries to WorkSafeBC;

f.) policies and procedures to deal with spills of blood or body fluids; and

g.) education of staff to improve practices and prevent recurrence of such events.

77. The health care facility must have a respiratory protection program for staff that will be required to wear an N95 respirator (for example, when entering an airborne infection isolation room containing a patient with active tuberculosis). The program must include:

a) a health assessment;

b) N95 respirator fit-testing; and

c) training which includes the following items:
   i. how to select a respirator for which you have been fit-tested,

---

82 Best Practices for Environmental Cleaning, Recommendation 60.
85 Routine Practices and Additional Precautions, Recommendation 59.
86 WorkSafeBC. Controlling exposure: Protecting Workers from Infectious Disease
ii. the need to perform a seal-check each time a respirator is applied,
iii. how to perform a seal-check,
iv. the need to change respirator if wet or soiled,
v. how to remove and discard the respirator correctly,
vi. the need to sanitize or wash hands after removing the respirator, and
vii. to NEVER put an N95 respirator on a patient.87 (The patient puts it on him- or herself. It is dangerous for you to get so close to a patient’s face.)

78. Management must have a clear policy that staff do not come into work when acutely ill with a probable infection or symptoms of an infection (e.g., fever, cough, ‘common cold’, ‘flu-like’ symptoms, diarrhea, vomiting, rash, or discharge from eyes). 88

79. There must be a procedure for the medical evaluation of staff with symptoms of allergy or irritation from chemicals used in cleaning. 89

Laundry

80. Protection of staff in laundry areas includes:90
a) training of all cleaning and laundry staff in procedures for handling of soiled linen, including infection prevention and control and WHMIS;
b) a dedicated hand washing sink should be readily available in the laundry area;
c) appropriate PPE (gloves, gown and face protection) are available and are used to protect staff from splashes of blood, body fluids, vomit or feces when handling soiled linen;
d) hand hygiene immediately after removing gloves and when gloves are changed;
e) disposal of sharps at the point-of-use to ensure that there are no unexpected sharp objects in linen that might injure laundry staff; and
f) immunization of laundry staff against hepatitis B.

81. Clean and dirty laundry must be clearly separated. 91

82. Develop policies and procedures to ensure that clean laundry is packaged, transported and stored in a way that will protect it from dust and dirt. 92

83. Designate areas for storing clean linen. 93

84. Routine laundering practices can be used for laundering all linens 94 (bleach and hot air drying will disinfect linens that have been contaminated with any kind of infectious material). Routine laundering practices 95 include:

---

87 Routine Practices and Additional Precautions, Recommendation 60.
88 Best Practices for Environmental Cleaning, Recommendation 64.
90 Best Practices for Environmental Cleaning, p47.
94 Best Practices for Environmental Cleaning, Recommendation 34.
95 Best Practices for Environmental Cleaning, p46-47.
a) Use and maintain laundry equipment according to manufacturers’ instructions.
b) Bag or otherwise contain contaminated laundry at the point-of-care.
c) Do not sort or rinse contaminated laundry in patient care areas.
d) Bag personal laundry separately at the point of collection, then launder separately, or let family members take it away for washing.
e) Avoid agitating contaminated laundry to avoid contamination of the air, surfaces and persons. Rolling the laundry up can help.
f) Contain wet laundry before placing in the laundry bag (e.g., wrap in a dry sheet or towel).
g) Laundry carts or hampers used to collect or transport soiled linen need not be covered.
h) Tie linen bags securely and do not over-fill them.
i) If laundry chutes are used, ensure that they are properly designed and maintained, and used in a way that dust and particles are not forced out of contaminated laundry:
   i) ensure that laundry bags are securely bagged and tightly closed before placing the filled bag into the chute;
   ii) do not place loose items in the chute;
   iii) laundry chutes should be maintained under negative pressure and should discharge into the soiled linen collection area; and
   iv) laundry chutes should be cleaned on a regular basis;

j) Establish a procedure for sorting laundry (i.e., before or after washing).
k) Before washing, remove any large amounts of soil (e.g., vomit, feces, blood or body fluids) by a suitable method:
   i) remove with a gloved hand and dispose into a toilet or hopper; or
   ii) pre-soak in water, then discard the soaking water;
   iii) DO NOT remove gross soil by spraying with water.

l) Wash heavily soiled items separately.
m) Laundry may be washed in cold water, using a detergent formulated for cold water (follow the manufacturer’s instructions).
n) If a cold-water detergent is not used, wash laundry in hot water, at a temperature of at least 71°C (160°F).
o) Wash laundry using detergent that contains bleach (added by the manufacturer, check the product label.) If the detergent does not contain bleach, then add 180 mL (3/4 of a cup) of concentrated (5% to 8%) bleach into each washer load. Pour bleach into water, not directly onto fabrics.
p) DO NOT use “bleach alternatives”—they do not kill germs as bleach does.
q) Wash cloth linen bags after each use; this can be done in the same cycle as the linen that was in them.
r) Dry laundry with hot air, in a drying machine.

Biomedical waste

85. Develop written policies and procedures for the collection, handling, storage, transport and disposal of biomedical waste, including sharps, based on provincial and municipal regulations and legislation. ⁹⁶

In British Columbia, the following types of wastes from community clinics are regulated:

**Anatomical waste:**
- Tissues, organs and body parts (not including teeth, hair and nails).
These must be packaged in a sealed, leak-proof container, colour-coded RED, and kept refrigerated or frozen until disposal. Anatomical waste must never be kept longer than one week.

**Non-anatomical biomedical waste:**
- Human liquid blood and semi-liquid blood and blood products.
- Bandages, paper towels and other items soaked enough blood that they would drip if compressed.
- Body fluids (not including urine and feces).
- Sharps, including needles, needles attached to syringes, and blades.
- Broken glass or other material capable of causing punctures or cuts, if contaminated with human blood or body fluids.
These must be packaged in a leak-proof container, colour-coded YELLOW. Containers for sharps must also be puncture-resistant.

Both types of regulated biomedical wastes must be transported to an approved waste disposal facility for incineration, or for treatment (autoclaving, or sporicidal chemical disinfection) before disposal in a landfill.

**Hazardous waste chemicals:**
Discarded unused concentrated cleaning and disinfecting chemicals are “hazardous waste”, but they are not subject to regulation if disposed of in amounts less than 5 kilograms or 5 litres in a 30-day period.
- Amounts over this limit must be taken to an approved waste disposal facility (contact HazWaste BC for a list).
- Smaller amounts of expired chemicals (less than 5 litres in a 30-day period) may be poured down the drain.

86. Handlers of biomedical waste (including laundry staff) must wear PPE appropriate to the risk.

87. Non-immunized handlers of biomedical waste (including laundry staff) must be offered hepatitis B immunization.

---

97 Guidelines for Infection Control in the Physician’s Office, p22.
98 A sporicidal agent is effective at killing the spore forms of Clostridium difficile and related bacteria.
100 Environmental Management Act, Hazardous Waste Regulation (B.C. Reg. 63/88, including amendments up to B.C. Rec. 63/2009, April 1, 2009), Part 1,2(5).
102 http://www.hazwastebc.com/categories/biomedical-waste/, or info@hazwastebc.com.
88. Biomedical waste that is transported within the health care facility:
   a) should be transported following clearly defined transport routes;
   b) should not be transported through clean zones, public areas, or patient care areas;
   c) should not be transported on the same elevator as patients or clean/sterile instruments/supplies;
   d) if a dedicated elevator is not available, should be transported at a different time from patients or clean/sterile instruments/supplies; and
   e) should be transported in leak-proof and covered carts, which are cleaned and disinfected on a regular basis. 104

**Environmental cleaning practices**

89. Equipment used to clean toilets:
   a) should not be carried from room to room (leave the toilet brush in the room, or use disposable toilet swabs);
   b) should be discarded as required; and
   c) should minimize splashing. 105

90. There should be a sufficient number of housekeeping rooms/closets throughout the facility to allow cleaning staff to work effectively and maintain a clean and sanitary environment. 106

91. Housekeeping rooms/closets:
   a) should not be used for other purposes;
   b) should be maintained in accordance with good hygiene practices;
   c) should have eye protection available;
   d) should have an appropriate water supply and a sink/floor drain;
   e) should be well ventilated and suitably lit;
   f) should have locks fitted to all doors;
   g) should be easily accessible to the area to be cleaned;
   h) should be appropriately sized to store the equipment in the room;
   i) should not contain personal supplies, food or beverages;
   j) must have safe chemical storage and access;
   k) should be free from clutter; and
   l) should be ergonomically designed. 107

92. Cleaning equipment should be well maintained, in good repair and be cleaned and dried between uses. 108

93. Mop heads should be laundered daily and dried thoroughly before storage. 109

---

105 Best Practices for Environmental Cleaning, Recommendation 44.
94. Cleaning carts should have a clear separation between clean and soiled items, should never contain personal items and should be thoroughly cleaned and disinfected at the end of the day. ¹¹⁰

95. Soiled utility rooms/workrooms should:
   a) be readily available close to the point-of-care in each patient care area;
   b) be separate from clean supply/storage areas;
   c) contain a work counter and work sink;
   d) contain a dedicated hand washing sink;
   e) contain equipment required for the disposal of waste and waste water;
   f) contain PPE for staff protection during cleaning and disinfection procedures; and
   g) be large enough for the tasks required. ¹¹¹

96. Clean supply rooms/areas should:
   a) be readily available in each patient/resident care area;
   b) be separate from soiled areas;
   c) protect supplies from dust and moisture;
   d) be easily accessible to staff; and
   e) contain a work counter and dedicated hand-washing sink if used for preparing patient care items. ¹¹²

97. Aerosol or trigger sprays for cleaning chemicals should not be used, because they may cause eye injuries or respiratory problems. ¹¹³
   Note: We say “should not” because we recognize that some people will not want to give up the convenience of using a spray bottle to apply glass cleaner or tub and tile cleaner. However, disinfectant solutions must NEVER be sprayed onto surfaces. Wet a cloth with the disinfectant solution, and damp wipe as described in the Housekeeping Manual.)

98. Choose ergonomically designed cleaning equipment, ¹¹⁴ such as buckets, mops and other materials. Products that are lighter in weight, easily emptied and have proper handle length help to reduce the risk of injury during repetitive work.

99. Emergency room/urgent care bathrooms should:
   a) be cleaned at least every four hours;
   b) after cleaning, preferably be disinfected (damp wipe and wet mop) with a sporicidal agent; particularly if there is a risk of C. difficile contamination. (see Appendix 4 for options; bleach diluted 1:50 with tap water to achieve 0.1% or 1,000 ppm chlorine, with 5 minutes contact time, will serve this purpose);
   c) be frequently inspected and re-cleaned whenever necessary. ¹¹⁵

¹¹⁰ Best Practices for Environmental Cleaning, Recommendation 49.
¹¹⁵ Best Practices for Environmental Cleaning, Recommendation 68.
100. Health care facilities must have policies and procedures for the daily and terminal cleaning of rooms of patients on Contact Precautions for vancomycin-resistant Enterococcus or C. difficile (see Additional Cleaning Procedures in the Housekeeping Manual). \(^{116}\)

101. Health care facilities must have written policies and procedures for dealing with spills of blood and other body fluids (see Housekeeping Manual) that include:
   a) clearly defined assignment of responsibility for cleaning the spill, in each area of the clinic, and during all hours when a spill might occur;
   b) rules for a timely response;
   c) a method for the containment and isolation of the spill;
   d) training of staff who will clean the spill;
   e) access to PPE, equipment, supplies, waste and linen disposal for staff who will clean the spill;
   f) proper disposal of waste;
   g) procedure to follow if there is a staff exposure (i.e., what to do if blood or body fluid splashes into eyes, nose, or mouth, or touches a break in the skin); and
   h) documentation of the spill incident. \(^{117}\)


\(^{117}\) Best Practices for Environmental Cleaning, Recommendation 73.
Appendix 1: Method to determine level and frequency of cleaning

A. Level of cleaning

a) ‘Hotel Clean’ applies to areas of the health care facility that are not used for patient care: this includes public areas such as lobbies, corridors, elevators and stairwells, offices, meeting rooms and service areas. Hotel Clean includes dust and dirt removal from floors, windows and surfaces, and waste disposal.

Components of ‘Hotel Clean’

- Floors and baseboards are free of stains, visible dust, spills and streaks.
- Walls, ceilings and doors are free of visible dust, gross soil, streaks, spider webs and handprints.
- All horizontal surfaces are free of visible dust or streaks (includes furniture, window ledges, overhead lights, phones, picture frames, carpets etc.)
- Bathroom fixtures including toilets, sinks, tubs and showers are free of streaks, soil, stains and soap scum.
- Mirrors and windows are free of dust and streaks.
- Dispensers are free of dust, soiling and residue and replaced/replenished when empty.
- Appliances are free of dust, soiling and stains.
- Waste is disposed of appropriately.
- Items that are broken, torn, cracked or malfunctioning are replaced.

b) ‘Hospital Clean’ applies to areas of the health care facility that are used for patient care: this includes:

- washrooms, waiting rooms and dining rooms used by patients,
- procedure rooms, examination rooms,
- diagnostic and treatment areas,
- equipment reprocessing (sterilization) areas,
- sterile supplies storage and clean utility rooms,
- laundry room, clean linen storage rooms,
- pharmacy,
- laboratory,
- food preparation areas.

Components of ‘Hospital Clean’

- Hotel Clean, plus:
- High-touch surfaces in patient care areas are cleaned and disinfected with a hospital-grade disinfectant (see Appendix 4),
- Non-critical medical equipment is cleaned and disinfected between patients, and
- Cleaning practices are periodically monitored and audited with feedback and education to staff.
B. Frequency of cleaning

Assign a score to each area or room of the health care facility, according to the following three factors.

1) Probability of contamination

**Heavy Contamination (score = 3)**
An area is designated as being heavily contaminated if surfaces and/or equipment are routinely exposed to fresh blood or other body fluids (e.g., birthing suite, autopsy suite, haemodialysis station, emergency room, dental procedure room, patient washroom if visibly soiled).

**Moderate Contamination (score = 2)**
An area is designated as being moderately contaminated if surfaces and/or equipment do not routinely (but may) become contaminated with blood or other body fluids and the contaminated substances are contained or removed (e.g. wet sheets). **All patient care areas are at least moderately contaminated.**

**Light Contamination (score = 1)**
An area is designated as being lightly contaminated if surfaces are not exposed to blood, other body fluids or items that have come into contact with blood or body fluids (i.e., non-patient care areas).

2) Vulnerability of patients to infection

**More Susceptible (score = 1)**
“More susceptible” patients have medical conditions that impair the functioning of their immune systems: for example, oncology, transplant and chemotherapy patients, newborns who are ill or premature, and those who have severe burns requiring care in a burn unit.

**Less Susceptible (score = 0)**
All other patients and areas are classified as “less susceptible”.

3) Potential for exposure

**High-touch surfaces (score = 3)**
High-touch surfaces are those that have frequent contact with hands. Examples include doorknobs, telephones, call bells, bedrails, light switches, wall areas around the toilet and edges of privacy curtains.

**Low-touch surfaces (score = 1)**
Low-touch surfaces are those that have little contact with hands. Examples include walls, ceilings, mirrors and windowsills.
For each area or room, add up the scores and determine the cleaning frequency according to the following chart.

<table>
<thead>
<tr>
<th>Total Risk Score</th>
<th>Risk Type</th>
<th>Minimum Cleaning Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>High risk</td>
<td>Clean after each case/event/procedure and at least twice per day; clean additionally as required.</td>
</tr>
<tr>
<td>4 to 6</td>
<td>Moderate risk</td>
<td>Clean at least once daily; clean additionally as required (e.g., when visibly dirty).</td>
</tr>
<tr>
<td>2 to 3</td>
<td>Low risk</td>
<td>Clean according to a fixed schedule; clean additionally as required (e.g., when visibly dirty).</td>
</tr>
<tr>
<td>Location</td>
<td>Patient Care</td>
<td>Level of Clean</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>--------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Admission/Discharge Units</td>
<td>Yes</td>
<td>Hospital</td>
</tr>
<tr>
<td>Autopsy/Morgue</td>
<td>Yes</td>
<td>Hospital</td>
</tr>
<tr>
<td>Clean Linen Handling and Storage Area</td>
<td>Yes</td>
<td>Hospital</td>
</tr>
<tr>
<td>Dental Procedure Room</td>
<td>Yes</td>
<td>Hospital</td>
</tr>
<tr>
<td>Diagnostic Imaging</td>
<td>Yes</td>
<td>Hospital</td>
</tr>
<tr>
<td>Emergency Room—patient cubicle</td>
<td>Yes</td>
<td>Hospital</td>
</tr>
<tr>
<td>Emergency Room—patient cubicle</td>
<td>Yes</td>
<td>Hospital</td>
</tr>
<tr>
<td>Emergency Room—patient cubicle</td>
<td>Yes</td>
<td>Hospital</td>
</tr>
<tr>
<td>Emergency Room—patient cubicle</td>
<td>Yes</td>
<td>Hospital</td>
</tr>
<tr>
<td>Emergency Room—patient cubicle</td>
<td>Yes</td>
<td>Hospital</td>
</tr>
<tr>
<td>Emergency Room—patient cubicle</td>
<td>Yes</td>
<td>Hospital</td>
</tr>
<tr>
<td>Emergency Room—patient cubicle</td>
<td>Yes</td>
<td>Hospital</td>
</tr>
<tr>
<td>Emergency Room—patient cubicle</td>
<td>Yes</td>
<td>Hospital</td>
</tr>
<tr>
<td>Emergency Room—patient cubicle</td>
<td>Yes</td>
<td>Hospital</td>
</tr>
<tr>
<td>Emergency Room—patient cubicle</td>
<td>Yes</td>
<td>Hospital</td>
</tr>
</tbody>
</table>

C. Examples using the method to determine level and frequency of cleaning of specific areas.
<table>
<thead>
<tr>
<th>Location</th>
<th>Patient Care</th>
<th>Level of Clean</th>
<th>Probability of Contamination</th>
<th>Potential for Exposure</th>
<th>Population</th>
<th>Total Score</th>
<th>Frequency of Cleaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Hospital</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>6</td>
<td>Clean at least once daily; Clean additionally as required</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>Hospital</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>7</td>
<td>Clean after each case/event/procedure and at least twice per day; Clean additionally as required</td>
<td></td>
</tr>
<tr>
<td>Emergency Room—trauma room</td>
<td>Yes</td>
<td>Hospital</td>
<td>3</td>
<td>3</td>
<td>7</td>
<td>Clean after each case/event/procedure and at least twice per day; Clean additionally as required</td>
<td></td>
</tr>
<tr>
<td>Emergency Room—washroom</td>
<td>Yes</td>
<td>Hospital</td>
<td>3</td>
<td>3</td>
<td>7</td>
<td>Clean at least every 4 hours; Clean additionally as required</td>
<td></td>
</tr>
<tr>
<td>Emergency Room—other</td>
<td>Yes</td>
<td>Hospital</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>Clean at least once daily; Clean additionally as required</td>
<td></td>
</tr>
<tr>
<td>Equipment Reprocessing Area (CPS/SPD)</td>
<td>Yes</td>
<td>Hospital</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td>Clean at least once daily; Clean additionally as required</td>
<td></td>
</tr>
<tr>
<td>Laboratory</td>
<td>Yes</td>
<td>Hospital</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td>Clean at least once daily; Clean additionally as required</td>
<td></td>
</tr>
<tr>
<td>Labour and Birthing Rooms</td>
<td>Yes</td>
<td>Hospital</td>
<td>3</td>
<td>3</td>
<td>7</td>
<td>Clean after each case/event/procedure and at least twice per day; Clean additionally as required</td>
<td></td>
</tr>
<tr>
<td>Laundry—soiled linen</td>
<td>Yes</td>
<td>Hospital</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td>Clean at least once daily; Clean additionally as required</td>
<td></td>
</tr>
<tr>
<td>Nursery (well baby)</td>
<td>Yes</td>
<td>Hospital</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>Clean according to a fixed schedule; Clean additionally as required</td>
<td></td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>Yes</td>
<td>Hospital</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>Clean at least once daily; Clean additionally as required</td>
<td></td>
</tr>
<tr>
<td>Offices</td>
<td>No</td>
<td>Hotel</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>Clean according to a fixed schedule; Clean additionally as required</td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td>Patient/Resident Activity Room (long-term care)</td>
<td>Operating Room Suite</td>
<td>Patient/Resident Activity Room (long-term care)</td>
<td>Operating Room Suite</td>
<td>Patient/Resident Activity Room (long-term care)</td>
<td>Operating Room Suite</td>
<td>Operating Room Suite</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>----------------------</td>
<td>-----------------------------------------------</td>
<td>----------------------</td>
<td>-----------------------------------------------</td>
<td>----------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Clean according to a fixed schedule; Clean at least once daily; Clean</td>
<td>5</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>Yes</td>
<td>Hospital</td>
<td>No</td>
</tr>
<tr>
<td>Additional cleaning as required; Clean according to a fixed schedule;</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>No</td>
<td>Hospital</td>
<td>Yes</td>
</tr>
<tr>
<td>Clean at least once daily; Clean after each case/event/procedure</td>
<td>7</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional cleaning as required; Clean according to a fixed schedule;</td>
<td>6</td>
<td>0</td>
<td>3</td>
<td>3</td>
<td>Yes</td>
<td>Hospital</td>
<td>Yes</td>
</tr>
<tr>
<td>Clean at least once daily; Clean after each case/event/procedure</td>
<td>4</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>Yes</td>
<td>Hospital</td>
<td>Yes</td>
</tr>
<tr>
<td>Additional cleaning as required; Clean according to a fixed schedule;</td>
<td>4</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>Yes</td>
<td>Hospital</td>
<td>Yes</td>
</tr>
<tr>
<td>Clean at least once daily; Clean after each case/event/procedure</td>
<td>5</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>Yes</td>
<td>Hospital</td>
<td>Yes</td>
</tr>
<tr>
<td>Additional cleaning as required; Clean according to a fixed schedule;</td>
<td>6</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean at least once daily; Clean after each case/event/procedure</td>
<td>5</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>Yes</td>
<td>Hospital</td>
<td>Yes</td>
</tr>
<tr>
<td>Clean according to a fixed schedule; Clean at least once daily; Clean</td>
<td>7</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>Yes</td>
<td>Hospital</td>
<td>Yes</td>
</tr>
<tr>
<td>Additional cleaning as required; Clean according to a fixed schedule;</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>No</td>
<td>Hospital</td>
<td>No</td>
</tr>
<tr>
<td>Clean at least once daily; Clean after each case/event/procedure</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>No</td>
<td>Hospital</td>
<td>No</td>
</tr>
</tbody>
</table>

**Frequency of Cleaning**

- **Score** 0
- **Population** 1
- **Exposure** 1
- **Probability of Contamination** 1
- **Potential for Exposure** 0
- **Level of Clean** 1
- **Clean according to a fixed schedule**
- **Clean at least once daily**
- **Clean after each case/event/procedure**
- **Additional cleaning as required**
<table>
<thead>
<tr>
<th>Location</th>
<th>Patient Care</th>
<th>Level of Clean</th>
<th>Probability of Contamination</th>
<th>Potential for Exposure</th>
<th>Population</th>
<th>Total Score</th>
<th>Frequency of Cleaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sterile Supply Area</td>
<td>Yes</td>
<td>Hospital</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>Clean according to a fixed schedule; Clean additionally as required</td>
</tr>
<tr>
<td>Washroom, Emergency/Urgent care</td>
<td>Yes</td>
<td>Hospital</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>7</td>
<td>Clean at least every 4 hours; Clean additionally as required</td>
</tr>
<tr>
<td>Washroom, public, used by patients</td>
<td>Yes</td>
<td>Hospital</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>6</td>
<td>Clean at least once daily; Clean additionally as required</td>
</tr>
</tbody>
</table>

Adapted from:
Appendix 2: Visual assessment of cleanliness

Visual Assessment evaluates the effectiveness of housekeeping staff, at both ‘Hotel Clean’ and ‘Hospital Clean’ levels of cleaning. In order to be valid and reliable, Visual Assessment must be quantified, and it must be judged according to an objective standard.

**Quantification of Visual Assessment Techniques**

**Example: 25 items inspected**

- Record a site as clean if dust and debris are absent
- Record a site as dirty if any of these indicators are present
- Calculate the cleaning rate as a percentage

**Clean = 20 items**
**Dirty = 5 items**
**Cleaning Rate = 80% of items**

For Hospital Clean, the passing score should be a cleaning rate of 100%. For Hotel Clean, 80% is acceptable.

**Objective standards of cleanliness for items in the health care facility**

**Alcohol-based hand rub dispensers**
- will be free of visible dust, soiling, stains, and residue
- product will be replaced when empty
- floor beneath dispenser will be free of product

**Assist rail**
- will be free of visible dust, soiling, and stains
- loose and/or broken rails will be reported for repairs and/or replacement

**Baseboard**
- will be free of visible dust, debris, and soiling

**Bed—air**
- will be free of visible dust, soiling, stains, hair and strings from casters
- handles and controls will appear to be free of dust, soiling, and stains
- malfunctioning of electrical and/or mechanical, and deflated bladders will be reported for repair and/or replacement

**Bed—includes electrical, mechanical and stretcher**
- will be free of visible dust, soiling, stains, hair and strings from casters
- handles and controls will appear to be free of dust, soiling, and stains
- malfunctioning of electrical and/or mechanical will be reported for repair and/or replacement

**Bedpan flusher/hopper**
- will be free of visible dust, soiling, and stains.
- Leaks will be reported for repair

**Bedside locker**
- will be free of visible dust, soiling, medication, and stains—inside and outside
• casters will appear to be free of hair, strings, and grease/grit build-up
• inoperable casters, door and/or drawer will be reported for repair and/or replacement

Blind—shade, vertical/horizontal
• will be free of visible dust, debris, and soiling
• broken draw chain, gear and/or torn shade will be reported for repair and/or replacement

Blood pressure cuff
• will be free of visible dust, medication, soiling and stains

Bookcase
• will be free of visible dust and debris

Cabinet
• will be free of visible dust and soiling

Call bell and cord
• will be free of visible dust, soiling and hair
• frayed cord will be reported and replaced

Chair—hard surface and fabric
• will be free of visible dust, marks and soiling
• torn material, broken/loose armrest and/or legs will be reported for repair and/or replacement

Chair—geriatric
• will be free of visible dust, marks and soiling
• torn material, broken/loose armrest and/or legs will be reported for repair and/or replacement

Chair—wheelchair
• will be free of visible dust, soiling and medication
• deflated tires and inoperable wheelchair conditions will be reported for repair and/or replacement

Ceiling—painted
• will be free of visible marks, soiling, and dust/spider webs
• cracks and peeling paint will be reported for repair

Ceiling—acoustical
• will be free of visible marks, soiling, and dust/spider webs
• all broken and stained tiles will be reported for cleaning and/or replacement

Closet—locker
• will be free of visible dust and debris

Commode
• will be free of visible dust, medication, and soiling
• broken and loose armrests/legs, torn material will be reported for repair and/or replacement

Computer and keyboard
• will be free of visible dust, soil, smudges and stains

Couch
• will be free of visible soiling, stains and debris
• torn material, broken/loose armrest and/or legs will be reported for repair and/or replacement

Curtain—bed
• will be free of visible soiling and stains
• stained and/or torn material will be reported for repair and/or replacement

Curtain—tracks
• will be free of visible dust, soil, smudges and stains

Curtain—window
• will be free of visible soiling, stains
• stained and/or torn material will be reported for repair and/or replacement

Desk
• will be free of visible dust, debris, and smudges
• damaged or loose legs, drawers off guides will be reported for repair and/or replacement

Door and handle/knob/plate
• will be free of visible dust, grease, dirt and scuff marks
• doors in need of repairs will be reported for repair and/or replacement

Dresser
• will be free of visible dust, debris, and smudges
• damaged or loose legs will be reported for repairs and/or replacement

Drinking fountain
• will be free of visible dust, soiling, and stains
• fixture will appear to be free of dust, soiling, and stains
• cracked and/or broken fountain bowl will be reported for repair and/or replacement
• leaking fixture will be reported for repair and/or replacement

Electric switch/plate
• will be free of visible dust, soiling and stains

Elevator/escalator and tracks
• will be free of visible dust, soil, smudges and stains
File cabinet
  • will be free of visible dust and smudges

Fire sprinkler
  • will be free of visible dust and soil

Floor—carpet
  • will be free of debris, visible dust
  • stains and spills will be scheduled immediately for extraction
  • torn carpeting will be reported for repair and/or replacement

Floor—resilient
  • will be free of debris, visible dust, and spills
  • stains will be schedule to be scrubbed or stripped and refinished as needed

Floor—terrazzo
  • will be free of visible debris, dust, and spills
  • stains will be schedule to be scrubbed or stripped and refinished as needed

Floor—masonry
  • will be free of visible debris, dust, and spills
  • stains will be schedule to be scrubbed or stripped and refinished as needed

Floor—wood
  • will be free of visible debris, dust, and spills
  • gouged and/or scratched floor will be reported for repair and/or replacement

Floor drain
  • will be free of visible dust, debris, and soiling

Furniture—small miscellaneous
  • will be free of visible dust, debris, soiling and smudges

Glass inside
  • will be free of visible dust, smudge marks, and adhesives
  • chipped, cracked or broken glass will be reported for replacement

Glass outside
  • will be free of visible dust, smudge marks, and adhesives
  • chipped, cracked or broken glass will be reported for replacement

Hood—exhaust
  • will be free of visible debris, dust, and grease

Horizontal surface
• will be free of visible dust, debris, stains, medications and spills

Hose and cord (medical equipment)
• will be free of visible dust and soiling

Ice machine
• will be free of visible dust and soiling
• leaks and/or malfunctioning will be reported for repair

Ice scoop
• will be replaced by a clean scoop every day

I.V. pole/pumps
• will be free of visible dust, adhesives, and soiling
• casters will be free of dust, debris, hair, and grease/grit build-up

Ledge and railing
• will be free of visible dust and smudge marks
• will be secure to the wall, if not secure, it will be reported for repair

Light—ceiling
• will be free of visible dust, soiling and dead pests
• cracked and/or broken lenses, and burnt out bulbs will be reported for replacement

Light—over bed
• will be free of visible dust, soiling and dead pests
• cracked and/or broken lenses, and burnt out bulbs will be reported for replacement.

Light—spot light
• will be free of visible dust, soiling and dead pests
• cracked and/or broken lenses, and burnt out bulbs will be reported for replacement

Light—desk and floor
• will be free of visible dust, soiling and dead pests
• cracked and/or broken lenses, and burnt out bulbs will be reported for replacement

Light—wall mounted
• will be free of visible dust, soiling and dead pests
• cracked and/or broken lenses, and burnt out bulbs will be reported for replacement

Linen hamper
• will be free of visible dust, debris, and hair and strings from casters

Mattress
• will be free of soiling and stains
• tears and cracks will be reported and mattress replaced

Mattress cover
• will be free of visible dust, soiling and stains
• tears and cracks will be reported and cover replaced

Mayo stand/table
• will be free of visible dust, soiling, stains, and hair and debris from casters

Microwave
• will be free of visible dust, food crumbs and stains
• malfunctioning will be reported for repair and/or replacement

Mirror
• will be free of visible dust, smudges, marks, and liquids
• cracked and/or broken mirrors will be reported for replacement and/or repair

Oven/stove
• will be free of visible dust, food, soiling
• if malfunctioning, will be repaired and/or replaced

Over bed table
• will be free of visible dust, food, medication, soiling, and stains
• casters will be free of hair, strings, and grease build-up
• malfunctioning table, inoperable casters, etc. will be repaired and/or replaced

Paper towel dispenser
• will be free visible dust, soiling, and stains
• dispenser will be refilled when empty

Phone stall and phone
• will be free of visible dust, debris, and smudges

Picture frame
• will be free of visible dust and debris

Pillow
• will be free of visible dust and stains
• tears and cracks will be reported and pillow replaced

Radiator
• will be free of visible dust, medication, and soiling
• leaks will be reported for repair

Refrigerator/freezer
• will be free of visible dust, interior frost, soiling, and stains
• if malfunctioning will be reported for repair and/or replacement

Refrigerator—medication
• will be free of visible dust, interior frost, soiling, and stains
• if malfunctioning will be reported for repair and/or replacement

Rubbish/waste container
• will be free of visible soiling
• all broken and/or cracked containers will be reported for replacement
• clean liner/liners will be placed in the container when cleaned
• container should be odour free

Sharps Container
• is less than 3/4 full

Shelves
• will be free from visible dust, debris and soiling

Shower stall
• will be free of visible dust, soiling, soap scum, and stains
• fixtures will be free of dust, soiling, soap scum, and stains
• cracked and/or broken walls will be reported for repair and/or replacement

Sink—basin and fixtures and exposed piping
• will be free of visible dust, soiling, stains, and soap scum
• fixtures will be free of visible dust, soiling, stains, and soap scum
• drain pipe will be free of visible dust, soiling, and soap scum
• cracked and/or broken sinks will be reported for replacement
• leaking fixtures will be reported for repair and/or replacement
• grout will be clean and intact

Soap dispenser
• will be free of visible dust, soiling, stains, and soap scum
• soap cartridge will be replaced when empty

Stainless steel
• will be polished and visible free of dust, smudges, marks, and graffiti
• scratches and indelible markings will be reported for repair and/or replacement

Stairwell
• will be free of visible dust, debris, and spills

Table
• will be free of visible dust, smudges, soiling and stains
• broken and loose legs will be reported for repair and/or replacement

Telephone
• will be free of visible dust, soiling, smudges and stains

Television/monitor
• will be free of visible dust and smudges
• if malfunctioning will be reported for repair and/or replacement

Toilet and fixtures
• will be free of visible dust, soiling, and stains
• fixtures will be free of dust, soiling, and stains
• cracked or broken bowl and/or seat will reported for replacement
• leaking fixtures will reported for repair and/or replacement

Tub—bath and fixtures
• will be free of visible dust, soiling, soap scum, mould/mildew and stains
• fixtures will be free of dust, soiling, soap scum, and stains
• cracked and/or broken tub will be reported for repair and/or replacement

Tub—shower cabinet
• will be free of visible dust, soiling, soap scum, mould/mildew and stains
• fixtures will be free of dust, soiling, soap scum, and stains
• cracked and/or broken tub will be reported for repair and/or replacement

Tub—whirlpool
• will be free of visible dust, soiling, soap scum, mould/mildew and stains
• fixtures will be free of dust, soiling, soap scum, and stains
• cracked and/or broken tub will be reported for repair and/or replacement

Urinal and fixtures and exposed piping
• will be free of visible dust, soiling, and stains
• fixtures will be free of dust, soiling, and stains
• cracked or broken urinal will reported for replacement
• leaking fixtures will reported for repair and/or replacement

Vending machine
• will be free of visible dust and smudges

Vent and grille
• will be free of visible dust, and dust/spider webs

Vinyl board
• will be free of visible dust and smudge build-up
Wall—brick
- will be free of visible dust, soiling, marks, and dust/spider webs
- chips, cracks, and holes will be reported for repair and/or replacement

Wall—vinyl
- will be free of visible dust, soiling, marks, and dust/spider webs
- chips, cracks, and holes will be reported for repair and/or replacement

Wall—wood
- will be free of visible dust, soiling, marks, and dust/spider webs
- chips, cracks, and holes will be reported for repair and/or replacement

Wall—painted
- will be free of visible dust, soiling, marks, and dust/spider webs
- peeling paint, chips, cracks, and holes will be reported for repair

Wall—ceramic
- will be polished free of visible dust, soiling, marks, and dust/spider webs
- chips, cracks, and holes will be reported for repair and/or replacement

Wall—marble
- will be polished free of visible dust, soiling, marks, and dust/spider webs
- chips, cracks, and holes will be reported for repair and/or replacement

Adapted from:
Appendix 3: Sample Cleaning Checklist and Audit Tool

How to use: Auditing is done by supervisors to train cleaning staff and to improve the quality of cleaning. Make an audit list for each room or area. Modify the sample list so that it includes all surfaces, fixtures, equipment and furnishings in the room. The tool may be used for any type of auditing: (visual assessment of cleanliness, direct observation of cleaning, residual bio-burden, or environmental marking.)

Scoring: All observed criteria should be marked either ‘Yes’, ‘No’ or ‘Not Applicable’. It is not acceptable to enter a ‘Not Applicable’ response where an improvement may be achieved.
- Visual assessment of cleanliness: mark “Yes” if item appears clean, “No” if not clean,
- Direct observation of cleaning: mark “Yes” if the worker was observed cleaning the item using the correct procedure, “No” if missed, incomplete, or incorrect procedure,
- Residual bio-burden: mark “No” if residual biological matter was detected on the item, “Yes” if none detected,
- Environmental marking: mark “No” if residual fluorescent dye was detected on the item, “Yes” if none detected.

Calculation of Compliance: (Total number of ‘Yes’ responses) / (Total number of ‘Yes’ and ‘No’ responses) x 100% = compliance %. If more than one area has been audited, the total scores can be added together and divided by the number of areas included to calculate the overall average compliance rate.

<table>
<thead>
<tr>
<th>Area: Type of audit: VisAssess DirectObs Bioburden EnvMark</th>
<th>Compliance</th>
<th>Deficiency Noted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplies</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>There is a one-day supply of toilet paper, paper towels, soap, Alcohol-based hand rub, gloves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The sharps container is less than 3/4 full</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waste has been removed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soiled linen has been removed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surface Cleaning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doors, door handle, frame and push plate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Curtains</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glass partitions, door panels, mirrors and windows</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chairs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Window sill</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Television plus cords</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer keypads</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Night table, over-bed table, side tables, desks</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

• 45 •
| Top of suction bottles | | |
| Blood pressure manometer | | |
| IV poles | | |
| Intercom | | |
| Bedrails, bed controls | | |
| Call bell and cord | | |
| Mobile equipment (e.g., walker, wheelchair) | | |
| Linen hamper (all surfaces) | | |
| **Bathroom Cleaning** | | |
| Mirror | | |
| All dispensers and frames | | |
| Chrome wall attachments | | |
| Door handle and frame | | |
| Light switch | | |
| Wall mounted dispensing machines | | |
| Call bell and cord | | |
| Support railings | | |
| Ledges, shelves | | |
| Sink and faucets | | |
| Shower, including faucets, shower head, soap dish, grout | | |
| Toilet, including attached seats, handle, underside of flush rim | | |
| **Floor Cleaning** | | |
| Floors | | |
| Carpets | | |

**Compliance Rate**

| Total number of ‘Yes’ | | |
| Total number of ‘No’ | | |
| Total number of items (‘Yes’ and ‘No’, exclude ‘N/A’) | | |

Adapted from:
## Appendix 4: Hospital-grade cleaning and disinfecting agents

<table>
<thead>
<tr>
<th>Option</th>
<th>Uses/Comments</th>
<th>Advantages/Comments</th>
<th>Disadvantages/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accelerated hydrogen peroxide 0.5%</strong>&lt;br&gt;(7% solution diluted 1:16)</td>
<td>● General surface cleaner and disinfectant in all patient care areas&lt;br&gt;● Cleaning and disinfection of surfaces and floors after blood or body fluid spills&lt;br&gt;● Cleaning and disinfection of surfaces and floors after spill of vomit or feces&lt;br&gt;● Low-level disinfection of non-critical medical equipment&lt;br&gt;● Low-level disinfection achieved after 5 minutes contact at 20°C&lt;br&gt;● Monitoring not required, however test kits are available from manufacturer</td>
<td>● Safe for environment&lt;br&gt;● Non-toxic&lt;br&gt;● Rapid action&lt;br&gt;● Also available as a ready-to-use pre-moistened 0.5% wipe.&lt;br&gt;● Active against mycobacteria, including tuberculosis.&lt;br&gt;● Active against noroviruses.&lt;br&gt;● Active in the presence of organic materials.&lt;br&gt;● Contains surfactants, has excellent cleaning ability due to detergent properties.&lt;br&gt;● Provides “one-step” surface cleaning and disinfection.</td>
<td>● Wear eye protection when pouring and diluting the 7% concentrated solution.&lt;br&gt;● Contraindicated for use on copper, brass, carbon-tipped devices and anodized aluminum.&lt;br&gt;● Not effective against <em>C. difficile</em> spores. AHP 4.5% needed for sporidal effect.</td>
</tr>
<tr>
<td><strong>Accelerated hydrogen peroxide 4.5%</strong></td>
<td>● Clean surface first, then apply AHP 4.5% as disinfectant&lt;br&gt;● Disinfection of toilet bowls, sinks, basins and commodes in washrooms of <em>C. difficile</em> patients&lt;br&gt;● Sterility is achieved after 10 minutes contact</td>
<td>● Sporidal: effective against <em>C. difficile</em> and other bacterial spores&lt;br&gt;● Available as a gel to improve adhesion to vertical surfaces during contact time&lt;br&gt;● Safe for environment&lt;br&gt;● Non-toxic</td>
<td>● Expensive&lt;br&gt;● Do not use on medical devices or equipment or as a general surface cleaner/disinfectant.&lt;br&gt;● Contraindicated for use on copper, brass, carbon-tipped devices and anodized aluminum, rubber, plastics&lt;br&gt;● Do not use on monitors</td>
</tr>
<tr>
<td><strong>Alcohols (70% to 95%)</strong></td>
<td>● External surfaces of some equipment (e.g., stethoscopes).&lt;br&gt;● Non-critical equipment used for home health care.&lt;br&gt;● Disinfection is achieved after 10 minutes of contact.</td>
<td>● Non-toxic&lt;br&gt;● Low cost&lt;br&gt;● Rapid action&lt;br&gt;● Non-staining&lt;br&gt;● No residue&lt;br&gt;● Effective on clean equipment/devices that can be immersed</td>
<td>● Evaporates quickly, not a good surface disinfectant&lt;br&gt;● Evaporation may diminish concentration&lt;br&gt;● Flammable—store in a cool well ventilated area; refer to Fire Code restrictions for storage of large volumes of alcohol&lt;br&gt;● Coagulates protein; a poor cleaner&lt;br&gt;● May dissolve lens mountings&lt;br&gt;● Hardens and swells plastic tubing&lt;br&gt;● Harmful to silicone; causes brittleness&lt;br&gt;● May harden rubber or cause deterioration of glues&lt;br&gt;● Inactivated by organic material&lt;br&gt;● Contraindicated in the Operating Room.</td>
</tr>
<tr>
<td>Option</td>
<td>Uses/Comments</td>
<td>Advantages/Comments</td>
<td>Disadvantages/Comments</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------</td>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Bleach, undiluted</strong> (5% to 8% sodium hypochlorite, 50,000 to 80,000 ppm chlorine)</td>
<td>● Dilute, do not use full-strength&lt;br&gt;● Low cost&lt;br&gt;● Readily available in community settings</td>
<td>● Irritant to skin and mucous membranes&lt;br&gt;● Wear eye protection when pouring and diluting&lt;br&gt;● Use in well-ventilated areas&lt;br&gt;● Corrosive to metals&lt;br&gt;● Stains clothing and carpets&lt;br&gt;● Must be stored in closed containers away from light and heat to prevent deterioration&lt;br&gt;● <strong>DO NOT MIX with other cleaners or disinfectants!</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Bleach, diluted 1:10</strong> (0.5% or 5,000 ppm chlorine)</td>
<td>● Disinfection of toilet bowls, sinks, basins and commodes in washrooms of <em>C. difficile</em> patients.&lt;br&gt;● Disinfection of surfaces and floors after major blood spill&lt;br&gt;● Disinfection of surfaces and floors after spill of vomit or feces&lt;br&gt;● General disinfection of surfaces and floors in patient care areas&lt;br&gt;● Low-level disinfection of non-critical medical equipment&lt;br&gt;● Disinfection of toys (soaking)&lt;br&gt;● Sporicidal disinfection of surfaces and floors in Emergency Room washrooms&lt;br&gt;● Sporicidal disinfection of surfaces and floors in washrooms of <em>C. difficile</em> patients</td>
<td>● Sporicidal: effective against <em>C. difficile</em> and other bacterial spores</td>
<td>● Inactivated by organic materials: clean with detergent before applying bleach for disinfection&lt;br&gt;● Should be used immediately once diluted&lt;br&gt;● Use in well-ventilated areas&lt;br&gt;● Stains clothing and carpets</td>
</tr>
<tr>
<td><strong>Bleach, diluted 1:50</strong> (0.1% or 1,000 ppm chlorine)</td>
<td>● Clean surface or item first, then apply peroxide 3% as disinfectant&lt;br&gt;● Disinfection of non-critical equipment used for home health care&lt;br&gt;● Disinfection of floors, walls, furnishings&lt;br&gt;● Disinfection is achieved with a 3% solution after 30 minutes contact</td>
<td>● Safe for the environment&lt;br&gt;● Non-toxic</td>
<td>● Inactivated by organic materials: clean with detergent before applying bleach for disinfection&lt;br&gt;● Should be used immediately once diluted&lt;br&gt;● Use in well-ventilated areas&lt;br&gt;● Stains clothing and carpets</td>
</tr>
<tr>
<td><strong>Hydrogen peroxide 3%</strong> (Does not include formulations intended for use as skin antiseptics)</td>
<td>● Disinfection of toilet bowls, sinks, basins and commodes in washrooms of <em>C. difficile</em> patients.&lt;br&gt;● Disinfection of surfaces and floors after major blood spill&lt;br&gt;● Disinfection of surfaces and floors after spill of vomit or feces&lt;br&gt;● General disinfection of surfaces and floors in patient care areas&lt;br&gt;● Low-level disinfection of non-critical medical equipment&lt;br&gt;● Disinfection of toys (soaking)&lt;br&gt;● Sporicidal disinfection of surfaces and floors in Emergency Room washrooms&lt;br&gt;● Sporicidal disinfection of surfaces and floors in washrooms of <em>C. difficile</em> patients</td>
<td>● Sporicidal: effective against <em>C. difficile</em> and other bacterial spores</td>
<td>● Contraindicated for use on copper, zinc, brass, aluminum&lt;br&gt;● Store in cool place, protect from light to prevent deterioration</td>
</tr>
<tr>
<td>Option</td>
<td>Uses/Comments</td>
<td>Advantages/Comments</td>
<td>Disadvantages/Comments</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Iodophors (Does not include formulations intended for use as skin antiseptics) | • Clean item first, then apply iodophor as disinfectant  
• Disinfection of hydrotherapy tanks  
• Disinfection of thermometers  
• Disinfection of hard surfaces and equipment that DO NOT touch mucous membranes (e.g., IV poles, wheelchairs, beds, call bells) | • Rapid action  
• Non-toxic | • Corrosive to metal unless combined with inhibitors  
• Inactivated by organic materials  
• May stain fabrics and synthetic materials |
| Phenolic disinfectants    | • Cleaning and disinfection of floors, walls, and furnishings  
• Cleaning and disinfection of hard surfaces and equipment that DO NOT touch mucous membranes (e.g., IV poles, wheelchairs, beds, call bells) | • Leaves residual film on surfaces  
• Commercially available with added detergents to provide one-step cleaning and disinfecting  
• Slightly broader anti-bacterial activity than quaternary ammonium compounds | • May be toxic to infants  
Do not use in nurseries or equipment contacting infants (e.g., baby scales)!  
• Not recommended for use on food contact surfaces  
• May be absorbed through skin or by rubber  
• May be toxic if inhaled  
• Corrosive  
• Some synthetic flooring may become sticky with repetitive use |
| Quaternary ammonium compounds (“Quats”) | • General surface cleaner and disinfectant in patient care areas  
• Low-level disinfection of non-critical medical equipment  
• Cleaning of surfaces and floors after blood or body fluid spills (additional disinfection required afterwards)  
• Cleaning of surfaces and floors after spill of vomit or feces (additional disinfection required afterwards) | • Non-corrosive  
• Non-toxic  
• Low irritant potential  
• Good cleaning ability, have detergent properties  
• May be used on food surfaces | • Do not use to disinfect critical equipment (instruments that touch mucous membranes or broken skin)  
• Limited disinfectant, has narrow anti-microbial spectrum  
• Diluted solutions may support the growth of micro-organisms  
• May be neutralized by various materials (e.g., gauze) |

Appendix 5: Recommended minimum cleaning and disinfection level and frequency for non-critical patient care equipment

These recommendations are for non-critical patient care equipment, i.e., equipment that comes into contact with intact skin.

Cleaning means physical removal of soil, dust and foreign material. Chemical, thermal, or mechanical aids may be used. Items must be well-cleaned before disinfection. The following are good cleaners:

- Accelerated hydrogen peroxide 0.5%
- Quaternary ammonium compounds
- Enzymatic cleaners
- Soap and water
- Detergents

Follow the manufacturers’ instructions regarding concentration and contact time.

Low-level disinfection kills most bacteria, fungi and viruses. However, low-level disinfectants usually will not kill mycobacteria (e.g., tuberculosis) or bacterial spores (e.g., *C. difficile*). Good low-level disinfectants include:

- Accelerated hydrogen peroxide 0.5% (5 minutes contact time)
- Hydrogen peroxide 3% (30 minutes contact time)
- Alcohol 70-95% (10 minutes)
- Bleach 0.1% (Bleach 5% concentrate, diluted 1:50; 5 minutes)
- Quaternary ammonium compounds
- Iodophors
- Phenolics (should not be used in nurseries or on equipment that comes into contact with infants)

Follow the manufacturers’ instructions regarding concentration and contact time.

<table>
<thead>
<tr>
<th>Item</th>
<th>Cleaning level/frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apnoea monitor (monitor/sensor pad)</td>
<td>Clean and low-level disinfect between patients and when soiled.</td>
</tr>
<tr>
<td>Arrest cart</td>
<td>See Resuscitation cart.</td>
</tr>
<tr>
<td>Bath seat and raised toilet seat (used by single patient)</td>
<td>Clean and low-level disinfect when soiled.</td>
</tr>
<tr>
<td>Bath seat and raised toilet seat (used by multiple patients)</td>
<td>Clean and low-level disinfect between patients.</td>
</tr>
<tr>
<td>Bed—rail and extender</td>
<td>Clean and low-level disinfect daily.</td>
</tr>
<tr>
<td>Bed—mattress</td>
<td>Clean and low-level disinfect between patients and when soiled.</td>
</tr>
<tr>
<td>Bed—halo bed</td>
<td>Clean and low-level disinfect after each patient and when soiled.</td>
</tr>
<tr>
<td>Item</td>
<td>Cleaning level/frequency</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Bed—visitor cot</td>
<td>Clean and low-level disinfect and change linen between uses.</td>
</tr>
<tr>
<td>Bedpan and urinal (used by single patient)</td>
<td>Clean after each use, remove gross soil and fluids before cleaning.</td>
</tr>
<tr>
<td>Bedpan and urinal (used by multiple patients)</td>
<td>Clean and low-level disinfect between patients, remove gross soil and fluids before cleaning.</td>
</tr>
<tr>
<td>Bladder scanner</td>
<td>Clean and low-level disinfect between patients.</td>
</tr>
<tr>
<td>Blood pressure cuff</td>
<td>Clean and low-level disinfect between patients and when visibly soiled, ideally stays with patient until discharge.</td>
</tr>
<tr>
<td>Call bell</td>
<td>Clean and low-level disinfect daily and between patients.</td>
</tr>
<tr>
<td>Cardiac monitor</td>
<td>Clean daily and between patients.</td>
</tr>
<tr>
<td>Cast cutting—blades</td>
<td>Clean or dispose when soiled, send for sterilization if soiled with blood or body fluids.</td>
</tr>
<tr>
<td>Cast cutting—saws</td>
<td>Clean when soiled.</td>
</tr>
<tr>
<td>Chair (includes recliners, patient chairs and shower chairs)</td>
<td>Clean and low-level disinfect daily and when soiled.</td>
</tr>
<tr>
<td>Chart cover—binder and/or clipboard</td>
<td>Clean when soiled, charts and clipboards are not to go into rooms of patients on droplet precautions, airborne precautions or contact precautions, replace worn binders.</td>
</tr>
<tr>
<td>Clippers, surgical</td>
<td>Clean and low-level disinfect between patients, disposable heads are preferred.</td>
</tr>
<tr>
<td>Commode chairs (used by single patient)</td>
<td>Clean and low-level disinfect when soiled, ideally dedicated to each patient, patients with vancomycin-resistant enterococcus or C. Difficile must have dedicated commode, for C. Difficile, consider cleaning with a sporicidal agent, remove gross soil and fluids before cleaning and disinfection.</td>
</tr>
</tbody>
</table>

118 Droplet Precautions apply to patients known or suspected of having an infection that can be transmitted by large respiratory droplets: respiratory tract viruses (e.g., adenovirus, influenza and para-influenza viruses, rhinovirus, human metapneumovirus, respiratory syncytial virus - RSV), rubella, mumps and pertussis.

119 Airborne Precautions apply to patients known or suspected of having an illness transmitted by particles that remain suspended in the air and may be inhaled by others (e.g., tuberculosis, chicken pox, or measles.)

120 Contact Precautions apply where contamination of the environment or intact skin is a particular concern (e.g., Norovirus, rotavirus, Meticillin-resistant Staphylococcus aureus (MRSA), Vancomycin-resistant Enterococcus (VRE), or C. difficile).

121 A sporicidal agent is effective at killing the spore forms of C. difficile and related bacteria.
<table>
<thead>
<tr>
<th>Item</th>
<th>Cleaning level/frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commode chairs (used by multiple patients)</td>
<td>Clean and low-level disinfect between patients and when soiled, remove gross soil and fluids before cleaning and disinfection.</td>
</tr>
<tr>
<td>Cyclers (peritoneal dialysis)</td>
<td>Clean between patients.</td>
</tr>
<tr>
<td>Defibrillator</td>
<td>See Resuscitation cart.</td>
</tr>
<tr>
<td>Diagnostic imaging—portable machine</td>
<td>Clean when soiled and on leaving contact precautions room.</td>
</tr>
<tr>
<td>Diagnostic imaging—portable grid/film cassette</td>
<td>Clean and low-level disinfect between patients if not covered, ideally should be covered (e.g. pillowcase).</td>
</tr>
<tr>
<td>Diagnostic imaging—mammography paddles</td>
<td>Clean and low-level disinfect between patients.</td>
</tr>
<tr>
<td>Dopplers—transducers</td>
<td>Clean after each use, wipe immediately after use to remove residual ultrasound gel before cleaning.</td>
</tr>
<tr>
<td>Dopplers—probes</td>
<td>Clean and low-level disinfect after each use, probes that contact mucous membranes or non-intact skin require high-level disinfection.</td>
</tr>
<tr>
<td>ECG machine and cables</td>
<td>Clean between patients.</td>
</tr>
<tr>
<td>Electric razor—body and handle</td>
<td>Clean as required, must be single patient use.</td>
</tr>
<tr>
<td>Examination table</td>
<td>Clean and low-level disinfect between patients and when soiled.</td>
</tr>
<tr>
<td>Glucometer</td>
<td>Clean and low-level disinfect after each use.</td>
</tr>
<tr>
<td>Halo bed</td>
<td>See Bed.</td>
</tr>
<tr>
<td>Hydraulic lift—machine</td>
<td>Clean as required.</td>
</tr>
<tr>
<td>Hydraulic lift—sling</td>
<td>Clean between patients and when soiled, dedicated to patient if possible, launder if visibly soiled.</td>
</tr>
<tr>
<td>Ice machine, interior</td>
<td>Clean and low-level disinfect every 6 months, drain and thoroughly clean with a de-limer.</td>
</tr>
<tr>
<td>Ice machine, exterior</td>
<td>Clean every 3 days.</td>
</tr>
<tr>
<td>Intravenous (IV), pumps, poles, warmers</td>
<td>Clean and low-level disinfect between patients and when soiled.</td>
</tr>
<tr>
<td>Laryngoscope, handle</td>
<td>Clean between patients, laryngoscope blade requires high-level disinfection after each use.</td>
</tr>
<tr>
<td>Mattress</td>
<td>See Bed.</td>
</tr>
<tr>
<td>Measuring container (urine), used by single patient</td>
<td>Clean after each use.</td>
</tr>
<tr>
<td>Item</td>
<td>Cleaning level/frequency</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Measuring container (urine), used by multiple patients</td>
<td>Clean and low-level disinfect after each use, one container per patient, labelled with name.</td>
</tr>
<tr>
<td>Ophthalmoscope</td>
<td>Clean between patients.</td>
</tr>
<tr>
<td>Otoscope, handle</td>
<td>Clean between patients, use disposable ear specula or high-level disinfection.</td>
</tr>
<tr>
<td>Orthopedic equipment, crutches, traction etc.</td>
<td>Clean between patients.</td>
</tr>
<tr>
<td>Oximeter probes</td>
<td>Clean and low-level disinfect daily and between patients, refer to manufacturer’s instructions for cleaning.</td>
</tr>
<tr>
<td>Pillow</td>
<td>Clean and low-level disinfect between patients and when soiled, discard if cracked.</td>
</tr>
<tr>
<td>Reflex hammer</td>
<td>Clean between patients.</td>
</tr>
<tr>
<td>Restraints</td>
<td>Clean or dispose, between patients and when soiled.</td>
</tr>
<tr>
<td>Resuscitation cart/arrest cart</td>
<td>Clean weekly and after use, avoid taking cart into contact precautions room, have a designated clean person to pass supplies as required.</td>
</tr>
<tr>
<td>Resuscitation cart/arrest cart, defibrillator</td>
<td>Clean and low-level disinfect after each use.</td>
</tr>
<tr>
<td>Resuscitation cart/arrest cart, supplies/trays</td>
<td>Clean after each use, all items taken into contact precautions room must be discarded and not returned to the cart, even if unopened.</td>
</tr>
<tr>
<td>Scales, adult</td>
<td>Clean daily and when soiled.</td>
</tr>
<tr>
<td>Scales, diaper</td>
<td>Clean and low-level disinfect after each use.</td>
</tr>
<tr>
<td>Scales, infant/neonate</td>
<td>Clean and low-level disinfect after each use, do not use phenolics.</td>
</tr>
<tr>
<td>Stretcher</td>
<td>Clean and low-level disinfect after each use.</td>
</tr>
<tr>
<td>Stethoscope</td>
<td>Clean and low-level disinfect after each use, ideally use own stethoscope, if shared, disinfect ear pieces.</td>
</tr>
<tr>
<td>Suction machines</td>
<td>Clean and low-level disinfect between patients and when soiled.</td>
</tr>
<tr>
<td>Table, bedside or over bed</td>
<td>Clean and low-level disinfect daily, when soiled, and between patients.</td>
</tr>
<tr>
<td>Telemetry equipment, monitor and cables</td>
<td>Clean between patients and when soiled.</td>
</tr>
<tr>
<td>Tourniquet</td>
<td>Clean or dispose, between patients, discard when soiled.</td>
</tr>
<tr>
<td>Transfer boards</td>
<td>Clean and low-level disinfect between patients and when soiled.</td>
</tr>
<tr>
<td>Item</td>
<td>Cleaning level/frequency</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Transport equipment: walker, wheelchair</td>
<td>Clean and low-level disinfect after each use.</td>
</tr>
<tr>
<td>Tub, bath board</td>
<td>Clean and low-level disinfect after each use. Iodine and chlorine products may damage tub surfaces.</td>
</tr>
<tr>
<td>Ultrasound transducers: handle and cable, external</td>
<td>Clean and low-level disinfect between patients. Use high-level disinfection for transducer probes that contact mucous membranes.</td>
</tr>
<tr>
<td>Urinal</td>
<td>See Bedpan.</td>
</tr>
<tr>
<td>Urine measuring container</td>
<td>See Measuring container.</td>
</tr>
<tr>
<td>Vacutainer holder</td>
<td>Clean when soiled, ideally single patient use, and discard if visibly soiled.</td>
</tr>
<tr>
<td>Walker</td>
<td>See Transport equipment.</td>
</tr>
<tr>
<td>Wall-mounted oxygen and suction fixtures</td>
<td>Clean between patients and when soiled.</td>
</tr>
<tr>
<td>Water jug</td>
<td>Clean daily.</td>
</tr>
<tr>
<td>Wheelchair</td>
<td>See Transportation equipment.</td>
</tr>
</tbody>
</table>

Adapted from:
Appendix F and Appendix G, in Provincial Infectious Diseases Advisory Committee. *Best practices for environmental cleaning for prevention and control of infections in all health care settings, December 8, 2009.*