

First Nations Health Authority
540 – 757 West Hastings Street
Vancouver, BC, V6C 1A1

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,

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HOUSEKEEPING MANUAL

For First Nations Community Health Facilities
Health Canada, First Nations and Inuit Health Branch, British Columbia Region



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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

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Section 1:

Cleaning Procedures Step by Step



Procedure for Damp Wiping

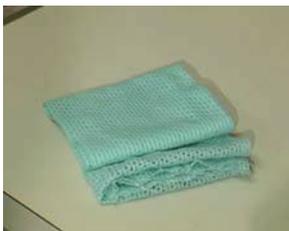
Materials



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 69)



Clean cloths



Alcohol-based hand rub



Pail for dirty cloths

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



Dust pan and hand brush



Vacuum cleaner with HEPA filter



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

- 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

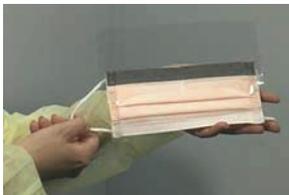
Materials



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

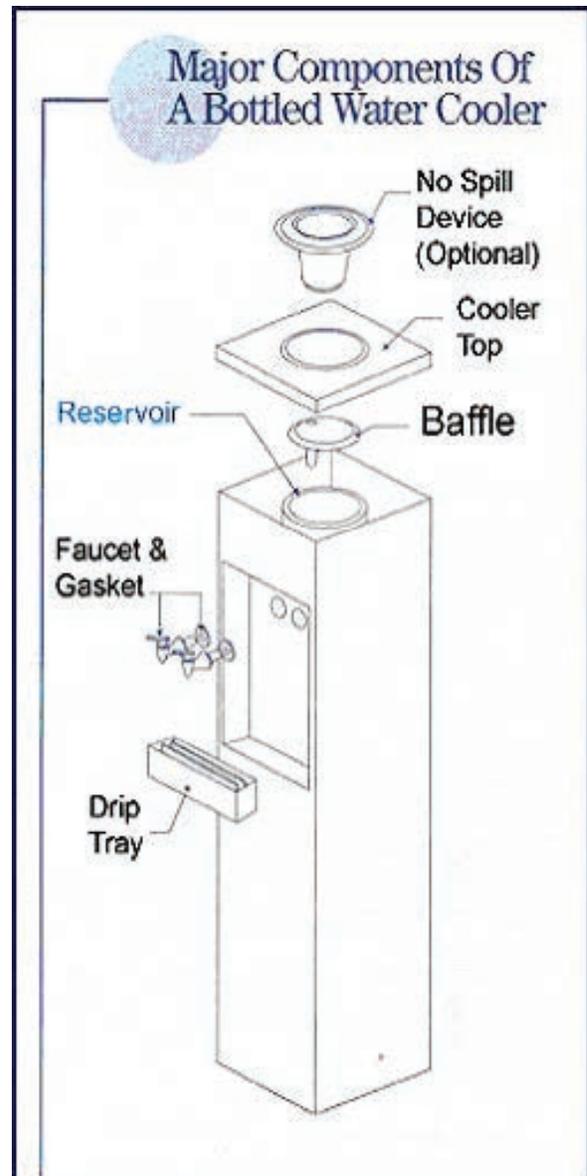
- Use a clean cloth and scrub inside the reservoir well with the bleach solution
- To prevent damage, let this bleach solution stand in the reservoir for 2 to 5 minutes, but no longer

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:**
 - In rooms or areas used for chemicals, paint or housekeeping supplies
 - In direct sunlight or above room temperature
 - 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



- Put covers on pillows

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

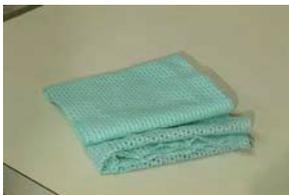


Disposable nitrile gloves



Prepared surface cleaner/disinfectant solution in clean pail

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



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



Disposable nitrile gloves



Prepared surface cleaner/disinfectant solution in clean pail

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



Clean cloths



Bathroom tub and tile cleaner



Glass cleaner



Paper towels



Melamine foam scrubbing pads



Sink/shower/tub scrubbing brush



Nylon scrub pad and sponge



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



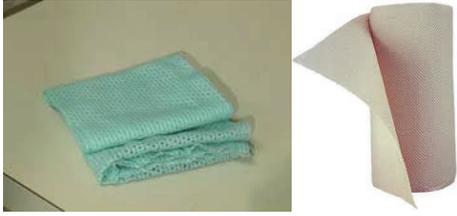
STEP 3

- 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

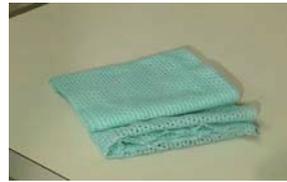


Wet mop



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



- 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



STEP 10

- Flush the toilet, put on eye protection, then pour one plastic medicine cup (30 mL) of undiluted

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 toilet

- Clean the top, back, sides, front, and around the seat of the toilet



- Ensure all visible body fluids are removed from the toilet

STEP 13

- Clean the wall around the toilet with the wet mop before washing the floor



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)

- 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



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

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

- Clean front, back, top and underneath of all surfaces



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



Alcohol-based hand rub

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
 - 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



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 $\frac{3}{4}$ 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.

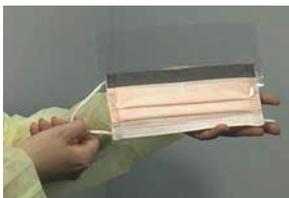
Materials



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



Disinfectant wipes and paper towels



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, put on eye protection, mask and 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



- 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



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
 - 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

- 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)
 - 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

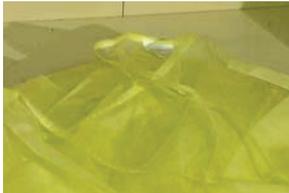
Procedure for Cleaning Blood and Other Body Fluid Spills On Carpet

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

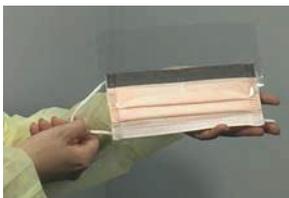
Materials



Reusable 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



Disinfectant wipes and paper towels

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



- Put the wet paper towels in garbage



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

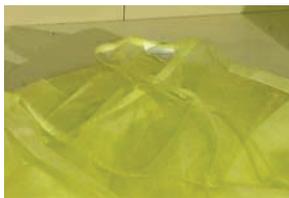
Procedure for Cleaning Vomit or Feces on Floors

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

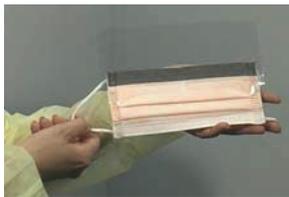
Materials



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

- Damp wipe any splatters with surface cleaner/disinfectant and clean cloths



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



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



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

- Wipe the inside and outside of the mop pail with disinfectant wipes
- Throw the used wipes in the garbage



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



- If not, use nitrile 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 you wore reusable long-sleeved gloves, then:



- Before removing the reusable gloves, wipe them down with disinfectant wipes
- Put the used wipes into the garbage
- 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)
 - 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
 - Protect clean laundry from dust and dirt during storage and handling
 - 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



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



- Put damaged PPE into the garbage

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
 - Write your name on your reusable equipment with a permanent marker
 - Sharing PPE could spread infections!

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:
 - Sharps (needles and syringes, sutures, scalpel blades)
 - Contaminated waste (bandages, blood, body fluids, vomit, feces)
 - Spilled food, drinks, water, ice or anything wet
 - Gum or tar
 - 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
 - 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)
 - 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

- 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
 - 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:

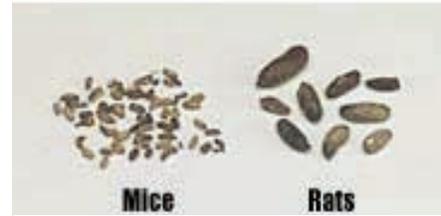
Dealing with Mice, Lice, Scabies and Flies



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



Mice and rat droppings (poop)

Reducing Mouse Infestation

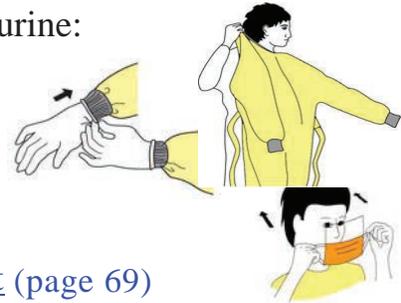
- Plug holes mice use to enter the clinic; keep windows and doors tightly closed
- Cut back high grass, bushes and weeds around the clinic foundation
- Keep the lawn cut short
- All garbage containers must be mouse-proof and at least 12" off the ground
- Empty garbage containers weekly
- Take away trash 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

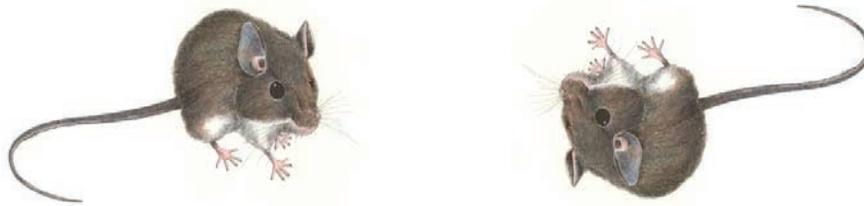
1. Wear proper PPE to clean up dead mice or their nests:

- 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

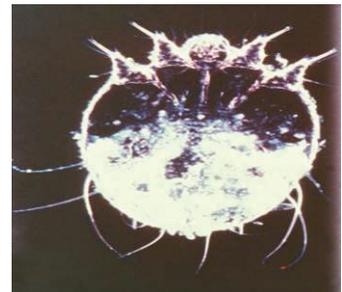
Scabies:

- 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

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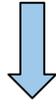
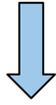
Section 1:

Routine Practices to Prevent Infection



Routine Practices

Routine practices reduce the spread of germs



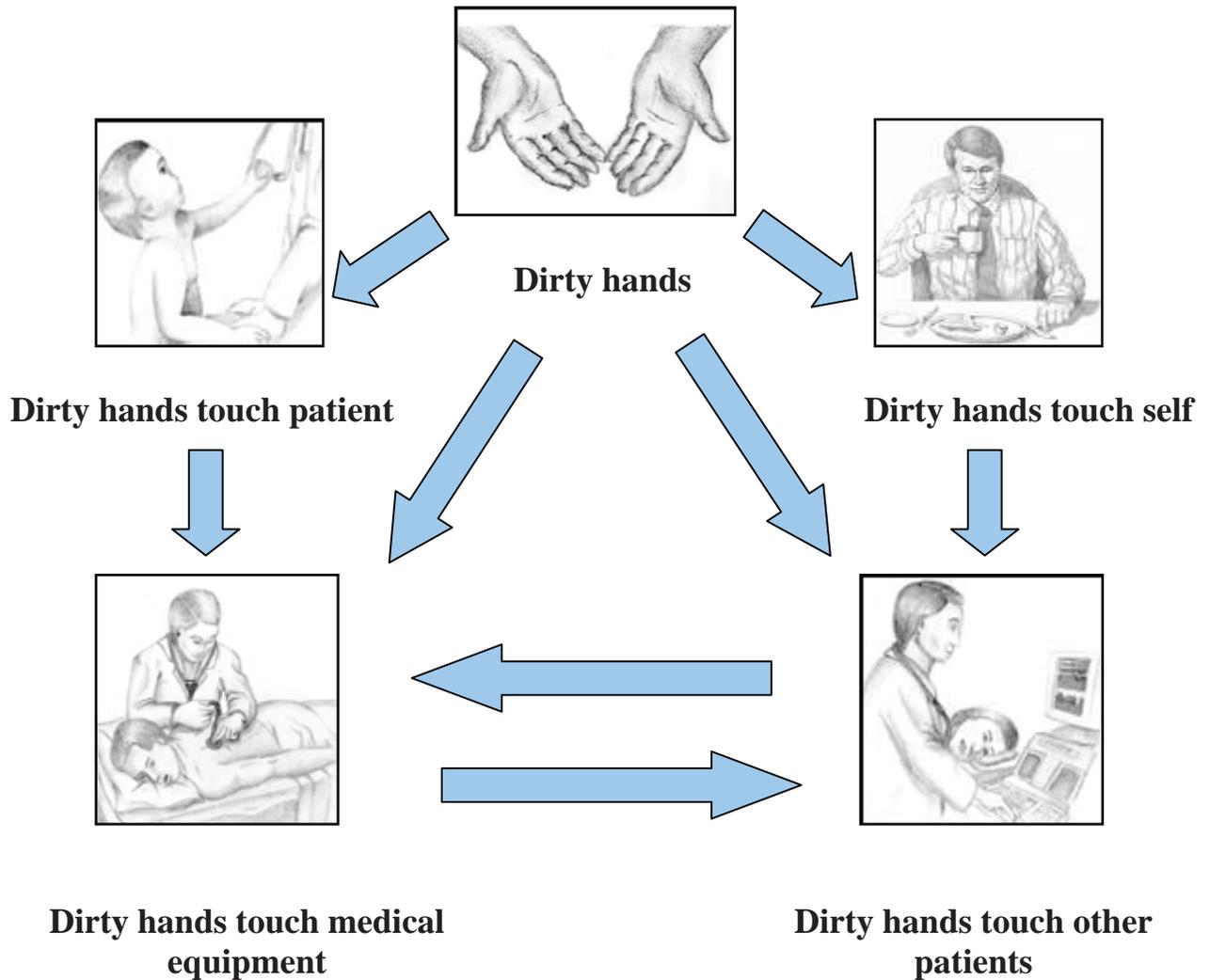
from patient to patient

from patient to staff

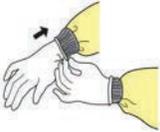
from staff to patient

from staff to staff

How Germs Can Spread in the Clinic



Routine Practices for Housekeeping

	<p>Hand Hygiene Clean your hands using alcohol-based hand rub or soap and water:</p> <ul style="list-style-type: none"> • 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
	<p>Disposable Long-Sleeved Gown</p> <ul style="list-style-type: none"> • Wear a long-sleeved gown if you think blood and body fluids might splash onto your clothes
	<p>Disposable Mask With Eye Protection</p> <ul style="list-style-type: none"> • 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
	<p>Gloves</p> <ul style="list-style-type: none"> • 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
	<p>Environment</p> <ul style="list-style-type: none"> • 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
	<p>Linen and Waste</p> <ul style="list-style-type: none"> • Handle soiled linen and waste carefully to prevent contact with germs and spread of germs to clients and surfaces in the clinic
	<p>Sharps Injury Prevention</p> <ul style="list-style-type: none"> • NEVER recap needles • NEVER handle sharps such as needles, broken glass or scalpels with bare hands • Place ALL sharps in sharps containers
	<p>Client Placement/Accommodation</p> <ul style="list-style-type: none"> • 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.

Section 3:

Hand Hygiene



How to Wash Your Hands

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



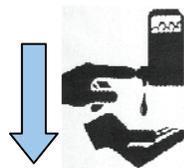
Washing Hands Works

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. Keep nails short and clean
2. Remove rings, bracelets and watches
3. Do not wear artificial nails
4. Remove chipped nail polish

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.

Section 4:

Housekeeping Personal Protective Equipment (PPE)



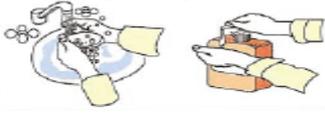
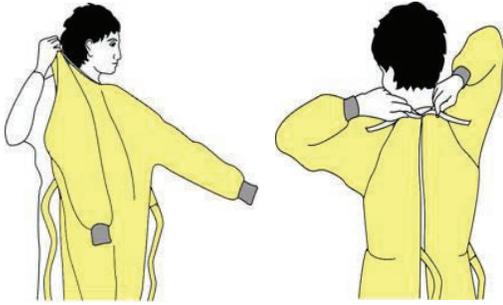
PPE-What to Wear and When to Wear it

	What it's called	When to wear it
	<ul style="list-style-type: none"> • Disposable gloves • made of nitrile or vinyl AVOID LATEX 	<ul style="list-style-type: none"> • All regular cleaning tasks
	Reusable household gloves <ul style="list-style-type: none"> • long-sleeved waterproof • rubber, nitrile or neoprene 	<ul style="list-style-type: none"> • Cleaning up spills of blood or body fluids • Handling laundry soiled with blood, etc. • Picking up broken glass
	Heavy duty work gloves	<ul style="list-style-type: none"> • Taking out the garbage • Picking up sharps containers
	Disposable waterproof gown	<ul style="list-style-type: none"> • When you might be splashed or sprayed with blood, body fluids or cleaning chemicals • Within 2 metres (6 feet) of a patient with pandemic flu
	Eye protection	<ul style="list-style-type: none"> • When pouring concentrated cleaning solutions
	Disposable mask with eye protection	<ul style="list-style-type: none"> • When your face might be splashed or sprayed with body fluids or cleaning chemicals • Within 2 metres (6 feet) of a coughing/sneezing patient
	N95 respirator mask YOU MUST BE INDIVIDUALLY FIT TESTED TO WEAR AN N95 MASK	<ul style="list-style-type: none"> • Working in a room with a patient who has active TB, measles, chicken pox or shingles, and you are not immune • Within 2 metres (6 feet) of a patient with pandemic flu

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

<p>#1 Clean or wash your hands</p> <ul style="list-style-type: none"> • Clean between fingers, backs of hands, fingertips and thumbs • Clean hands for at least 15 seconds 	<p>Use alcohol-based hand rub if hands do not look dirty OR Hand wash with soap and water for visibly dirty hands.</p> 
<p>#2 Put gown on</p> <ul style="list-style-type: none"> • Opening at the back • Tie neck and waist • If gown is too small, use two gowns: <ol style="list-style-type: none"> 1. gown #1 ties in front 2. gown #2 ties in back 	
<p>#3 Put on mask with eye protection</p> <ul style="list-style-type: none"> • Use procedure mask with attached eye protection • Place over nose, mouth and chin • Secure on head with ties or ear loops • Make sure chin is covered • Fit flexible nose piece over the bridge of your nose 	
<p>#4 Put gloves on</p> <ul style="list-style-type: none"> • Select correct type and size • Put on gloves • Pull gloves over cuffs of gown 	

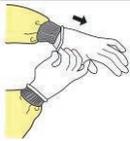
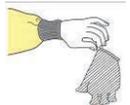
Adapted from the Center for Disease Control: Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007 Version Date: December 11, 2008

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

<p>#1 Take off your gloves</p> <ul style="list-style-type: none"> • Grasp edge of glove at wrist picture#1 • Peel away and turn glove inside-out picture #1 • Hold this glove in other hand picture #2 • Slide finger under edge of glove and peel this glove over the top of the other glove to make a bag picture #2 • Put into garbage picture #3 	<p>1. </p> <p>2. </p> <p>3. </p>
<p>#2 Take off your gown</p> <ul style="list-style-type: none"> • Undo bottom, and then undo top tie • Peel gown away from body picture #1 • Turn inside out, fold or roll picture #2 • Put into garbage 	<p>1. </p> <p>2. </p>
<p>#3 Clean your hands</p> <ul style="list-style-type: none"> • Use alcohol-based hand rub if hands do not look dirty • Wash with soap and water if hands look dirty • Clean between fingers, backs of hands, fingertips and thumbs for at least 15 seconds 	
<p>#4 Take off your mask with or without the eye protection</p> <ul style="list-style-type: none"> • If mask has ties, undo bottom, then undo top • Lift away from face by holding ties or ear loops and put in garbage 	
<p>#5 Clean your hands</p> <ul style="list-style-type: none"> • Immediately after taking off PPE • When you think your hands may not be clean • Before doing something else, e.g. taking a break 	

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

Section 5:

Cleaning Standards for Health Care Facilities



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:
 - Clean and disinfect high-touch surfaces in patient care areas with a hospital-grade disinfectant
 - Clean and disinfect non-critical medical equipment between patients
 - 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

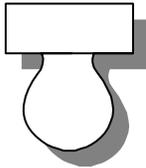
- weekly wiping of surfaces above shoulder height
- monthly wiping of window blinds
- annual cleaning of window curtains

What Does Clean Look Like?

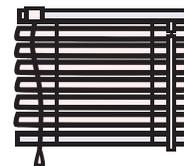
Never skip cleaning!



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.

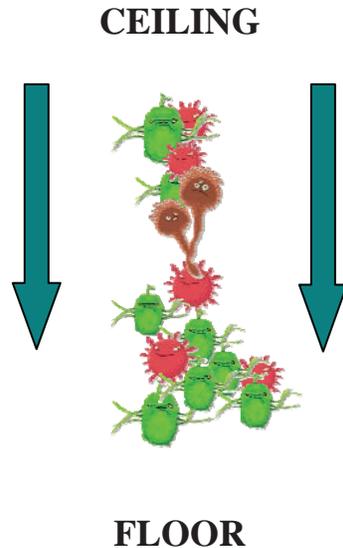
<p>Furniture—free of dirt, smears and stains such as blood, body fluids vomit, faeces, urine, saliva. Be sure to check wheels, phones and TV screen dust build-up</p> 	<p>Toilets—free of dirt, stains, dust, spots and soil on hinges, wall mounts, on and under chrome cover, wall area and baseboards surrounding toilet, inner/outside and underneath parts of toilet</p> 
<p>Floors—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</p>	<p>Beds—free of soil and dust on mattress, all under-bed parts, bed rails, headboard, foot board, foot and hand pedals, controls and wheels</p> 
<p>Waste Containers—free of soil on inside and outside</p> 	<p>Counters and Cupboard—free of dust build-up, soil and streaks</p>
<p>Closets—free of dust, soil, dirt, and build-up on all surfaces and closet floor</p>	<p>Dispensers—free of soil, dust, streaks and build-up on all sides of dispensers towel and toilet paper dispensers</p> 

<p>Tubs, lifts, showers and baths—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</p>	<p>Walls—free of soil, marks, visible dust, stains, streaks, spots and hand prints on horizontal ledges and shelves, baseboards, registers and wall switches</p>
<p>Doors and kick plates—free of spills, wax spotting, dust, soils and streaks on door closure, frame and top; soil and streaks on door handle and door stopper</p>	<p>Mirrors—free of dirt, dust residue, streaks and water marks Be sure to check horizontal and vertical ledges, front and back</p>
<p>Ceilings, vents and curtain tracking (window and bedside) —free of dust, cobwebs or soil</p>	<p>Windows, sills and drapes—free of smudges, dust, soil and build-up in corners of sills and on draperies</p>
<p>Lights—free of dust, dirt particles and dead pests in light panels, on flat surfaces, on shades</p>	<p>Wheelchairs, commodes and geri-chairs—free of soil, dust and build-up on wheelchairs in use or in storage</p>
<p>Sinks—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</p>	

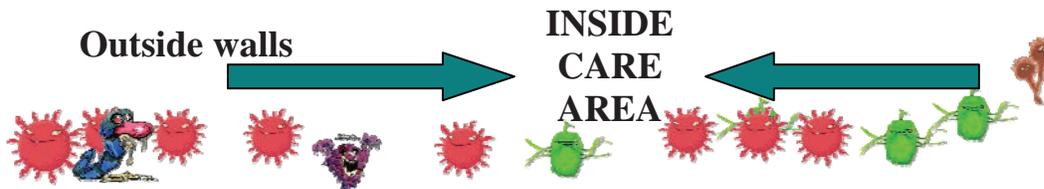


The Correct Cleaning Order

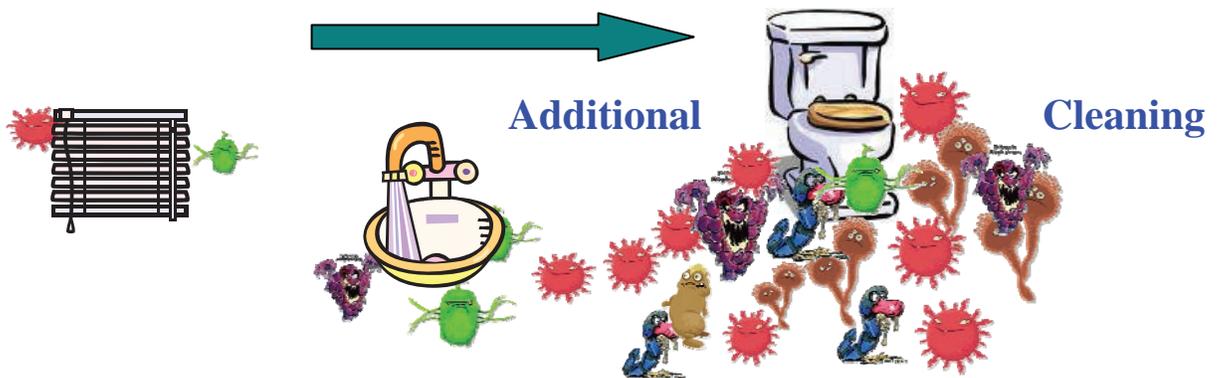
1. Work from **highest** point in the room to the **lowest** point in the room



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



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



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

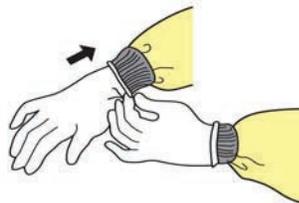
For every room or area, you need to find out:

- 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

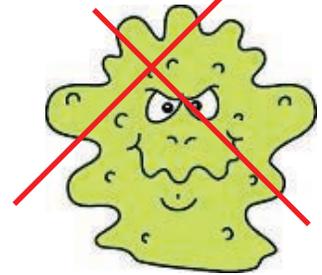


Cleaning Card # 2

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 $\frac{3}{4}$ full
- Replace soiled linen bag daily and when $\frac{3}{4}$ full
- Wipe down linen hamper
- Empty garbage daily and when container is $\frac{3}{4}$ 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!

8. Use Good Body Mechanics.

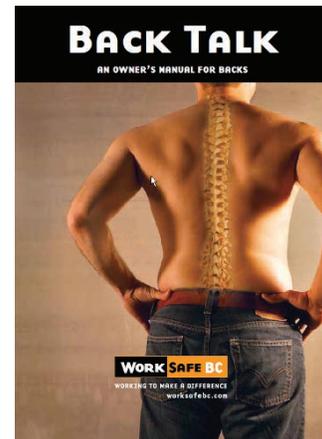
Use correct posture while you work.

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.

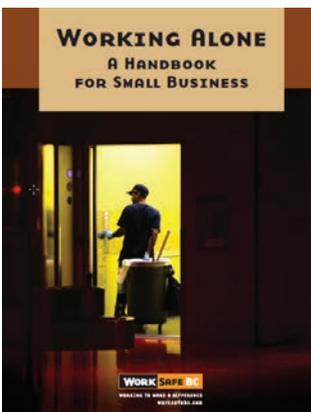
Back Talk tells you how to care of your back. Here is the link to this booklet:

http://www.worksafebc.com/publications/health_and_safety/by_topic/assets/pdf/back_talk.pdf



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



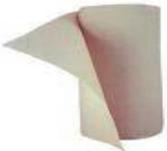
HOUSEKEEPING SUPPLIES LIST

Product	Purpose	
Accelerated hydrogen peroxide, 7% concentrate (surface cleaner/disinfectant)	To clean and disinfect many clinic objects and surfaces, such as walls, floors, tables, beds, chairs, furniture, shelves, counter tops, etc.	
Accelerated hydrogen peroxide, 0.5% (disinfectant wipes)	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.	
Glass cleaner	To shine up previously cleaned glass/chrome surfaces	
Oven cleaner	To clean the inside of stoves	
Melamine foam scrubbing pads	To remove marks from easily scratched surfaces, e.g. walls	
Cold water laundry detergent with bleach—already contains bleach	To wash laundry and bedding using the COLD water cycle	

Product	Purpose	
Steel wool scouring pads	To get rid of stains/scuff marks from floors, toilet, sink, tub and other surfaces that are not easily scratched.	
Non-scented odour control product	To get rid of bad smells—FNIH approved product	
Bathroom tub and tile cleaner	To remove scum, calcium build-up and stubborn stains from sinks, tubs and showers	
Fabric softener sheets	To soften and reduce static build-up in laundry in the dryer	
Liquid dish soap	To wash dishes	
Household bleach	To clean water coolers and clinic toys, and to provide extra disinfection of floors and surfaces in special situations Bleach should not be mixed with any other cleaning products	
Reusable, waterproof, long-sleeved gloves made of rubber, nitrile or neoprene	To clean up spills of blood or body fluids To handle laundry soiled with blood or body fluids To handle broken glass	

Product	Purpose	
Disposable gowns	To protect clothing from splashes/sprays during specific housekeeping tasks Additional precaution within 2 metres of a patient with pandemic influenza	
Disposable gloves (nitrile or vinyl)	To do all regular cleaning housekeeping tasks	
Disposable masks with eye protection and ear loops	To protect eyes, nose and mouth from splashes/sprays during specific tasks Additional precaution within 2 metres of a coughing/sneezing patient with a respiratory infection	
N95 respirator mask	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	
Heavy duty work gloves	For handling garbage and sharps containers	
Mop bucket with wringer	To hold surface cleaner/disinfectant solution for floor cleaning and to wring out mop heads	
Detachable Mop Heads x 6 Mop Handle	To damp mop floors To hold detachable mop heads	

Product	Purpose	
Wet Floor Signs x 2	To let staff, clients and visitors know that floor is wet to prevent slips, trips and falls	
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 and 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	
Nylon scrub pad and sponge	To remove build-up from sinks, tubs and showers	
Toilet plunger	To unclog toilets	

Product	Purpose	
Housekeeping cart	To store and transport necessary cleaning supplies to and from areas within clinic	
Step stool	To reach/get at objects to shoulder level such as walls etc.	
Step ladder	To clean or work at high levels, e.g. ceilings.	
Lint-free cleaning cloths x 20	To damp wipe objects and surfaces	
Dirty cleaning container—dark colour	To hold dirty cleaning cloths until they are taken to the laundry for washing	
Clean cleaning pail—light colour	To hold clean surface cleaner/disinfectant solution	
Paper towels	To use for various cleaning purposes	

Product	Purpose	
Radiator wand	To dust high spots	
Dust pan	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	
Disposable alcohol-based hand rub bottles and cartridges for wall dispensers	To clean hands if they are not visibly dirty No topping up!	
Disposable liquid soap bottles and soap cartridges for wall dispensers	To wash hands if they are visibly dirty No topping up!	
Disposable hand lotion bottles and hand lotion cartridges for wall dispensers	To moisturize hands after washing No topping up!	
Toilet paper rolls	To complete personal hygiene when using the toilet	
Paper hand towels	To dry hands and turn off taps after hand washing	

Product	Purpose	
Exam table paper	To cover exam tables between clients	
Garbage bags— various sizes	To put in garbage containers of various sizes	
Sharps containers— yellow, various sizes, for use at point of care	To collect all sharps, e.g. needles, lancets, scalpel blades, etc.	
Biohazard bags YELLOW	To “double bag” garbage bags containing material soaked with blood or other body fluids	
Biohazard bags RED	To double bag garbage bags containing human tissue or body parts (not including teeth, nails or hair)	

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.



Accelerated Hydrogen Peroxide Disinfectant Wipes

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

http://www.worksafebc.com/publications/health_and_safety/whmis/assets/pdf/whimis_basics.pdf

Sample:

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



MSDS_AccelTBwipes

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

2. Back Talk

http://www.worksafebc.com/publications/health_and_safety/by_topic/assets/pdf/back_talk.pdf

3. Working Alone

http://www.worksafebc.com/publications/health_and_safety/by_topic/assets/pdf/BK131.pdf



MATERIAL SAFETY DATA SHEET

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	None	
Minimal	0	Protection		

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 bicarbonate 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/PERSONAL 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

Odor: Characteristic

Boiling Point: Not available

Freezing Point: Not available

Vapor Density (air=1): Not available

Vapor Pressure(mmHg): Not available

Flash Point: >93.4°C (200°F)

Evaporation Rate: Not available

pH: 2.0

Density: 1.007 Kg/L @20°C

Solubility in Water: Complete

Appearance and Color: Clear, colorless liquid

VOC (% as): 0.00% *

*-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

T.D.G. / D.O.T. Classifications: Not regulated as dangerous good.

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:

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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

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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:

Provincial Infectious Diseases Advisory Committee. *Best practices for environmental cleaning for prevention and control of infections in all health care settings, December 8, 2009*. © Queen's Printer for Ontario, 2009; Toronto, Canada; December, 2009; ISBN: 978-1-4249-9727-5. <http://www.oahpp.ca/resources/pidac-knowledge/best-practice-manuals/environmental-cleaning-for-prevention-and-control-of-infections.html>.

Provincial Infectious Diseases Advisory Committee. *Best practices for hand hygiene in all health care settings, reviewed and revised: December 2010*. © Ontario Ministry of Health and Long-Term Care/Public Health Division/Provincial Infectious Diseases Advisory Committee; Toronto, Canada; December 2010; © Queen's Printer for Ontario, 2010; ISBN: 978-1-4249-5767-5 (English). <http://www.oahpp.ca/resources/pidac-knowledge/best-practice-manuals/hand-hygiene.html>.

Ontario Agency for Health Protection and Promotion, Provincial Infectious Diseases Advisory Committee. *Routine practices and additional precautions in all health care settings*. Toronto, ON: Queen's Printer for Ontario; 2011. <http://www.oahpp.ca/resources/pidac-knowledge/best-practice-manuals/routine-practices-and-additional-precautions.html>.

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:

Public Health Agency of Canada. *Annex F: Prevention and Control of Influenza during a Pandemic for All Healthcare Settings*, May 2011. <http://www.phac-aspc.gc.ca/cpip-pclcpi/annf/index-eng.php>.

Provincial Infection Control Network of British Columbia. *Respiratory Infection Outbreak Guidelines for Healthcare Facilities*, February 2011. <http://www.picnetbc.ca/practice-guidelines>.

Provincial Infection Control Network of British Columbia. *Gastrointestinal Infection Outbreak Guidelines for Healthcare Facilities*, June 2010. <http://www.picnetbc.ca/practice-guidelines>.

Provincial Infection Control Network of British Columbia. *Antibiotic Resistant Organisms Prevention and Control Guidelines*, November 2008. <http://www.picnetbc.ca/practice-guidelines>.

BC Centre for Disease Control. *Guidelines for Infection Prevention and Control in the Physician's Office*, 2004. http://www.bccdc.ca/NR/rdonlyres/84DA413D-C943-4B5F-94F1-794C5B76C9CE/0/InfectionControl_GF_IC_In_Physician_Office.pdf.

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.

² Best Practices for Environmental Cleaning, Recommendation 4.

³ Best Practices for Environmental Cleaning, Recommendation 5.

- 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. ⁴

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. ⁵

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.) ⁶
- 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) ⁷, or replaced.

8. Do not use equipment that cannot be properly cleaned, disinfected or covered, in the care environment. ⁸ 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](#)). ⁹

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. ¹⁰

11. Toys in patient care areas should: ¹¹

- 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).

⁴ Best Practices for Environmental Cleaning, Recommendation 7.

⁵ Best Practices for Environmental Cleaning, Recommendation 8.

⁶ Best Practices for Environmental Cleaning, page 79.

⁷ Best Practices for Environmental Cleaning, p80, p96.

⁸ Best Practices for Environmental Cleaning, Recommendation 10.

⁹ Best Practices for Environmental Cleaning, Recommendation 15.

¹⁰ Best Practices for Environmental Cleaning, Recommendation 17.

¹¹ Best Practices for Environmental Cleaning, Recommendation 69.

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’ instructions¹²; 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 disinfection¹⁴ 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.

14. Cleaning agents and disinfectants must be labelled with Workplace Hazardous Materials Information System (“WHMIS”) information. A Material Safety Data Sheet (“MSDS”) must be readily available for each item in case of accidents.¹⁵

15. Cleaning agents and disinfectants must be stored safely in storage rooms or closets.¹⁶

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

17. Personal protective equipment (for example: gloves, masks, eye protection, gowns) must be:

- sufficient and accessible for all cleaning staff;
- worn as required by the Materials Safety Data Sheet when handling chemicals.¹⁸

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.¹⁹

Hand hygiene for cleaning staff

19. Cleaning staff must be given hand hygiene education that includes:

- indications for hand hygiene;
- factors that influence hand hygiene;
- hand hygiene agents;
- hand hygiene techniques; and
- hand care to promote skin integrity.²⁰

The *Housekeeping Lists, Guides and Personal Protection* manual contains examples of hand hygiene education materials that cover the topics listed above. See:

- The Way You Clean Your Hands Matters!*
- How to Wash Your Hands*
- Washing Hands Works*

20. Cleaning staff must follow best practices for hand hygiene (see the following points).²¹

21. Choose hand hygiene products that are acceptable to the users;²² if the workers won’t use the product, then it cannot be effective.

¹⁵ Best Practices for Environmental Cleaning, Recommendation 40.

¹⁶ Best Practices for Environmental Cleaning, Recommendation 41.

¹⁷ Best Practices for Environmental Cleaning, Recommendation 43.

¹⁸ Best Practices for Environmental Cleaning, Recommendation 21.

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>

²⁰ Best Practices for Hand Hygiene, Recommendation 45.

²¹ Best Practices for Environmental Cleaning, Recommendation 19.

²² Best Practices for Hand Hygiene, Recommendation 17.

22. Choose hand hygiene products that are not irritating to the skin. ²³

23. Avoid hand hygiene products that might damage gloves or affect the action of other hand hygiene or hand care products. ²⁴ (Read the manufacturer’s instructions and warnings.)

24. Use 70% to 90% alcohol-based hand rub to sanitize hands that are not visibly soiled ²⁵ Non-alcoholic, waterless antiseptic agents are less effective than alcohol at killing germs, and should NOT be used. ²⁶

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. ²⁷

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. ^{28, 29}

- 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. ³⁰

27. Alcohol-based hand rub dispensers are for the use of all clinic staff (including cleaners) and patients. ³¹

- 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

²³ Best Practices for Hand Hygiene, Recommendation 18.

²⁴ Best Practices for Hand Hygiene, Recommendation 19.

²⁵ Best Practices for Hand Hygiene, Recommendation 10.

²⁶ Best Practices for Hand Hygiene, Recommendation 16.

²⁷ Best Practices for Hand Hygiene, Recommendation 15.

²⁸ Best Practices for Hand Hygiene, Recommendation 13.

²⁹ Best Practices for Hand Hygiene, Recommendation 20.

³⁰ Best Practices for Hand Hygiene, Recommendation 14.

³¹ Best Practices for Hand Hygiene, Recommendation 12.

³² Best Practices for Hand Hygiene, Recommendation 42.

28. Hand washing sinks must be used only for hand washing.³³ 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.³⁴

30. Provide disposable paper towels for drying hands.³⁵ The towel dispenser should be designed so that the user can pull out the paper towels without touching anything else.³⁶

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.³⁷

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 required³⁸

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.³⁹

34. Cloth towels used to dry hands must be single-use.⁴⁰

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.⁴¹

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).⁴²

³³ Best Practices for Hand Hygiene, Recommendation 36.

³⁴ Best Practices for Hand Hygiene, Recommendation 37.

³⁵ Best Practices for Hand Hygiene, Recommendation 38.

³⁶ Best Practices for Hand Hygiene, Recommendation 39.

³⁷ Best Practices for Hand Hygiene, page 38.

³⁸ Best Practices for Hand Hygiene, Recommendation 40.

³⁹ Best Practices for Hand Hygiene, Recommendation 41.

⁴⁰ Best Practices for Hand Hygiene, Recommendation 23.

⁴¹ Best Practices for Hand Hygiene, Recommendation 9.

⁴² Best Practices for Hand Hygiene, Recommendation 21.

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.⁴³

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.⁴⁴

39. Dry hands using a method that does not re-contaminate the hands.⁴⁵

- Disposable paper towels are the preferred method, if the towels can be pulled from the dispenser without touching anything else.⁴⁶
- 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.⁴⁷
 - 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.⁴⁸
- 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.⁴⁹

41. Do not use alcohol-based hand rub immediately after washing hands with soap and water.⁵⁰ 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.^{51, 52} 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.⁵³ 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>.

⁴³ Best Practices for Hand Hygiene, Recommendation 11.

⁴⁴ Best Practices for Hand Hygiene, Recommendation 22.

⁴⁵ Best Practices for Hand Hygiene, Recommendation 38.

⁴⁶ Best Practices for Hand Hygiene, Recommendation 39.

⁴⁷ Best Practices for Hand Hygiene, Recommendation 40.

⁴⁸ Best Practices for Hand Hygiene, Recommendation 23.

⁴⁹ Best Practices for Hand Hygiene, Recommendation 24.

⁵⁰ Best Practices for Hand Hygiene, Recommendation 25.

⁵¹ Best Practices for Hand Hygiene, Recommendation 7.

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.⁵⁴

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.⁵⁵

46. Select gloves that fit well and are sufficiently durable for the task.⁵⁶

47. Put on gloves just before the task or procedure that requires them.⁵⁷

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.⁵⁸

49. Single-use disposable gloves should not be re-used or washed.⁵⁹

50. Wear a gown if a procedure or activity is likely to cause splashes or sprays of blood, body fluids, secretions, or excreta.⁶⁰

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.⁶¹

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.⁶²

⁵⁴ Best Practices for Environmental Cleaning, Recommendation 21.

⁵⁵ Routine Practices and Additional Precautions, Recommendation 10.

⁵⁶ Routine Practices and Additional Precautions, Recommendation 12.

⁵⁷ Routine Practices and Additional Precautions, Recommendation 13.

⁵⁸ Best Practices for Environmental Cleaning, Recommendation 22.

⁵⁹ Routine Practices and Additional Precautions, Recommendation 17.

⁶⁰ Routine Practices and Additional Precautions, Recommendation 18.

⁶¹ Routine Practices and Additional Precautions, Recommendation 19.

⁶² Routine Practices and Additional Precautions, Recommendation 20.

53. Wear a mask and eye protection within 2 metres (6 feet) of a patient on Droplet Precautions.⁶³ 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.⁶⁴

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).⁶⁵

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.⁶⁶

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.⁶⁷

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.⁶⁸

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.

⁶⁷ Gastrointestinal Infection Outbreak Guidelines, p13.

⁶⁸ Best Practices for Environmental Cleaning, Recommendation 20.

- 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).

⁶⁹ Best Practices for Environmental Cleaning, Recommendation 24.

⁷⁰ Best Practices for Environmental Cleaning, Recommendation 25.

⁷¹ Best Practices for Environmental Cleaning, Recommendation 27.

⁷² Best Practices for Environmental Cleaning, Recommendation 28 and 70.

⁷³ Best Practices for Environmental Cleaning, Recommendation 11.

⁷⁴ Best Practices for Environmental Cleaning, Recommendation 29.

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.⁷⁸

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).⁷⁹

70. Housekeeping staff services managers and supervisors must attend a course directly related to health care housekeeping, and obtain certification within a recognized association.⁸⁰

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.⁸¹ 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.

⁷⁹ Best Practices for Environmental Cleaning, Recommendation 57, Routine Practices and Additional Precautions, Recommendation 58.

⁸⁰ Best Practices for Environmental Cleaning, Recommendation 58.

⁸¹ Best Practices for Environmental Cleaning, Recommendation 59.

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.⁸²

- 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.⁸³

75. Housekeeping staff must be offered appropriate immunizations: annual (seasonal) influenza, pandemic influenza, measles-mumps-rubella (MMR), varicella, tetanus, hepatitis B and pertussis vaccines.⁸⁴

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.⁸⁵ The program will include:

- a.) identification of exposed staff;
- b.) provision of immediate first aid and medical attention⁸⁶
- 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.) 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.

⁸³ Best Practices for Environmental Cleaning, Recommendation 61.

⁸⁴ Best Practices for Environmental Cleaning, Recommendation 62.

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 linens⁹⁴ (bleach and hot air drying will disinfect linens that have been contaminated with any kind of infectious material). Routine laundering practices⁹⁵ include:

⁸⁷ Routine Practices and Additional Precautions, Recommendation 60.

⁸⁸ Best Practices for Environmental Cleaning, Recommendation 64.

⁸⁹ Best Practices for Environmental Cleaning, Recommendation 65.

⁹⁰ Best Practices for Environmental Cleaning, p47.

⁹¹ Best Practices for Environmental Cleaning, Recommendation 31.

⁹² Best Practices for Environmental Cleaning, Recommendation 32.

⁹³ Best Practices for Environmental Cleaning, Recommendation 33.

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

⁹⁶ Best Practices for Environmental Cleaning, Recommendation 35.

In British Columbia, the following types of wastes from community clinics are regulated⁹⁷:

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 sporicidal⁹⁸ chemical disinfection) before disposal in a landfill.⁹⁹

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.¹⁰⁰

- Amounts over this limit must be taken to an approved waste disposal facility (contact HazWaste BC¹⁰¹ 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.¹⁰²

87. Non-immunized handlers of biomedical waste (including laundry staff) must be offered hepatitis B immunization.¹⁰³

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.

⁹⁹ Best Practices for Environmental Cleaning, p49.

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).

http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/63_88_00.

¹⁰¹ <http://www.hazwastebc.com/categories/biomedical-waste/>, or info@hazwastebc.com.

¹⁰² Best Practices for Environmental Cleaning, Recommendation 36.

¹⁰³ Best Practices for Environmental Cleaning, Recommendation 37.

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

¹⁰⁴ Best Practices for Environmental Cleaning, Recommendation 38.

¹⁰⁵ Best Practices for Environmental Cleaning, Recommendation 44.

¹⁰⁶ Best Practices for Environmental Cleaning, Recommendation 45.

¹⁰⁷ Best Practices for Environmental Cleaning, Recommendation 46.

¹⁰⁸ Best Practices for Environmental Cleaning, Recommendation 47.

¹⁰⁹ Best Practices for Environmental Cleaning, Recommendation 48.

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.

¹¹¹ Best Practices for Environmental Cleaning, Recommendation 50.

¹¹² Best Practices for Environmental Cleaning, Recommendation 51.

¹¹³ Best Practices for Environmental Cleaning, Recommendation 66.

¹¹⁴ Best Practices for Environmental Cleaning, Recommendation 67.

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

¹¹⁶ Best Practices for Environmental Cleaning, Recommendation 72.

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.

Total Risk Score	Risk Type	Minimum Cleaning Frequency
7	High risk	Clean after each case/event/procedure and at least twice per day; clean additionally as required.
4 to 6	Moderate risk	Clean at least once daily; clean additionally as required (e.g., when visibly dirty).
2 to 3	Low risk	Clean according to a fixed schedule; clean additionally as required (e.g., when visibly dirty).

C. Examples using the method to determine level and frequency of cleaning of specific areas

Location	Patient Care	Level of Clean	Probability of Contamination	Potential for Exposure	Population	Total Score	Frequency of Cleaning
Admission/Discharge Units	Yes	Hospital	Light = 1 Moderate = 2 Heavy = 3	High-touch = 3 Low-touch = 1	Less Susceptible = 0 More Susceptible = 1	2	Clean according to a fixed schedule; Clean additionally as required
							Clean at least once daily; Clean additionally as required
							Clean at least once daily; Clean additionally as required
Autopsy/Morgue	Yes	Hospital	3	3	0	6	Clean at least once daily; Clean additionally as required
							Clean at least once daily; Clean additionally as required
Clean Linen Handling and Storage Area	Yes	Hospital	1	1	0	2	Clean according to a fixed schedule; Clean additionally as required
							Clean according to a fixed schedule; Clean additionally as required
Dental Procedure Room	Yes	Hospital	3	3	0	6	Clean at least once daily; Clean additionally as required
							Clean after each case/event/procedure and at least twice per day; Clean additionally as required
							Clean according to a fixed schedule; Clean additionally as required
Diagnostic Imaging	Yes	Hospital	1	1	0	2	Clean according to a fixed schedule; Clean additionally as required
							Clean according to a fixed schedule; Clean additionally as required
							Clean according to a fixed schedule; Clean additionally as required
Dining Room/Cafeteria and food preparation	Yes	Hospital	1	3	0	4	Clean at least once daily; Clean additionally as required
							Clean at least once daily; Clean additionally as required
Emergency Room—patient cubicle	Yes	Hospital	2	3	0	5	Clean at least once daily; Clean additionally as required
							Clean at least once daily; Clean additionally as required
Emergency Room—patient cubicle	Yes	Hospital	2	3	1	6	Clean at least once daily; Clean additionally as required
							Clean at least once daily; Clean additionally as required

Location	Patient Care	Level of Clean	Probability of Contamination	Potential for Exposure	Population	Total Score	Frequency of Cleaning
	Yes	Hospital	3	3	0	6	Clean at least once daily; Clean additionally as required
	Yes	Hospital	3	3	1	7	Clean after each case/event/procedure and at least twice per day; Clean additionally as required
Emergency Room—trauma room	Yes	Hospital	3	3	1	7	Clean after each case/event/procedure and at least twice per day; Clean additionally as required
Emergency Room—washroom	Yes	Hospital	3	3	1	7	Clean at least every 4 hours; Clean additionally as required
Emergency Room—other	Yes	Hospital	1	3	0	4	Clean at least once daily; Clean additionally as required
Equipment Reprocessing Area (CPS/SPD)	Yes	Hospital	3	3	0	6	Clean at least once daily; Clean additionally as required
Laboratory	Yes	Hospital	3	3	0	6	Clean at least once daily; Clean additionally as required
Labour and Birthing Rooms	Yes	Hospital	3	3	1	7	Clean after each case/event/procedure and at least twice per day; Clean additionally as required
Laundry—soiled linen	Yes	Hospital	3	3	0	6	Clean at least once daily; Clean additionally as required
Nursery (well baby)	Yes	Hospital	1	1	0	2	Clean according to a fixed schedule; Clean additionally as required
Occupational Therapy	Yes	Hospital	1	3	0	4	Clean at least once daily; Clean additionally as required
Offices	No	Hotel	1	1	0	2	Clean according to a fixed schedule; Clean additionally as required

Location	Patient Care	Level of Clean	Probability of Contamination	Potential for Exposure	Population	Total Score	Frequency of Cleaning
On Call Rooms	No	Hotel	1	1	0	2	Clean according to a fixed schedule; Clean additionally as required
	Yes	Hospital	3	3	1	7	Clean after each case/event/procedure and at least twice per day; Clean additionally as required
Operating Room Suite	Yes	Hospital	3	3	1	7	Clean after each case/event/procedure and at least twice per day; Clean additionally as required
	Yes	Hospital	2	3	0	5	Clean at least once daily; Clean additionally as required
Patient/Resident Room	Yes	Hospital	2	3	0	5	Clean at least once daily; Clean additionally as required
	Yes	Hospital			1	6	Clean at least once daily; Clean additionally as required
Pharmacy—admixture room	Yes	Hospital	1	3	1	5	Clean at least once daily; Clean additionally as required
	Yes	Hospital	1	3	0	4	Clean at least once daily; Clean additionally as required
Pharmacy—general purpose area	Yes	Hospital	1	3	0	4	Clean at least once daily; Clean additionally as required
	Yes	Hospital	1	3	0	4	Clean at least once daily; Clean additionally as required
Physical Plant Workshops	No	Hotel	1	3	0	4	Clean at least once daily; Clean additionally as required
	Yes	Hospital	1	3	0	4	Clean at least once daily; Clean additionally as required
Physiotherapy	Yes	Hospital	1	3	0	4	Clean at least once daily; Clean additionally as required
	Yes	Hospital	3	3	0	6	Clean at least once daily; Clean additionally as required
Procedure Room	Yes	Hospital	3	3	0	6	Clean at least once daily; Clean additionally as required
	Yes	Hospital			1	7	Clean after each case/event/procedure and at least twice per day; Clean additionally as required
Public Areas (corridors, elevators, stairwells, lobbies, libraries, meeting rooms, locker rooms)	No	Hotel	1	1	0	2	Clean according to a fixed schedule; Clean additionally as required
	Yes	Hospital			0	5	Clean at least once daily; Clean additionally as required

Location	Patient Care	Level of Clean	Probability of Contamination	Potential for Exposure	Population	Total Score	Frequency of Cleaning
	Yes	Hospital			1	6	Clean at least once daily; Clean additionally as required
Sterile Supply Area	Yes	Hospital	1	1	0	2	Clean according to a fixed schedule; Clean additionally as required
Washroom, Emergency/Urgent care	Yes	Hospital	3	3	1	7	Clean at least every 4 hours; Clean additionally as required
Washroom, public, used by patients	Yes	Hospital	3	3	0	6	Clean at least once daily; Clean additionally as required

Adapted from:
Appendix B, 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*. <http://www.oahpp.ca/resources/pidac-knowledge/best-practice-manuals/environmental-cleaning-for-prevention-and-control-of-infections.html>.

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

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

Example: 25 items inspected

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 C, 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*. <http://www.oahpp.ca/resources/pidac-knowledge/best-practice-manuals/environmental-cleaning-for-prevention-and-control-of-infections.html>.

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.

Area:	Compliance			Deficiency Noted
	Yes	No	N/A	
Type of audit: VisAssess DirectObs Bioburden EnvMark				
Supplies				
There is a one-day supply of toilet paper, paper towels, soap, Alcohol-based hand rub, gloves				
The sharps container is less than 3/4 full				
Waste has been removed				
Soiled linen has been removed				
Surface Cleaning				
Doors, door handle, frame and push plate				
Walls				
Curtains				
Glass partitions, door panels, mirrors and windows				
Chairs				
Window sill				
Television plus cords				
Telephone				
Computer keypads				
Night table, over-bed table, side tables, desks				

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'		X	X	Compliance Rate:
Total number of 'No'	X		X	
Total number of items ('Yes' and 'No', exclude 'N/A')			X	

Adapted from:
Appendix D, 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. <http://www.oahpp.ca/resources/pidac-knowledge/best-practice-manuals/environmental-cleaning-for-prevention-and-control-of-infections.html>.

Appendix 4: Hospital-grade cleaning and disinfecting agents

Option	Uses/Comments	Advantages/Comments	Disadvantages/Comments
Accelerated hydrogen peroxide 0.5% (7% solution diluted 1:16)	<ul style="list-style-type: none"> ● General surface cleaner and disinfectant in all patient care areas ● Cleaning and disinfection of surfaces and floors after blood or body fluid spills ● Cleaning and disinfection of surfaces and floors after spill of vomit or feces ● Low-level disinfection of non-critical medical equipment ● Low-level disinfection achieved after 5 minutes contact at 20 C ● Monitoring not required, however test kits are available from manufacturer 	<ul style="list-style-type: none"> ● Safe for environment ● Non-toxic ● Rapid action ● Also available as a ready-to use pre-moistened 0.5% wipe. ● Active against mycobacteria, including tuberculosis. ● Active against noroviruses. ● Active in the presence of organic materials. ● Contains surfactants, has excellent cleaning ability due to detergent properties. ● Provides “one-step” surface cleaning and disinfection. 	<ul style="list-style-type: none"> ● Wear eye protection when pouring and diluting the 7% concentrated solution. ● Contraindicated for use on copper, brass, carbon-tipped devices and anodized aluminum. ● Not effective against <i>C. difficile</i> spores. AHP 4.5% needed for sporicidal effect.
Accelerated hydrogen peroxide 4.5%	<ul style="list-style-type: none"> ● Clean surface first, then apply AHP 4.5% as disinfectant ● Disinfection of toilet bowls, sinks, basins and commodes in washrooms of <i>C. difficile</i> patients ● Sterility is achieved after 10 minutes contact 	<ul style="list-style-type: none"> ● Sporicidal: effective against <i>C. difficile</i> and other bacterial spores ● Available as a gel to improve adhesion to vertical surfaces during contact time ● Safe for environment ● Non-toxic 	<ul style="list-style-type: none"> ● Expensive ● Do not use on medical devices or equipment or as a general surface cleaner/disinfectant. ● Contraindicated for use on copper, brass, carbon-tipped devices and anodized aluminum, rubber, plastics ● Do not use on monitors
Alcohols (70% to 95%)	<ul style="list-style-type: none"> ● External surfaces of some equipment (e.g., stethoscopes). ● Non-critical equipment used for home health care. ● Disinfection is achieved after 10 minutes of contact. 	<ul style="list-style-type: none"> ● Non-toxic ● Low cost ● Rapid action ● Non-staining ● No residue ● Effective on clean equipment/devices that can be immersed 	<ul style="list-style-type: none"> ● Evaporates quickly, not a good surface disinfectant ● Evaporation may diminish concentration ● Flammable—store in a cool well ventilated area; refer to Fire Code restrictions for storage of large volumes of alcohol ● Coagulates protein; a poor cleaner ● May dissolve lens mountings ● Hardens and swells plastic tubing ● Harmful to silicone; causes brittleness ● May harden rubber or cause deterioration of glues ● Inactivated by organic material ● Contraindicated in the Operating Room.

Option	Uses/Comments	Advantages/Comments	Disadvantages/Comments
Bleach, undiluted (5% to 8% sodium hypochlorite, 50,000 to 80,000 ppm chlorine)	<ul style="list-style-type: none"> ● Dilute, do not use full-strength 	<ul style="list-style-type: none"> ● Low cost ● Readily available in community settings 	<ul style="list-style-type: none"> ● Irritant to skin and mucous membranes ● Wear eye protection when pouring and diluting ● Use in well-ventilated areas ● Corrosive to metals ● Stains clothing and carpets ● Must be stored in closed containers away from light and heat to prevent deterioration ● DO NOT MIX with other cleaners or disinfectants!
Bleach, diluted 1:10 (0.5% or 5,000 ppm chlorine)	<ul style="list-style-type: none"> ● Disinfection of toilet bowls, sinks, basins and commodes in washrooms of <i>C. difficile</i> patients. ● Disinfection of surfaces and floors after major blood spill ● Disinfection of surfaces and floors after spill of vomit or feces 	<ul style="list-style-type: none"> ● Sporicidal: effective against <i>C. difficile</i> and other bacterial spores 	<ul style="list-style-type: none"> ● Inactivated by organic materials: clean with detergent before applying bleach for disinfection ● Should be used immediately once diluted ● Use in well-ventilated areas ● Stains clothing and carpets
Bleach, diluted 1:50 (0.1% or 1,000 ppm chlorine)	<ul style="list-style-type: none"> ● General disinfection of surfaces and floors in patient care areas ● Low-level disinfection of non-critical medical equipment ● Disinfection of toys (soaking) ● Sporicidal disinfection of surfaces and floors in Emergency Room washrooms ● Sporicidal disinfection of surfaces and floors in washrooms of <i>C. difficile</i> patients 	<ul style="list-style-type: none"> ● Sporicidal: effective against <i>C. difficile</i> and other bacterial spores 	<ul style="list-style-type: none"> ● Inactivated by organic materials: clean with detergent before applying bleach for disinfection ● Should be used immediately once diluted ● Use in well-ventilated areas ● Stains clothing and carpets
Hydrogen peroxide 3% (Does not include formulations intended for use as skin antiseptics)	<ul style="list-style-type: none"> ● Clean surface or item first, then apply peroxide 3% as disinfectant ● Disinfection of non-critical equipment used for home health care ● Disinfection of floors, walls, furnishings ● Disinfection is achieved with a 3% solution after 30 minutes contact 	<ul style="list-style-type: none"> ● Safe for the environment ● Non-toxic 	<ul style="list-style-type: none"> ● Contraindicated for use on copper, zinc, brass, aluminum ● Store in cool place, protect from light to prevent deterioration

Option	Uses/Comments	Advantages/Comments	Disadvantages/Comments
Iodophors (Does not include formulations intended for use as skin antiseptics)	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • Rapid action • Non-toxic 	<ul style="list-style-type: none"> • Corrosive to metal unless combined with inhibitors • Inactivated by organic materials • May stain fabrics and synthetic materials
Phenolic disinfectants	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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”)	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • Non-corrosive • Non-toxic • Low irritant potential • Good cleaning ability, have detergent properties • May be used on food surfaces 	<ul style="list-style-type: none"> • 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)

Adapted from:

Appendix E, 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. <http://www.oahpp.ca/resources/pidac-knowledge/best-practice-manuals/environmental-cleaning-for-prevention-and-control-of-infections.html>.

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.

Item	Cleaning level/frequency
Apnoea monitor (monitor/sensor pad)	Clean and low-level disinfect between patients and when soiled.
Arrest cart	See Resuscitation cart.
Bath seat and raised toilet seat (used by single patient)	Clean and low-level disinfect when soiled.
Bath seat and raised toilet seat (use by multiple patients)	Clean and low-level disinfect between patients.
Bed—rail and extender	Clean and low-level disinfect daily.
Bed—mattress	Clean and low-level disinfect between patients and when soiled.
Bed—halo bed	Clean and low-level disinfect after each patient and when soiled.

Item	Cleaning level/frequency
Bed—visitor cot	Clean and low-level disinfect and change linen between uses.
Bedpan and urinal (used by single patient)	Clean after each use, remove gross soil and fluids before cleaning.
Bedpan and urinal (used by multiple patients)	Clean and low-level disinfect between patients, remove gross soil and fluids before cleaning.
Bladder scanner	Clean and low-level disinfect between patients.
Blood pressure cuff	Clean and low-level disinfect between patients and when visibly soiled, ideally stays with patient until discharge.
Call bell	Clean and low-level disinfect daily and between patients.
Cardiac monitor	Clean daily and between patients.
Cast cutting—blades	Clean or dispose when soiled, send for sterilization if soiled with blood or body fluids.
Cast cutting—saws	Clean when soiled.
Chair (includes recliners, patient chairs and shower chairs)	Clean and low-level disinfect daily and when soiled.
Chart cover—binder and/or clipboard	Clean when soiled, charts and clipboards are not to go into rooms of patients on droplet precautions ¹¹⁸ , airborne precautions ¹¹⁹ or contact precautions ¹²⁰ , replace worn binders.
Clippers, surgical	Clean and low-level disinfect between patients, disposable heads are preferred.
Commode chairs (used by single patient)	Clean and low-level disinfect when soiled, ideally dedicated to each patient, patients with vancomycin-resistant enterococcus or <i>C. Difficile</i> must have dedicated commode, for <i>C. Difficile</i> , consider cleaning with a sporicidal ¹²¹ agent, remove gross soil and fluids before cleaning and disinfection.

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, Methicillin-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.

Item	Cleaning level/frequency
Commode chairs (used by multiple patients)	Clean and low-level disinfect between patients and when soiled, remove gross soil and fluids before cleaning and disinfection.
Cyclers (peritoneal dialysis)	Clean between patients.
Defibrillator	See Resuscitation cart.
Diagnostic imaging—portable machine	Clean when soiled and on leaving contact precautions room.
Diagnostic imaging—portable grid/film cassette	Clean and low-level disinfect between patients if not covered, ideally should be covered (e.g. pillowcase).
Diagnostic imaging—mammography paddles	Clean and low-level disinfect between patients.
Dopplers—transducers	Clean after each use, wipe immediately after use to remove residual ultrasound gel before cleaning.
Dopplers—probes	Clean and low-level disinfect after each use, probes that contact mucous membranes or non-intact skin require high-level disinfection.
ECG machine and cables	Clean between patients.
Electric razor—body and handle	Clean as required, must be single patient use.
Examination table	Clean and low-level disinfect between patients and when soiled.
Glucometer	Clean and low-level disinfect after each use.
Halo bed	See Bed.
Hydraulic lift—machine	Clean as required.
Hydraulic lift—sling	Clean between patients and when soiled, dedicated to patient if possible, launder if visibly soiled.
Ice machine, interior	Clean and low-level disinfect every 6 months, drain and thoroughly clean with a de-limer.
Ice machine, exterior	Clean every 3 days.
Intravenous (IV), pumps, poles, warmers	Clean and low-level disinfect between patients and when soiled.
Laryngoscope, handle	Clean between patients, laryngoscope blade requires high-level disinfection after each use.
Mattress	See Bed.
Measuring container (urine), used by single patient	Clean after each use.

Item	Cleaning level/frequency
Measuring container (urine), used by multiple patients	Clean and low-level disinfect after each use, one container per patient, labelled with name.
Ophthalmoscope	Clean between patients.
Otoscope, handle	Clean between patients, use disposable ear specula or high-level disinfection.
Orthopedic equipment, crutches, traction etc.	Clean between patients.
Oximeter probes	Clean and low-level disinfect daily and between patients, refer to manufacturer's instructions for cleaning.
Pillow	Clean and low-level disinfect between patients and when soiled, discard if cracked.
Reflex hammer	Clean between patients.
Restraints	Clean or dispose, between patients and when soiled.
Resuscitation cart/arrest cart	Clean weekly and after use, avoid taking cart into contact precautions room, have a designated clean person to pass supplies as required.
Resuscitation cart/arrest cart, defibrillator	Clean and low-level disinfect after each use.
Resuscitation cart/arrest cart, supplies/trays	Clean after each use, all items taken into contact precautions room must be discarded and not returned to the cart, even if unopened.
Scales, adult	Clean daily and when soiled.
Scales, diaper	Clean and low-level disinfect after each use.
Scales, infant/neonate	Clean and low-level disinfect after each use, do not use phenolics.
Stretcher	Clean and low-level disinfect after each use.
Stethoscope	Clean and low-level disinfect after each use, ideally use own stethoscope, if shared, disinfect ear pieces.
Suction machines	Clean and low-level disinfect between patients and when soiled.
Table, bedside or over bed	Clean and low-level disinfect daily, when soiled, and between patients.
Telemetry equipment, monitor and cables	Clean between patients and when soiled.
Tourniquet	Clean or dispose, between patients, discard when soiled.
Transfer boards	Clean and low-level disinfect between patients and when soiled.

Item	Cleaning level/frequency
Transport equipment: walker, wheelchair	Clean and low-level disinfect after each use.
Tub, bath board	Clean and low-level disinfect after each use. Iodine and chlorine products may damage tub surfaces.
Ultrasound transducers: handle and cable, external	Clean and low-level disinfect between patients. Use high-level disinfection for transducer probes that contact mucous membranes.
Urinal	See Bedpan.
Urine measuring container	See Measuring container.
Vacutainer holder	Clean when soiled, ideally single patient use, and discard if visibly soiled.
Walker	See Transport equipment.
Wall-mounted oxygen and suction fixtures	Clean between patients and when soiled.
Water jug	Clean daily.
Wheelchair	See Transportation equipment.

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.*

<http://www.oahpp.ca/resources/pidac-knowledge/best-practice-manuals/environmental-cleaning-for-prevention-and-control-of-infections.html>.