

References

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<http://www.nhmrc.gov.au/guidelines/publications/cd33>

Victoria: Disease Information and Advice (online)
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<http://health.vic.gov.au/cleaningstandards/standards.htm>

AS/NZS 3733:1995 Textile Floor Coverings - Cleaning Maintenance of Residential and Commercial Carpeting

Resources

For other booklets and resources visit the Grampians Region Health Collaborative Website—Infection Control at:
<http://infectioncontrol.grampianshealth.org.au>

Acknowledgements

Health Canada. Infection control guidelines. 2000.
Microbial transmission diagram.

Cartoons in this booklet by
<http://www.davegibb.com.au/index.htm>



A LITTLE YELLOW INFECTION CONTROL BOOK

BOOK ONE

INFECTION PREVENTION IN ENVIRONMENTAL SERVICES



**Grampians Region Infection Control Group
2018**

ABOUT THIS BOOK

A Little Yellow Book Infection Prevention in Environmental Services is **book one of two** and is designed to fill the need for simple, point-of-first-use infection control information for environmental service personnel.

It is not designed to be a comprehensive procedure manual. Employees seeking detailed information should refer to the agency environmental services manual or infection control manual.

This book attempts to provide basic infection control and cleaning principles, as specific procedures vary from agency to agency.

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My Notes

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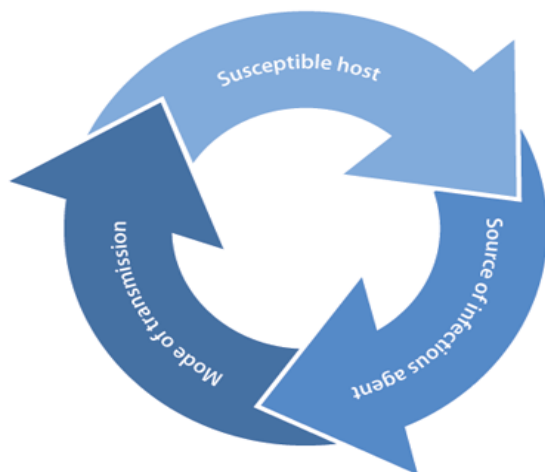
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Three Requirements for Infection Transmission



1. Susceptible host

- Older person
- Babies
- Someone with a chronic medical condition
- Smoker

2. Source of infectious agent

- Food
- Water
- Objects
- Environment

3. Mode of transmission

- **Contact**
Directly or indirectly from person or object
- **Droplet**
Large droplets from respiratory secretions that float in the air for a short time and then drop to the ground
- **Airborne**
Small droplets from respiratory secretions that float in the air for some time before settling

Should You Be At Work?

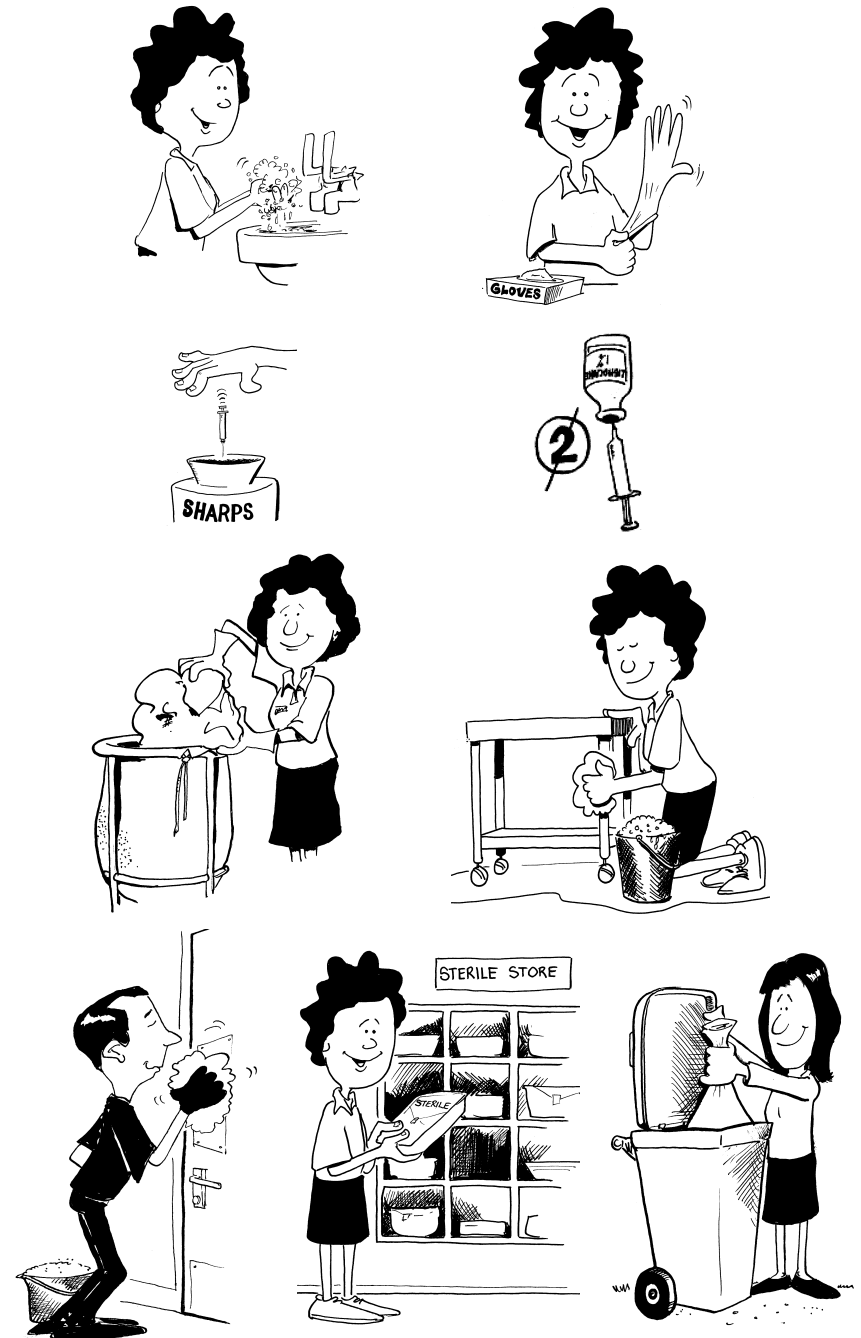
Infectious diseases in staff can be readily transmitted to susceptible patients.

Respiratory infections eg. the "flu", can be transmitted to patients by respiratory secretions shed by coughing/sneezing/your hands.

Infections on your skin or eyes can be transmitted to patients by your hands.

Diarrhoeal infections can be transmitted to patients by your hands, on articles you have touched, on food you have handled. A period of 48 hours free of diarrhoea/vomiting is usually required before return to work. Upon return to work scrupulous hand hygiene is particularly important for the next week.

IF YOU ARE ILL PLEASE CONSULT YOUR
DOCTOR OR STAFF CLINIC.



Major Elements of Infection Control

- **Hand hygiene**
- **Personal protective clothing**
- **Sharps safety**
- **Clinical waste disposal**
- **Linen management**
- **Decontamination of equipment**
- **Sterile supplies and aseptic technique**
- **Environmental cleanliness**
- **Single use supplies**

Occupational Exposure

Needle stick injury or splashes with body fluids require:

- Immediate washing of area with detergent wash or antimicrobial wash
- Eye splashes should be rinsed well with water
- Report exposure to Supervisor, Nursing Administration, ICP or Staff Clinic
- Complete and lodge accident/incident report
- Undertake blood tests/counselling as organised by Nursing Administration, Infection Control Practitioner, General Practitioner or Staff Clinic.

Your worst nightmare!



OR



Cover cuts and abrasions on the hands and forearms with blue waterproof dressings and plasters, particularly in areas where handling food or working in kitchen or dining areas.

NOTE: Staff with sore, red, irritated hands due to conditions such as eczema or psoriasis should seek occupational health advice.

Hand Hygiene

Hand hygiene remains the single most effective infection control measure for all health care workers.

Hand hygiene is using an alcoholic/chlorhexidine hand rub to remove and reduce the number of micro-organisms on the hands or using soap and water .

- Hand hygiene must be carried out :
 - Before and after each patient contact
 - After handling soiled linen
 - After handling patient equipment
 - After handling patient specimens
 - Before handling food
 - Before and after eating, blowing your nose, using the toilet
 - After removing gloves.

Application of Alcohol Hand Rub

- Alcoholic hand rub may be used when hands are not visibly soiled
- Apply sufficient rub to ensure all surfaces come into contact with rub
- Rub vigorously until solution has evaporated and hands are dry.

Routine Hand Wash

- 15 seconds with neutral hand wash
- Cover all hand surfaces
- Rinse and dry well to avoid skin problems.

Keep Hands in Good Condition

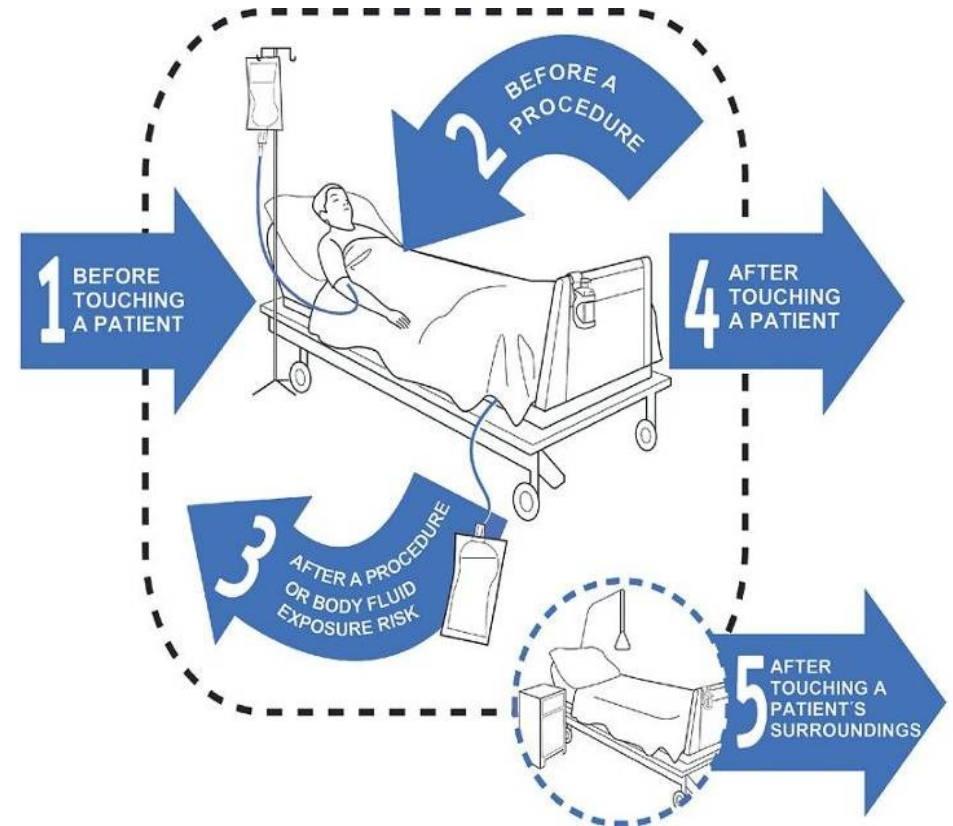
- Apply approved water-based moisturiser often
- Use the moisturiser supplied by your hospital.

Blood and Body Fluid Spills

- Collect spills kit
- Assess the volume of spill to be removed
- Prevent access to the spill area
- Don protective apparel
- Soak up spill with paper towel/absorbent granules
- Dispose of absorbent material into infectious waste bag
- Clean area of spill using neutral detergent/ hot water
- A chlorine disinfectant (sodium hypochlorite 5000 ppm) MAY be necessary for bench top spills) - consult your infection control manual
- Place all used disposable protective apparel into the infectious waste bag and tie securely
- Wash hands.



The five moments of hand hygiene apply to all healthcare workers



Glove Use

- Disposable gloves should be used when contact with body fluids is anticipated
- Gloves frequently have minute holes so hands must be washed after glove removal
- Powderless gloves may produce less skin sensitivity than powdered gloves
- Gloves can carry micro-organisms from one patient to another, so must be changed between patients, and between soiled and clean sites on the same patient
- Some health care workers suffer from varying degrees of allergy to the latex in rubber gloves
- Latex-free gloves should be available for affected health care workers
- General purpose utility gloves should be used for general cleaning.



Sharps Safety

A sharp is any item capable of penetrating human tissue—broken glass, drug vials, used needles, razors, blades etc. and must be carefully disposed of into sharps container using forceps or tweezers.

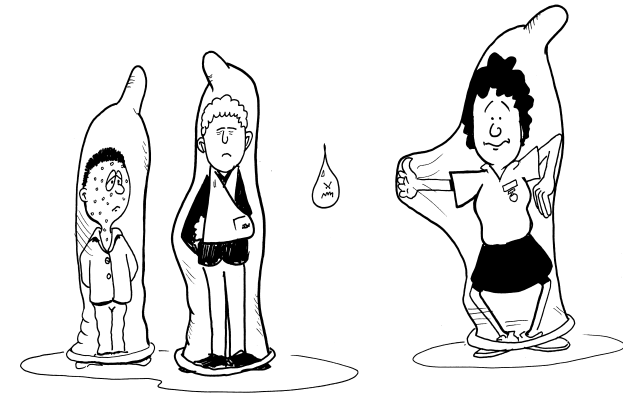
All sharps used on people have the potential to transmit blood-borne infections.

Injury prevention

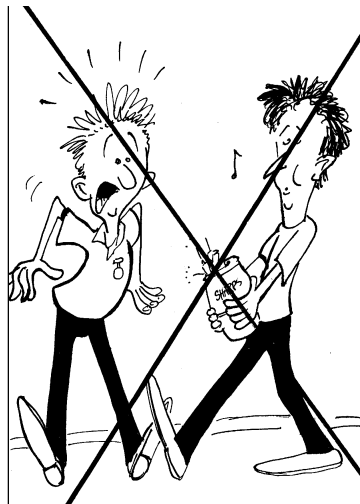
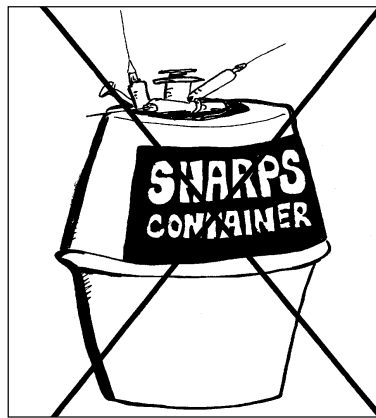
- If a sharp object is found, protect self, remove item carefully and place into a sharps container
- Wherever possible do not physically handle the sharp - a dustpan and piece of cardboard or plastic or a pair of tongs can be used to manipulate the sharp instead
- Discard needles and syringes as one unit into the sharps container
- Never attempt to re-sheath, bend or break needles or overfill the sharps container
- Seal the container correctly and label when two-thirds full
- Always use the handle when carrying a sharps container, holding it away from the body
- Store in the designated disposal area
- Never attempt to decant contents of small sharps containers into larger containers
- Sharp medical items such as syringes and needles, left in patient care areas, should be drawn to the attention of the nursing staff, who will dispose of them appropriately.



Complete protection against transmission is possible, but not practical



Adequate protection is based on good risk assessment



Consider the Risk!
Be safe in all body fluid situations



Standard Precautions

Standard precautions are a set of control measures designed to prevent contact with the body fluids of any other person or contaminated article.

Assume that every person is potentially infected or colonised regardless of their perceived risk or confirmed infectious status.

Possible Entry Sites for micro-organisms:

- Sharps injuries
- Contact with broken skin
- Contact with conjunctiva (surface of eye)
- Contact with mucous membrane (inner lining) of mouth or nose

Precautions required for all patients:

- Hand hygiene
- Personal protective equipment (PPE) if contact with blood/body fluids may occur
 - Disposable gloves
 - Eye protection (splash potential)
 - Gown/plastic apron (splash potential)
 - Mask (splash potential)
- Respiratory hygiene—staff and patients
- Aseptic technique
- Safe handling of sharps and clinical waste
- Appropriate reprocessing of patient equipment
- Environmental cleanliness
- Appropriate food and laundry services

Respiratory Etiquette—staff & patients

- Cover your mouth and nose with a tissue when you sneeze or cough
- Put used tissue into the waste basket
- Wash your hands after coughing or sneezing.

Staff Immunisation

ARE YOU GETTING ENOUGH?

The National Health and Medical Research Council recommends specific immunisations for health care workers who have significant patient contact.

These are:

Diphtheria/ Tetanus

A full course of three staged injections

Polio

A full course of three staged oral drops/injection

Measles/Mumps/Rubella

Two doses, if born after 1966

Chicken pox (Varicella Zoster virus)

Immunisation if no definite history of the disease

Hepatitis B

A full course of three staged injections, followed by a blood check to check antibody production. **It is absolutely essential to know that you have developed antibodies as a result of the immunisation**

Influenza

Annual injection of the current viral strains

TB Skin Test (possibly at induction and exit)

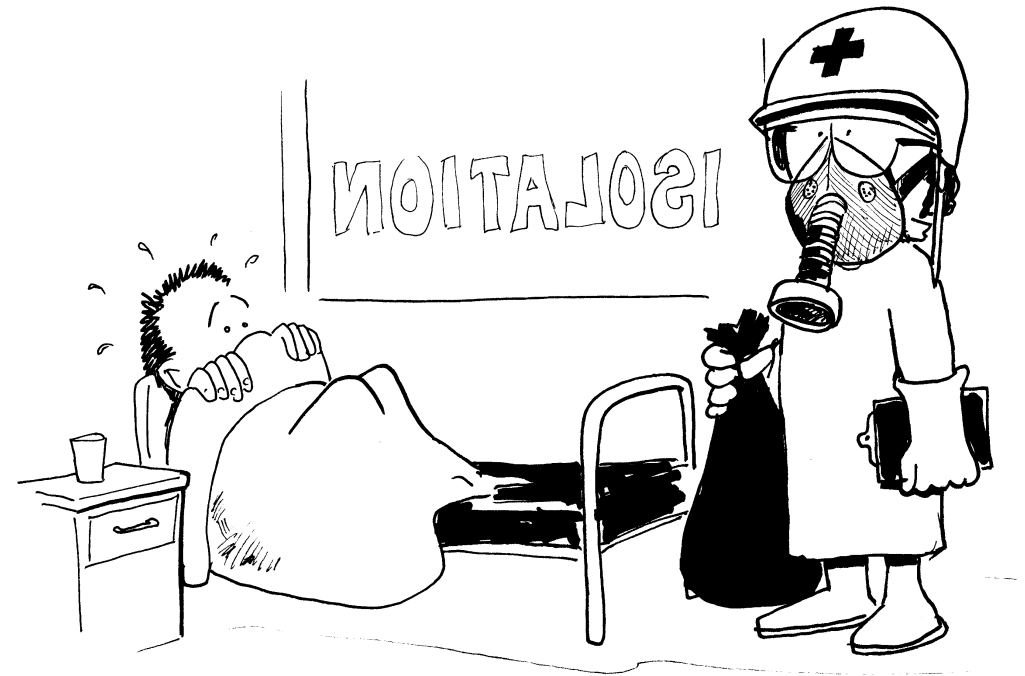
Not an immunisation, but useful to know your status

You may require other vaccines depending on where you work within the health care facility — please discuss your vaccination requirements with the infection control nurse.

Immunisation - Your extra protective umbrella



Sometimes transmission-based precautions are required in addition to Standard Precautions!



Transmission Based Precautions and how to select, put on and take off your PPE is discussed fully in

**Book Two
Infection Prevention in Environmental Services**

Cleaning Isolation Rooms

- Use appropriate hand hygiene, PPE (e.g., gloves, mask, and/or gown) during cleaning and disinfecting procedures—always speak with nursing staff before entering room
- Keep area around patient free of unnecessary supplies and equipment to facilitate daily cleaning
- Give special attention to frequently touched surfaces:
 - Bedrails, bedside and over-bed tables, TV controls, call buttons, telephones, lavatory surfaces including safety rails, door knobs, commodes

(Close lid of toilet when flushing to prevent exposure to aerosols)

- Frequency and level of cleaning will depend on level of hygiene of patient and degree of environmental contamination
- Disinfectants may be required for some situations, follow recommendations for the amount, dilution and contact time (dilution table page 38)

E.g. Chlorine	Viral gastro	1000 ppm
	Pandemic influenza	1000 ppm
	Clostridium difficile	1000 ppm
	VRE	1000 ppm

- After removing PPE and handwashing, ensure that hands do not touch potentially contaminated environmental surfaces or items

Various levels of terminal cleaning of room after patient discharge may be necessary depending on infectious status of patient — contact environmental services or infection control for details.

Staff Health

A high level of personal health, appropriate immunisations and good personal hygiene provides good baseline protection for health care workers.

The adherence of staff to good infection control practices provides a further level of protection.

- Clothing - Clean work clothing
- Hair - Clean and away from face, avoid touching during ward work
- Jewellery - hand and wrist jewellery has been found to carry pathogenic micro-organisms
- Avoid jewellery use in all clinical settings.

Hand Care

- Hands kept moisturised
- Fingernails short and clean
- Do not wear artificial fingernails, artificial fingernails have been implicated in infection transmission.



Cleaning Equipment

Cleaning cloths and mop heads used in these rooms should not be used elsewhere and after use should be subjected to the normal laundry procedure.

Cleaning equipment, such as the mop bucket, mop handle and bowls should be dedicated for cleaning the patient's room.

After use, this equipment should be cleaned and decontaminated by thermal or chemical disinfection or cleaned with a solution of 500 ppm sodium hypochlorite, left for 10 minutes, rinsed with warm water and then left to dry.

Patient Equipment

Dedicate the use of non-critical patient-care equipment to a single patient (or cohort of patients infected or colonized with the pathogen requiring precautions).

If use of common equipment or items is unavoidable, then ensure items are adequately cleaned and disinfected before use for another patient.

Crockery and Cutlery

No special precautions are needed for eating utensils—the combination of hot water and detergents used in dishwashers is sufficient to decontaminate these items. If this criterion cannot be met, disposable crockery and cutlery should be used.

Linen

All linen is treated as potentially infectious by the laundry service and should be handled according to 'linen management', page 39.



Terminal Cleaning of Isolation Room

Always check with infection control or environmental services manager before commencing regular cleaning or terminal cleaning in an isolation room.

- Use dedicated cleaning equipment reserved for specific isolation room—if this is not possible thoroughly disinfect equipment after use on isolation room
- Don PPE as advised by infection control
- Strip bed and remove linen
- Wash mattress and bed with general detergent and where necessary disinfect using a chlorine based disinfectant—check required strength with manager
- Clean door handles and all high touch surfaces and disinfect as instructed
- Clean all furniture and fittings with general purpose detergent, if instructed to, disinfect using a chlorine-based disinfectant, rinse and dry
- Clean curtain tracks and all high ledges with detergent, disinfect if required
- Clean equipment as instructed, disinfect where appropriate
- Clean all bathrooms/ shower fixtures with detergent, disinfect, rinse and dry where appropriate
- Mop floor with general detergent, disinfect using a chlorine based disinfectant if required, rinse and dry
- Take down curtains and send for laundering if necessary

(Continued on page 17)

Transport of Pathology Specimens

Improperly sealed containers can be an infection threat to courier and pathology staff.

- Nursing staff should decontaminate outside of specimen container with chlorine solution if soiling occurs
- They should ensure container is sealed
- Specimen should be placed in one pocket and the request slip in the other pocket of the Biohazard plastic bag
- Time is critical for transport of specimens to pathology for microbiology tests. Refrigeration of urine specimens, and swabs should be performed if delay in transport is expected.





- Wall washing is not routinely necessary, spot clean as necessary—consult infection control regarding need to wash walls
- Place all disposable cleaning equipment and waste into a clinical waste bag—place ready for disposal
- Thoroughly clean, and where necessary disinfect, all reusable cleaning equipment and allow to dry
- Send reusable mops etc to laundry for washing and heat disinfection
- Remove PPE and discard into a clinical waste bag or laundry bag
- Wash hands or apply alcohol hand rub
- Leave room to 'air' if necessary
- Replenish supplies
- Remake up bed
- Hang clean curtains if necessary

Remove waste and linen as soon as possible—do not leave piled up outside door.



General Cleaning

The Five Golden Rules of Cleaning

1. Work from Clean to Dirty

Start the cleaning process in the cleanest areas and finish in the dirty areas. This method helps to prevent cross infection as it stops contamination of clean areas with soil, thereby decreasing the risk of contamination.

2. Work from High to Low

This method also helps to prevent cross infection and contamination.

3. Leave all Surfaces Clean and Dry

It is important to leave cleaned surfaces as dry as possible. This prevents mould and bacterial growth, and helps prevent accidents.

4. Change Cleaning Solutions and Cloths Often

One of the main causes of contamination is the use of one cloth and bucket for all cleaning. Changing to a fresh cloth and fresh solution significantly reduces bacterial growth and bad odours, with better cleaning results.

5. Wash Your Hands Often

Dirty hands soil clean surfaces. Contaminated hands are the primary cause of cross infection.

(Source: Environmental Hygiene Guidelines, Kevin Nagle 1999)

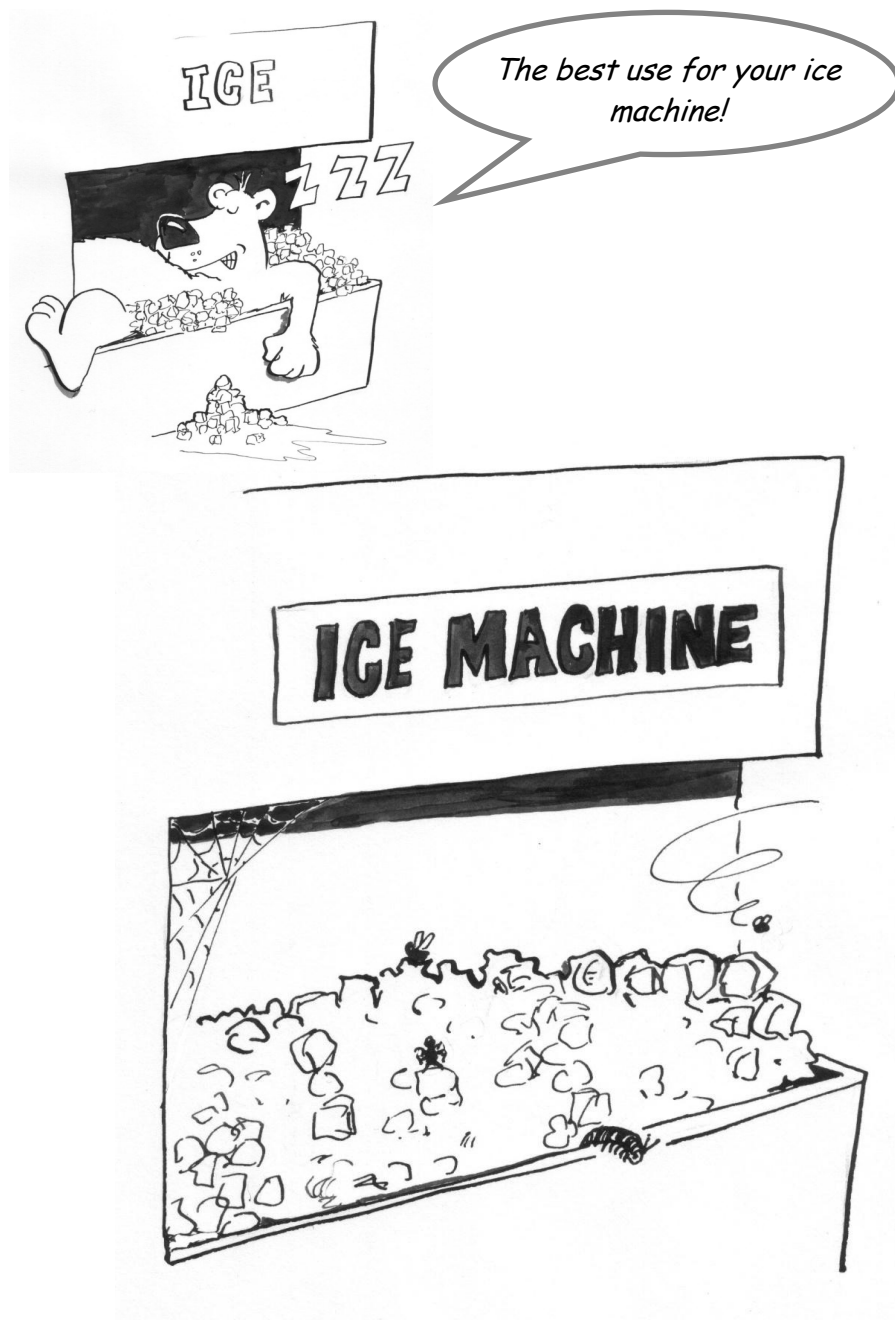
Ice Machines

Ice machines are NOT recommended.

Ice from machines should not be given to immuno-compromised patients.

Micro-organisms may be present in ice, ice-storage chests, and ice-making machines. The two main sources of micro-organisms in ice are the potable water from which it is made and contamination of ice from staff hands.

- Do not handle ice directly by hand, and wash hands before obtaining ice
- Use a smooth-surface ice scoop to dispense ice
- Keep the ice scoop on a chain short enough the scoop cannot touch the floor, or keep the scoop on a clean, hard surface when not in use
- Do not store the ice scoop in the ice bin
- Machines that dispense ice are preferred to those that require ice to be removed from bins or chests with a scoop
- Limit access to ice-storage chests, and keep the container doors closed except when removing ice
- Clean, disinfect, and maintain ice-storage chests on a regular basis. Follow the manufacturer's instructions for cleaning
- Filters fitted to source water should be cleaned regularly by engineering staff.



Methods of Cleaning

Dry cleaning (sweeping, dry dusting) — raises bacteria-carrying particles into the air causing an infection risk — must not be used in hospitals.

Wet cleaning (mopping, damp dusting) — is more suitable for health care facilities. These methods do not raise dust and rarely increase airborne infection risk.

Dust attractant mops/cloths — specially treated or manufactured to attract and retain dust particles, cause much smaller increases in airborne counts than dry sweeping/dusting but they must be used as directed and require washing or reprocessing as directed by the manufacturer.

Vacuum cleaning — an efficient vacuum cleaner can assist in decreasing the amount of airborne dust in the environment. The vacuum cleaner must be fitted with a suitable filtering system capable of filtering 97.5% of dust to 0.5 micron (AS/NZ 3733:1995).



Dry sweeping/dusting must not be used in hospitals

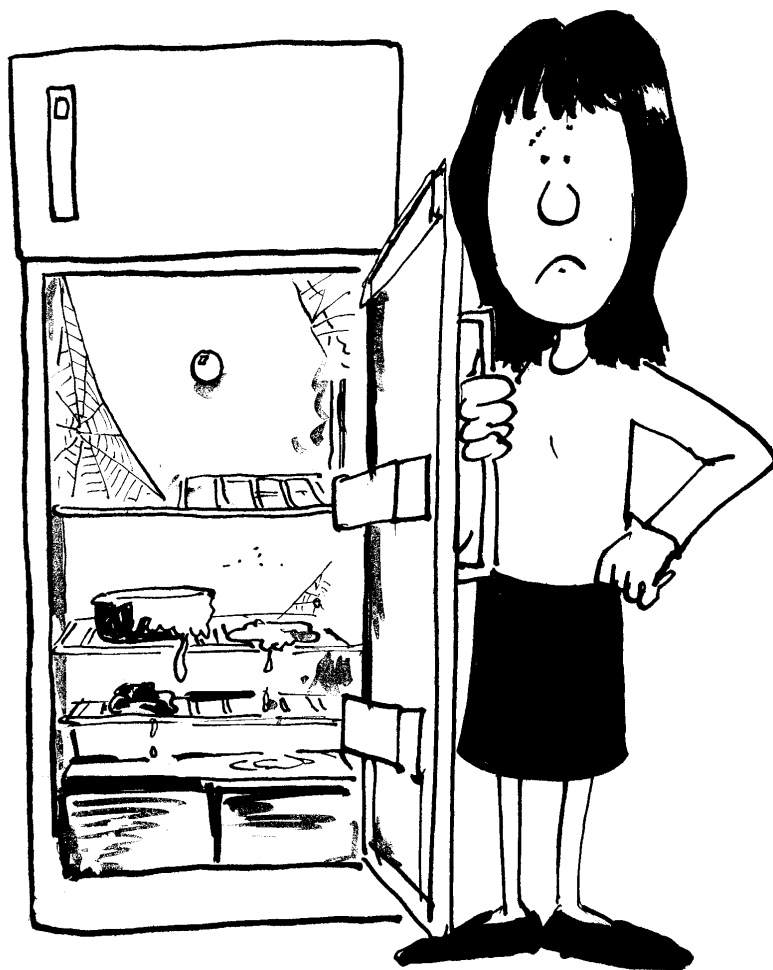
Ward Cleaning

- Detergent and water are adequate for cleaning surfaces in most areas
- Disinfectant solutions may be required for certain resistance bacteria and viral gastroenteritis— (see page 34 or refer to your infection control manual)
- Clean high-touch surfaces (e.g., doorknobs, bed rails, light switches, and surfaces in and around toilets in patients' rooms) more often than minimal touch housekeeping surfaces
- Close lid of toilet when flushing to prevent exposure to aerosols as toilet is flushed
- Clean walls, blinds, and window curtains in patient-care areas when they are visibly dusty or soiled
- Follow proper procedures for effective use of mops, cloths, and solutions
- Prepare cleaning solutions daily or as needed, and replace with fresh solution frequently according to facility policies and procedures
- Change the mop head at the beginning of the day and also as required by facility policy, or after cleaning up large spills of blood or other body substances
- Send mops and cleaning cloths to laundry after use for thermal disinfection via laundry process
- Allow cleaning equipment to dry before reuse—never soak or store mop heads or any cleaning equipment in disinfectant solutions
- Use single-use, disposable mop heads and cloths where instructed

Safe Food Storage

Raw meat, fish, poultry, and raw vegetables can contain large numbers of bacteria, and can cross-contaminate ready-to-eat food if they are not stored or handled carefully.

- Store raw foods in covered or sealed containers below other ready-to-eat foods inside the refrigerator to prevent food parts and meat juice spilling or dripping on to other food
- Cover food items before storage in the refrigerator, freezer, and cupboards to protect them from contamination
- Wash hands immediately after handling raw foods and before handling cooked or ready-to-eat food
- Do not wash meat such as raw chicken before cooking
- Use different chopping boards, utensils, and plates for raw foods and ready-to-eat food. If the same chopping board or knife is used ensure it is washed thoroughly in hot soapy water and dried before re-use
- Thoroughly wash raw vegetables before preparation and eating
- Store food items carefully away from toxic chemicals, insect sprays, cleaning agents, etc.
- Don't use cloth towels which have been used to wipe hands or bench tops for drying dishes. These should be washed and dried regularly
- Regularly wash or replace dish cloths.



'If in doubt, throw it out'.



CLEANING ALTERNATIVES

Electrostatically-charged cloths — Your agency may use special electrostatically-charged cloths with hot water, without any chemicals.

- Ensure that you understand the altered cleaning technique required for use of this system
- Use clean cloth sections for each surface
- Ensure that cloths are laundered at the required high temperature (as recommended by the manufacturer)

Detergent Wipes — Your agency may use a detergent-impregnated wipe to clean some surfaces and equipment. This method has advantages for cleaning single pieces of equipment and small surface areas. This method is not normally used for the general ward cleaning round and should not be considered a replacement for clean cloths, hot water and detergent.

Combined detergent/disinfectant use - some agencies may use commercial preparations which contain both types of chemicals in situations when some resistant microbes are widespread in the agency/unit.



Colour coding of cleaning equipment (required in some States of Australia)

- Infectious/isolation areas YELLOW
- Toilets/bathrooms/dirty utility rooms RED
- Food service preparation areas GREEN
- General cleaning BLUE
- Operating theatres WHITE

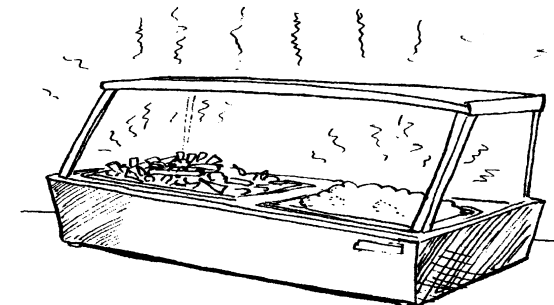
Safe Food Handling

Good personal hygiene is essential — Wash your hands thoroughly before eating or preparing food.

Temperature control

Storing food at incorrect temperatures known as the "temperature danger zone" ie: above 5°C or below 60°C, can result in the multiplication/growth of bacteria that cause food - borne illness.

- Refrigerators are kept below 5°C with adequate air flow around food to ensure even temperature distribution
- Hot foods are kept above 60°C (i.e. "steaming" hot)
- Cooked foods are reheated, should be reheated rapidly until all parts of the food reach 75°C
- Frozen foods are thawed in either the refrigerator or the microwave
- The longer raw food is left at room temperature the more quickly bacteria multiply and toxins may form
- Avoid thawing foods on the bench
- Remember that while the inside of the food may still be frozen, the outside may have thawed and is already in the "temperature danger zone"
- Food needs to be thoroughly cooked to kill germs—this means above 75°C in the centre of the food.



Adequate pest control



People with symptoms of gastroenteritis especially vomiting or diarrhoea should not prepare food for others for 48 hours after the symptoms have finished.



Cleaning Ward Equipment

Most general ward equipment can be adequately cleaned with hot water and detergent.

A disinfectant solution may be required in some situations.

(See page 34 or refer to your infection control manual)

Ensure equipment is left dry after cleaning.

Precautions:

- Handle used patient-care equipment soiled with blood, body fluids, secretions, and excretions carefully. Make sure that fluids do not get onto your skin and/or mucous membrane or onto your clothes. Ensure the items do not contaminate other patients or environments
- Ensure that reusable equipment is not used for the care of another patient until it has been cleaned and reprocessed appropriately
- Ensure that single-use items are discarded properly

Equipment should be:

- Free from soil, smudges, dust, fingerprints, grease and spillages
- Free from tapes/plastic which may compromise cleaning
- Equipment legs, wheels and castors should be free from mop strings, soil, film, dust and cobwebs
- Free from odours that are distasteful or unpleasant

(See cleaning standards for more details—Page 36)



June's Cupboard — Keep Out



Keep the number of different cleaning agents to a minimum — 90% of cleaning can be done with neutral detergent and a chlorinated stain remover. Other specialised products should be used sparingly.

Use only those supplied by the health care facility.

Do not be tempted to bring your 'favourite' product in from home.

Waste Disposal

Clinical and related waste can cause injury and infection transmission if improperly handled.

- Waste should be separated at point of use
- Use appropriate colour-coded and labelled containers—see table opposite
- Use gloves and protective clothing when handling clinical and related waste bags and containers
- Do not over fill containers
- Never squash waste by hand
- Secure lids during transport
- Use appropriate bins—no decanting from small to large bin or visa versa
- Contain waste during transport
- Refrigerated storage units may be available for waste stored on site for more than 72 hours.



**Never Leave
Sharps in
Waste Bags**

Guide to Healthcare Waste Signage

Recycle



Reuse



Rubbish



Clinical



Cytotoxic



Radioactive



COMMON CHEMICALS in Health Care

Always use appropriate PPE when preparing/diluting chemicals—see Material Safety Data Sheets

Neutral detergents: used for general cleaning of hard surfaces, i.e. floors, walls, furniture, glass etc. Neutral detergents have a pH of 6-8

Acid cleaners: used for removing lime scale from sanitary ware and water stains and scale from toilets. Acid cleaners have a pH of less than 6

Alkaline cleaners: used for the removal of grease. Alkaline cleansers have a pH of between 9-11. Any alkaline cleaner with a pH of higher than 11 should be used only under strict supervision as they are dangerous substances

Solvent cleaners: used for dry cleaning and stain removal

Disinfectants: only used to disinfect and are not to be used as a general cleaning agent, however, the cleaning of body fluid spills may require the use of a sodium hypochlorite solution (bleach) — check agency policy

Deodorants: used as an odour suppressant only and have no cleaning or disinfectant capacity

Sealer/Finish's: used to protect floor surfaces prior to polish being laid

Floor polish: applied to floor surfaces to protect and prolong floor life

The above is specific to Victoria. Refer to your state or territory Environmental Protection Authority (EPA) for local requirements



Material Safety Data Sheets (MSDS) should tell you:

- The ingredients of the product
- The health effects of the product and first aid precautions
- Precautions to follow when you use the product
- Safe handling and storage information

Just because an MSDS has been provided does not automatically mean that the product is now safe to use. You should always read the MSDS carefully and follow the usage instructions.

Linen Management

Handle contaminated linen with minimum agitation to avoid contamination of air, surfaces, and persons.

Appropriate personal protective equipment should be used when handling contaminated linen.

Clean and soiled linen should be transported and stored separately.

Place soiled linen directly into linen skip at point of use — avoid carrying soiled linen to prevent contamination of uniform.

Do not place soiled linen on floor.

Do not shake or otherwise agitate soiled linen in a manner that might cause aerosols or contamination of uniforms or environment.

Do not overfill linen bags—overfilling will prevent adequate closure, increase the risk of rupture in transit and increase the risk of manual handling injuries. (OH&S issue)

All staff must ensure sharps and other objects are not discarded into linen bags.

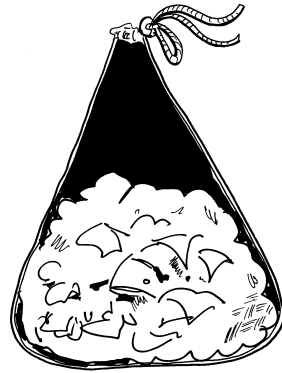
Linen must not be rinsed or sorted in patient care areas.

Linen heavily soiled with blood or body fluids should be placed in a leak proof plastic bag to prevent seepage or leakage during storage and transport.

In most cases double bagging of “infectious linen” is not required. Use of water soluble bags is not recommended as these require hot water washes that may cause stains to set. Water soluble bags offer no benefit from an infection control perspective and needlessly add to costs.

Routine laundry procedures following AS/NZ 4146 are adequate for processing of soiled linen.

CLEAN LINEN



Safe Use of Chemicals

- All chemicals must be appropriately labelled
 - Product name
 - Safety precautions
 - Correct dilution
 - Correct method of application
- Stored correctly in a secure room or cupboard
- Material safety data sheets (MSDS) are required for all chemicals in current use
- Wear goggles when preparing cleaning solutions
- Goggles should be worn during processes when there is a likelihood of splashing for example, when kneeling down scouring the floor
- Never mix different cleaning agents, as poisonous gases could result (refer to manufacturers' instructions and safety data sheets)
- Always ventilate any area where chemicals are used
- For health and safety reasons, always add the cleaning agent to water, preventing the possibility of the cleaning agent being splashed into eyes.



Try and get rid of spray bottles wherever possible.

Functional Area	Element	Requirement
Fixtures	Electrical fixtures & appliances	<ul style="list-style-type: none"> • Free of dust, grit, grease & cobwebs • Range hoods free of grease • Motor vents clean & free of dust • Drinking fountains clean • Insect killing devices clean & functional
	Furnishings and fixtures	<ul style="list-style-type: none"> • Hard and soft surfaces dust, grit, grease & cobwebs (clean) • Inaccessible areas clean • High surfaces clean • Curtains, blinds & drapes clean • Equipment free from tapes/plastic • Internal plants free of dust & litter • Fire extinguishers & fire alarms clean
	Kitchen fixtures & appliances	<ul style="list-style-type: none"> • Free of dust, grit, grease & cobwebs • Electrical & cooking fixtures clean • Range hoods free of grease • Motor vents clean & free of dust • Fridges & freezers clean & no ice build-up
	Toilets & bathroom fixtures	<ul style="list-style-type: none"> • Porcelain & plastic surfaces clean • Shower screens, mirrors are clean & smudge-free • Shower curtains clean & free of mould etc • Plumbing fixtures free of dust etc. • Sanitary disposal units clean & functional
Patient Equipment	Patient equipment	<ul style="list-style-type: none"> • Free of soil, smudges, dust and spillages • Free of tapes/plastic • Legs, wheels & castors free from mop strings, soil, film, dust & cobwebs
	Cleaning equipment	<ul style="list-style-type: none"> • Electrical appliances stored free from soil • Current safety inspection tags visible • Cleaning equipment stored clean & dry • Cleaning trolleys free from soil • Use of chemicals—Safety data sheets
Environment	General tidiness	<ul style="list-style-type: none"> • Area appears tidy & uncluttered • Floor space clear apart from appropriate furniture & fittings • Fire access & exit doors clear
	Odour control	<ul style="list-style-type: none"> • Area smells fresh • No distasteful or unpleasant odours • Room deodorisers clean & functional

For more details see: Cleaning standards for Victorian health facilities 2009

Cleaning Audits

A regular, high quality cleaning and maintenance program is essential to maintain a safe environment.

Regular comprehensive audits should be undertaken on a monthly or bi-monthly basis by the internal auditor (for example, the environmental services manager) and should be scored.

They should cover a variety of areas within the hospital and cover all functional elements. The scoring of these audits provides the hospital with baseline data and an ongoing measure of the effectiveness of the cleaning process.

They provide the hospital with a picture of the cleanliness of the hospital overall.

In addition to an ongoing internal auditing program, facility-wide cleaning standards audits, undertaken by an external auditor are required.

The acceptable quality level (AQL) for very high risk areas is 90% and for all other risk areas is 85%.

Functional Area	Element	Requirement
Building	External features, fire exits & stairs Handrails are clean and free of stains	<ul style="list-style-type: none"> Free of dust, grit, leaves, cobwebs, rubbish, cigarette butts & bird excreta Hand rails clean & free of stains Garden furniture clean & operational
	Walls, skirtings & ceilings	<ul style="list-style-type: none"> Free of dust, grit, lint & cobwebs Walls free of furniture marks Light switches, covers & diffusers clean Polished surfaces are of a uniform lustre
	Windows (internal)	<ul style="list-style-type: none"> Glass clear of streaks, spots & marks Frames, tracks & ledges free of dust, grit
	Doors	<ul style="list-style-type: none"> Free of dust, grit, lint & cobwebs Doors free of furniture marks Vents clean & free if cobwebs Tracks & jams free of grit & debris
	Hard floors	<ul style="list-style-type: none"> Free of dust, grit, litter, marks & water Free of polish or other build-up at edges, corners, around furniture & traffic lanes
	Soft floors	<ul style="list-style-type: none"> As above Where carpets are vacuumed/cleaned, this is done in accordance with AS 3733
	Ducts, grills & vents	<ul style="list-style-type: none"> Outlets unblocked & free of dust, grit, lint & cobwebs

Spray bottles should not be used for cleaning:

Damp dusting is the preferred method of cleaning for hard surfaces.

Problems with spray bottles:

- Much of the chemical is aerosolised and spayed into the atmosphere instead of onto the surface to be cleaned creating an occupational health and safety risk
- This may cause eye injuries
- Induce or compound respiratory problems or illness
- Detergent and water used to clean should be made up fresh daily – this rarely happens when using spray bottles, instead they are 'topped-up'
- The dilutions are rarely correct due to tendency to 'top-up' instead of make up fresh solutions
- Topping-up reduces the likelihood of bottles being washed frequently and increases the risk of growing micro-organisms in the stale detergent sitting in the bottles for unknown lengths of time
- The spray and wipe or 'hit and miss' method tends to move dust, micro-organisms and soil from one place to another rather than remove it from the surface

A much more effective method is to use a container of fresh detergent and hot water, immerse a cloth, wring it out, and then clean the area using good old-fashioned 'elbow grease'.

Containers that dispense liquid as opposed to spray-nozzle dispensers (e.g., 750 ml dishwashing liquid bottles) can be used to apply detergent to surfaces and then to cleaning cloths with minimal aerosol generation—must be made up fresh daily and stored dry when not in use.

Sodium Hypochlorite (Bleach, Chlorine) – Concentrations Required for Disinfection

Concentrated chlorine with 4% available chlorine (household bleach) can be diluted using the table below to achieve the concentrations shown					Granular Chlorine (5,000 ppm Sachet) dilution	
Water volume to which chlorine added	200 ppm	500 ppm	1000 ppm	5000 ppm	One sachet 5,000 ppm	Water volume to which chlorine added
1 litre	5 ml chlorine	12.5 ml chlorine	25 ml chlorine	125 ml chlorine	5000 ppm (1 sachet)	1 litre
5 litres	25 ml	62.5 ml	125 ml	625 ml	1000 ppm	5 litres
10 litres	50 ml	125 ml	250 ml	1250 ml	500 ppm	10 litres
50 litres	250 ml	625 ml	1250 ml	6250 ml	200 ppm	25 litres

USE	DILUTION
Blood / body fluid spills	5,000 ppm
Clostridium difficile (<u>minimum</u> 1000 ppm)	1,000 ppm
Viral gastroenteritis/ Pandemic flu	1000 ppm
VRE	500—1,000 ppm
Food preparation area	200 ppm

Note: Sachets come in different strengths – check strength before diluting to desired concentration.

Sanitisers/disinfectants will not work correctly if the surface to be sanitised has not been thoroughly cleaned first.

Sanitisers will only work correctly if they are used in the correct concentrations and the instructions are followed.

The effectiveness of chemical sanitisers can be directly affected by:

- temperature
- pH
- concentration of the sanitiser solution used (too little or too much)
- hardness of the water

Safe Use of Bleach/Chlorine

(Sodium hypochlorite)

- Always dilute bleach according to directions—never use undiluted
- Never use in a spray bottle
- Do not use hot water to dilute chlorine
- Do not mix with any other chemicals
- You must make up a new batch of chlorine each time you disinfect—loses effectiveness quickly once diluted
- Chlorine solution loses concentration during storage, always check use-by date before using
- You should wear gloves when handling and preparing chlorine solutions
- Sodium hypochlorites are corrosive to metals other than stainless steel at concentrations of 1000 ppm
- It is safer to add chlorine to water rather than water to chlorine
- Read and follow safety and handling instructions on all bleach containers.

Source: <http://www.health.vic.gov.au/ideas/downloads/attach4.pdf>

