



July 2017 Infection Control learning sheet # 6 - Cleaning in the Practice

Until recent times, cleaning of the health care facility was accepted as the removal of visible soil. However, today there is an expectation that cleaned surfaces in clinical areas e.g. wound care trolley, would also pass various soil load tests. In the practice, efforts such as regular cleaning of environmental surfaces, daily cleaning of high touch surfaces, cleaning clinical surfaces between patients and spot cleaning of any marks as soon as they appear all assist in a clean practice.

In the practice we would separate cleaning into

- Environmental Surfaces e.g. floors, sinks
- Hand touch (also called high touch or frequently touched) surfaces e.g. handles, switches, keypads
- Clinical surfaces e.g. dressing trolleys, preparation benches.

Products

- For environmental surface cleaning
The National Guidelines has made no recommendation for pH of detergents in its current guidelines. Previously, a neutral pH was advised for surface cleaning with a more alkaline pH detergent for greasy, heavy or adherent soiling. This is still a reasonable guideline to follow. The same neutral detergent can be used for floors and benches with detergents diluted daily into dry, pour bottles (not sprays) or bucket. Paper towel is used unless there is a washing machine for reusable cloths (cold wash OK but must use dryer) - check contractor! Buckets are emptied and dried overnight and mops are rinsed and wrung out and dried overnight so they are dry for use
- Hand touch surfaces
These are cleaned end of day with either detergent and paper towel or a detergent wipe. Use an action that avoids carry over soil - I suggest fold over a detergent wipe to clean a few handles / switches to save on product
- For clinical surfaces
These surfaces are cleaned between patients and therefore do not accumulate soil. Staff may find it easier and more effectively to clean trolleys etc with plain detergent wipes rather than make up daily a diluted neutral type pH detergent and use paper towel. Use of disinfectant wipes in this author's view ought be restricted to where a surface requires decontamination and not just cleaning (emerging resistance to some disinfectants occurring)

Schedule

- A written schedule for environmental cleaning ought be available for staff and cleaners to refer to so that all parties can see what the other is doing. It would list the surfaces and frequency. There is no standard on frequency as long as it appears clean and that any soiling or body fluid is removed immediately. Linen may retain odour from sweat and while this is not an infection control issue, linen changing ought take aesthetics into consideration (Laundry standards include a cold wash and hot dry)
- Hand touch surfaces are wipes over daily
- Clinical surfaces are cleaned between patients

Cleaning Technique

- for handles, switches etc - single wipe in one direction
- for mopping floor - S shape or V shape and refreshing mop in bucket frequently and replacing water when dirty
- for clinical surfaces - S shape with pressure and reduce carryover by using fresh wipe surface for each S