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10 key points for practice cleaning - whoever's role it is!

Note that these are just to provide practical advice within current healthcare guidelines

1. **Toys**

If you provide them, wash them weekly in detergent and warm water and remove then as soon as you see them being mouthed or used by a sick child with: green snot, cough, rash, diarrhoea, vomiting, fever

2. **Linen**

If you provide linen for patient use, although this does not generally present as high risk, it is advisable to follow the health care requirements and dry in a hot dryer. It can be washed in a cold cycle but for reasons of hygiene, avoid sharing your domestic washing machine with patient linen.

3. **Detergent type**

It is accepted that a neutral detergent is more surface compatible than an alkaline pH. Hospitals use a neutral pH detergent for floors, benches, walls etc and reserve an alkaline pH detergent for toilets, marks and greasy surfaces. Many have deleted a glass cleaning chemical and use a moistened microbfibre cloth instead.

4. **Detergent temperature**

A soap is a detergent. Detergents in use before the 1980s were used with warm water and there is no doubt that increasing temperature does boost detergent action. Once detergents were developed that have good action at room temperature (RT), this paved the way for the spray and wipe type products we use at RT.

5. **Use of disinfectants**

A disinfectant will be effective only if a surface has been first cleaned. They are used only when needed e.g. after suspect gastro, blood spill on a surface in likely contact with bare skin or a large spill. There is some concern that unnecessary use could lead to resistance, similar to what is the experience with antibiotics.

6. **Method of cleaning**

For clinical surfaces e.g. wound care trolley, wipe in a figure S and fold the paper towel so that the dirty surface is not used to wipe the next surface on the trolley.

7. **High touch (or frequently touched) surfaces - what are the requirements**

High touch surfaces e.g. handles, switches, keypads, contaminated by flu, gastro etc provide an indirect method of infection transmission while floors generally do not. Note that most cleaning effort is spent on floors. The national healthcare guidelines expect all high touch surfaces e.g. handles, key pads of all types, switches etc are wiped daily with detergent. To make this feasible for the practice cleaner and budget, discuss what floor areas do not require daily cleaning so that high touch surface cleaning can be performed daily.

8. **Use of wipes**

Cleaning is the removal of soil and is achieved with detergent, not alcohol. Detergent wipes are available and I encourage provision of these throughout the practice - staff are less likely to access the cleaners cupboard!. These are convenient for staff to use as prompt cleaning after contamination is required by the standards.

9. **Who does what? - the schedule**

Cleaning is done by various groups and staff in the practice. Do you have a jobs list for each? Ask for mine

10. **Repeat from last newsletter - CLINICAL WASTE DEFINIITONS VARY ACROSS STATES**

The RACGP requires following state/territory definitions and provides a default definition where these are not available. For Vic and NSW both EPAs include all visible blood as clinical waste with Victoria also including all genital fluids and exudates. Waste from a suspect significant infection e.g. measles, gastro, flu is included

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