


SANITATION AND HYGIENE






ASSOCIATED HOSPITAL
GOVERNMENT MEDICAL COLLEGE KATHUA
SOP FOR SANITATION AND HYGIENE

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PURPOSE

The purpose of this SOP is to provide framework for maintaining sanitation in the hospital and to set out a procedure for maintaining hygiene in an environmental sound manner by complying with regulatory requirements.

SCOPE

This SOP will be used by Hospital Staff as a guide for keeping proper sanitation and maintaining hygiene in the hospital.

MANAGEMENT RESPONSIBILITY:

The sanitation and hygiene committee is responsible for the overall sanitation management in the Hospital.

It is the responsibility of sanitation and hygiene committee to sensitize hospital employees for sanitation and hygiene related protocol

INTRODUCTION

The hospital environment is a complex one and contains a large variety of microbial flora. Various parts of the hospital environment can harbour reservoir(s) of microbes many of which can constitute an infection risk to patients as well as visitors and healthcare workers. Surfaces with higher frequency of hand contact are more likely to be a source of infection than surfaces with low degree of contact. Thus high touch surfaces (e.g., handles, bedside tables, etc.) in the patient care area are a more significant source of infection than low touch surfaces such as walls and floors.

Thus proper sanitation and maintenance of hygiene through proper cleaning and disinfection of hospital circulation areas, environmental surfaces and patient care items assume significant importance in any healthcare setting.

For maintaining proper sanitation and hygiene in the hospital the following criteria are established which are to be followed and implemented by the hospital:

- Cleanliness of Circulation Area
- Cleanliness of Wards
- Cleanliness of Procedure Areas
- Cleanliness of Ambulatory Areas (OPD, Emergency, Lab)
- Cleanliness of Auxiliary Areas
- Cleanliness of Toilets
- Use of Standard Materials and Equipment for Cleaning
- Use of Standard Methods of Cleaning
- Monitoring of Cleanliness Activities

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GENERAL APPROACH TO ENVIRONMENTAL CLEANING

Environmental cleaning and disinfection of the hospital is mainly aimed at eliminating//reducing// controlling//isolating the reservoirs of organisms in the environment.

Different areas in the hospital can be broadly categorised into:

General Areas: Such areas in the hospital where only general traffic is present; admitted patients are not present; patient care activities and procedures are not performed; street clothes and footwear are worn. Such areas are circulation areas like corridors, open areas like parking spaces, registration area etc.

Patient Care Areas: All areas in the hospital where patients are admitted and patient care activities and procedures are performed. These areas include wards, Operation Theatres (OTs), laboratory etc.

Sanitation and hygiene activities need to be carried out in the hospital based on the type of area.

FACTORS INFLUENCING THE CLEANING FREQUENCY AND LEVEL OF DISINFECTION

In order to maintain overall hygiene and sanitation of the hospital, the following factors need to be considered while carrying out the cleaning and disinfection activities in the hospital:

A. Potential for Direct Patient Contact

Environmental surfaces serve as reservoirs of the pathogens and microbiologically contaminated environmental surfaces can be associated with transmission of infections to both staff and patients. All surfaces in the hospital which can be under direct contact with patients should be more frequently cleaned with high/low level disinfectants as appropriate for the type of area. Cleaning and disinfecting such environmental surfaces is fundamental in reducing their potential contribution to the incidence of hospital acquired infections (eliminating the reservoirs in the chain of infection).

B. Type of Surface and Orientation (vertical//horizontal)

Dry conditions favour the persistence of gram-positive cocci (e.g., coagulase-negative *Staphylococcus* spp.) in dust and on surfaces, whereas moist, soiled environments additionally favour the growth and persistence of gram-negative bacilli and fungi. Horizontal surfaces catch more dust and microbes and therefore may require more frequent cleaning.

C. Degree and Frequency of Hand Contact

- **High Touch Surfaces** are those that have frequent contact with hands. Examples include doorknobs, elevator buttons, telephones, bedrails, light switches, computer keyboards, monitoring equipment, haemodialysis machines, wall areas around the toilet and edges of curtains in the patient area. Transmission of microbes from these surfaces to the patient directly or indirectly is more likely. Such surfaces require more frequent cleaning.
- **Low Touch Surfaces** are those that have minimal contact with hands. Examples include floors, walls, ceilings, mirrors and window sills. Potential for infection transmission from these surfaces is low and they require less frequent cleaning. However, they should be cleaned as soon as possible when visibly soiled.
- **Potential for Contamination with Pathogens**
- Probability of contamination of a surface depends upon the nature of activity, pathogens involved and the microbial load. Contamination with blood//body fluids is taken as a measure of this. Based on this, hospital area//surfaces can have:
 - **Heavy Contamination:** Surfaces and/or equipment are exposed to copious amounts of blood or other body fluids (e.g., OTs, labour room, autopsy room, cardiac catheterisation laboratory, burn unit, haemodialysis unit, Casualty Department, bathroom if the patient has diarrhoea or is incontinent).
 - **Moderate Contamination:** Surfaces and/or equipment are contaminated with blood or other body fluids as part of routine activity (e.g., patient room, bathroom if

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patient is incontinent) and the contaminated substances are contained or removed (e.g., soiled bed sheets). All patient rooms and bathrooms should be considered to be, as a minimum, moderately contaminated.

- **Light Contamination:** An area is considered to be lightly contaminated or not contaminated if

surfaces are not exposed to blood, other body fluids or items that have come into contact with blood or body fluids (e.g., lounges, libraries, offices, general traffic areas).

D. Nature of Activity (critical care, meetings etc.)

The nature of activity generally influences the exposure of surfaces/equipment to blood and body fluids

e.g., critical care area versus meeting rooms.

E. Vulnerability of Persons Present in the Area

Susceptibility to infection varies among different types of patients.

- **More Susceptible:** These are patients who are more susceptible to infection due to their medical condition or lack of immunity. These include those who are immune-compromised neonates; those who have severe burns; and those undergoing invasive or operative procedures (e.g., haemodialysis). Patients with sterile tissues exposed/sterile devices inserted in major blood vessels or body tracts e.g., central lines, endotracheal tubes for more than 24 hours are also more susceptible to infection. Patients with peripheral IV cannulation, urinary catheter insertion and intramuscular injections are excluded from this category unless they have some medical condition causing lack of immunity.
- **Less Susceptible:** For the purpose of risk stratification for cleaning, all other individuals are classified as less susceptible.

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CLASSIFICATION OF HOSPITAL AREAS INTO RISK CATEGORIES

All healthcare environments should pose minimal risk to patients, staff and visitors. However, different functional areas represent different degrees of risk and, therefore, require different cleaning frequencies, and levels of monitoring and evaluation.

A functional area refers to any area in a healthcare facility that requires cleaning. Consequently, all functional areas should be assigned in one of the following three categories:

- High risk areas
- Moderate risk areas
- Low risk areas.

Regular monitoring should take place in areas where standards are considered poor or where routine monitoring reveals consistent weaknesses. These functional area risk categories are explained below.

❖ **High risk areas:**

- Consistently high cleaning standards must be maintained in these areas. These areas require intensive and frequent cleaning with high-level disinfectant (HLD) (Aldehyde based)
- Patient care areas and other facilities designated as high risk category should be routinely monitored by the Hospital Administrator, housekeeping supervisor and in-charge nursing staff
- High risk functional areas typically include OTs, Intensive Care Units (ICUs), High Dependency Units (HDUs), Emergency department, post-operative units, surgical ward, labour room, haemodialysis unit, Central Sterile Supply Department (CSSD)/Theatre Sterile Supply Unit (TSSU) and other facilities where invasive procedures are performed
- Bathrooms, toilets, staff lounges, offices and other areas adjoining high risk functional areas should be treated as having the same risk category, and receive the same intensive levels of cleaning.

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❖ **Moderate risk areas:**

- These areas should be maintained by regular and frequent cleaning with 'spot cleaning' in between with HLD
- These areas require weekly monitoring by the Hospital Administrator and daily monitoring by house-keeping supervisor and in-charge nursing staff
- Moderate risk areas may include medical wards, laboratory areas, blood bank, pharmacies, dietary services, laundry services, mortuary, nurses/doctors rest rooms etc.
- Bathrooms, toilets, staff lounges, offices and other areas adjoining high risk functional areas should be treated as having the same risk category and receive the same regular levels of cleaning.

❖ **Low risk areas:**

- In these areas, high standards are required for aesthetic and to a lesser extent, hygiene reasons. These can be maintained by regular and frequent cleaning with 'spot cleaning' in between with moderate to low level disinfectants
- These areas require fortnightly monitoring by the Hospital Administrator and daily by housekeeping supervisors and in-charge staff/nursing staff
- Low risk functional areas may include administrative areas, offices, seminar rooms, stores, staff rooms, non-sterile supply areas, record room etc.
- Additional internal areas like bathrooms, staff lounges, offices and other areas adjoining low risk functional areas should be treated as having the same risk category and receive the same level of cleaning.

Environmental cleaning and disinfection of the hospital is mainly aimed at eliminating/reducing/ controlling/isolating the reservoirs of organisms in the environment.

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Cleaning and disinfection frequency and level be followed in various area of the hospital

Location	Risk classification	Routine cleaning frequency	Additional cleaning	Disinfection level required	Reagents to use
All ICUs	High risk	At least thrice a day at fixed times	Yes	High	Aldehyde based
Burn ward	Medium risk	At least twice a day at fixed times	As required	High	Aldehyde based
Casualty treatment area	High risk	At least twice a day at fixed times	Yes	High	Aldehyde based
CSSD	Medium risk	At least twice a day at fixed times	As required	High	Aldehyde based
Echocardiography (No patients with respiratory infection)	Low risk	At least twice a day at fixed times	As required	Only cleaning/ low level disinfection	Only soap/ QUAT
General public areas	Low risk	At least twice a day at fixed times	As required	Only cleaning/ low level disinfection	Only soap/ QUAT
Haemodialysis unit	High risk	At least twice a day at fixed times	Yes	High	Aldehyde based
Labour room	High risk	At least twice a day at fixed times	Yes	High	Aldehyde based
Laboratory	Medium risk	At least twice a day at fixed times	As required	High	Aldehyde based
Offices	Low risk	At least twice a day at fixed times	As required	Only cleaning/ low level disinfection	Only soap/ QUAT
Operation theatre	High risk	<ul style="list-style-type: none"> - Start of the day - between cases - end of the list - detailed wash- down 	Yes	High	Aldehyde based
General ward	Medium risk	At least twice a day at fixed times	As required	High	Aldehyde based

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			d		
Patient rooms (Patient not on isolation precautions)	Low risk	At least twice a day at fixed times	As require d	Low	QUAT
Patient rooms (Patient on isolation precautions)	Medium risk	At least twice a day at fixed times	Yes	High	Aldehyde based
Pharmacy	Low risk	At least twice a day at fixed times	As require d	Low	QUAT
Physiotherapy	Low risk	At least twice a day at fixed times	As require d	Low	QUAT
Procedure rooms	High risk	At least twice a day at fixed times	Yes	High	Aldehyde based
Radiology	Low risk	At least twice a day at fixed times	As require d	Only cleaning/ low level disinfection	Only soap/ QUAT
Reception area	Low risk	At least twice a day at fixed times	As require d	Only cleaning/ low level disinfection	Only soap/ QUAT
Respiratory therapy room/area	High risk	At least twice a day at fixed times	Yes	High	Aldehyde based
Soiled linen collection area	Medium risk	At least twice a day at fixed times	As require d	High	Aldehyde based

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GENERAL CLEANLINESS REQUIREMENTS

The cleanliness activities taken up by the hospital need to ensure minimum following:

- ❖ There is no visible dirt/grease/stains in any area of the hospital including roof top, floors and walls
- ❖ There are no cobwebs/bird nests and other incubations due to pests and animals
- ❖ There is no seepage on the roofs and walls of the hospital
- ❖ Patients mattresses, furniture, fixtures are without grease and dust
- ❖ There is no foul smell in any area of the hospital
- ❖ The floors of the different areas of the hospital are kept dry. When wet mopping is used, appropriate safety measures need to be adopted by the hospital like use of signage (Wet Floor)
- ❖ There is availability of appropriate cleaning and disinfection materials and equipment needed for different areas
- ❖ The hospital uses standard methods of cleaning for different areas
- ❖ The hospital ensures that monitoring of cleanliness activities is done at pre-defined intervals and corrective actions are taken when needed
- ❖ The drainage and sewage is well maintained to avoid any leakage, blockage and easy flow through the drain.

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GENERAL CLEANING PRACTICES FOR ALL HEALTHCARE SETTINGS

Before Cleaning

- ❖ Check for additional (isolation) precautions signs
- ❖ Follow precautions as indicated
- ❖ Remove clutter before cleaning
- ❖ Follow the manufacturer's instructions for proper dilution and contact time for cleaning and disinfecting solutions
- ❖ Gather materials required for cleaning before entering the room
- ❖ Visibly check and ensure all cleaning equipment itself is clean
- ❖ Clean hands before entering the room
- ❖ Prepare chemical dilutions and put on gloves before beginning cleaning.

During Cleaning

- ❖ Progress from the least soiled areas to the most soiled areas and from high surfaces to low surfaces
- ❖ Remove gross soil (visible to naked eye) prior to cleaning and disinfection
- ❖ Minimise turbulence to prevent the dispersion of dust that may contain micro-organisms
- ❖ Never shake mops
- ❖ Use dust control mop prior to wet/damp mop. **Do not use brooms**
- ❖ Wash the mop under running water before doing wet mopping
- ❖ Do not '**double-dip**' mops (dip the mop only once in the cleaning solution, as dipping it multiple times may re-contaminate it)
- ❖ An area of 120 square feet to be mopped before re-dipping the mop in the solution
- ❖ Cleaning solution to be changed after cleaning an area of 240 square feet (This does not apply to critical areas like OT and ICU)

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- ❖ Change more frequently in heavily contaminated areas, when visibly soiled and immediately after cleaning blood and body fluid spills
- ❖ Be alert for needles and other sharp objects. Safely handle and dispose sharps into puncture proof container. Report incident to supervisor
- ❖ Collect waste, handle plastic bags from the top (do not compress bags with hands)
- ❖ Clean hands on leaving the room.

After Cleaning

- ❖ Do not overstock rooms
- ❖ Tools used for cleaning and disinfecting should be cleaned and dried between uses
- ❖ Launder mop heads daily
- ❖ All washed mop heads should be dried thoroughly before re-use
- ❖ Clean sanitation cart and carts used to transport biomedical waste daily.

Note: Kindly Refer to Annexure II: “Standard Operating Procedures for Cleaning”, for cleaning methods of different areas of hospital

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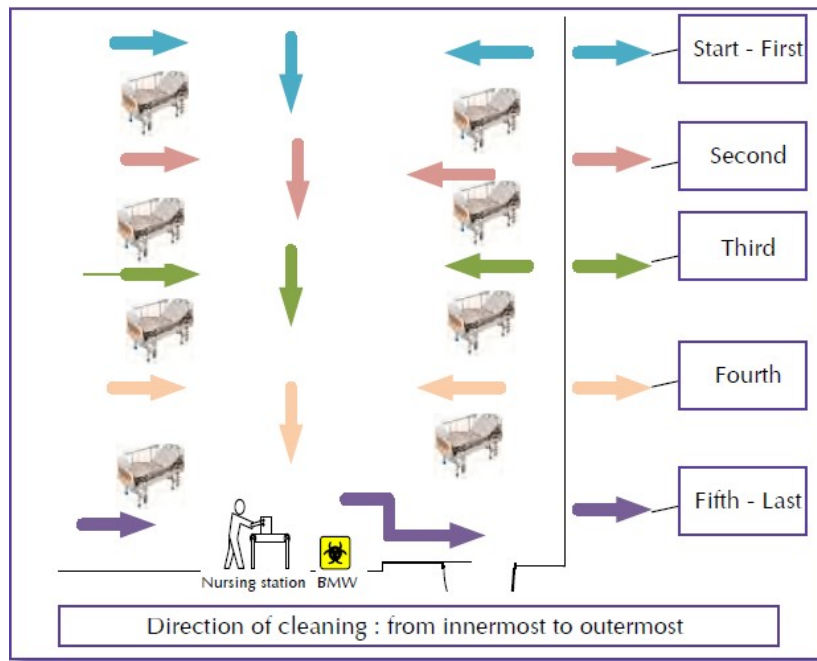


Figure 17: Direction for cleaning

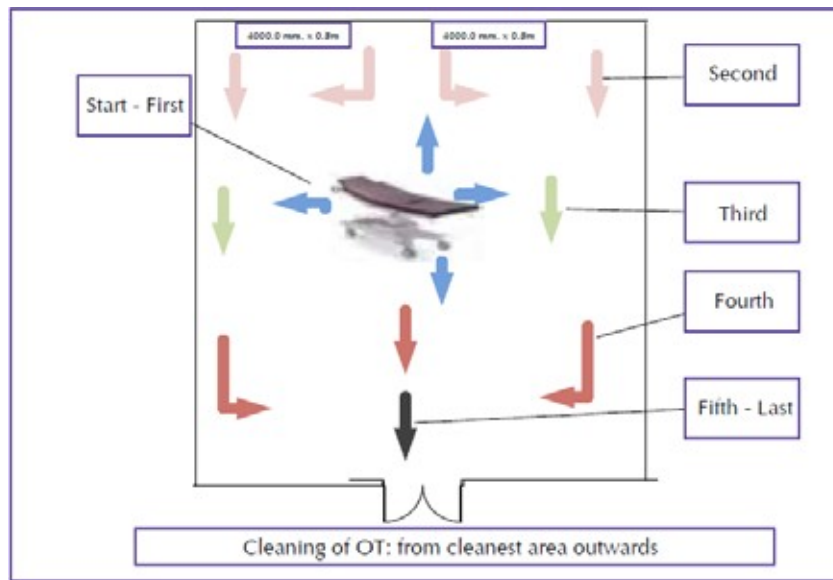


Figure 18: Direction for OT cleaning

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MATERIAL AND EQUIPMENT FOR CLEANING

Hospitals need to ensure that it has regular availability of all disinfectants, cleaning materials and equipment for meeting the cleaning requirements of the hospital.

GENERAL REQUIREMENT

❖ The hospital should maintain a list of standard cleaning and disinfecting materials

❖ Efficacy of these materials should be checked for meeting the requirements of disinfection for

specified areas in the hospital or as per specific use like disinfection of the surface areas and for

cleaning and disinfection of equipment

❖ The hospital should try to ensure that all the disinfectants and cleaning materials are approved

through an appropriate authority for ensuring the efficacy of these agents and materials

❖ **The hospital must ensure that all staff uses correct concentration of cleaning solution; for this purpose housekeeping staff should be trained in the preparation of solution of cleaning and records of the same need to be kept**

❖ **A chart showing the name of the chemicals, dilutions to be used, areas where it is permitted for use and the intended application (for what to use - floor/equipment/blood spill cleaning etc.) should be prepared and placed in all areas of the hospital**

❖ The hospital should ensure that it has adequate number of buckets, carts and cleaning equipment for meeting the cleaning requirements of the hospital

❖ It is to be ensured by the hospital that separate equipment is used for cleaning of general and critical areas

❖ It is recommended that the hospitals having a bed capacity of over 300 beds needs to have a mechanised mopping machine for cleaning of premises.

SELECTION OF DISINFECTANTS

There is no ideal disinfectant, and the best option should be chosen according to the situation. A disinfectant solution is considered appropriate when the balance between the antimicrobial activity, required disinfection level, toxicity of the product, ease of use and cost is satisfactory for the given application.

General Principles while Using a Hospital Disinfectant

- ❖ It is most important that an item or surface be free from visible soil and other items that might interfere with the action of the disinfectant, such as adhesive products, before a disinfectant is applied, or the disinfectant will not work
- ❖ A hospital approved disinfectant may be used for equipment that only touches intact skin
- ❖ It is important that the disinfectant be used according to the manufacturer's instructions for dilution and contact time
- ❖ Minimise the contamination levels of the disinfectant solution and equipment used for cleaning. This can be achieved by ensuring proper dilution of the disinfectant, preparing the disinfectant fresh before use, frequently changing the disinfectant solution and by not dipping a soiled cloth into the disinfectant solution (i.e., no 'double-dipping')
- ❖ Personal protective equipment should be worn appropriate to the product(s) used
- ❖ There should be a quality monitoring system in place to ensure the efficacy of the disinfectant over time (Vendors may also be asked to provide a quality test certificate for each batch for hospital records)

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Dilution chart for liquid sodium hypochlorite (Minimum 5% concentration available in original solution)

Original concentration	Dilution (prepared v/v)	Chlorine in ppm	Recommended use
Minimum 5%	None	50,000 ppm	
	1:10 (10%)	5000	Disinfection of large blood/body fluid spills
	1:100 (1%)	500	Wiping metallic surfaces on a regular basis, wiping after cleaning a small blood spill.
	1:200 (0.5%)	250	Cleaning equipment disinfection

The original bleach/hypochlorite solution should contain minimum 5% sodium hypochlorite, or 50,000 ppm available chlorine for the diluted solution to contain the ppm mentioned in the chart. Hypochlorite solutions are unstable and tend to lose 40-50% of free available chlorine over one month even when stored in an opaque plastic container. Hence the expiry dates mentioned by the manufacturer should be strictly followed.

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CLEANERS AND DISINFECTANTS FOR USE IN ALL HEALTHCARE SETTINGS

The following cleaning and disinfecting materials are commonly used in healthcare settings:

- ❖ Soap
- ❖ Alcohols 60-90% ethyl or isopropyl alcohol/denatured ethyl alcohol
- ❖ Iodophors
- ❖ Quaternary Ammonium Compounds ('QUATs')
- ❖ Chlorine and Chlorine Compounds:- (in order of preference)
- ❖ NaDCC (Sodium dichloroisocyanurate)
- ❖ Calcium Hypochlorite
- ❖ Sodium Hypochlorite ('bleach')
- ❖ Phenolic
- ❖ Aldehydes (to be used only for environmental and/or equipment disinfection as per product contents)
- ❖ Hydrogen Peroxide (to be used only as an antiseptic)

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STORAGE OF CLEANERS AND DISINFECTANT CHEMICALS

- ❖ All the cleaners and disinfectants, prepared solutions should be clearly labelled
- ❖ All cleaners and disinfectant chemicals should be stored in a designated location
- ❖ All the inflammables should be stored on lower shelves
- ❖ The storage should be out of reach to children e.g. at or above adult shoulder height
- ❖ Preferably, use a closed cupboard with a lock, in a cool place away from direct sunlight and heat sources
- ❖ If more than one container of the same chemical is stored, use the one with the earliest expiry first (first-in-first-out principle)
- ❖ There should be a biohazard label on the cupboard and on the chemical containers
- ❖ Keep bottles and cans tightly closed when not in use
- ❖ Discarded chemicals should be disposed of as per the manufacturer's instructions.

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EQUIPMENT FOR CLEANING

Cleaning trolley/bucket – It is preferable to have three bucket trolleys with a wringing mechanism. Prefer a light coloured bucket to enable earlier detection of soiling of the water. The trolley should have provision to store bottles of disinfectant, the hand mops and stick mops on the trolley. A separate storage space for used hand mops should be available on the trolley. Ensure the trolley/bucket is clean before using it for cleaning work. The **Three bucket system** should be ideally practiced. The first bucket should contain water with detergent used in the beginning. The mop is then rinsed in the second bucket and dipped in the third bucket which can also contain a disinfectant and the mopping done again.

- ❖ **Wet mops** (*microfiber mops preferable. If other types are used, use non-lining material*). Mops used in critical, semi critical and general areas should be separate. Colour coding can be used to help staff differentiate easily.
- ❖ **Dry (dust) mops** to remove gross debris; brooms are not allowed in patient care areas. Mops used in critical, semi critical and general areas should be separate. Colour coding should be used to help staff differentiate easily.
- ❖ **Long handled dust mops** should be available for cleaning cobwebs and lint from the ceiling. These can be prepared by using any long wooden stick and tying a mop to one end. The mop should be tied in a way that allows wiping with pressure.
- ❖ **Rubber floor wipers** for toilet floor cleaning. Hand held rubber wipers for cleaning kitchen countertops and another set for toilet wall cleaning.
- ❖ **Hand mops** to clean equipment: (*microfiber mops preferable. If other types are used, use non-linting material*). The size should be large enough to make a palm sized mop when folded twice. Mops used in critical, semi critical and general areas should be separate. Colour coding should be used to help staff differentiate easily.
- ❖ **Dust pans** to gather the particulate waste. The waste should be pushed into the pan using a stiff cardboard/plastic.

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- ❖ **Rubber gloves/utility gloves** with long and short arms. These should be size fitted.
- ❖ **Water:** Drinking quality water should preferably be used for preparing all cleaning solutions and rinsing of mops. Aquaguard water can be used. If source water is not clear, filter it using cotton mop/ sheet folded twice and disinfect the filtrate with chlorine before use.

Brooms should never be used in patient care areas.

Note on microfiber mops

Microfiber mops are more efficient at cleaning, use less water and chemicals. Although they are costly, they should be preferred whenever possible. If used, it should be remembered that the cleaning and disinfection of these mops is different from cotton mops and should be set up accordingly. Otherwise the benefit of microfiber cleaning will be lost. Properly used and maintained mops have been shown to reduce cleaning costs in the long term.

CARE AND STORAGE OF CLEANING EQUIPMENT

An important part of the cleaning strategy is to control the contamination of cleaning solutions and cleaning equipment. Mops, solutions and buckets become contaminated during use and can themselves spread microbes to the surfaces being cleaned. Hence cleaning equipment should be washed and disinfected on a regular basis.

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CLEANING AND DISINFECTION OF CLEANING EQUIPMENT

Cleaning and Disinfection of Mops, Buckets and Trolleys

- ❖ All used wet mops, buckets and trolleys should be washed with soap and water at least once at the end of the day
- ❖ Mops should be laundered in hot water (70-80°C) or soaked in clean water with bleaching powder 0.5% for 30 minutes. Wash with detergent and water to remove the bleach
- ❖ If the mop/bucket/trolley is used for multiple cleaning sessions during the day, it should be washed and disinfected before each cleaning session is begun e.g. morning, afternoon, evening session
- ❖ There is no need to disinfect the bucket/trolley when changing the water in the same cleaning session unless the water has been contaminated with blood/body fluids
- ❖ Wear utility gloves when performing this cleaning and disinfection
- ❖ Ensure all visible dirt is removed
- ❖ Dry mops, buckets and cleaning trolley in a ventilated area before next use
- ❖ Shake the dust mops thoroughly to remove all dust before using them.

Cleaning and Disinfection of Utility/Rubber Gloves:

- ❖ Utility gloves should be washed with soap and water after every cleaning session
- ❖ Wash the gloves with soap and water before removing them. Rinse to remove soap. Remove gloves and hang to dry
- ❖ At the end of the day, wash with soap and water and disinfect by immersion in 0.5% hypochlorite/ chlorine powder solution (dilution as per manufacturer) for one minute. Rinse with plain water and hang to dry overnight.

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Cleaning and disinfection methods for wet mops, buckets and trolleys

	Mops (both stick and handheld)	Buckets (individual)	Cleaning trolley
Cleaning	Wash wet cleaning floor and hand held cotton mops with soap and water. Rinse to remove all soap.	Wash with soap and water using a brush. Rinse to remove all soap.	Wash the trolley bucket with soap and water using a brush. Rinse to remove all soap.
	Dry cleaning floor mops should not be washed. They should be taken to an open area and cleaned with a hand held brush.		
Disinfection	Immerse in 0.5% hypochlorite* solution/chlorine powder solution for 30 minutes. Rinse with plain water immediately to remove all residual chlorine.	Rinse with 0.5% hypochlorite solution/ chlorine powder solution for one minute. Rinse with plain water to remove all residual chlorine.	Rinse bucket with 0.5% hypochlorite solution/ chlorine powder solution for one minute.
	Microfiber mops should be washed with mild soap and disinfected with hot water (70- 80°C for two minutes). Do not use a brush to clean the mops.		

****Do not use hypochlorite solution/strong soap on microfiber mops.***

Storage of Cleaning Equipment

- ❖ Always store cleaning equipment in the dirty utility area of the hospital
- ❖ Ensure the dirty utility room is clean and well ventilated
- ❖ Where, a dirty utility room is not available, provision should be made to modify an existing area for the purpose of dirty utility. Such area should be planned away from the patient care areas
- ❖ Cleaning equipment should never be stored in the patient care area, placed on tables, behind doors, on windows and toilets.

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STANDARD METHOD OF CLEANING

Hospitals need to ensure that they follow standard methods of cleaning for different areas of the hospital. Minimum interventions that are needed to be taken up by the hospital include:

- ❖ Use of three bucket system of cleaning
- ❖ Use of outward mopping: the direction of cleaning in health facilities should be from clean to the dirty area. In closed spaces like a ward the direction should be from within outwards
- ❖ Use of brooms in the patient care area should be avoided
- ❖ There should be separate mops for critical and general areas. The mops should not be shared between the critical and general areas
- ❖ Disinfection and washing of mops is carried out after each cleaning cycle.

MONITORING OF CLEANLINESS ACTIVITIES

Hospitals need to ensure that they carry out the monitoring of cleanliness activities at regular intervals, preferably after each cleaning cycle to ensure that the activities are carried out as per standard procedures of the health facility.

Hospitals need to comply with these minimum requirements for monitoring of cleanliness activity:

Designated Personnel for Monitoring: Hospitals need to designate a personnel from the Infection Control Committee, to carry out the activities of monitoring of cleanliness. The person designated for monitoring will take daily rounds after each cleaning cycle and will also carry out surprise rounds of the hospital to ensure proper cleanliness and identify any areas for improvement in the current practices. He/She will also be responsible for supervision of housekeeping activities by counter signing the check lists used for monitoring.

Use of Checklists: Hospitals need to follow an evidence based structure for monitoring of

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the cleanliness activities. Hospitals need to follow checklists, detailing the activities carried out during cleaning of that particular area, as a standard protocol.

The housekeeping personnel after completing the activity, as listed in checklist, need to sign or mark the activity which is then monitored by the monitoring personal and is countersigned if found satisfactory.

All the checklists should be displayed at relevant areas and should be customised to the particular area.

Monitoring of Quality of Cleaning Material: Hospitals need to ensure that the cleaning materials are prepared as per the manufacturers recommendations and standard apparatus or methods are used for measuring the appropriate quantity of solutions, to meet the desired concentration for efficient cleaning. Suggestions/feedback needs to be taken from the housekeeping staff, for efficiency of the cleanliness agents.

Monitoring of the cleaning material can also be carried out by doing the surveillance activity of cleaning effectiveness through microbiological testing.

Routine swabbing of environmental surfaces other than in the OT should not be done.

References:

- Guidelines for implementation of Kayakalp initiative.