GUIDELINE FOR GENERAL HOSPITAL CLEANING

Guideline No: 45

Version 2.01
Date: 28th January 2019

Contents

1. INTRODUCTION:

The cleanliness of any health care environment is important to support infection prevention and control and to ensure patient confidence. A healthy, safe, and aesthetically pleasing space with clean surfaces is comforting to patients and their families and gives an impression of good quality care without additional health hazards. And cleaning staff play an important role in improving the quality of the care environment. Hence, this document is to provide an overview of what is expected/ required of the cleaning service provider.

2. AIM

Maintain a clean, safe, comfortable and favourable environment for patients, visitors and care providers.

Objectives:

- To ensure and maintain standards of cleanliness
- To apply best practice in delivering the cleaning service
- To define the standards expected from the cleaning service providers
- To identify the cleaning requirements activities/tasks/ methods
- To determine the frequency with which cleaning needs to happen in order to reach and maintain the required standard

3. DEFINITIONS

- **Alcohol-based Hand Rub (ABHR):** A liquid, gel or foam formulation of alcohol (e.g., ethanol, isopropanol) which is used to reduce the number of microorganisms on hands in clinical situations when the hands are not visibly soiled. ABHRs contain emollients to reduce skin irritation and are less time-consuming to use than washing with soap and water.

- **Antiseptic**: An agent that can kill microorganisms and is applied to living tissue and skin.

- **Audit:** A systematic and independent examination to determine whether quality activities and related results comply with planned arrangements, are implemented effectively and are suitable to achieve objectives.

- **Check clean:** Visual check of cleanliness for spots, spillages, general debris at a specified frequency throughout the day and follow up with sufficient cleaning to restore the item or area to an acceptable standard using the agreed procedure

- **Cleaning:** The physical removal of foreign (e.g., dust, soil) and organic material (e.g., blood, secretions, excretions, microorganisms). Cleaning physically removes rather

than kills microorganisms. It is accomplished with water, detergents and mechanical action

- **Contamination:** The presence of an infectious agent on hands or on a surface such as clothes, gowns, gloves, bedding, toys, surgical instruments, patient care equipment, dressings or other inanimate objects

- **Cross-contamination**: The transfer of harmful germs from one person, object or place to another

- **Debris:** It includes crisp packets, drinks cans and bottles, chewing gum, rubbish, cigarette butts, Litter, adhesive tape, grit, lime scale

- **Detergent:** A synthetic cleansing agent that can emulsify oil and suspend soil. A detergent contains surfactants that do not precipitate in hard water and may also contain protease enzymes (see Enzymatic Cleaner) and whitening agents

- **Dirt**: It includes mud, smudges, soil, graffiti, mold, fingerprints, ingrained dirt, and scum

- **Discharge/ Transfer Cleaning:** The thorough cleaning of a client/patient room or bed space following discharge, death or transfer of the client/patient, in order to remove contaminating microorganisms that might be acquired by subsequent occupants and/or staff. In some instances, discharge/ transfer cleaning might be used when some types of Additional Precautions have been discontinued

- **Disinfectant:** A product that is used on surfaces or medical equipment/devices which results in disinfection of the equipment/device. Disinfectants are applied only to inanimate objects. Some products combine a cleaner with a disinfectant

- **Disinfection:** The inactivation of disease-producing microorganisms. Disinfection does not destroy bacterial spores. Medical equipment/devices must be cleaned thoroughly before effective disinfection can take place

- **Dust**: It includes dust, lint, powder, fluff, and cobweb

- **Element:** Refers to any item that requires cleaning; this can be a surface, object, article, equipment or fixture

- **Environment of the Patient**: The immediate space around a patient that may be touched by the patient and may also be touched by the health care provider when providing care. The patient environment includes equipment, medical devices,

furniture (e.g., bed, chair, bedside table), telephone, privacy curtains, personal belongings (e.g., clothes, books) and the bathroom that the patient uses. In a multi-bed room, the patient environment is the area inside the individual's curtain. In an ambulatory setting, the patient environment is the area that may come into contact with the patient within their cubicle. In a nursery/neonatal setting, the patient environment is the incubator or bassinet and equipment outside the incubator/bassinet that is used for the infant.

- **Fomites:** Objects in the inanimate environment that may become contaminated with microorganisms and serve as vehicles of transmission

- **Full Clean** – is where all aspects of the element are fully cleaned on each occasion in accordance with a documented specification

- **Healthcare Organization:** Generic term used to describe the various types of organizations that provide healthcare services. This includes hospitals, ambulatory care centers etc.

- **High-Touch Surfaces:** High-touch surfaces are those that have frequent contact with hands. Examples include doorknobs, call bells, bedrails, light switches, wall areas around the toilet and edges of privacy curtains

- **Hospital Clean:** The measure of cleanliness routinely maintained in patient care areas of the health care setting. Hospital Clean is 'Hotel Clean' with the addition of disinfection, increased frequency of cleaning, auditing and other infection control measures in patient care areas

- **Low-Level Disinfectant**: A chemical agent that achieves low-level disinfection when applied to surfaces or items in the environment

- **Low-Level Disinfection (LLD):** Level of disinfection required when processing non-invasive medical equipment (i.e., non-critical equipment) and some environmental surfaces. Equipment and surfaces must be thoroughly cleaned prior to low-level disinfection

- **Low-Touch Surfaces:** Surfaces that have minimal contact with hands. Examples include walls, ceilings, mirrors and window sills

- **Material Safety Data Sheet (MSDS):** A document that contains information on the potential hazards (health, fire, reactivity and environmental) and how to work safely with a chemical product. It also contains information on the use, storage, handling and

emergency procedures all related to the hazards of the material. MSDSs are prepared by the supplier or manufacturer of the material

- **Occupational Health and Safety (OHS):** Preventive and therapeutic health services in the workplace provided by trained occupational health professionals, e.g., nurses, hygienists, physicians

- **Personal Protective Equipment (PPE):** Clothing or equipment worn by staff for protection against hazards

- **Precautions:** Interventions to reduce the risk of transmission of microorganisms (e.g., patient-to-patient, patient-to-staff, staff-to-patient, contact with the environment, contact with contaminated equipment)

- **Sanitation:** Promotion of hygiene and prevention of disease by maintenance of sanitary condition

- **Spillag**e: includes any liquid, tea stains, sticky substances

4. HIGH TOUCH AREAS

High touch surfaces are those that have frequent contact with hands. High touch surfaces in care areas require more frequent cleaning and disinfection than minimal contact surfaces. Cleaning and disinfection is usually done at least daily and more frequently if the risk of environmental contamination is higher (e.g., intensive care units).

a. Patient room high touch areas
    - Bed rails
    - Telephone
    - Bedside Chair/couch
    - Bedside lockers
    - Cardiac tables/tables
    - TV/AC remote
    - Call bell
    - Curtains
    - Light and fan switches
    - Door knobs/handles
    - Floor around the bed
    - Window frame

b. Patient rest room and shower high touch area
    - Toilet seat
    - Flush button/handles
    - Muslim shower/shower handles

- Grab bars
- Sink/wash basin
- Light switch
- Soap dispenser
- Door knob/handle

5. CLEANING SEQENCE

Cleaning should always progress from the least soiled/contaminated areas to the most soiled/contaminated areas and from high to low areas, so that the dirtiest areas and debris that fall on the floor will be cleaned up last (Refer to appendix C and D)

The equipment and areas closest to the patient are the most contaminated and considered the “hot zone.” As you move further from the patient, surfaces are less contaminated. Starting with the bed will allow adequate contact time with the disinfectant. Once the hot zone has been cleaned and disinfected, take a fresh cleaning rag and work clockwise from cleaner to dirtier (green to yellow ring on the diagram) (refer to Appendix E)

6. RISK CATEGORIZATION OF HOSPITAL AREAS

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

6.1 High Risk Areas

Consistently high cleaning standards must be maintained in these areas. Required outcomes will only be achieved through intensive and frequent cleaning. Both informal monitoring and formal evaluation of cleanliness should take place continuously. Patient care areas and other areas designated as high-risk category should be evaluated at least once a week by the housekeeping unit head and supervisors until they are satisfied that consistently high standards are being maintained, after which the frequency of evaluation may be reduced to once monthly. This will be in addition to the routine random

monitoring done by the housekeeping unit head, Infection Prevention and Control committee, etc.

6.2 Moderate Risk Areas

Outcomes in these areas should be maintained by regular and frequent cleaning with 'spot cleaning' in-between. Both informal monitoring and formal evaluation should take place continuously. Patient care areas in this category should be evaluated at least once a month until the cleaning unit head and supervisor are satisfied that consistently high standards are being maintained, after which the evaluation frequency may be reduced to once in two months. This will be in addition to the routine random monitoring done by the housekeeping unit head, Infection Prevention and Control committee, etc.

6.3 Low Risk Area

In these areas, high standards are required for aesthetic and to a lesser extent, hygiene reasons. Outcomes should be maintained by regular and frequent cleaning with 'spot cleaning' in-between. Both informal monitoring and formal evaluation of standards should take place continuously. Patient care and other areas within a low-risk area should be evaluated at every three months. This will be in addition to the routine random monitoring done by the housekeeping unit head and supervisor.

7. CLASSIFICATION OF HOSPITAL AREAS INTO RISK CATEGORIES

Table 1

High Risk areas	Moderate Risk areas	Low risk areas
Operation theatre units including recovery area – Major & minor	Laboratory areas	Departmental areas/office areas
Intensive care units/ Cardiac care units/Neonatal ICU/NIVU etc.	Blood bank	Outpatient department
High dependency units	Laundry services	Nurses and doctor's rooms, tea rooms
Emergency department/casualty	Psychiatric wards	Non sterile supply areas
Labor room	Rehabilitation areas – physiotherapy	libraries
Post-operative units		Meeting rooms
Central sterile supply department/ Theatre sterile supply unit		Medical record section
Radiation Treatment Areas		Stores section
Chemotherapy ward/room		Electrical, mechanical, external surroundings
Dialysis center		Staff areas
Isolation wards/ rooms & attached internal areas like bathrooms / toilets		

7.1 Evaluation/Auditing frequency according to the type of functional area risk category

Table 2

Functional Area Risk Category	Evaluation/auditing frequency
High risk areas	Weekly or monthly if cleanliness of high standards is maintained as certified Infection Control Team
Moderate risk areas	Once in a month or once in two months if cleanliness of high standards is maintained as certified cleaning supervisor Infection Control Team
Low risk areas	Once in three months

8. CLEANING AGENTS AND DISINFECTANTS

Cleaning is the removal of foreign material (e.g., dust, soil, organic material such as blood, secretions, excretions and microorganisms) from a surface or object. Cleaning physically removes rather than kills microorganisms, reducing the organism load on a surface. It is accomplished with water, detergents and mechanical action. The key to cleaning is the use of friction to remove microorganisms and debris. Thorough cleaning is required for any equipment/device to be disinfected, as organic material may inactivate a disinfectant. This may be accomplished through a two-step process involving a cleaner followed by a disinfectant, but is more commonly accomplished in the health care organisation through a one-step process using a combined cleaner/disinfector product.

Disinfection is a process used on inanimate objects and surfaces to kill microorganisms. Disinfection will kill most disease-causing microorganisms but may not kill all bacterial spores. Only sterilization will kill all forms of microbial life. Detergents remove organic material and suspend grease or oil.

Equipment and surfaces in the health care setting must be cleaned with approved hospital-grade cleaners and disinfectants. Equipment cleaning/disinfection should be done as soon as possible after items have been used. A variety of products from a number of suppliers can be used to achieve effective cleaning. It is important to follow the manufacturer's instructions when using cleaning agents.

Some of the Hospital-grade disinfectants for use in all health care settings include:

- Alcohols o 60-90% ethyl or isopropyl alcohol
- Chlorine or Sodium hypochlorite ('bleach') or hypochlorite
- Phenolics
- Quaternary Ammonium Compounds ('QUATs')

- Iodophors

8.1 General principles while using chemical agents:

- All chemical cleaning agents must be approved according to the product approval process
- It is important that the disinfectant be used according to the manufacturer's instructions for dilution and contact time.
- All chemical cleaning agents and disinfectants should be appropriately labeled and stored in a manner that eliminates risk of contamination, inhalation, skin contact or personal injury
- Material Safety Data Sheets(MSDS) must be readily available for each item in case of accidents
- If a refillable bottle/can is filled with a disinfectant solution, it should never be topped up with fresh disinfectant. Always use a clean, dry, appropriately-sized bottle/can, label the product and date it
- Minimize the contamination levels of the disinfectant solution and equipment used for cleaning. This can be achieved by ensuring proper dilution of the disinfectant, frequently changing the disinfectant solution and by not dipping a soiled cloth into the disinfectant solution (i.e., no 'double-dipping').
- The product should be discarded when past the expiry date for stability
- Personal protective equipment must 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 (e.g., frequent testing of product)
- 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.
- There should be a quality monitoring system in place to ensure the efficacy of the disinfectant over time (testing of product where possible).

9. EQUIPMENT FOR CLEANING

9.1 Colour coding for cleaning equipment

All cleaning materials and equipment e.g. cloths, mops, buckets should be colour coded to ensure that these items are used in multiple areas for reducing the risk of cross infection.

RED	Toilets, bathrooms, shower and dirty utility
BLUE	All out-patient areas
ORANGE	All in-patient areas area except isolation wards
GREEN	Administrative and office areas
YELLOW	Isolation Wards

WHITE Spill clean (body fluids and blood)

9.2 Equipment used

Below is a list of most preferred cleaning tools to be used in the cleaning process. This is not an exhaustive list and the number and types of items depends on the work type and workload.

- Heavy duty scrubber dryer
- Walk behind scrubbers
- Vacuum Cleaner wet & dry
- High Pressure Jet Cleaners/Washer)
- Road Sweeper
- Scrubbing & Vacuuming combined
- Polishing & Cleaning Machine
- Double bucket wringer trolleys/Multi use trolleys/ Bucket carrying trolleys
- Rubber squeezers
- Ladder/Scissor Ladders
- Caddy Baskets
- Personal protective items (safety glasses, heavy duty gloves, safety shoes, masks, etc.)
- Safety lanyard kits
- Microfiber dust control mop for dry sweeping *(household brooms shall not be used for sweeping any area inside hospital premises)*
- Mops: microfiber mops to be used for mopping
- Color coded microfiber clothes for dusting and surface cleaning (please refer 9.1)
- Wet floor sign
- Door stopper
- Spill cleaning articles or kit must contain: -
  - Face mask with eye shield
  - Apron
  - Pairs of Nitrile Gloves (extra Large)
  - Sachet of Body Fluid clean-up absorbent or solutions (e.g. NaDCC Tablets (2.5g) * e.g. Presept® or NaDCC Granules* e.g. Presept® or Hypochrolite Solutions of appropriate proportion)
  - Scoop and Scraper
  - Red biohazard waste bag
  - Antiseptic solution or Disposable Antiseptic Hand Towel
  - Absorbent Cloth or paper
  - Detergent

- Water and bucket

- Any other Cleaning Equipment as per the need / requirement of the hospital

10. STANDARD OPERATING PROCEDURES FOR CLEANING

10.1 General Cleaning Practices for All Health Care Settings

Before cleaning:

- Check for additional precautions signs and 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 and prepare cart required for cleaning before entering the room
- Clean hands before entering the room

During cleaning:

- Progress from the least soiled areas (low-touch) to the most soiled areas (high-touch) and from high surfaces to low surfaces.
- Remove gross soil (visible to naked eye) prior to cleaning and disinfection
- Minimize turbulence to prevent the dispersion of dust (e.g. close windows, switch off fans, avoid shaking of dust clothes)
- Do not 'double-dip' cloths (dip the clothe only once in the cleaning solution, as dipping it multiple times may re-contaminate it)
- Floor mopping:
    - An area of 120 square feet (10 feet x 12 feet approximately; approximately half area of a cubicle to be mopped before re-dipping the mop in the solution
    - Cleaning solution to be changed after cleaning an area of 240 square feet (16 feet x 15 feet area approximately; 1 cubicle area approximately
    - Change cleaning solutions more frequently in heavily contaminated areas
    - Allocate a separate colored mop for cleaning blood and body fluid spills after management of spill
    - Mops heads should be replaced with a clean and dry one at the following defined intervals:
        - o High risk areas - In each shift
        - o Moderate risk areas - Daily
        - o Low risk areas - Daily
- Be alert for needles and other sharp objects. Safely handle and dispose sharps into puncture proof container with the help from technical staff. Report incident to supervisor.

- Collect waste, handle plastic bags from the top (do not compress bags with hands)
- Wash hands with soap and water on leaving the room/unit

After cleaning:

- Tools used for cleaning and disinfecting must be cleaned and dried between uses
- Launder mop heads daily
- All washed mop heads must be dried thoroughly before re-use
- Clean sanitation cart and carts used to transport waste, daily
- All attachments of cleaning machineries should be removed, emptied, cleaned and dried before storing

10.2 Cleaning of Patient Care Area/Room

10.2.1 Daily Routine Patient Bed Space / Room Cleaning

Hospital Cleaning of patient care areas/rooms should follow a methodical, planned format that includes the following elements:

1. Assessment:
   - Check for additional precautions signs and follow the precautions indicated
   - Walk through room to determine what needs to be replaced (e.g., toilet paper, paper towels, soap and this may be done before or during the cleaning process)

2. Gather supplies:
   - Ensure an adequate supply of colour coded clean cloths is available (*refer to section 9.1*)
   - Ensure fresh disinfectant solution is prepared and available

3. Wash hands and put on gloves
4. Clean room, working from clean to dirty and high to low areas of the room:
   - Use fresh cloth(s) for cleaning each cubicle
   - Do not shake out cloth(s)
   - Start by cleaning doors, door handles
   - Check walls for visible soiling and clean if required
   - Clean light switches
   - Clean wall mounted items such as alcohol-based hand rub dispenser
   - Check and remove fingerprints and soil from glass partitions, glass door panels, mirrors and windows with glass cleaner
   - Check privacy curtains for visible soiling and inform technical staff
   - Clean all furnishings and horizontal surfaces in the room including chairs, window sill, television, telephone, over bed table etc. Lift items to clean the table. Pay particular attention to high-touch surfaces

- Wipe equipment on walls such as top of suction bottle, oxygen flow meter
- Clean bedrails and call bell
- Clean bathroom/shower (refer to 10.3)
- Clean floors (see refer to 10.1, 10.4, 10.5 and 10.6)

5. Disposal

- Place soiled cloths in designated container (placed in the cart) for laundering
- Remove waste

6. Remove gloves and clean hands with soap and water. Do not leave room wearing soiled gloves.
7. Replenish supplies as required (e.g., gloves, soap, tissue roll/paper towel etc.)

In addition to routine daily cleaning of patient care areas/rooms, the following additional cleaning should be scheduled for all areas:

- High dusting using damp mop (weekly)
- Clean corners (weekly)
- Dust window blinds at least monthly
  (High dusting includes all surfaces and fixtures above shoulder height, including vents. Ideally, patient should be out of the room during high dusting to reduce the risk of inhalation spores from dust particles)

10.2.2 Procedure for Routine, Discharge/Transfer Cleaning of a Patient Room

1. Assessment:
   - Check for Additional Precautions signs and follow the precautions indicated
   - Walk through room to determine what needs to be replaced (e.g., toilet paper, paper towels, soap, gloves) and whether any special materials are required; this may be done before or during the cleaning process
2. Gather supplies:
   - Ensure an adequate supply of colour coded clean cloths is available (*refer to section 9.1*)
   - Ensure fresh disinfectant solution is prepared and available
3. Wash hands and put on gloves
4. Ensure that bed is tripped by ward staff
5. Clean room, working from clean to dirty and high to low areas of the room:
   - Use fresh cloth(s) for cleaning each cubicle
   - Do not shake out cloth(s)
   - Start by cleaning doors, door handles
   - Check walls for visible soiling and clean if required
   - Clean light switches

- Clean wall mounted items such as alcohol-based hand rub dispenser
- Check and remove fingerprints and soil from glass partitions, glass door panels, mirrors and windows with glass cleaner
- Check privacy curtains for visible soiling and inform technical staff
- Clean all furnishings and horizontal surfaces in the room including chairs, window sill, television, telephone, over bed table etc. Lift items to clean the table. Pay particular attention to high-touch surfaces
- Wipe equipment on walls such as top of suction bottle, oxygen flow meter
- Clean bedrails and call bell
- Clean bathroom/shower (refer to 10.3)
- Clean floors (see refer to 10.1, 10.4, 10.5 and 10.6)
- Clean inside and outside of patient cupboard or locker

6. Clean the bed
    - Clean top and sides of mattress, turn over and clean underside
    - Clean exposed bed frame
    - Check for cracks or holes in mattress and inform ward staff
    - Inspect for pest control issues and inform ward staff if any pest issues are noted
    - Clean headboard, foot board, bed rails, call bell and bed controls; pay particular attention to areas that are visibly soiled and surfaces frequently touched by staff
    - Clean all lower parts of bed frame, including castors
    - Allow mattress to dry

7. Clean bathroom/ shower (refer to 10.3)
8. Clean floors (see refer to 10.1, 10.4, 10.5 and 10.6)
9. Disposal
    - Place soiled cloths in designated container (placed in the cart) for laundering
    - Remove waste

10. Remove gloves and clean hands with soap and water. Do not leave room wearing soiled gloves
11. Replenish supplies as required (e.g., gloves, soap, paper, toilet tissue)

10.3 Routine Bathroom Cleaning

Working from clean to dirty areas:

- Remove soiled linen from floor, inform to ward staff if any; wipe up any spills;
- Remove waste
- Clean door handles and frame, light switch
- Clean walls attachments

- Clean inside and outside of sink, sink faucets and mirror; wipe plumbing under the sink; apply disinfectant to interior of sink; ensure sufficient contact time with disinfectant; rinse sink and dry fixtures
- Clean all dispensers and frames
- Clean call bell and cord
- Clean support railings, ledges/ shelves
- Clean shower, faucets, walls and railing, scrubbing as required to remove soap scum; apply disinfectant to interior surfaces of shower, including soap dish, faucets and shower head; ensure sufficient contact time for disinfectant; rinse and wipe dry; inspect and replace shower curtains monthly or as required
- Clean entire commode including handle and underside of flush rim; ensure sufficient contact time with disinfectant
- Scrub shower walls
- Remove gloves and wash hands
- Replenish paper towel, toilet paper, soap as required
- Report to ward staff if any mold and cracks, leaking or damaged areas are noted
Additionally, for discharge/transfer cleaning:
- Equipment used to clean toilets (e.g., toilet brushes, toilet swabs) should not be carried from room-to-room. The toilet brush should remain in the room
- In patient care cubicles having multiple beds, a system should be developed for replacement of toilet brushes on a regular basis or as required
- When choosing a tool for cleaning toilets, consideration should be given to equipment that will minimize splashing

10.4 Mopping Floors using Dust Control Mop (microfiber)

Working from clean areas to dirty areas:

- Remove debris from floor and dry any wet spots with clean cloth
- Remove gum or other sticky residue from floor
- Starting in the farthest corner of the room, drag the mop toward you, then push it away, working in straight, slightly overlapping lines and keeping the mop head in full contact with the floor
- Do not lift dust mop off the floor once you have started, use swivel motion of frame and wrist to change direction
- Move furniture and replace after dust mopping, including under and behind bed
- Carefully dispose of debris, being careful not to stir up dust
- Replace mop head/pad when soiled

10.5 Mopping Floors using Wet Loop Mop and Bucket

Working from clean areas to dirty areas:

- Use a 2 or 3 bucket system for mopping
- Prepare fresh cleaning solution according to the manufacturer's instructions using appropriate PPE according to Material Safety Data Sheet (MSDS)
- Place 'wet floor' caution sign outside of room or area being mopped
- Divide the area into sections (e.g. Corridors may be divided into two halves, lengthwise, so that one side is available for movement of traffic while the other is being cleaned)
- Immerse mop in cleaning solution and wring out
- Push mop around skirting's first, paying particular attention to removing soil from corners; avoid splashing walls or furniture
- In open areas use a figure eight stroke in open and wide spaces, overlapping each stroke; turn mop head over every five or six strokes. While in small spaces, starting in the farthest corner of the room, drag the mop toward you, then push it away, working in straight, slightly overlapping lines and keeping the mop head in full contact with the floor

Figure 4: Figure of eight stroke technique for mopping

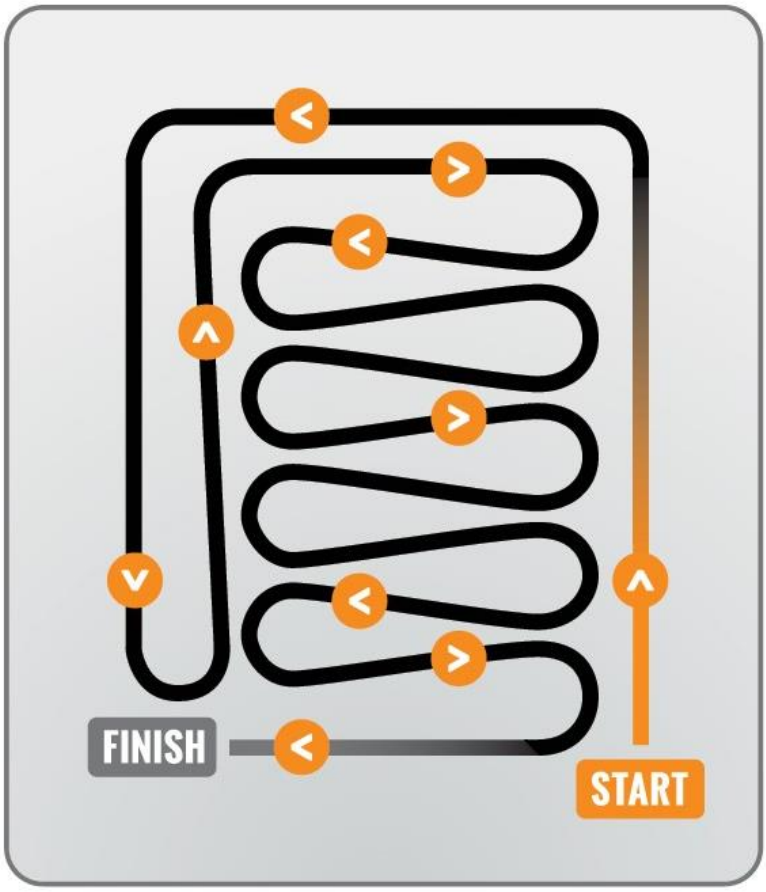
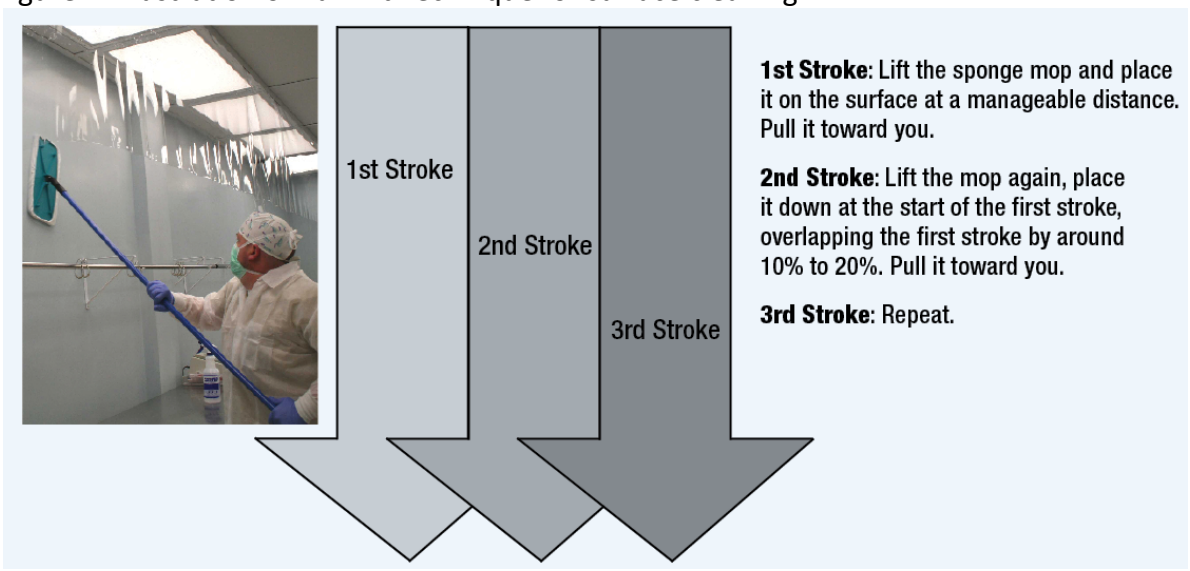


Figure 2: Illustration of Pull-lift Technique for surface cleaning



- Repeat until entire floor is done.
- Change the mop head when heavily soiled or at the end of the day.

10.6 Mopping Floors using a Microfiber Mop

Working from clean areas to dirty areas:

- Fill plastic basin with cleaning solution
- Place microfiber pad(s) to soak in basin
- Take a clean pad from the basin, wring out and attach to mop head using Velcro strips.
- Remove pad when soiled and set aside for laundering

10.7 Cleaning Spillage

Spills of blood and other body substances, such as urine, faeces and emesis, must be contained, cleaned and the area disinfected immediately as given below

10.7.1 Chlorine concentrations

Table 3

Strength	Uses
1,000 parts per million (ppm)* (dilute in 1 part bleach solution to 100 parts water)	Disinfection of surfaces following contamination with body fluids e.g. commodes (to be used after cleaning with detergent).
10,000 parts per million (ppm)*	Decontamination of spillages of blood or body fluids stained with blood.

10.7.2 Chlorine releasing preparations.

Table 4

Presentation	To make a dilution of 1,000 ppm	To make a dilution of 10,000 ppm.
NaDCC Granules* e.g. Presept®	Not applicable	Use directly (do not dilute)
NaDCC Tablets (2.5g) * e.g. Presept®	1 tablets in 1.25 litres of cold water	8 tablets in 1 litre of cold water
Hypochlorite* e.g. domestics or other household bleach (for use in patients homes only)	Dilute in 1-part bleach solution to 100 parts water (add solution to water)	Dilute 1-part bleach solution to 10 parts water (add solution to water)

* Always refer to manufacturer's instructions to ensure appropriate concentration is achieved when making up the solution.
* The preparation available at present at IGMH is Hypochlorite solution

10.7.3 Categories of blood/bodily fluids in accordance to risk.

Table 5

Bodily Fluids	Risk Category	Cleaning Method
Blood/ any visibly blood stained fluids Breast milk Amniotic fluid Vaginal secretions Semen Cerebrospinal fluid (CSF) Synovial fluid Pericardial fluid Pleural fluid Peritoneal fluid Unfixed tissues/organs Saliva (associated with dentistry)	HIGH RISK	Sodium Hypochlorite solution (10,000 ppm) and Chlorine releasing agent e.g. Chorclean®, Haz-tabs® or Actichlorplus® Followed by Detergent & hot water
Vomit Sputum Saliva Urine Faeces Tears	LOW RISK (unless visibly blood stained)	Detergent & hot water (if visibly stained or of a known infectious nature follow above; with the exception of urine) Followed by a terminal disinfection using Sodium Hypochlorite solution (1000 ppm)

10.7.4 Preparation for dealing with a spillage

Gather all necessary equipment to deal with the spillage:

- Personal protective equipment: Apron and gloves (heavy duty rubber gloves). Eyewear, masks should be worn if there is a risk of splashing to eyes, mouth and/or body.
- Polythene gloves must not be used when dealing with healthcare waste.
- Gather all equipment used for spillage collection and disinfection (e.g. waste receptacle, waste scoop, absorbent paper or towel, disinfectant (appropriate solution or granules at the correct concentration), detergent, bucket for water, a sign (e.g. wet floor sign) which can be displayed or the use of a physical barrier to ensure all other persons avoids) the spillage while it is being dealt with).

10.7.5 Terminal cleaning

The thorough cleaning of a patient room following discharge in order to remove germs that might be transferred to the next patient in the room.

Final floor cleaning step using water and detergent or disinfectant.
Working from clean areas to dirty areas:

- ✓ Fill plastic basin with cleaning solution
- ✓ Place microfiber pad(s) to soak in basin
- ✓ Take a clean pad from the basin and attach to mop head using Velcro strips.
- ✓ Remove pad when soiled and set aside for laundering
- ✓ Send soiled microfiber pads for laundering at the end of the day

For Isolation precaution rooms:

- ✓ Take a clean pad from the basin and attach to mop head using Velcro strips
- ✓ Take a clean microfiber pad from the cart and place in bucket containing disinfectant
- ✓ Ensure that pad becomes saturated with disinfectant. Wring excess liquid from the pad before attaching to mop
- ✓ Mop as usual working from clean areas to dirty areas

A. *Spillage of blood/and blood stained bodily fluids on impervious floors and surfaces*

- Wear protective clothing (gloves, apron must be worn and goggles if any risk of splashing into the eyes).
- Choose the cleaning method according to table 10.7.4 "Categories of blood/bodily fluids in accordance to risk"
- Cover the spillage accordingly and l eave for 2 minutes (prepare bucket with hot water and detergent solution).
- Scoop off the spillage with paper towels/scoop and discard as infectious waste (Red waste bag).
- Clean area with hot water and detergent using disposable cloth or paper, rinse and dry.
- Clean bucket in fresh water, rinse and dry.
- Dispose of protective clothing and cloth's as clinical waste and wash hands.
- Replenish item used for spillage and replace

B. *Spillages on Carpets.*

- Spillages of blood or body fluids on carpets or furnishings should be dealt with using hot water and detergent only.
- Wear protective clothing (gloves, apron must be worn and goggles if risk of splashing).
- Soak up as much of the spillage as possible using absorbent, disposable material, e.g. newspapers, disposable cloth and place directly into infectious waste bin with red.
- Clean area with hot water and detergent using disposable clothes, rinse and dry.
- Clean bucket in fresh water, rinse and dry.

- Dispose of protective clothing and clothes into infectious waste (or plastic bag/bin liner, dispose into the normal waste).
- Wash hands.
- Replenish item used for spillage and replace

**Chlorine-releasing agents are corrosive to many materials, e.g. metals, and will bleach carpets, fabrics and soft furnishings. Likewise, it will bleach the color from the fabrics of carpets.*

C. *Spillage of low risk fluids (e.g. Urine, Faeces, Vomit) onto any flooring or surface*

- Ensure area is well ventilated.
- Wear protective clothing (gloves, apron must be worn and goggles if risk of splashing).
- Use disposable cloth or paper disposable towels to absorb/remove as much of the spillage as possible.
- Clean area thoroughly using hot water, detergent and disposable clothes, rinse and dry.
- Do a terminal disinfection by using Sodium Hypochlorite solution (1000 ppm) and clean cloth/paper towel
- Dispose of all materials as infectious waste.
- Clean the bucket with fresh water and detergent, rinse and dry.
- Dispose of the personal protective clothing as clinical waste and wash hands.
- Replenish spillage equipment, where used.

** Chlorine-releasing agents should never be mixed with acids or used on spills of urine as chlorine gas will be released*

10.7.5 First aid measures for handlers

- In case accidental splash to eyes:
  - Irrigate exposed or irritated eyes with saline for at least 20 minutes. Get immediate medical attention
- Accidental contact with skin:
  - Remove clothing from affected area and wash skin for 15-20 minutes under running water. Contaminated clothing should be washed before reuse. Obtain medical attention if irritation occurs.
- Accidental inhalation:
  - Move victim to fresh air. Keep the affected person warm and administer supplemental oxygen by mask to patients who have respiratory symptoms. Get immediate medical attention. patients who have bronchospasm may require treatment with an aerosolized bronchodilator.
- Accidental ingestion:

- Sodium hypochlorite is an alkaline corrosive. For exposure by ingestion do not induce vomiting, lavage or give acid antidotes. If conscious, dilute immediately by giving milk, large amount of water, melted ice cream, beaten egg white. Do not give anything by mouth to an unconscious or convulsing person.

10.8 Stain Removal

10.8.1 Principles of stain removal

1. All stains should as far as possible, be removed while still fresh
2. Before using any reagent, it should be tested on a hidden or small portion of the surface
3. If the nature of the stain unknown, it should be treated first by the least harmful method, passing on from one process to next more active until an effective reagent is reached
4. The nature and texture of the surface should be borne in mind while selecting the reagent for stain removal
5. The reagent bottle should be tightly capped after each use
6. The room should have good ventilation
7. After stain removal, the reagent should be neutralized. An acidic solution is neutralized with an alkaline one and vice-versa. A thorough rinsing with clean water 3 is essential after each treatment

10.8.2 Stain removal from floors

Table 6

Type of stain	Method
Rust	Apply a poultice of sodium citrate, glycerine, precipitate of calcium carbonate and water. Let it dry and scrape off.
Ink	From marble and terrazzo – apply a poultice of sodium perborate and turpentine oil. Let it dry and scrape off.
Chewing Gum	Harden with ice, scrape off. If stain is left, rub with steel wool dipped in cleanser, rinse dry and polish.
Acid	Clean with dilute general purpose cleaner. Neutralize with ammonia. If stain persists, use steel wool dipped with cleanser. Rinse dry & polish.
Blood	Rub with concentrated cleanser and in case of stubborn stains use zero-degree steel wool dipped in cleanser. Rinse dry and polish

10.8.3 Stain removal from polished wood

Table 7

Type of stain	Method
Ink	Mop it as quickly as possible. Rub with fine steel wool or use hot solution of a weak acid and then rinse. In both cases, the stain, colour

	and polish will be removed. So rub with linseed oil or shoe polish to darken it and later apply polish
Spills, slight heat or burn marks	a) Rub with a rag moistened with a drop or two of liquid metal polish or methylated spirit and then re polish. b) Rub with a very fine abrasive like cigarette ash, steel wool and re polish.
Scratch Marks	If newly scratched cover with iodine or potassium permanganate solution or shoe polish, which will be used according to the colour of the surface i.e. if necessary remove the polish first and then re polish.
Alcohol	a) Wipe up and rub with finger dipped in silver polish, linseed oil or cigarette ash and re polish b) Wipe up. Put a few drops of ammonia on a damp cloth and rub. Re-polish immediately

10.8.2 Stain Removal from Carpet and Upholstery

Table 8

Type of stain	Method
Mud	Vacuum when dry. Use carpet spotting kit or shampoo method. Use dry cleaning method (methylated spirit) if required.
Ink Writing	Flush with soda siphon. Blot. Sponge with a solution of 50% Vinegar and 50% water. Blot. If necessary, consult professional.
Ink Ball Pen	Use dry cleaning method. Dab with methylated spirit plus a little white vinegar or use vinegar and milk in sponging and soaking method.
Tar	Remove deposit. Rub with glycerine solution. Rinse, blot. Shampoo and brush the pile.
Urine	Flush with soda siphon. Blot. Sponge with vinegar solution. Sponge with antiseptic solution.
Vomit	Remove deposit. Flush with soda siphon. Blot or sponge with borax solution. Sponge with antiseptic solution.
Curry	Remove excess. Use carpet shampoo method (ice cream, chocolate use dry cleaning method)
Dyes	Use dry cleaning method with methylated spirit plus a few drops of ammonia. Test first
Burns	From carpet trim burnt fibers first with scissors. Then use carpet shampoo plus 1 tbs white vinegar. Call for professional advice if required.
Battery Acid	From carpet act fast. Blot. Sponge with solution of borax.
Grease, Oil, Cream, Hair Oil	Remove deposit. Use dry cleaning method or use iron and blotting paper. Use carpet shampoo method later.

10.9 Cleaning play area and toys

Play room/play areas (Paediatric OPD, Dhiraagu CSR play area)

- Clean play area daily and whenever requested
- Wipe clean all play equipment (big and small) daily with clean detergent wet wipes
- Wipe clean alcohol hand sanitizers dispensers and ensure empty bottles are replaced by communicating with ward/unit staff
- A separate designated wet mop to be used for mopping these areas

10. STORAGE OF CLEANING SUPPLIES

- All cleaning items should be stored in a designated place inside the premises (mops, cleaning solutions, carts, equipment etc.)
- All chemical cleaning agents and disinfectants should be appropriately labelled and stored in a manner that eliminates risk of contamination, inhalation, skin contact or personal injury.
- Chemicals must be clearly labelled and a Material Safety Data Sheet (MSDS) must be readily available for each item in case of accidents.
- If a refillable bottle is filled with a disinfectant solution, it should never be topped up with fresh disinfectant. Always use a clean, dry, appropriately-sized bottle, label the product and date it. The product should be discarded when past the expiry date for stability

11. CLEANING METHODS

- **Wet mop:** Mopping with a clean rinsed mop head, using an approved disinfecting solution
- **Wipe clean:** Using a smear free damp cloth with detergent if required and rinsed to achieve a smear free finish
- **Damp mop:** Using a mop that is almost dry to control dust and prevent slips
- Dry mopping The process of removing dirt and debris from floors using only mop head without water or detergent
- **Damp dust:** Wipe clean with a sponge cloth using an approved cleanser or disinfectant
- **Spot clean:** Remove obvious marks using a suitable detergent
- **Non static dusting:** all computer and TV equipment to be dusted and cleaned with a non-static built up duster
- **High dusting:** All horizontal surfaces and fixtures above shoulder height, including vents. Ideally, the patient should be out of the room during high dusting to reduce the risk of inhaling dust particles.
- **Deep cleaning:** In addition to the routine daily cleaning, a rolling programme of deep cleans where on at least one occasion each year every clinical area receives an additional clean when there are no patients present. This allows an even more thorough clean of the environment, including all fixtures and fittings. Deep cleaning

should be done for all inpatient areas on request and all other areas should be done according to a monthly schedule

- **Surface cleaning:** should be done for all inpatient and outpatient areas and corridors (excluding the administrative block) & patient toilets. Surface cleaning of all inpatient areas (except floor) should be done using sodium hypochlorite 1:100 solution and floor cleaning should be done, using sodium hypochlorite 1:500 solutions. Surface cleaning of outpatient areas and corridors can be done using a commercially available cleaning solution.
- **Wet method:** Wear suitable protective clothing i.e. household gloves and aprons. Prepare a fresh cleaning solution appropriately diluted in a clean dry container. Apply the cleaning solution evenly to all surfaces using a clean cloth or mop. The cleaning cloth or the mop should be damp and not dribbling. Change the solution every hour to reduce build-up of organic matter in the cleaning solution. Allow the surfaces to dry.
- **Floor cleaning:** The floor is the prime area where the detritus of human activity ends up. An aggressive scraping mat placed outside of the entrance can remove up to 50 percent of the soil before it enters the building. Designed to collect the bulk of the dirt, the scraper should be at least 6 feet long and as wide as the doorway so it allows two steps with each foot.

12. CLEANING FREQUENCIES AND SCHEDULES

Ensuring the correct level of cleanliness and hygiene in a hospital environment is a difficult task. The requirement is not just for things to look clean; but also they have to be cleaned to a deeper level than might be acceptable outside that environment.

In healthcare setting, how often areas or an item needs to be cleaned is defined by how often the element gets dirty. In other words, how often it is used, by whom it is used and in what risk category does the item belong, i.e. the less it is used the less frequently it needs to be cleaned in order to attain an acceptably high standard. However, the risk category should always be taken into account.

Although daily cleaning routines are an essential requirement, ‘over-cleaning’ is a waste of resources and hence a minimum cleaning frequency has to be decided upon. The following table outlines the recommended minimum frequencies for routine cleaning of various items used in IGMH, along with other requirements such as method of cleaning, solution to be used and PPE use. It is applicable to all settings (although some items may not be relevant to all

settings) and is presented by level of risk. In addition, this table has been developed to provide a benchmark guide to best-practice cleaning schedules and to be followed by both IGMH housekeeping staff/ward attendants and out services cleaning staff.

Elements		Standard	Area	Method of Cleaning	Cleaning Solution	Cleaning Frequency							Responsible person	REMARKS
						Daily			Weekly			Monthly		
						Once	Twice	Thrice	Once	Twice	Thrice	Once		
FIXED ASSETS	Walls	All wall surfaces should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages	In-patient	Using ORANGE microfiber duster/;damp dust clean with detergent and water followed by disinfectant wipe	Hospital grade detergent & sodium hypochlorite 1:100 solution				□				Out-source services	Weekly once & check and spot clean
			Out-patient	Using BLUE colored microfiber duster; damp dust with detergent and water	House hold detergent				□				Out-source services	Weekly once & check and spot clean
	Ceilings	All ceiling surfaces should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages	In-patient	Damp dust/clean with detergent and water	Hospital grade detergent								Out-source services	Weekly once & check and spot clean
			Out-patient	Damp dust/clean with detergent and water	Hospital grade detergent								Out-source services	Weekly once & check and spot clean
	Television	All part of the television should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or stain	In-patient	Using ORANGE microfiber dry dust	none								Out-source services	none
			Out-patient	Using BLUE microfiber dry dust	none								Out-source services	none

Elements	Standard	Area	Method of Cleaning	Cleaning Solution	Cleaning Frequency							Responsible person	REMARKS
					daily			weekly			Monthly		
					Once	Twice	Thrice	Once	Twice	Thrice	Once		
ELECTRICAL FIXTURES AND APPLIANCES	Electrical fixtures and appliances should be visibly clean with no blood or body substances, dirt, dust, cobwebs, debris, adhesive tape or spillages and free of grease Fans should be clean and free of dust and dirt The pest control device should be free from dead insects and be visibly clean and functional - The casing of electrical items should visibly clean with no blood and body substances, dust, dirt, debris or adhesive tape - Motor vents etc. are clean and free of dust, dirt and lint. Drinking fountains are clean and free of stains and mineral build-up. - Hygiene standards are satisfied where the fixture or appliance is used in food preparation. - Range hoods (interior and exterior) and exhaust filters are free of grease and dirt on inner and outer surfaces.	In-patient	Orange & Yellow microfiber duster	Hospital grade detergent & and disinfectant									Daily once check and spot clean
		Out-patient	Blue and Green microfiber duster	Household cleaning solution									Daily once check and spot clean
		Administration area	Green microfiber duster	Household cleaning solution									Daily once check and spot clean

STAIRCASES/RAMP including banisters, handrails/grab bars	Should be visibly clean with no blood or body substances, dust, dirt, debris and spillages. Handrails should be clean and free of stains	In-patient	Microfiber Dust control wipe and Mop (Orange and Yellow)	Hospital Grade Detergent ans 1:100 sodium Hypochlorite on high touch surfaces (e.g. Hand Rails and knob)									4 hourly check and spot clean
		Out-patient	Microfiber Dust control wipe and Mop (Blue and green)	Hospital Grade Detergent and 1:100 sodium Hypochlorite on high touch surfaces (e.g. Hand Rails and knob)									4 hourly check and spot clean
WINDOWS/DOORS	All parts of the door structure should be visibly clean so that all door surfaces, and frames have no blood or body substances, dust, dirt, debris, adhesive tape or spillages	In-patient	Damp dusting with microfiber dust control wipes (Orange and Yellow)	Window Cleaning solution									Daily check and spot clean
		Out-patient	Damp dusting with microfiber dust control wipes (Blue and green)	Window Cleaning solution									Daily check and spot clean
FLOORS – Areas as allocated by individual unit head	The complete floor including all edges, corners and main floor spaces should have a uniform shine and be visibly clean with no blood and body substances, dust, dirt, debris, spillages or scuff marks.	In-patient	Dust free sweeping and Microfiber Moping (Orange and Yellow)	Hospital Grade detergent									4 hourly check and spot clean
FLOORS – Areas as allocated by individual unit head		Out-patient	Dust free sweeping and Microfiber Moping (Blue and green)	Hospital Grade detergent									4 hourly check and spot clean

FURNISHING AND FIXTURES	**Furniture, shelves, benches, dustbins, fire extinguishers**	All parts of the furniture should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape, stains or spillages. - Furniture should be free from unpleasant odor - Furniture legs/ wheels should be free from mop strings, dirt, dust and hair - Inaccessible areas (edges, corners, and folds) should be free of dust and dirt Shelves, bench tops, cupboards should be clean inside and out and free of dust, dirt and litter - All surfaces should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages - Waste/rubbish bins or containers are clean inside and out, free of stains and mechanically intact	In-patient	Damp dusting with micro fiber cloth (Orange and Yellow);damp dust clean with detergent and water followed by disinfectant wipe	Hospital Grade detergent and disinfectant								Attendant	Daily check and spot clean
			Out-patient	Damp dust/clean with detergent and water (Blue and green)	Household detergent								Out-source services	Daily check and spot clean

	Pantry fixtures and appliances as allocated by individual unit head	Fixtures, surfaces and appliances are free of grease, dirt, dust, encrustations, marks, stains and cobwebs. Motor vents etc are clean and free of dust, dirt and lint.	In-patient	Damp dusting with micro fiber cloth (Orange and Yellow)	Hospital Grade detergent and disinfectant									6 hourly check and spot clean
			Out-patient	Damp dust/clean with detergent and water (Blue and green)	House hold detergent									6 hourly check and spot clean
	Beds as allocated by individual unit head	All parts of the bed (including mattress, bed frame and castors) should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages	In-patient	Damp dusting with micro fiber cloth (Orange and Yellow)	Hospital Grade detergent and disinfectant (1:100) sodium hypochlorite)									Check and spot clean & full clean on discharge
	Beds as allocated by individual unit head		Out-patient	Damp dust/clean with detergent and water (Blue and green)	Hospital Grade detergent and disinfectant (1:100) sodium hypochlorite)									Check and spot clean & full clean on discharge
FINISHING AND FIXTURES	**Lockers as allocated by individual unit head**	All parts of the locker (including castors and inside) should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape, stains or spillages.	In-patient	Damp dust/clean with detergent and water (Blue and green);damp dust clean with detergent and water followed by disinfectant wipe	Hospital Grade detergent and disinfectant (1:100) sodium hypochlorite)									Check and spot clean
			Out-patient	Damp dust/clean with detergent and water (Blue and green)	Hospital Grade detergent and disinfectant									Check and spot clean

	Cardiac Tables as allocated by individual unit head	All parts of the table (including wheels, castors and underneath) should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape, stains or spillages.	In-patient	Damp dust/clean with detergent and water (Blue and green);damp dust clean with detergent and water followed by disinfectant wipe	Hospital Grade detergent and disinfectant (1:100) sodium hypochlorite)										Check and spot clean
			Out-patient	Damp dust/clean with detergent and water (Blue and green);damp dust clean with detergent and water followed by disinfectant wipe	Hospital Grade detergent and disinfectant										Check and spot clean
	Chairs as allocated by individual unit head	All parts of the chairs should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape, stains or spillages	In-patient	Damp dust/clean with detergent and water (Blue and green);damp dust clean with detergent and water followed by disinfectant wipe	Hospital Grade detergent and disinfectant (1:100) sodium hypochlorite)										Check and spot clean
			Out-patient	Damp dust/clean with detergent and water (Blue and green);damp dust clean with detergent and water followed by disinfectant wipe	Hospital Grade detergent and disinfectant										Check and spot clean
	Tables, counter tops as allocated by individual unit head	All parts of the table (including wheels, castors and underneath) should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape, stains or spillages.	In-patient	Orange & Yellow microfiber duster ;damp dust clean with detergent and water followed by disinfectant wipe	Hospital grade detergent & 1:100 sodium hypochlorite										Check and spot clean
			Out-patient	Blue and Green microfiber duster Using ORANGE microfiber duster/;damp dust clean with detergent and water followed by disinfectant wipe	Hospital grade detergent & disinfectant										Check and spot clean

			Administrative	Green microfiber duster	Household cleaning solution									Check and spot clean
	Hand hygiene alcohol rub dispensers	All part of the surfaces of hand hygiene alcohol rub dispensers should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages.	In-patient	Orange & Yellow microfiber duster; damp dust clean with detergent and water followed by disinfectant wipe	Hospital grade detergent & disinfectant									Check and spot clean
			Out-patient	Blue and Green microfiber duster	Household cleaning solution									Check and spot clean
	Curtains/Blinds as allocated by individual unit head	Curtains/blinds should be visibly clean with no blood and body substances, dust, dirt, debris, stains or spillages	In-patient	Damp wipe clean/Orange & Yellow microfiber duster	Window cleaning solution									Check and spot clean
			Out-patient	Damp wipe clean/Blue and Green microfiber duster	Window cleaning solution									Check and spot clean
TOILETS AND BATHROOM FIXTURES		Porcelain and plastic surfaces are free from smudges, smears, body fats, soap build-up and mineral deposits. Metal surfaces, shower screens and mirrors are free from streaks, soil, dirt, smudges, soap build-up and oxide deposits.	In-patient	Wash and wipe clean all wash basins, counter-tops commodes, toilet seats, toilet floor, showers, grab bars, mirrors	House hold detergent									4 hourly check and spot clean

		Wall tiles and wall fixtures (including soap and cream dispensers and towel holders) are free of dust, grit, dirt, smudges/streaks, mold, soap build-up and mineral deposits. Shower curtains and bath mats are free from stains, smudges, smears, odors, mold and body fats. Plumbing fixtures are free of smudges, dust, dirt, soap build-up and mineral deposits. Bathroom fixtures are free from odors that are distasteful or unpleasant. Polished surfaces are of a uniform luster. Sanitary disposal units are clean and functional. Consumable items are in sufficient supply.	Out-patient	Wash and wipe clean all wash basins, commodes, toilet seats, toilet floor, showers, grab bars, mirrors	House hold detergent									4 hourly check and spot clean
KITCHEN FIXTURES & APPLIANCES	**Fridge**	Fridges should be visibly clean with no blood and body substances, dust, dirt, debris, spillages, and food debris.	In-patient	Damp wipe clean/Orange & Yellow microfiber duster;damp dust clean with detergent and water followed by disinfectant wipe	Hospital Grade detergent & disinfectant									Check and spot clean

			Out-patient	Damp wipe clean/Blue and Green microfiber duster	Hospital Grade detergent										Check and spot clean
MOVING & HANDLING EQUIPMENT	**IV Stand**	All parts of the IV stand) should be visibly clean with no blood and body substances, rust, dust, dirt, debris, or spillages	In-patient	Damp wipe clean/Orange & Yellow microfiber duster; damp dust clean with detergent and water followed by disinfectant wipe	Hospital Grade detergent & disinfectant										Check and spot clean
			Out-patient	Damp wipe clean/Blue and Green microfiber duster	Hospital Grade detergent & disinfectant										Check and spot clean
	Wheel chairs as allocated by individual unit head	All parts of the wheelchair should be visibly clean with no blood and body substances, rust, dust, dirt, debris, or spillages	In-patient	Damp wipe clean/Orange & Yellow microfiber duster; damp dust clean with detergent and water followed by disinfectant wipe	Hospital Grade detergent & disinfectant										Check and spot clean
			Out-patient	Damp wipe clean/Blue and Green microfiber duster	Hospital Grade detergent & disinfectant										Check and spot clean
MOVING & HANDLING EQUIPMENT	**Transfer stretchers** As allocated by individual unit head	All parts of the stretcher should be visibly clean with no blood and body substances, rust, dust, dirt, debris, or spillages	In-patient	Damp wipe clean/Orange & Yellow microfiber duster; damp dust clean with detergent and water followed by disinfectant wipe	Hospital Grade detergent & disinfectant										Check and spot clean

			Out-patient	Damp wipe clean/Blue and Green microfiber duster	Hospital Grade detergent & disinfectant										Check and spot clean
	Trolleys (vacant) **As allocated by individual unit head**	All parts of the trolley should be visibly clean with no blood and body substances, rust, dust, dirt, debris, or spillages	In-patient	Damp wipe clean/Blue and Green microfiber duster; damp dust clean with detergent and water followed by disinfectant wipe	Hospital Grade detergent & disinfectant										Check and spot clean
			Out-patient	Damp wipe clean/Blue and Green microfiber duster	Hospital Grade detergent & disinfectant										Check and spot clean
	Cleaning equipment **As allocated by individual unit head**	Electrical appliances (and filters), web and dry vacuum cleaners and burnishes/buffing machines are stored free of grease, dirt, dust, encrustations, marks, stains and cobwebs. Electrical and battery operated appliances have visible, current tags displaying safety check, service and inspection information. Battery-operated equipment (auto scrubber) is stored free of dirt, dust, marks, stains and cobwebs. Legs, handles, wheels and castors on cleaning equipment are free from stains, soil, dirt, film, cotton, fluff, cobwebs and	In-patient	Damp wipe clean/Blue and Green microfiber duster; damp dust clean with detergent and water followed by disinfectant wipe	Hospital Grade detergent & disinfectant										Check and spot clean
			Out-patient	Damp wipe clean/Blue and Green microfiber duster	Hospital Grade detergent & disinfectant										Check and spot clean

		dust. Cleaning equipment using water is stored clean and dry. Vacuum head and hose are free from dust and blockages and vacuum bags are in good condition and not over full. Cleaning carts are free from spillages, dirt and dust. Use of cleaning chemicals complies with chemical safety data sheets, dilution and storage instructions												
ENVIRONMENTAL ELEMENTS	**General Tidiness**	The area appears tidy and uncluttered. Floor space is clear, only occupied by furniture and fittings designed to sit on the floor. Furniture is maintained in a way that allows for cleaning. Fire access and exit doors are left clean and unhindered.	In-patient	Check and do											Check and do daily
			Out-patient	Check and do											Check and do daily
	Odor Control	The area smells fresh. There is no odor that is distasteful or unpleasant. Room deodorizers are clean and functional.	In-patient	Check and do	Deodorizers										Check and do daily
			Out-patient	Check and do	Deodorizers										Check and do daily

Deep cleaning of all units and areas on a scheduled basis	Deep cleaning of private rooms/cubicles of in-patients units on discharge or transfer of patient discharge Deep cleaning of administrative departments and other office areas on request	All areas											

13. HOUSE KEEPING UNIT & ROLES AND RESPONSIBILITIES OF PERSONNEL

13.1 Roles and Responsibilities Male' Hospitals Housekeeping Unit

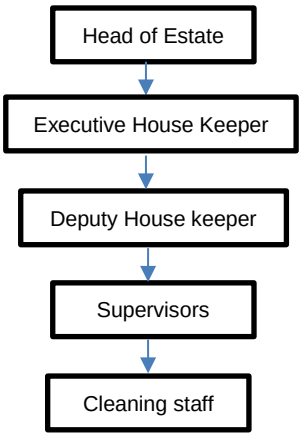
Hospital housekeeping is outlined as an in-house unit under estate department which deals with cleanliness of the Male' hospitals involving 'general environmental hygiene, sanitation and disposal and management of waste using appropriate methods, equipment and manpower.' The housekeeping services can be précised as "all the activities directed towards a clean, safe and comfortable environment'.

Full responsibility of hygiene and sanitation of IGMH and Dharumavantha Complex (DH) will be undertaken by housing unit.

Housekeeping unit shall be established and headed by an executive house keeper with minimum qualification of degree in hotel management/housekeeping. He/she will be the overall supervisor and will be reporting to Estate Head.

Employed cleaning staff both (contract and permanent) will be stated as House Keeping Unit staff and will report to supervisors of this unit, who will be directly reporting to executive house keeper

Reporting structure of Housekeeping Unit



Objectives of housekeeping unit

- To plan and manage cleaning program for IGMH/DH
- To attain and maintain high standards of cleanliness and general upkeep
- To train, control and supervise staff under its establishment
- To attain good relations with other departments
- To ensure safety and security of all staff under this unit

- Control and procure cleaning materials and equipment in coordination with Infection Prevention and Control Committee (IPCC)/QID
- Carry out cleaning related audits as guided by QID

Responsibilities of Executive House keeper (contract staff)

- Has full administrative responsibility for planning, organizing, staffing, directing, controlling and evaluating cleanliness of IGMH/DH premises
- Provide guidance to senior management on the cleaning program
- Oversight of planning, development and budget monitoring for the cleaning program
- Manpower planning for the cleaning program
- Coordination of hospital cleaning activities with other programs and activities in the hospital
- Interaction and assigning duties to immediate subordinate officers.
- Maintenance of standards for cleanliness in coordination with QID and other departments. These standards encompass various aspects, e.g. frequency of cleaning; the methods, procedures and safety precautions to be followed etc.
- To maintain official records on cleaning materials and equipment. Housekeeping sites should have
  - Standard operating procedure(s) for the use of environmental cleaning chemicals showing direction of use (e.g. dilutions, water temperature etc.) and disposal
  - Documented maintenance schedule for the upkeep of cleaning equipment
  - A list of approved chemicals and equipment
  - A list of approved chemical suppliers
  - A copy of all safety data sheets for chemicals used on the premises
- Maintain records of cleaning to ensure that all cleaning activities are being completed
  Types of records cleaning staff may need to keep include:
    - sign off when the task has been completed (i.e. staff to put their initials against a daily work schedule to verify that they have done that task)
    - notes to identify when a task has been unable to be completed and what action has been taken to remedy non-compliance (i.e., cleaners should highlight which tasks were unable to be completed on their daily work schedule and reasons). Their manager/supervisor should review and note what action has been taken to remedy the matter

  Type of records supervisors or contract managers need to keep include:
    - Verification of any complaints received regarding any cleaning issue, & maintain notes relating to the investigation and outcome
    - Records of performed internal audits done to measure cleaning outcomes in all functional areas across all risk categories.
- The selection, measurement and proper use of housekeeping and cleaning supplies and maintenance of housekeeping equipment

- Preparation of duty roster of unit supervisors
- To take regular rounds of wards / departments to ensure proper cleaning
- Monitoring and liaison with estate for department for opening of blocked sewage lines, drains etc.
- To provide assistant to pest control program in the hospital at regular interval
- To educate and or train deputy unit manager and other staff properly to enable them perform their duties efficiently specially about the use and safety aspects of cleaning agents and chemical
- An unannounced inspection should be performed by the cleaning service manager, at least ONCE a week
- Conduct managerial level monthly meetings among IGMH staff to address concerns and way forward.
- Prepare records of evidence to confirm the effectiveness of cleaning methods and compliance with the cleaning standard which may include
    - Reports of visual inspection of cleanliness; functional areas are inspected to check the visual cleanliness
    - Visual assessment of cleaning technique: supervisors review cleaning techniques of the cleaning staff to ensure they are in accordance with documented policies and procedures.
    - Perform internal audits to measure cleaning outcomes in all functional areas across all risk categories.

Adequately staffed housekeeping unit is one of the most important factors that govern the success of environmental cleaning in a health care organisation. Staffing levels must be appropriate to each department of the health care organisation.

The following broad thumb rules for housekeeping manpower have been prescribed in the guidelines so as to ensure appropriate 24-hour coverage in all hospital areas:
• 1 Sanitary Attendant for 2 Hospital Beds
• 1 Sanitary Supervisor for 12-15 Sanitary Workers

Allocate 1 Deputy unit head and supervisors as required with minimum qualification of certificate level 3 in housekeeping, who will be carrying out inspection of cleaning services and report directly to **Executive House keeper**

General staffing levels may be calculated by adding the average time taken for a worker to complete individual tasks. Average cleaning time is the normal time required for a qualified worker, working at a comfortable pace, to complete an operation when following a prescribed method. Education and training are important factors in determining average cleaning time; a new worker will not work at the same pace and as efficiently as an experienced worker.

Written procedures and checklists for cleaning will assist in standardizing cleaning and disinfection times and will ensure that items are not missed during the cleaning.

13.1.2 Roles and responsibilities of cleaning unit supervisors

- Organize, supervise, and coordinate the work of housekeeping personnel on a day-to basis
- Ensure excellence in housekeeping sanitation, safety, comfort, and aesthetics for patients, staff and visitors.
- Draw up duty rosters for unit cleaning staff and attendants staff
- Assure proper communication within the department by conducting regular meeting with all personnel
- Establish standard operating procedures (SOP) for cleaning under guidance of unit head maintain them and to initiate new procedures to increase the efficiency of sanitation staff and product use
- Ensure the provision of proper uniforms for the unit staff
- Ensure observance of hygiene and safety precautions
- Inspect and approve all supply requisitions for the sanitation services/ department, and to maintain par stock, inventory control, and cost-control procedures for all materials
- Take and check feedback reports and the registers maintained by both in house staff and outsourced cleaning services
- Maintain a time logbook for all employees within the department
- To supervise unit staff in their work
- To take surprise round of hospital premises for cleanliness of toilet etc.
- To ensure the cleanliness and proper cleanliness of the area under his/her supervision

13.1.3 Manpower requirement

Calculation of human resource requirement for housekeeping service for IGMH/DH

Manpower requirement is recommended according to the type of patient care area: -

- Wards: Minimum 2 attendant per ward in each shift for a ward size of up to 35 beds, if more than 35 beds then one additional attendant may be provided in the morning shift except of Fridays
- Operation Theatre: One attendant for two operation theaters for each shift
- Intensive Care Unit: One attendant for up to six special care area beds in each shift and thereafter additional for each six beds in the morning shift. However, in the evening and night shift allocation can be halved
- OPD: In OPDs one dedicated attendant should be posted on each shift for other areas separate allocation should be made separately as required
- Emergency department: One attendant for on each shift for other areas separate allocation should be made separately as required

- There should be a dedicated cleaning pool of 4 to 8 cleaners depending upon the size of the healthcare organization which will be utilized for intensive cleaning and washing of patient care areas and other areas as required
- Dedicated sanitary cleaning staff may be posted for cleaning of toilets in patient care areas of special care areas so as to ensure highest level of hygiene and cleanliness

13.1.4 Staff training

Regular education and support must be provided by housekeeping unit to their staff and contract agencies to help staff consistently implement appropriate practices. Education should be provided at the initiation of employment as part of the orientation process and as ongoing continuing education

Training program should include:

- Orientation and continuing education
- A mechanism for assessing proficiency
- Handling of mops, cloths, cleaning equipment cleaning and disinfection of blood and body fluids
- Handling and application of cleaning agents and disinfectants
- Handling of biomedical waste
- Techniques for cleaning and disinfection of surfaces and items in the health care environment

Induction Training Topics for Sanitary Cleaners

- Organization Job Description—duties & responsibility
- Grooming
- Uniform and protective gear
- Cleaning chemical—Use & dilution rate
- Handling equipment – with demonstration
- Step by step cleaning procedures for different areas and surfaces (for example)
    - ✓ Cleaning of furniture
    - ✓ Light fixtures
    - ✓ Floor care
    - ✓ Glass cleaning
    - ✓ Metal polishing
    - ✓ Tiles cleaning
    - ✓ Elevator cleaning
    - ✓ Stair case cleaning
    - ✓ Corridor cleaning
    - ✓ Mopping

- ✓ Stain removal
- ✓ Any other areas or surface
- ✓ Reporting repair and maintenance
- ✓ Safety & security
- ✓ Garbage removal
- ✓ Fire safety

- All cleaning staff (contract agencies and housekeeping staff) must undertake annual mandatory training sessions conducted by QID
  - ✓ Blood and body fluid spill management
  - ✓ Use of (personal protective equipment) PPE
  - ✓ Prevention of exposure to sharps and management
  - ✓ Dilution and preparation of sodium hypochlorite and use of different strengths
  - ✓ Hand hygiene

13.2 Attire and identification (for housekeeping unit cleaning)

- IGMH and contractors' employees shall wear their specified uniforms while on duty at IGMH premises.
  - ✓ Males attire – short sleeved collared t-shirt/shirts and formal trousers or pants
  - ✓ Female attire – short/long sleeved blouse and trousers; blouse length should be at 4 inches above knees or at 5 inches above ankle
  - ✓ If headwear or head scarf are worn it must not drape freely but should be secured with safety pins (hijab pins without end cap are not to be used when on duty)
  - ✓ Uniform should clean and free of stains
  - ✓ Hair below the collar must be tied back and above the collar
  - ✓ Nails should be short and clean
  - ✓ Makeup should be discreet
  - ✓ Perfumes and deodorant should be used and must be light
- Cleaning staff shall display their specified identification badge with photograph, name and designation, while on duty at IGMH premises. Badge holding lanyard should be kept clean and must be replaced if visibly soiled
- Jewelry (necklace, chains, bracelets, anklets, not more than one ring and wrist watches) should not be worn during duty hours for Infection Prevention and Control purposes
  - ✓ One pair of ear stud maybe worn, dangling ear rings must not be worn
  - ✓ Wear enclosed footwear to comply with Infection Prevention and Control practices. Flip-flops/sandals are not allowed during work hours.

13.3 Infection Prevention and control requirements

The role of environmental cleaning personnel is critical to the control and prevention of infections in the hospital

- All cleaning staff should perform hand hygiene using appropriate technique after cleaning
- All cleaners should be provided with appropriate Personal Protective Equipment (PPE)

13.4 Occupational Health and Safety Issues Related to cleaning

Cleaning staff working in IGMH has the risk of exposure to infectious diseases. Hence, occupational health and safety issues may arise with regard to staff immunization, appropriate use of Personal Protective Equipment (PPE), staff exposures to blood and body fluids and other infection hazards, and staff safety issues. Therefore, cleaning service provider must ensure that

- Ensure that all cleaning staff are screened and vaccinated for Hepatitis B (could be initiated in coordination with QID)

(All cleaning staff should be vaccinated for hepatitis B; Influenza vaccine & COVId-19 vaccination; B vaccination 1st dose should be initiated before scheduling their duty at IGMH premises)

- Ensure adequate supply of PPE is provided for all cleaning staff and replaced when defective

13.5 Inspection of Cleaning Areas

There should be a process in place such as visual inspection using a checklist, which measures the quality of cleaning. Requirements for inspection should at a minimum be:

- The supervisors should inspect each area, at least TWICE a day
- Each inspection must be signed and timed on a document prepared for the purpose
- On each inspection, the supervisor must ensure that expected cleaning standards are met
- Every toilet should have a pictorial toilet inspection card (cleaning schedule) displayed prominently, where the cleaner would enter their name and signature after cleaning, cleaning schedule/timing for toilet inspection and supervisory inspection will be revised as required and needed by estate department.
- An unannounced inspection should be performed by the cleaning service manager, at least ONCE a week

14. REPORTING AND RECORDING FOR QUALITY ASSURANCE

- The following information are to be maintained daily by the contract cleaning services and a compiled report must be sent to estate department on a monthly basis. QID of IGMH will carry out random check on these reports.

- ✓ A daily report of staff on duty in all the shifts
- ✓ A daily report of the status of the equipment and its utilization
- ✓ A daily report of the deep cleaning or washings undertaken
- ✓ A daily report of the chemicals and the consumables used
- ✓ A daily report of the general cleaning by the supervisor or any other officer deputed for the purpose

A monthly feedback report from the unit head of IGMH housekeeping and contract services should be sent to estate department as based the following. There are several methods of evaluation available to determine if effective cleaning has taken place, including traditional observation of the environment following cleaning as well as newer technologies that show promise in assessing routine cleaning practices in health care settings

- The report will contain, as a minimum, current month trend reports on:
  - ✓ labor hours utilized
  - ✓ updated action plans for under-performing areas identified
  - ✓ summary of ad hoc requests received and time taken for completion of tasks
  - ✓ summary of recorded supervisor visits to work areas and actions arising
  - ✓ initiatives and proposals for service improvements
  - ✓ updated action plan arising from review of cleaning service
  - ✓ summary of compliments, comments and complaints received, with actions taken and resolutions

- Housekeeping unit of IGMH have the right to impose and question contract cleaning staff on the following: -
  - ✓ Not found displaying photo ID
  - ✓ Worker not in proper uniform
  - ✓ Indulging in smoking/sleeping or any other misconduct during duty hours
  - ✓ Machine out of order/deploying lesser number of machines
  - ✓ Usage of wrong/improper chemicals
  - ✓ Absence of personal protective equipment's
  - ✓ The services remain consistently unsatisfactory for a period of more than 2 weeks

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Appendix A – Cleaning Schedule as given from procurement

RHC	Frequency: Daily 1	Daily 2	Daily 3	Weekly 1	Weekly 2	Weekly 3	Monthly 1	Monthly 2	Others
staircase - both sides (back door and patient staircase)									
patient toilets									
cleaning windows									
washing all the rooms and corridor RHC monthly once- Friday or any public holiday							✓		On Public Holidays
HIYALA WING – WARD A,B,C & D	**Daily 1**	**Daily 2**	**Daily 3**	**Weekly 1**	**Weekly 2**	**Weekly 3**	**Monthly 1**	**Monthly 2**	**Others**
Walkway	✓								
Walkway walls	✓								
Walkway doors (both back and front)	✓								
Fans				✓					
Baby Cleaning Room	✓								
Windows and glass doors	✓								
Stair cases	✓								
Front of lift		✓							
Balcony Windows of all cubicles and rooms	✓								
Deep cleaning of cubicles and rooms				✓					
Executive Ward	**Daily 1**	**Daily 2**	**Daily 3**	**Weekly 1**	**Weekly 2**	**Weekly 3**	**Monthly 1**	**Monthly 2**	**Others**
Corridor Floor	✓								
Windows outside	✓								
Corridor Borders	✓								
Room doors and borders	✓								
Executive Ward	**Daily 1**	**Daily 2**	**Daily 3**	**Weekly 1**	**Weekly 2**	**Weekly 3**	**Monthly 1**	**Monthly 2**	**Others**
Corridor	✓								

	Daily			Weekly			Monthly		Others
	1	2	3	1	2	3	1	2	
Corridor Windows	✓								
Fan	✓								
Wall	✓								
Dialysis Unit									
Whole dialysis Unit deep Cleaning				✓					On Fridays
Corridor and walls of the Walkway	✓								
Patient Waiting area	✓								
Medical Ward									
Patient Toilet			✓						
Day Room		✓							
Cubicles			✓						
Nurses' Station	✓								
Fans				✓					
ER									
Critical Care Zone									
Floor (Vinyl)	✓								2am,2pm
Deep cleaning (Vinyl flooring, ceiling, glass panes, doors, tables, chairs, lights, etc)				✓					Friday
Yellow Zone									
Patient Toilets		✓							4 hourly – 6am, 10am, 2pm, 6pm, 10pm, 2am
Staff Toilet	✓								6am, 6pm
Floor (Vinyl)	✓								2am, 2pm
Wheel chair				✓					Friday
Deep cleaning (beds, vinyl flooring, fans, ceiling, glass panes, doors, tables, chairs, lights, etc)				✓					Friday
Green Zone – Waiting Area									

Patient Toilets			✓				4 hourly – 6am, 10am, 2pm, 6pm, 10pm, 2am
Floor (Vinyl)		✓					6am, 6pm
Deep Cleaning (beds, vinyl flooring, fans, ceiling, glass panes, doors, tables, chairs, lights, etc)				✓			Fridays
Green Zone – Consultation Rooms							
Floor (Vinyl)		✓					7am, 7pm
Deep Cleaning (beds, vinyl flooring, fans, ceiling, glass panes, doors, tables, chairs, lights, etc)				✓			Fridays
Green Zone – EPR							
Patient Toilets			✓				4 hourly – 6am, 10am, 2pm, 6pm, 10pm, 2am
Floor (Vinyl)		✓					2am, 2pm
Deep Cleaning (beds, vinyl flooring, fans, ceiling, glass panes, doors, tables, chairs, lights, etc)				✓			Fridays
Bereavement Room							
Floor (Vinyl)	✓						2am
Deep Cleaning (beds, vinyl flooring, fans, ceiling, glass panes, doors, tables, chairs, lights, etc)				✓			Fridays
Resus Room							
Floor (Vinyl)		✓					6am, 6pm
Deep Cleaning (beds, vinyl flooring, fans, ceiling, glass panes, doors, tables, chairs, lights, etc)				✓			Fridays
Office							
Floor Carpet				✓			Sunday morning
Toilet					✓		Sunday, Wednesday Morning
Common Room							
Floor (Vinyl)	✓						2pm
Deep Cleaning (beds, vinyl flooring, fans, ceiling, glass panes, doors, tables, chairs, lights, etc)				✓			Fridays
			Daily		**Weekly**	**Monthly**	**Others**

NICU	Daily			Weekly			Monthly		Others
	1	2	3	1	2	3	1	2	
Waiting area of NICU		✓							
Dirty Utility Room									
Windows, Doors and Ceilings	✓								
Deep Cleaning				✓					
LIU	**Daily**			**Weekly**			**Monthly**		**Others**
	1	2	3	1	2	3	1	2	
Waiting area of 3rd floor hiyala building		✓							
Waiting area toilet & Stair cases			✓						
Glass doors	✓								
Waiting area dustbin to empty									
Deep cleaning									When required
ICU & NIVU	**Daily**			**Weekly**			**Monthly**		**Others**
	1	2	3	1	2	3	1	2	
Waiting area and toilets									
ICU & NIVU complex corridor									
Department of Respiratory Medicine	**Daily**			**Weekly**			**Monthly**		**Others**
	1	2	3	1	2	3	1	2	
Corridors									
OPD glass walls, doors, windows and waiting area									
Respiratory OPD and Sleep lab patient toilets									
Glass Windows and doors of all rooms									
RIDDU waiting area and sputum collecting area									
Staff toilets									

Appendix B – Hospital Cleaning Areas (Dhivehi)

އެސްޓޭޓް، ފެސިލިޓީސް އެންޑް ޓްރާންސްޕޯޓް

އައި.ޖީ.އެމް.އެޗް

ހޮސްޕިޓަލް ބައިތައް ބެހިފައިވާގޮތް

1. ހޮސްޕިޓަލްގެ ގްރިލްތަކު
2. ހޮސްޕިޓަލްގެ އެންޓްރަންސްއާއި އެގްޒިޓްސް އަދި ސްޓެއަރކޭސްތަކާއި ލިފްޓްތައް
3. ހޮސްޕިޓަލްގެ ވެއިޓިންގ އޭރިއާ ތަކާއި ކޮރިޑޯތައް އަދި ލޮބީތައް
4. ހޮސްޕިޓަލްގެ އާންމު ވޯޑްތައް – ޑެލިވަރީ ވޯޑް ، ސާރޖިކަލް ވޯޑް ، ކުޑަކުދިންގެ ވޯޑް ، އީ.އެން.ޓީ ވޯޑް .
5. ފްރައިވެޓް ވޯޑްތައް – ފްރައިވެޓް ވޯޑް 1 ، ފްރައިވެޓް ވޯޑް 2 ، ފްރައިވެޓް ވޯޑް 3 ، ފްރައިވެޓް ވޯޑް 4. އައިސޮލޭޝަން ވޯޑް.
6. ނާސިންގް ކެއާ ސެންޓަރ ، ބްލަޑް ބޭންކް ، ފިޒިއޯތެރަޕީ ، ޑޮކްޓަރސް ރޫމް ، ޑައިލިސިސް .
7. ބޭސްމަންޓް
8. ހިރަފި ވިންގެ ވޯޑްތައް – އާރު.އެމް.ސީ ، އޮބީޖީ ހިއާރ ، އޮރތޮޕީޑިކް ، އޮބީޖީ 5 ، އޮބީޖީ 6 ، އޮބީޖީ 7 ، އޮބީޖީ 8 ، ގައިނީ ތިއޭޓަރ ، އެން.އައި.ސީ.ޔޫ .
9. އާންމު ފާހާނާ ތަކާއި ވޯޑްތަކުގެ ފާހާނާތައް (މިހާރު ގުނާލެވޭގޮތުގައި ކަން 70 ފާހާނާ)
10. ވޭސްޓް ކަލެކްޝަން ސައިޓް (ކުނި ޖަމާ ކުރާތަން)
11. މިގެ އިތުރުން ހޮސްޕިޓަލް ތެރޭގައި ސާފުކުރަން ޖެހޭ ހުރިހާ ސާފުކުރުމުގެ ސަރަހައްދުތަކުގައި ހޮސްޕިޓަލްގެ ޖެނެރަލް ސްޓާފުން ދެމެހެއްޓުމުގެ ބަދަލުގައި ހުރިހާ ކުނި ކޮންޓްރޭކްޓަރ ސާފުކުރަން ޖެހޭނެއެވެ.
12. ހޮސްޕިޓަލްގެ މުހިއްމު ފަރާތް ސަރަހައްދު ، އިތުރުން ހޮސްޕިޓަލްން ބޭނުން ކުރާ ތަންތަނުގައި ބޭއްވޭ ހަމަޖެހި މިތަން ސާފުކުރުމަށް ހޮސްޕިޓަލުން އެދިއްޖެނަމަ މިފަދަ މަސައްކަތްތައް ކުރަން ޖެހޭނެއެވެ.

ކުނިކަހާ ފޮށި ސާފުކުރަންޖެހޭ ތަންތަން

1. ހޮސްޕިޓަލްގެ ހުރިހާ ވޯޑްތައް
2. ހޮސްޕިޓަލްގެ ހުރިހާ ކޮރިޑޯތައް
3. ހައުސިންގ ކޮމްޕްލެކްސްގެ ހުރިހާ ކޮރިޑޯތައް

ދޮވެސާފުކުރަންޖެހޭ ތަންތަން

1. ހުރިހާ ފްރައިވެޓް ކެބިންތައް
2. ހޮސްޕިޓަލްގެ ހުރިހާ ފާހާނާތައް (އިދާރީ ބައިގެ ފާހާނާ ތަކާއި ސިއްރިވަކި ސަބަބަކާހުރެ ކުރިއަށް ގެންދާ ޖެހޭގޮތަށް ތަކުގެ ފާހާނާތައް ހިމެނޭ)
3. ހޮސްޕިޓަލްގެ ހުރިހާ ވޯޑުތައް

ފެއިލްވުން ސަޕްލިމެންޓަރީ ބޭނުން.

1. ހޮސްޕިޓަލުގެ މިޝަންގެ ހާލަތަށް
2. ހޮސްޕިޓަލުގެ އިދާރީ ބެޑްތަކުގެ ކޮރިޑޯތަކާއި ޕޭޝަންޓުތަކާއި ވެއިޓިންގ ޒޯނަށް
3. ހޮސްޕިޓަލުގެ އިދާރީ ބެޑްތަކު ހަމަޖެހިފައިވާ އެއްވަރަށް އަދި އިތުރަށް އެދިއްޖެނަމަ ސަޕްލައިރުން ވާނުއެވެ.
4. ހޮސްޕިޓަލުގެ މިސްކިތާއި ނަމާދުކުރާ ގޮތަށް
5. ހޮސްޕިޓަލުގެ އެންމެ ކޮރިޑޯތަކުގައި ބޭނުންކުރާ ކަރުދާސް ފޮށިފަދަ ތަކެއްޗާއި ، ކާބޯތަކެތި ފޮތަށް.

ބަޖެޓް ބެލެހެއްޓުން

1. ބަޖެޓުގައި މާލީ ހިސާބުކުރުމާއި ، ޚަރަދުކުރެވޭ ދުވަސްތަކާއި ، ވިޔަފާރީ ހިސާބުތަކާއި ، ޚަރަދުތަކުގެ ޚާއްޞަ ކޮށް ހިސާބު ބަޖެޓު ރިޕޯޓް ބެލެހެއްޓުން
2. ކޮރިޑޯ ތަކާއި އިންޖީނިއަރު ތަކުގެ ޚަރަދު ބަލަހައްޓާ ކަރުދާސް ވަރަށްބޮޑު ބަޔަކު
3. ފަންޑު ސަޕްލައިކުރާ ޚަރަދު ބަލަހައްޓާ ޚަރަދު ތަކުގެ ކުރުން
4. އިދާރީ ބައިތަކާއި ސަޕްލައިރުގެ ހިސާބުތަކުގެ ޚަރަދު ބަލަހައްޓާ މުވައްޒަފުން
5. ގޮތުގެމަތީގައި ދިމާވާ ސަޕްލައިރުންގެ ޚަރަދު ކުރުން
6. މާލީ ، ބަޖެޓް ޚަރަދު ހިސާބުކުރާ މުވައްޒަފުން ކޮންމެ މަހަކު ރިޕޯޓު ހުށަހަޅަން ދެވޭނެއެވެ. (މިގޮތުން ބަޖެޓް ހިސާބުތައް ދުވަހު ރިޕޯޓު ކޮންމެ މަހަކު 2 ފަހަރު އަދި ހޮސްޕިޓަލުން އެދިއްޖެ ހާލަތެއްގައި ތައްޔާރުކޮށް ފޮނުވާދޭން.)

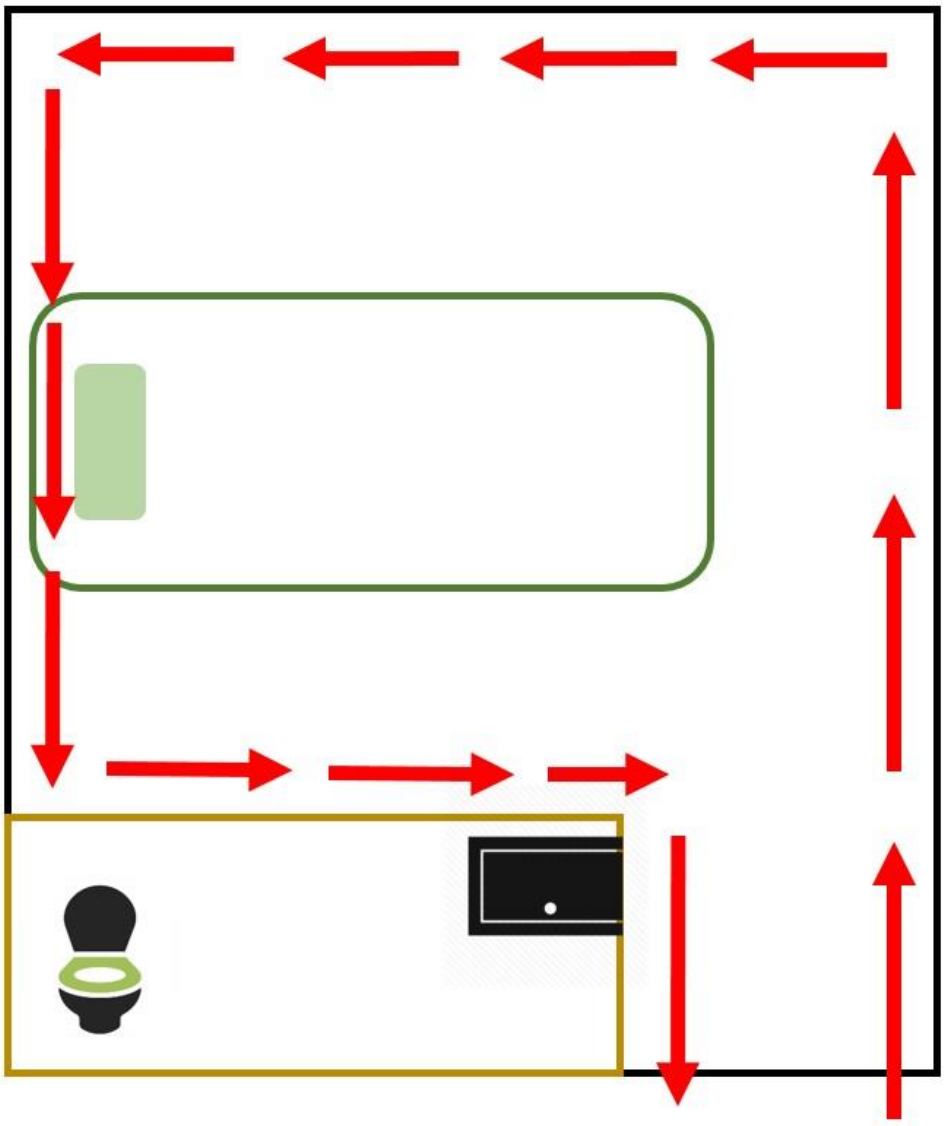
ޓްރޭ ސަޕްލައިރުންގެ ޑްރަގް ރުންގެ އެކަމަށް ޚާއްޞަ

1. ކޮންމެ މަހަކު ޑްރަގް ރުން ދިރާސާ 5 އަހަރުވަންދެން
2. މިގޮ އިތުރުން ޑްރަގް ވަކި ފާއިން ވަކިވުމުން ނުވަތަ ހުރި ބަޔަކު އަންގައިން އެ އަހަރުވަންދެން

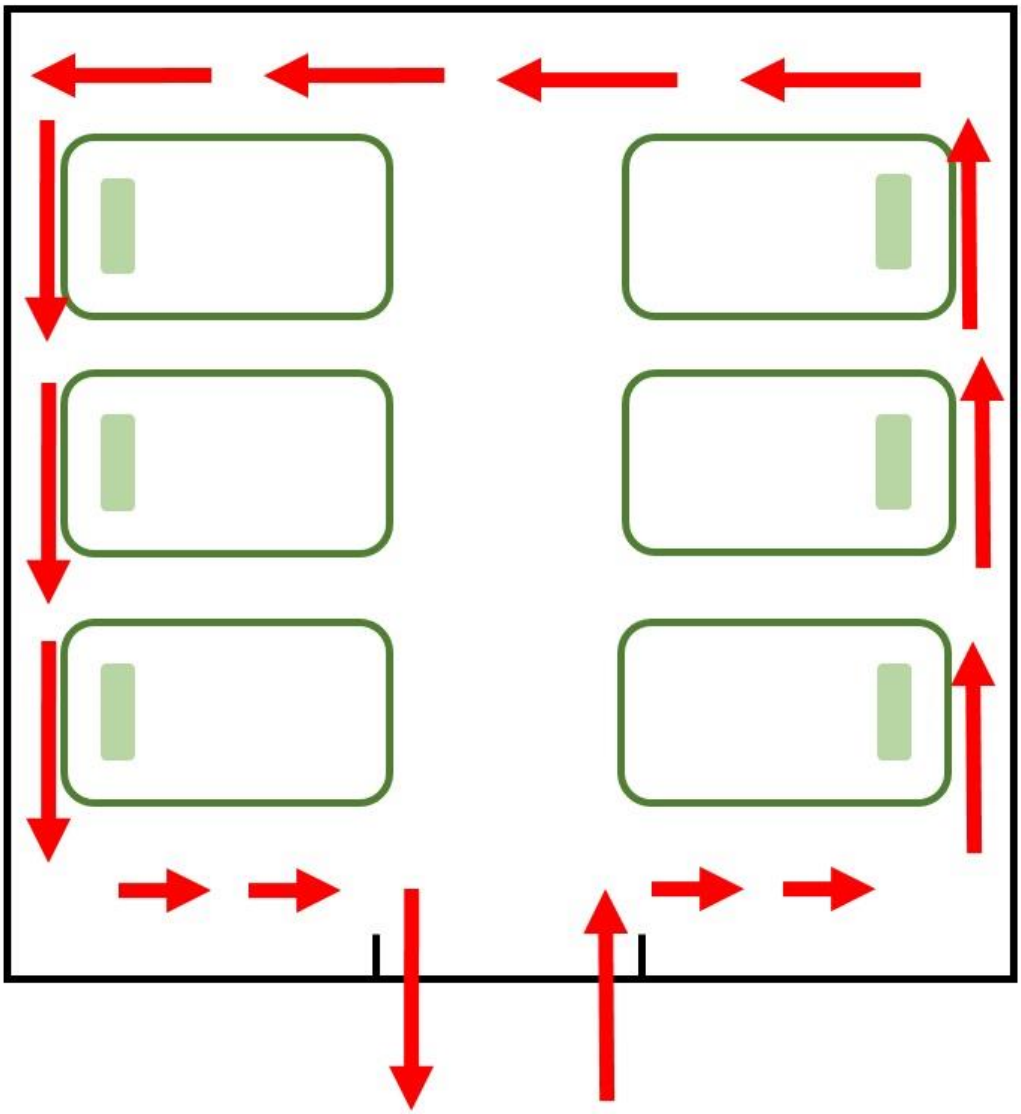
- މުއްދަތު ހޮސްޕިޓަލުން ކުރިއަށް ހިފަހައްޓާ 36 އަހަރުވަންދެން
- ހުށަހެޅުން ކުރިއަށް ހިފަހައްޓާ 5 އަހަރުވަންދެން
- ސަބްކޮންޓްރެކްޓަރ 31 ދުވަސް

06 ޑިސެމްބަރ 2018

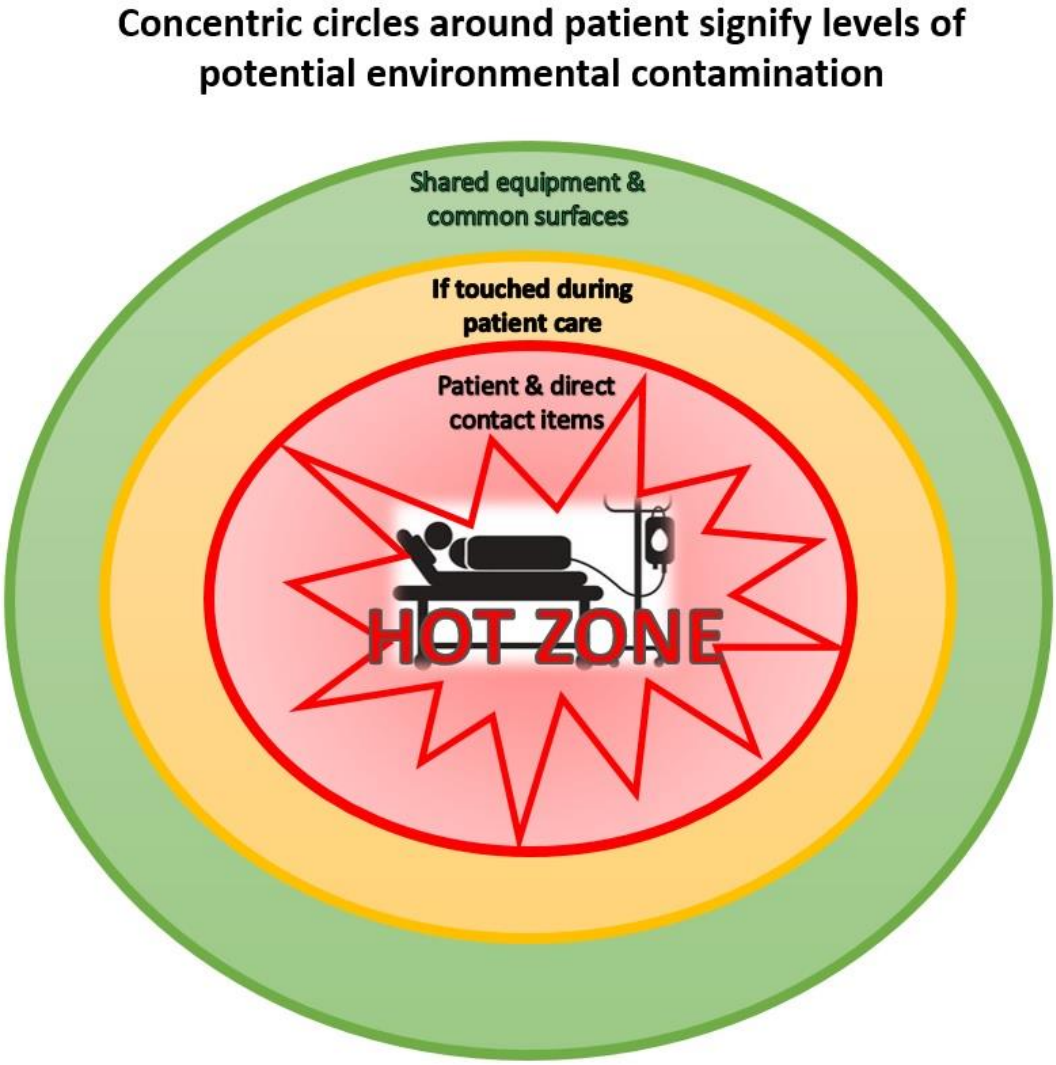
Appendix C - Room Cleaning Path Example



Appendix D - Patient cubicle Cleaning Path Example



Appendix E– Patient Area Zoning



The equipment and areas closest to the patient are the most contaminated and considered the “hot zone.” As you move further from the patient, surfaces are less contaminated. Starting with the bed will allow adequate contact time with the disinfectant. Once the hot zone has been cleaned and disinfected, take a fresh cleaning rag and work clockwise from cleaner to dirtier (green to yellow ring on the diagram).

RE-USABLE ITEMS & SURFACE CLEANING PROCEDURE

Hand Hygeine

- Use soap and water OR alcohol based hand rub (>60% ABHR) before starting to clean
- SOAP AND WATER is preferred if hands are visibly soiled, after going to toilet, after cleaning procedures and before eating.
- Dry hands preferrably with disposalble paper towels/tissue or use clean cloth towels and replace them when wet

Personal Protective Equipment (PPE)

Before starting to clean wear PPE:

Heavy duty gloves, Mask, Water proof apron/gowns, Goggles / face shield and boots or closed work shoes

Surfaces and reusable materials (bed room furnitures, bath room, heavy duty gloves, re-usable PPEs)

- Clean with soap/detergent & water -> Rinse with water -> disinfect with bleach in the following dilution
- Surfaces in patient area diluted bleach solution 1ml bleach in : 9ml water and keep for 10min contact time
- The bleach solution should be prepared fresh every 24 hourly and kept in closed container
- If diluted bleach solution cannot be used on a surface (like metal) 70% ethanol maybe used
- If available other hospital grade disinfactant maybe used which is active against enveloped viruses

FREQUENCY OF CLEANING AND DISINFECTION - HOSPITAL PREMISES

1. Cleaning frequency of HIGH TOUCH SURFACE AREAS:
   Carry our every 3 hourly cleaning and disinfection on all 'High Touch Surfaces those that have frequent contact with hands'

   - ✓ Doorknobs
   - ✓ Elevator buttons
   - ✓ Staircase railings
   - ✓ Counter tops
   - ✓ Telephones
   - ✓ Chairs
   - ✓ Bedrails
   - ✓ Light switches
   - ✓ Computer keyboards
   - ✓ Monitoring equipment
   - ✓ Hemodialysis machines
   - ✓ Wall areas around the toilet & commode
   - ✓ Edges of curtains in the patient area

2. Cleaning frequency of LOW TOUCH SURFACE AREAS:
   Carry out routine cleaning on all 'Low Touch Surfaces those that have that have minimal contact with hands'

   - ✓ Floors
   - ✓ Ceilings
   - ✓ Walls
   - ✓ Blinds

   - General surfaces and fittings should be cleaned when visibly soiled and immediately after spillage
   - Walls and blinds should be cleaned when visibly duty or soiled
   - Windows curtains should be regularly changed in addition to being cleaned when soiled
   - Sinks and basins should be cleaned on a regular basis
   - Damp mopping is preferable to dry mopping

3. **Products to use**
   - ✓ Diluted bleach 1:50 (0.1% sodium hypochlorite)1 part bleach in 49 parts of water
   - ✓ If diluted bleach solution cannot be used on a surface (like metal) 70% ethanol maybe used

- ✓ If available other hospital grade disinfectant maybe used which is active against enveloped viruses
- ✓ Detergent- impregnated wipes maybe used but should not be used as a replacement for the mechanical cleaning process (Clean with soap/detergent & water -> Rinse with water -> disinfect)
- ✓ Detergent solution/wipes (as per manufacturer's instructions) are adequate for cleaning general surfaces and non-patient care areas)

igmh

TOILET CLEANING CHECKLIST

ފާހާނާ ސާފުކުރުމުގައި ބޭނުންކުރާ ޗެކްލިސްޓް

މަސައްކަތުގެ ހުވާސާ	6 ހެނދުނު	7	8	9	10	11	12	1 މެންދުރު	2	3	4	5	6	7	8	9	10	11	12 ދަންވަރު	2	4 ފަތިހު
ފާހާނައިން ވަންނަދޮރު ސާފު ކުރެވިފައި																					
ތަޅުގަނޑު ސާފު ކުރެވިފައި																					
އަތްދޮންނަ ތަށީގެ ސްޓޭންޑް ސާފުކުރެވިފައި																					
އަތްދޮންނަ ތަށި އަދި އިސްކުރު ސާފުކުރެވިފައި																					
ބޮކިތައް ދިއްލާފައި ބަލާ ޗެކްކުރެވިފައި																					
ފާހާނާ ތަށި އެތެރެ އަދި ބޭރު ދޮށް ސާފުކުރެވިފައި																					
ފާހާނާ ތަށީގެ މަތީގަނޑު ދޮށް ސާފުކޮށް ޑިސްއިންފެކްޓަންޓް ފުރެވިފައި																					
މުސްލިމް ޝަވަރުދޮށް ސާފު ކުރެވިފައި																					
ފާހާނައިގެ އެތެރެ ފާރުތަކާ ދޮށް ސާފުކުރެވިފައި																					
ފާހާނައިގެ ތަޅުމާއި ޖެހިއިންނަގައި ހުރި ކަންނޭނި ނަގާ ސާފުކުރެވިފައި																					
ފާހާނާ ތަޅުމުގައި ޖިންސުފަދަ ތަކެތި ހުރިތޯ ބަލާ ސާފުކުރެވިފައި																					
ފާހާނާ ތަޅުން މޮޕްކުރެވި ހިއްކާފައި																					
ޖެސްޓިން ހުސްކޮށް ބިންއަށް އާކަތެއް ލެއްވިފައި																					
އަތްހިއްކާ މެޝިން ސާފުކުރެވިފައި																					
އަތްދޮންނަ ސައިބޯނި ފުޅި ރީފިލް ކުރެވިފައި																					
ދޮރުގެ އަތްގަޑު ސާފު ކުރެވިފައި																					
ފާހާނާ ބަލާބެލުމަށް ސާފު އަދި ވަސްދަމަގު																					
ސާފު ކުރިމީހާގެ ސޮއި																					
އެސިސްޓަންޓް ސުޕަވައިޒަރުގެ ސޮއި																					
ފާހަގަކުރެވުނު ކަންކަން																					
އައި.ޖީ.އެމް.އެޗް ސުޕަވައިޒަރުގެ ސޮއި																					

	ފާނަލްގެ ނަންބަރ

ފަރާތްތަކުގެ ލިސްޓުގައި ހިމެނޭ ✓ ފަދަ (*Please ✓ mark*)

ފާނަލްގެ ސަރުނامާ:

ތާރީޚް: