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Related Topics:

Best practices for cleaning supplies and equipment in global healthcare settings. The selection and appropriate use of supplies and equipment is critical for effective environmental cleaning. This chapter provides overall best practices for selection, preparation, and care of environmental cleaning supplies and cleaning equipment, including: These are the best practices for environmental cleaning products (e.g., detergents, disinfectants): Cleaning products include liquid soap, enzymatic cleaners, and detergents. They remove organic material (e.g., dirt, body fluids) and suspend grease or oil. This is done by combining the cleaning product with water and using mechanical action (i.e., scrubbing and friction). For most environmental cleaning procedures, select neutral detergents (pH between 6 and 8) that are easily soluble (in warm and cold water). There are also specialized cleaning products, which may provide advantages for specific areas or materials within the healthcare facility (e.g., bathroom/toilet cleaners, floor polishers, glass cleaners). However, consider specialized products on a case-by-case basis, weighing the advantages and disadvantages (e.g., additional cost) and ability of the facility to ensure the correct storage, preparation, and use. Disinfectants are only for disinfecting after cleaning and are not substitutes for cleaning, unless they are a combined detergent-disinfectant product. See 3.1.3. Combined detergent-disinfectants. Before disinfecting, use a cleaning product to remove all organic material and soil. Low-level disinfection is generally adequate for environmental cleaning procedures, but there are specific cases where intermediate-level disinfection with sporicidal properties (e.g., C. difficile) is required.

See 4.6.8 Transmission-based precaution/Isolation wards. Common low- and intermediate-level disinfectants that can be used for environmental surfaces in healthcare settings include: Table 4 (below) shows the main advantages and disadvantages of each of these disinfectants. In practice, the advantages and disadvantages of each product will have to be weighed with other factors, including availability and cost. Do not use these products for disinfection of environmental surfaces and noncritical patient care equipment: Quaternary ammonium compounds such as: Wide material compatibility: Detergent properties, with good cleaning ability Low cost Narrow microbiocidal spectrum: Affected by environmental factors: Alcohols (60-80%) such as: Rapid action Nontoxic Non-staining, no residue Noncorrosive Low cost Good for disinfecting small equipment or devices that can be immersed Does not remain wet. Affected by environmental factors: Material compatibility: Flammable Chlorine releasing agents such as: Rapid action Nonflammable Low cost Widely available Can reduce biofilms High toxicity: Material compatibility: Leaves residue, requires rinsing or neutralization. Offensive odors Poor stability: Improved hydrogen peroxide such as: Nontoxic Detergent properties, with good cleaning ability Not affected by environmental factors Safe for environment Can reduce biofilms High cost Combined (one-step) detergent-disinfectant products can generally be used in place of a two-step (separate detergent and disinfectant product) process when disinfection is indicated for specific environmental cleaning procedures. See 4. Environmental Cleaning Procedures. Do not use a combined (one-step) detergent-disinfectant product (instead use a two-step process) when performing environmental cleaning for: When using a combined product for environmental cleaning, it is recommended to periodically (i.e., on a scheduled basis) use a rinse step to remove residues from surfaces. Additionally, care should be taken to ensure that the combined product stays wetted on the surface for the required contact time (to complete the disinfection process). Consult the product label to get the correct contact time. Environmental cleaning products are

often sold as concentrated formulas that are diluted (i.e., combined with water) to make a solution. If feasible, it is highly recommended to: Solutions are generally batch prepared in large containers, which are then transferred to smaller, portable containers (e.g., bottles, buckets) for daily cleaning procedures. See 3.3 Supplies and equipment for environmental cleaning. Solutions can also be prepared directly into buckets for environmental cleaning of floors if a standard-sized bucket is available. All containers used for storing solutions of environmental cleaning products should: Do not use these cleaning supplies and equipment for disinfection of environmental surfaces and noncritical patient care equipment: In general, all the essential environmental cleaning supplies and equipment are reusable, but facilities can also choose to use disposable supplies (e.g., cloths) for certain cleaning tasks or where resources allow. Cleaning equipment should be: Consider purchasing supplemental supplies and equipment such as toilet brushes or abrasive pads for cleaning certain surfaces or areas. Some facilities might also have access to more sophisticated equipment such as floor scrubbers or vacuum cleaners with high-efficiency particulate air (HEPA) filters. If the use of HEPA filters is part of the facility policy, provide an SOP on its cleaning and maintenance. Portable containers for environmental cleaning products (or solutions) should be clean, dry, appropriately-sized, labelled, and dated. Surface cleaning cloths should be cotton or microfiber (disposable wipes can be used if resources allow). Have a supply of different colored cloths to allow color-coding: for example, one color for cleaning and a second color for disinfecting. Color-coding also prevents cross-contamination between areas, like from toilets to patient areas, or isolation areas to general patient areas. For example, red cloths could be used specifically for toilet areas, blue for general patient areas, and yellow for isolation areas. Mop heads or floor cloths should be cotton or microfiber. Microfiber cloths are often preferred over cotton for both cleaning cloths and mop heads because microfiber absorb more dirt and microorganisms than cotton. However, microfiber cloths can be damaged by high pH and therefore are not

compatible with all disinfectant products (especially chlorine-based). They need to be laundered separately from cotton cloths/linens, which could be expensive. Prepared (ready-to-use) wipes that are saturated with an appropriate disinfectant or detergent-disinfectant product can be used as an alternative to cotton or microfiber cleaning cloths. Take care to evaluate the appropriateness of the product, considering the recommended properties. It is also important to ensure that they are stored appropriately with the lid closed so the wipes remain wet. Discard wipes if they are no longer saturated. Follow manufacturer's instructions for storing wipes and reprocessing containers, as well as instructions for use (e.g., recommended contact times). Daily preparation of supplies and equipment for a given cleaning staff member or location will depend on local factors, including the size of patient care areas and number and type of patient zones to be cleaned. Portable containers of environmental cleaning products (or solutions) and cleaning cloths can be carried directly on the cleaning cart or on a caddie kit, if a full cleaning cart is not available. The cart should have enough cleaning cloths to complete the required cleaning session, with a clean cloth for each patient zone to prevent cross-contamination. Keep clean and soiled cloths separate. Place clean clothes in one container or section of the caddie and soiled cloths in another. It is best practice to use a two- or three-bucket system for mopping. This can be facilitated on the cleaning cart or on a separate trolley if a full cleaning cart is not available. The rinse water bucket allows the mop to be rinsed and wrung out before it is re-dipped into the prepared solution. This extends the life of the solution (i.e., fewer changes are required), which saves both time and material costs. Appropriate PPE for the cleaning staff for all environmental cleaning procedures should always be available and used appropriately to reduce risk to both patients and staff. PPE is required to prevent: The PPE required should be visibly marked or verbally communicated to cleaning staff by IPC staff by cleaning supervisors before starting every cleaning session. IPC staff should either visibly mark or verbally communicate required PPE to

staff or cleaning supervisors before starting every cleaning session. Use chemical-resistant gloves (e.g., nitrile, latex) for preparation of cleaning chemicals. Reusable rubber gloves Face mask with either goggles or face shield (if splash risk or large spill) Reusable rubber gloves Face mask with either goggles or face shield (if splash risk or large spill) Reusable rubber gloves Reusable rubber gloves If SDS not available, then: Environmental cleaning supplies and equipment quickly become contaminated during their use. Regularly reprocess all reusable items (i.e., thoroughly clean, disinfect, and dry). If manufacturer's instructions are not available, use this general process to manually reprocess reusable supplies, equipment, and PPE: Do not use chlorine-based disinfectants to disinfect microfiber cloths. Use laundry services with hot water (70–80°C x 10 min) [158–176°F] to reprocess cloths and mop heads if they are available. Similarly, a commercial dryer can be used for these items if available (if not, these items are reprocessed as above). Always launder mop heads and cleaning cloths separately from other soiled hospital textiles. All reusable supplies and equipment should be well maintained, clean, and in good repair. Regularly inspect and replace or repair all reusable equipment when needed. Develop a facility monitoring and maintenance schedule that clearly documents reusable supplies and equipment, frequency of inspection, and responsible staff. Certain equipment, such as floor polishers, might require maintenance checks by qualified people according to the manufacturer's instructions. Keep a service record and make it available for inspection by the cleaning program manager and the IPC Team. Designate at least one environmental cleaning services area within the facility for preparation, storage, and reprocessing of reusable cleaning equipment and supplies. This area should not be used for any other purposes. For multistory facilities, it is best practice to have one of these areas on each floor. The designated environmental cleaning services area should: HAIs are associated with medical devices, complications following surgery, transmission between patients and healthcare workers, antibiotic overuse, and more. Languages

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