 Department of Health Government of Nunavut		NURSING POLICY, PROCEDURE AND PROTOCOLS	
		Community Health Nursing	
TITLE:		SECTION:	POLICY NUMBER:
Housekeeping		Infection Control	10-006-00
EFFECTIVE DATE:	REVIEW DUE:	REPLACES NUMBER:	NUMBER OF PAGES:
February 10, 2018	February 2021		6
APPLIES TO:			
Community Health Nurses			

POLICY:

All health centre personnel are responsible for ensuring clinic rooms and common areas are kept neat and tidy at all times. All housekeeping tasks are carried out using the basic principles of Routine Practices.

PRINCIPLES:

The Department of Health and Social Services (HSS) assures that each health centre is maintained in a clean, safe and sanitary condition.

The health centre staff collectively has the responsibility to prevent the transmission of pathogenic organisms. Housekeeping is an essential part of this team goal.

RELATED POLICIES, GUIDELINES AND LEGISLATION:

Policy 10-003-00	Infection Control
Policy 10-004-00	Hand Hygiene
Policy 10-006-00	Housekeeping
Guideline 10-006-01	Housekeeping Guidelines
Guideline 10-006-02	Infectious Waste Disposal Guidelines
Guideline 10-006-03	Guidelines for communicating Hazards
Policy 10-008-00	Clean, Disinfect and Sterilize
Policy 10-009-00	Sharps

REFERENCES:

BC Centre for Disease Control (2004). *Guidelines for Infection Prevention and Control in the Physician's Office.*

Health Canada (1999). *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care.*

Qikiqtani General Hospital Policy and Procedure *Housekeeping.*



GUIDELINE 10-006-01

GENERAL HOUSEKEEPING GUIDELINES

1. Disposable gloves are worn by all housekeeping personnel while performing their tasks and discarded after each use.
2. A floor, stair and walkway used by workers or clients shall be maintained in a state of good repair and shall be kept free of hazards.
3. Material or equipment must be placed, stored or stacked as not to constitute a hazard to workers.
4. Floors in the waiting area and examination rooms should be cleaned regularly. Following spills involving blood or body fluids contaminated with blood, floors should be first cleaned with detergent, and then disinfected promptly using a disinfectant solution.
5. Caution signs shall be used when the floors or stairs are being washed or are wet from other sources (e.g. wet footwear or spills)
6. Mop heads are to be changed and laundered daily. For any clinic room identified as an isolation room, a separate mop head will be used to clean other areas of the health centre to prevent transmission. Individual cleaning cloths are used for each client care area.
7. All equipment is properly cleaned according to Clean, Disinfect and Sterilize Policy 10-008-00. Equipment should be decontaminated prior to servicing or shipping.
8. Environmental and working surfaces are properly cleaned and disinfected after contact with body fluids or other potentially infectious materials and at the end of the work day. Surfaces should be cleaned with a low-level disinfectant.
9. All cleaning products are to be used according to the manufacturer's recommendations. Each product will be labeled according to WHMIS regulations with MSDS readily available.
10. All bins, pails, cans, and similar receptacles intended for reuse which have a potential for becoming contaminated with body fluids or other potentially infectious materials are inspected, cleaned, and disinfected immediately or as soon as possible upon visible contamination.
11. Broken glassware, which may be contaminated, is not to be picked up directly by hand. It will be cleaned up using a mechanical means, such as a brush and dustpan, a vacuum cleaner, tongs, cotton swabs, or forceps.
12. Toys in the office should be washable and of appropriate sizes and shapes to avoid aspiration or other injuries. Toys contaminated with body fluids should be removed until cleaned. Toys should be disinfected daily to decrease microbial contamination.
13. Any spill of a body fluid should be cleaned using a detergent to remove organic material. Then disinfect with a disinfectant solution. Gloves should be worn during cleanup of any blood or body fluid.



Examination Rooms

1. Sharps will be checked daily and handled according to *Sharps* Policy 10-009-00 and Guideline 10-009-01.
2. Waste is collected a minimum of once daily and as required. Infectious waste disposal shall follow Policy 10-006-02.
3. Equipment needs to be cleaned after each use and will be done so according to *Handling of Used Equipment and Supplies* Policy 10-007-00. Since furniture is often difficult to clean, it should be cleaned within the limitations of the fabric and structure of the furniture.
4. Cover the exam table with disposable paper that can be changed in between clients. More thorough cleaning and disinfection should be done if contamination is visible or diaper changing has occurred.
5. The exam table should be cleaned daily, either before the scheduled appointments in the morning or at the end of the day.
6. All floor surfaces will be mopped daily with a quaternary ammonium germicide solution (low level disinfectant). The solution in the bucket will be changed every three (3) rooms or sooner depending on how soiled the solutions becomes. It should always be changed after cleaning a room used by a symptomatic patient.

Soiled Linen

1. Soiled linen should be handled minimally and away from the body to avoid contamination of the workers clothing.
2. Soiled linen should never be placed on the floor.
3. Laundry bags should be easily accessible to the area which linen is used. The bags should never be overfilled.
4. Linen that is soaked with blood or other body fluids should be placed in a plastic bag prior to being put in the laundry bag to avoid leakage and environmental contamination.
5. Soiled linen should be washed with hot water and bleach.

Washroom Facilities

1. Washrooms (staff and visitors) should be cleaned daily and whenever visible soiled.
2. A diaper changing area should be provided in at least one washroom. Disposable paper covers should be available. After each diaper change, the surface should be cleaned and disinfected.



REFERENCES:

BC Centre for Disease Control (2004). *Guidelines for Infection Prevention and Control in the Physician's Office*.

Health Canada (1999). *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care*.

Qikiqtani General Hospital Policy and Procedure *Housekeeping*.



GUIDELINE 10-006-02

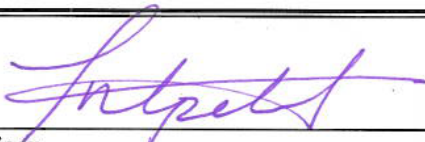

1. Contaminated sharps will be discarded immediately or as soon as possible in containers that are closable, puncture resistant, leak proof on sides and bottoms, and labelled (Sharps Policy 10-009-00 and Guidelines 10-009-01 Safe Handling and Disposal of Sharps).
2. If outside contamination of the regulated waste container occurs, it will be placed in a second container. The second container will be closable and constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping.
3. Contaminated laundry will be handled as little as possible and will not be sorted or rinsed in the location of use. All employees who have contact with contaminated laundry will wear protective gloves and other personal protective equipment as appropriate.
4. General office waste requires no special disposal methods. The waste is placed into black plastic bags and disposed of according to hamlet bylaws.
5. Regulated waste shall be double bagged, packaged, shipped and incinerated according to relevant Regional HSS policies and procedures. **Regulated waste** refers to:
 - a) **Anatomical Waste:** Tissues, organs and body parts, not including teeth, hair and nails.
 - b) **Non anatomical:**
 - Human liquid blood and semi-liquid blood and blood products.
 - Items contaminated with blood that would release liquid or semi-liquid if compressed.
 - Body fluids contaminated with blood excluding urine and feces.
 - Sharps including needles, needles attached to syringes and blades.
 - Broken glass or other material capable of causing punctures or cuts which would have come in contact with human blood or body fluids.
6. The practice of removing garbage from receptacles by hand and reusing the bag is **prohibited** as this practice may lead to injuries from sharp objects inadvertently placed in the regular garbage.



GUIDELINE 10-006-03

COMMUNICATING HAZARDS TO EMPLOYEES

1. Warning labels will be affixed to containers of regulated waste, refrigerators and freezers which contain blood or other potentially infectious material. Other containers used to store, transport or ship blood or other potentially infectious materials must also have a warning label affixed in a visible location on the container.
2. Labels must display the universal WHMIS symbol for BIOHAZARD contents.
3. Labels will be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
4. Red bags or red containers may not be substituted for labels.
5. Signs will be posted at the entrance to work areas where biohazard materials or infectious waste is stored.

Approved by:		Effective Date:
	11 FEB 2011	
Chief Nursing Officer	Date	
		
February 11, 2011		
Deputy Minister of Health and Social Services	Date	April 1, 2011

