

## **TITLE: HOUSE KEEPING PROTOCOL**

**OBJECTIVE:** It is the responsibility of the Gilead housekeeping team to:

Dust, mop and sweep the reception area, consulting rooms, triage area, lab, diagnostic rooms, patient rooms, administrative offices and restroom several times a day to keep infection disease at bay. All members of this team must know and practice the following:

- ✓ Acknowledge: Acknowledge the patient by announcing yourself and knocking on the door. Always ask for permission to enter the patient's room.
- ✓ Introduction: Introduce yourself with your name, department, and ask this is an ok time to clean for the patient.
- ✓ Duration: Let the patient know how long the cleaning process will take.
- ✓ Explanation: Explain to the patient what you will be doing in the room. Make sure to ask the patient if everything in the room is working correctly. Make sure to let supervisor know if something isn't working correctly so a work order can be completed.
- ✓ Thank you: Remind the patient about the wet floors after mopping. Make sure to ask if there is anything else you can do for the patient. Thank the patient before you leave the room.

### **Example:**

- Acknowledge: Knock client's door and say 'Housekeeping, may I enter your room?'
- Introduction: My name is Kofi from Housekeeping and I am here to clean your room. Is this a good time for you?
- Duration: It will take me between 10-15 minutes to complete.
- Explanation: In order to meet your needs, I am going to be cleaning your bed rails in order to disinfect this area to ensure your safety.

### **Core customer service values**

- Eye contact • Interact • Courtesy and respect • Positive body language • Smile • Eager to help • Compassion and empathy

**POLICY:**

- Thorough cleaning of the clinic prior to opening daily
- Maintaining a clean clinic throughout the period clinic is opened
- Create and maintain inventory of cleaning supplies and equipment taking particular note of expiry dates.
- Inform Housekeeping Supervisor or Nurse Manager of any cleaning equipment that may need repair or replacement
- Follow and complete work sheets accurately i.e sign date and time of job completion sheets pasted in all washrooms
- To work safely, adhering to health and safety guidelines
- To be courteous and polite to patients, visitors, staff and colleagues, at all times.
- Periodic cleaning audits as per Gilead's cleaning specifications can take place at any time during working hours.

Failure to adhere to these cleaning protocols will attract serious consequences.

**PROCEDURES:**

- ✓ Hourly cleaning of designated clients rest rooms
- ✓ Clean clinic floors and surfaces using prescribed cleaning methods and procedures
- ✓ Distribute clean linen and hospital gowns into designated cabinets and rooms
- ✓ Replenish supplies such as hand towels, toilet paper etc in their assigned areas.
- ✓ Routinely maintain a clean environment to reduce level of environmental contamination
- ✓ Mix appropriate proportions of cleaning and disinfecting materials following safety protocols.
- ✓ Some bacteria can grow in disinfectants

To prevent this from happening the following should always be observed:

- Replace disinfectant container caps securely after use
- The expiry date on each solution should be checked before use

- Water must never be left standing in cleaning buckets, even if it contains a disinfectant, these must be stored clean and dry.
- Partially full bottles of disinfectant should never be 'topped up'

Another important task of a hospital housekeeper is to empty trash receptacles, a duty in which they need to be extra careful. Surgical waste is the cause of many diseases which is why hospital housekeepers are trained in removing it with care and responsibility. For this reason, Gilead has provided colour coding of trash receptacles to draw attention to housekeepers of which receptacles should be handled with extra care.

- **Sharps:** will be segregated and collected in a puncture-resistant boxes. **Sharps** include all items of glass, needles, blades, etc. Sharp containers will not be filled over  $\frac{3}{4}$  full and the containers' lids will be tightly secured at all times.
- **Red plastic bag:** highly infectious waste will be segregated into red plastic bags with the biohazard label (e.g. patient waste, saturated dressings, gauze, plastic blood specimen tubes, culture plates, human tissue and cultures/specimens).
- **Yellow plastic bag:** infectious waste will be segregated into yellow plastic bags. These include blood specimen tubes, culture plates
- **White plastic bag:** for recyclable waste like paper and plastic bottles

The nursing and medical team will handle the decontamination of high and medium risk categories of decontamination; however, it is the responsibility of the housekeeping team to handle the low risk categories. This will include items both medical and non-medical in contact with healthy skin, or not in direct contact with patient eg. is the water closet, office desk, clinic floors etc

### **RECOMMENDED PROCEDURES FOR CLEANING AND DISINFECTION**

Cleaning and disinfection should generally occur from the cleanest area to the dirtiest.

Generally cleaning and disinfection should be done from top to bottom. Daily cleanings should

be performed at the end of the compounding day. Workstation surfaces should be wiped with the designated agent at the beginning of each day. It is important to make certain that all surfaces are thoroughly coated and wetted with the cleaning and disinfectant agent.

Housekeeping surfaces can be divided into two groups – those with minimal hand contact (e.g., floors, and ceilings) and those with frequent hand-contact (“high touch surfaces”). high touch surfaces / points that would require cleaning on a more frequent schedule than “minimal touch’ areas. Surfaces closer to the client pose a greater risk for transmission of infection than those situated further away. Furthermore, frequently touched surfaces are more likely to harbor and transmit microbial pathogens. It would therefore, be cost-effective to concentrate cleaning resources on high risk, high touch surfaces.

### **Daily Cleaning Checklist**

Daily cleaning must be thorough with particular attention to High Touch Surfaces (these are surfaces that are touched on frequent basis like Bedrails, bed frame, bedside table, TV remote control, Nurse call button, Telephone, Bathroom, Toilet seat, Faucet handles, Light switches and Door handles. Below is a table for the various areas in the clinic and the frequency with which housekeeping should clean.

AREA	CLEANING FREQUENCY
Reception area and waiting rooms	<b>TWICE</b> daily compulsory cleaning - before clinic opens and at 2pm daily. In addition, clean as required (e.g. gross soiling) or instructed by supervisor throughout day
Consulting rooms including dental and eye clinics	Clean at least once daily. In addition, clean as required (e.g. gross soiling) or instructed by

	supervisor throughout day
<b>Triage and treatment room</b>	<b>TWICE</b> daily compulsory cleaning - before clinic opens and at 2pm daily. Additionally, clean after each major procedure and as required or instructed by supervisor (e.g. gross soiling)
<b>Laboratory, pharmacy, diagnostic room</b>	Clean at least once daily Clean additionally as required or instructed by supervisor (e.g. gross soiling)
<b>Ward and washrooms</b>	<b>When there is an admission, TWICE</b> daily compulsory cleaning - before clinic opens and at 2pm daily. Additionally, clean after each discharge and as required or instructed by supervisor (e.g. gross soiling)
<b>Public areas</b>	<b>TWICE</b> daily compulsory cleaning - before clinic opens and at 2pm daily. Additionally, clean as required or instructed by supervisor (e.g. gross soiling). It includes corridors, stairwells etc
<b>Client toilets</b>	Clean according to a fixed schedule ( every 2hours) as required or instructed by supervisor (e.g. gross soiling)

Ensure the following is done

- surfaces are free of stains, visible dust, spills and streaks (includes furniture, window ledges, overhead lights, phones etc.) by using a clean rag to dust and use Parazone 1:10 to spray, allow to sit for 3-5minutes and wipe clean

- Walls, ceilings and doors should also be free of visible dust, gross soil, streaks, spider webs and handprints by using a ceiling brush
- Bathroom fixtures including toilets, sinks, tubs and showers are free of streaks, soil, stains and soap scum. Use thick bleach in the toilet bowls and use toilet brushes to clean them. Use parazone 1:10 to clean the toilet seats, faucet handles etc. Note that you always have to clean the less contaminated areas such as the doors, door knob and sinks before cleaning the toilet.
- mirrors and windows are free of dust and streaks by using a clean rag and Dettol if the need be
- Dispensers are free of dust, soiling and residue and replaced/replenished when empty.
- Appliances such as AC, cabinets are cleaned with a clean rag
- Waste is disposed of appropriately. Items that are broken, torn, cracked or malfunctioning are reported to the supervisor
- Non-critical medical equipment is cleaned and disinfected between clients
- Empty waste receptacles and replace liners (daily or as often as needed)
- Mop wash room floors with parazone 1:10 solutions for washroom floors and 160mls of spik-n-span disinfectant to 2 litres of water

#### **Saturday general Cleaning Checklist**

- General cleaning of the entire clinic
- Thoroughly disinfect waste receptacles with parazone 1:10 solution (allow disinfectant to sit for 5mins, wash with soap, rinse and dry. Replace liners and return to post
- Clean sinks, countertops, cart tops, stool tops with parazone solution
- Mop wash room floors with parazone 1:10 solutions for washroom floors and 160mls of spik-n-span disinfectant to 2 litres of water

#### **Linen handling**

##### **General:**

a. Care must be taken to ensure all sharps or patient equipment is removed from linen. Injury

from sharps hidden in linen is a significant risk for staff.

b. Staff should wear gloves and apron during linen handling. Any skin lesions on hands must be covered. Masks are not required. Hand hygiene must be practiced after linen handling.

c. To minimize contamination, linen should not be rinsed, shaken or sorted in the clinical area.

d. Do not place used linen on the floor or any other surfaces.

e. Do not re-handle used linen once bagged.

f. Do not overfill linen bags.

g. Beds and mattresses should be wiped down after each discharge

#### **Used linen:**

a. Used linen should be placed in identifiable linen bags at the point of use.

Linen bags may be colored or have other markings which identifies the bag as containing used laundry.

#### **Contaminated linen:**

a. Contaminated linen should be placed into specifically identifiable bags at point of use. These bags should be colored or have markings indicating that they contain potentially infectious linen. Bags should be impervious to fluids to prevent any leakage of infectious material. The bag should be placed into a secondary container for transport.

#### **Laundry process**

##### **Handling at laundry**

a. Linen should be sorted for washing by laundry staff wearing gloves and aprons. Masks are not required but any lesion on hands must be covered. Housekeeping staff should receive instruction in proper use of personal protective equipment and hand hygiene.

b. There must be a workflow which includes physical separation of dirty linen from that which has already been cleaned.

## **ADDITIONAL TIPS TO HOUSEKEEPING TEAM**

### **Sample Procedure for Routine Bathroom Cleaning during admission and after discharge**

**NOTE: Work from clean areas to dirty areas:**

Remove soiled linen from floor; wipe up any spills; remove waste bins. Clean door handle and frame and light switch. Clean wall attachments if any. 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 and shelves. Clean shower (if available) faucets, walls and railing, scrubbing as required to remove soap scum; inspect for mold; apply disinfectant to interior surfaces of shower, including soap dish, faucets and shower head; ensure sufficient contact time for disinfectant (3-5mins for parazone 1:10); rinse and wipe dry; inspect and replace shower curtains. Spray the shower curtains with v parazone and wipe clean, wash the bottom with soap using a sponge. Clean bedpan support, entire toilet including handle and underside of flush rim; ensure sufficient contact time with disinfectant. Remove gloves and wash hands. Replenish paper towel, toilet paper, waste bag, soap etc as required. Report mould and cracked, leaking or damaged areas for repair to supervisor.

#### **Before occupied room cleaning:**

- Always perform hand hygiene
- Don appropriate PPE
- Change if necessary.
- Empty the trash container. Handle plastic bags from top.

**DO NOT WEAR DIRTY GLOVES OUTSIDE OF THE ROOM** If you have to leave the room after you have started a room clean, remove your gloves and perform hand hygiene. Put a new pair of gloves on to resume cleaning.

**PATIENT ROOM:** Clean and disinfect using parazone 1:10 solution and BLUE cleaning rags.

**PATIENT RESTROOM:** Clean and disinfect using disinfectant and GREEN cleaning rags.



Change rag as needed to ensure saturation NO DOUBLE DIPPING

Change rag as needed to ensure saturation NO DOUBLE DIPPING PATIENT ROOM: • Light switches – high touch area • Raise and wipe down arm rails – high touch area • Door handles, knobs – high touch area • Wipe foot of bed • Hand rails – high touch area • If the call box or phone is on the bed wipe down at this time • Sink and sink counter – high touch area CHANGE RAG AND START WITH A FRESH ONE AFTER CLEANING THE BED • Clean soap and paper towel dispensers Move from door and sanitize all equipment (Restroom to be done last) • Wipe shower or tub Ledges (below shoulder height) • Spot walls • Door handles, knobs – high touch area CHANGE RAG AND START WITH A FRESH ONE BEFORE CLEANING TOILET • Light switches- high touch area • Toilet paper dispenser • Call box – high touch area • Toilet flusher – high touch area • Telephone – high touch area • Toilet seat – high touch area • Window sills and ledges • Under the bowl • Computer keyboard – high touch area • Toilet rim • Soiled linen hamper lid • Clean inside of bowl with disinfectant cleaner and toilet brush • In-room patient sink and faucet – high touch area • Clean commode frame and seat cover LAST • In-room soap dispenser and paper towel dispenser BEFORE LEAVING THE ROOM: • Remove gloves and perform hand hygiene • Restock supplies • Place wet floor sign in doorway • Mop floor – never shake mop • Perform hand hygiene • Biohazard can • Dry erase marker • Over bed table – high touch area • Patient chairs – high touch area • Bedside tables – high touch area • All other easily accessible wall mounted equipment

- Place “Wet Floor” sign near the area of spill
  - Wear protective clothing and gloves
  - Pour PARAZONE solution 1:10 dilution over spill starting from periphery leave for 3-5 minutes. This will ensure ample Contact Time for disinfection.
  - Then wipe all the blood or body fluid from the surface.
  - Again pour or spray the disinfectant 1:10 dilution bleach solution on the area of spill and leave it for 3-5 minutes. This will ensure ample Contact Time for disinfection
- Discard all contaminated paper towels into the infectious yellow bag
- Dispose all disposable PPE into yellow infectious waste bag
  - Dispose yellow plastic bag into infectious waste container

- Wash hands with antiseptic detergent.
- 

#### **BLOOD AND BODY FLUID STAINS:**

- Wear gloves and others PPE as needed
- Clean the items with parazone 1:10 solution in spray bottle and do heavy spray so that it can take 5 minutes to air dry than clean it.

#### **MANAGEMENT OF OTHER BODY FLUID SPILLS (VOMIT, URINE, FECES):**

- Wear disposable gloves and apron
- Spray some parazone 1:10 solution on spillage
- Allow to sit for 3-5 minutes and wipe clean
- Discard protective apparel into clinical waste bag
- Wash and dry hands thoroughly

#### **BATHROOM CLEANING PROTOCOL**

- It is usually best to start with the highest surface (often the mirror) and leave the toilet for last. Clean and disinfect all hard, nonporous surfaces: • Mirror, sink area, and grab bars, shower fixtures, toilet exterior, toilet seat surface and outer and inner bowl.
- Using a clean mop, mop the entire floor surface, working your way from the far corner back to the entrance. • Visually inspect the room and ensure all surfaces have been cleaned and disinfected. • Then disinfect any cleaning equipment (like mop handles) before returning to the cleaning cart. • Remove PPE and put in a yellow trash bag prior to leaving the room. • Wash your hands.
- Cleaning Levels for Different Clinic Areas depend on Infection Control risk assessment of the supposed area. These areas are usually not contaminated with blood or body fluids or with associated infectious microorganisms so the risk of infection is minimal. Routine cleaning- the kind of cleaning you would do in your home – is usually good enough for

these areas. Clean these areas with a mop dampened with detergent and water. These functional areas included: 1) Administrative areas 2) Waiting rooms 3) Medical records 4) store rooms 5) consulting rooms 6) Staff Change facilities (Staff lounge) 7)

- Toilets Use parazone (1:10) detergent to clean walls and all surfaces. Then spray the toilet bowl and toilet seats with parazone and allow to sit for 3-5 minutes before wiping and scrubbing.

#### **How to handle exposure to parazone:**

**Avoid contact with eyes or clothing. Wash thoroughly with soap and water after handling.**

- **FIRST AID: EYE CONTACT:** Rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, and then continue rinsing. If irritation persists, call a doctor.
- **SKIN CONTACT:** Rinse with plenty of water. If irritation persists, call a doctor.
- **INHALATION:** Remove to fresh air. If breathing problems develop, call a doctor.
- **INGESTION:** Drink a glassful of water. Call a doctor.