

STANDARD OPERATING PROCEDURES FOR HOUSEKEEPING

CLEANING OF PATIENT CARE AREA/ROOM

Daily Routine Patient Bed Space/Room Cleaning

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

Assessment

- Check for additional precautions (isolation) signs and follow the precautions indicated
- Walk through room to determine what needs to be replaced (e.g., toilet paper, paper towels, soap, ABHR, gloves, sharps container) and whether any special materials are required; this may be done before or during the cleaning process.

Gather supplies

- Ensure adequate supply of clean clothes is available
- Prepare fresh disinfectant solution according to manufacturer's instructions.

Wash hands and put on PPE

Clean room, working from clean to dirty and high to low areas of the room

- Use fresh cloth(s) for cleaning each patient bed space:
 - If a bucket is used, do not 'double-dip' cloth(s)
 - Do not shake out cloth(s)
 - Change the cleaning cloth when it is no longer saturated with disinfectant and after cleaning heavily soiled areas such as toilet and bedpan cleaner.
- Start by cleaning doors, door handles, push plate and touched areas off frame
- Check walls for visible soiling and clean if required
- Clean light switches and thermostats
- Clean wall mounted items such as (ABHR) 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 replace, if required
- Clean all furnishings and horizontal surfaces in the room including chairs, window sill, 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, intercom and blood pressure manometer as well as IV pole
- Clean bedrails, bed controls and callbell
- Clean bathroom/shower (applicable for single room) (see bathroom cleaning procedure)
- Clean floors (see floor cleaning procedure).

Disposal

- Place soiled clothes in designated container for laundering
- Check sharps container and change when 2/3rd full (do not dust the top of a sharps container)
- Remove soiled linen if bag is full

- Place waste in colour coded bins as prescribed under New BMWRules
- Remove waste.

Remove gloves and clean hands with ABHR; if hands are visibly soiled, wash with soap and water. Do not leave room wearing soiled gloves

Replenish supplies as required (e.g., gloves, ABHR, soap, tissue roll/paper towel etc.)

Housekeeping in-charge should complete the monitoring and evaluation of the cleaning after each cleaning procedure.

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

- High dusting using damp mop (weekly)
- Clean corners (weekly)
- Removal and laundering privacy curtains/screen
- Clean window curtains/coverings when soiled or at least monthly
- Dust window blinds at least monthly.

High dusting includes all surfaces and fixtures above shoulder height, including vents. Ideally, the patient/resident should be out of the room during high dusting to reduce the risk of inhaling spores from dust particles.

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

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, ABHR, gloves, sharps container) and whether any special materials are required; this may be done before or during the cleaning process.

Gather supplies

- Ensure an adequate supply of clean clothes is available
- Prepare fresh disinfectant solution according to manufacturer's instructions.

Wash hands and put on PPE Remove

dirty linen

- Strip the bed, discarding linen into soiled linen bag; roll sheets carefully to prevent aerosol formation
- Inspect bedside curtains and window treatments; if visibly soiled, clean or change
- Remove gloves and clean hands.

Clean room, working from clean to dirty and high to low areas of the room

- Use fresh cloth(s) for cleaning each patient/resident bedspace:
 - If a bucket is used, do not 'double-dip' cloth(s)
 - Do not shake out cloth(s)
 - Change the cleaning cloth when it is no longer saturated with disinfectant and after cleaning heavily soiled areas such as toilet.
- Start by cleaning doors, door handles, push plate and touched areas of frame

- Check walls for visible soiling and clean if required
- Clean light switches and thermostats
- Clean wall mounted items such as (ABHR) 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 replace, if required
- Clean all furnishings and surfaces in the room including chairs, window sill, television, telephone, computer keypads, over bed table etc. Lift items to clean the tables. Pay particular attention to high-touch surfaces
- Wipe equipment on walls such as top of suction bottle, intercom and blood pressure manometer as well as IV pole
- Clean inside and outside of patient/resident cupboard or locker.

Clean the bed

- Clean top and sides of mattress, turn over and clean underside
- Clean exposed bed springs and frame
- Check for cracks or holes in mattress and have mattress replaced as required
- Inspect for pest control
- 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.

Clean bathroom/shower (see bathroom cleaning procedure)

Clean floors (see floor cleaning procedure)

Disposal

- Place soiled cloths in designated container for laundering
- Check sharps container and change when 2/3rd full (do not dust the top of a sharps container)
- Remove soiled linen bag and replace with fresh bag
- Place waste in colour coded bins as prescribed under New BMW Rules
- Close waste bags and remove and add a clean bag.

Remove gloves and clean hands with ABHR; if hands are visibly soiled, wash with soap and water. Do not leave room wearing soiled gloves

Re-make bed and replenish supplies as required (e.g., gloves, ABHR, soap, paper towel, toilet brush) Return

cleaned equipment (e.g., IV poles and pumps, walkers, commodes) to clean storage area. [CLEANING](#)

[OPERATING ROOMS](#)

Environmental cleaning in surgical settings minimises patients' and healthcare providers' exposure to potentially infectious micro-organisms.

First cleaning of the day (before cases begin)

- This should be performed first, every morning irrespective of whether the OT will be used or not

- Wear a clean gown, cap, mask and clean utility gloves
- The surgeon/anaesthetist should not enter the OT before cleaning is complete
- Clean all horizontal surfaces by wet wiping with an HLD Every horizontal surface should be cleaned
- Follow the sequence of cleaning as mentioned previously (top to down; in to out)
- Clean all antiseptic bottles and the trays in which they are kept. Clean the sterile containers
- Ensure colour coded waste collection bags are placed in the waste bins
- Keep the OT closed for 10-15 min with ventilation equipment on after cleaning
- Wash the scrub basin and tap with soap and water. Check for leakage and report immediately if seen. Clean the soap and antiseptic bottles at the scrub basin. Replace the bottles if empty
- During cleaning, only cleaning personnel should be present in the OT and the doors should be kept closed
- After cleaning is over, wash and remove utility gloves, gown and cap. Wash hands and disinfect them by using an alcohol hand rub before proceeding to other work.

Cleaning Operating Rooms in between Cases

- Keep ventilation equipment on and OT door closed
- Wear OT dress, footwear and a cap
- Place a cautionary 'Wet Floor' sign at the entrance of the room
- Prepare fresh disinfectant solution according to manufacturer's instructions
- Clean hands and put on gloves
- Collect and remove waste
- Collect and remove all soiled linen segregating soiled and dry linen
- Remove gloves and clean hands. Wear a different set of gloves
- Use a cloth dampened in hospital-approved disinfectant solution to clean and disinfect surfaces that have come in contact with a patient or body fluids, including tops of surgical lights, blood pressure cuffs, tourniquets and leads
- Clean suction canisters, reflective portion of surgical lights
- Clean and disinfect OT table
- Clean electronic equipment (i.e., monitors) according to manufacturer's instructions
- Damp mop floor in a 1 to 1.3 metre (3 to 4 feet) perimeter around the OT table (larger area if contamination present)
- Insert colour coded bags in waste bins
- Damp-dust equipment from other areas such as X-ray machines, C-arm etc. before being brought into the operating room and prior to leaving
- When cleaning is complete, remove gloves and clean hands.

Procedure for Terminal Cleaning of Operating Rooms

- Place a cautionary 'Wet Floor' sign at the entrance of the room
- Prepare fresh hospital approved disinfectant solution according to manufacturer's instructions
- Clean hands and put on gloves
- Collect and remove waste
- Collect and remove all soiled linen

- Clean hands and change gloves
- Clean and disinfect lights and ceiling-mounted tracks
- Clean and disinfect all door handles, push plates, light switches and controls
- Clean and disinfect telephones and computer keyboards
- Spot-check walls for cleanliness
- Clean and disinfect all exterior surfaces of machines and equipment (e.g., anaesthetic carts), allowing adequate drying time for the disinfectant before storage
- Clean and disinfect all furniture including wheels/casters
- Clean and disinfect exterior of cabinets and doors, especially around handles
- Clean and disinfect all surfaces
- Clean scrub sinks and surrounding walls
- Mop floor, making sure the OT table is moved and the floor is washed underneath; move all furniture to the centre of the room and continue cleaning the floor; apply a sufficient amount of disinfectant/detergent to ensure that the floor remains wet for five minutes; use a fresh mop/mop head and fresh solution for each room
- Replace all furniture and equipment to its proper location
- Wash the colour coded bins, dry them and put colour coded bags once it is dried
- Report any needed repairs
- Clean and store cleaning equipment
- Remove gloves and clean hands.

Detailed Wash-down of the OT Complex

- A detailed wash-down should be done at least once a week for OTs that are used daily
- For OTs that are used less frequently, detailed wash-down should be done at least once a month and before any camp patients are operated.

Method

- Wear utility gloves
- Shift all movable equipment and materials out of the OT
- Inspect the OT surfaces for cracks, loose tiles etc. If any maintenance work is required, perform the maintenance before proceeding
 - In case the maintenance involves civil work that generates dust, then the cleaning and disinfection protocol for cleaning and disinfection new OT should be followed after the maintenance work is completed.
- Wipe all surfaces of the OT liberally with soap and water
 - Begin at the ceiling. Use a long handled mop to wipe the ceiling
 - Proceed down the walls. Clean all wall fixtures on the way down
 - Clean all ceiling mounted fixtures e.g., OT lamp
 - Then clean all fixed floor based equipment
 - Lastly scrub the floor with soap and water
- Repeat cleaning until all visible dust is removed
- Allow the OT to dry naturally

- Then wipe all surfaces with HLD. Allow the disinfectant to dry naturally
- Meanwhile, clean all the equipment moved outside with soap and water. Remove all dirt and dust. Clean every surface of the equipment
 - Remove all materials stored on trolleys and clean the entire trolley. Also clean the bottles, containers, etc. by wiping them on the outside to remove all soiling
- Clean the wheels by running them 10-15 times over a Turkish towel soaked with soap and water
- Wipe the equipment with HLD and allow to air dry
- Move the equipment back into the OT. Wipe equipment with high-level disinfectant
- Cover electronic equipment with properly fitting plastic covers and fog the OT with high-level disinfectant until a fog is seen in the air
- Keep the OT closed for at least one hour
- Meanwhile, clean the rest of the OT complex (passages, other rooms) with soap and water followed by wiping with high-level disinfectant. Clean and wipe from ceiling to floor. Clean all furniture
- The OT may be used after it has remained closed for at least one hour.

Cleaning and Disinfection of New OT and after any Civil Work

- First ensure all civil work is completed
- Ensure all movable equipment has been shifted out
- Wear utility gloves
- Wipe all surfaces of the OT using liberal amount of soap and water. Repeat wiping until all visible dust is removed
 - Clean all fixed equipment like OT lamp with soap water until all visible dust is removed
- **The mechanical action of wiping is very important to remove spores and improve the action of disinfectants used subsequently**
- Allow all surfaces to dry completely
- Wipe all surfaces (including the ceiling) with a high-level disinfectant. Allow to dry completely
- Wipe down all equipment to be moved into the OT with soap and water to remove all visible dust. Allow to dry completely. Clean the wheels by running them 10-15 times over a Turkish towel soaked with soap and water. This equipment cleaning is to be done outside the OT
- Move the cleaned equipment into the OT
- Wipe all surfaces (excluding the ceiling and walls up to the height the hands can reach) with high-level disinfectant
- Allow to dry completely
- Fog the OT with high-level disinfectant until a fog is seen in the air
- Stop and remove the fogger and close the OT for at least one hour with any ventilation system/AC off
- After 1-2 hours open the OT and take post fogging swabs. Change into OT dress, cap, mask and use sterile gloves when performing the sampling. Only the person taking the samples should enter the OT.

Sample the following sites at the minimum:

- OT table upper surface
- OT lights lower glass surface

- Anesthesia machine (swab the area where medications are placed during use)
- Sterile instruments trolley surface
- Any two walls (sample sites above OT table height)
- Floor (two samples on either side of the OT table)
- Air conditioner outlet louvers (if AC present)
- After sampling close the OT. No one should enter the OT until next day
- On second day, wear OT dress, footwear and cap; wipe all surfaces (including ceiling with a long handled mop) once with soap water, allow drying and then wiping once with a high-level disinfectant
- Keep OT closed for at least one hour with ventilation system/AC off
- Repeat the OT swab sampling as mentioned above
- On third day, repeat the entire procedure (third time) and sample the swabs (third sampling)
- Wait for the OT swab reports. The OT can be used if all the three swab reports show no growth of any organisms OR sparse growth of skin commensals in any one out of nine swab taken per sampling
- In case growth of spore bearing organisms, pathogens (e.g. Staphylococcus aureus), aerobic gram negative bacilli or fungus is seen, disinfectant wiping of the entire OT and fogging should be repeated and swabs sampled again (once only)
- If results are not satisfactory even now, seek help of an expert in infection control.

CLEANING OF STERILE AREAS

Sterile processing areas in CSSD/TSSU

- Use same high-level disinfectant used for OT cleaning
- Clean all counters and floors once daily
- Clean shelves in sterilisation areas, preparation and packing areas and decontamination areas once daily
- Clean shelves once daily in sterile storage areas
- Clean case carts after every use
- Clean walls once every month and whenever visibly soiled
- Clean light fixtures, sprinkler heads and other fixtures once every month

CLEANING OF LABOUR ROOMS

General Rules

- Whenever any equipment from the outside is brought into the labour room, wipe all equipment surfaces down with HLD before bringing them into the room
- Cleaning sequence
 - Always clean the labour room before cleaning the connected passages and rooms
 - When cleaning the labour room proceed in a top-to-down sequence i.e., ceiling based equipment first, walls, then floor based equipment and lastly the floor. When cleaning the floor, begin at the end farthest from the door and move towards the door (*in to out*). The cleaning staff should always move from clean to unclean areas and never vice versa
 - When cleaning individual equipment: clean from top to down

- Apply the following general rules to facilitate fast and easy cleaning:
 - Minimise the numbers of equipment
 - Minimise the number of horizontal surfaces
 - Provide smooth finishes and minimum joints in surfaces
 - Round off corners wherever possible for easy cleaning access
- Equipment and environment surfaces that have become rough should be repaired/replaced.
- Soiling with blood/body fluids should be cleaned as soon as possible
- Items that are not regularly required in the labour room should not be stored there. Materials that are used at other locations should not be stored in the labour room
- A broom should not be used in the labour room. Use a dustpan and a piece of stiff plastic/cardboard to gather particulate debris from the floor. All cleaning should be done by wet mopping/wiping technique
- When picking up sharp items from the floor e.g., dropped needles, use a forceps to hold it. Do not pick up sharps by hand
- Do not use domestic vacuum cleaners in the labour room
- Always use the recommended cleaning/mopping technique
- Never mix any two disinfectants or disinfectant with soap
- During cleaning inspect all areas for water seepage and report immediately. Mop the affected area with HLD at least once a day until the problem is resolved
- Use separate dedicated mops for
 - Floor and ceiling based equipment e.g., labour table, lights, trolley etc.
 - Floors and walls
 - Use colour coding (one colour for each type a & b) to prevent accidental exchange
- Labour room walls may be cleaned 2-3 times a week. Clean as soon as possible if visible dust is present and whenever soiling with blood/body fluids occurs.

Daily Routine Cleaning and Disinfection for Labour Rooms

The labour room and connected passages and rooms should be cleaned at least twice a day at fixed times. At other times spot cleaning of visibly soiled areas and cleaning of blood/body fluid spills should be done as soon as possible when soiling occurs.

- Use an HLD. Use the same dilution as used for OT cleaning
- Wear utility gloves. Change the gloves when indicated
- Perform all cleaning by wet mopping/wiping
- Daily morning wet clean all surfaces as follows:
 - Prepare all cleaning material and wear clean utility gloves
 - Wipe all switches on the wall, the door handles
 - Wipe all equipment beginning at the top and moving downwards. Clean the sides and legs also
 - Clean all trays, bottles and sterile containers on the trolley
 - Clean the equipment in the new-born baby corner. Place clean covers on the equipment

- Check all surfaces – especially horizontal surfaces – for visible dust and ensure all such dust is removed
- Wash the hand wash basin with soap and water. Clean the soap and antiseptic bottles. Replace them if empty
- Check BMW bins for presence of proper colour coded waste bags. Add bag to the bin if required. Check whether the sharps waste container is available and ready for use
- Clean the floor last, beginning farthest from the door and moving towards it.
- BMW
 - Remove BMW at least thrice a day or when the waste container is 3/4ths full.
- Cleaning after a delivery
 - Begin cleaning as soon as possible
 - Wear utility gloves. Wear a gown and goggles if splashing is expected
 - Clean all blood/body fluid spills
 - Ensure BMW is discarded into the correct colour coded bag
 - Remove soiled linen carefully and put it in a waterproof container/bag
 - Remove any instruments used in the delivery and send/transport them for cleaning and sterilisation
 - Change the utility gloves and wet wipe the equipment used in the delivery (i.e., table, IV stand, stool, etc.) with an HLD
 - Wet mop the floor around the labour table with an HLD
- Labour room slippers should be washed with soap and water every evening and when they are visibly soiled/dirty
- Soiled gowns used during delivery, soiled goggles, soiled footwear should be collected separately and disinfected by immersion in chlorinesolution (500-1000ppm) for 5-10min followed by a plain water rinse before washing them with soapwater
- Cleaning after all deliveries are over
 - Perform the steps mentioned for “cleaning after a delivery”
 - Perform the steps mentioned for daily morning cleaning
 - Keep the labour room closed after the final cleaning.

Detailed Wash-down of the Labour Room

Perform detailed wash-down of the labour room, using the procedure mentioned for detailed wash-down of the operation theatre.

Perform this cleaning at least twice a month.

CLEANING OF TOILETS

- All toilets should be cleaned at least thrice a day especially the ones in general areas
- Cleaning equipment for toilets (i.e., floor mops, hand mops, buckets, bottles used to prepare disinfectant dilutions) should be separate and not be used in other areas of the hospital
- Use the following method to clean toilets:

- Prepare all cleaning material first. Ensure mops and buckets are clean
- Wear utility gloves and waterproof apron and protective goggles
- Wash the basin and tap with soap and water and rinse with plain water
- Clean any buckets and tumblers in the toilet
- Clean the toilet fixtures and pans using a soap and brush. Brush walls up to waist height each time. Brush at higher levels if soiling is seen
- Rinse away the soap by spraying water under pressure. A piece of tubing can be fixed to the tap in the toilet and water sprayed through it with pressure by partially closing the outlet opening of the tube with the finger. A car sprayer attachment should be obtained if possible
- Brush any remaining stains and soiled areas using more soap and water applying pressure
- Drain away excess water on the floor using a rubber floor wiper
- Sprinkle chlorine solution containing at least 5000 ppm chlorine on all surfaces except metal ones (taps). This can be prepared by making a 10% dilution by volume of a hypochlorite solution containing minimum 5% chlorine or by dissolving chlorine powder in water in proportion recommended by the manufacturer to provide this strength of chlorine
- Allow to dry naturally
- Wash the cleaning equipment with soap and water and keep it in the correct place
- Wash the utility gloves with soap and water and hand them to dry
- Wash hands with soap and water and disinfect them using an alcohol hand rub before proceeding to other work.

CLEANING OF ISOLATION WARDS

- Cleaning of this area should preferably be done after cleaning other areas
- Additional PPE – disposable cap, mask, linen gown and if required, goggles - should be used during cleaning. These items should be put on just before entering the area and should be removed immediately after coming out. They should not be taken to other areas of the hospital without putting them in plastic bag first
- Prepare all cleaning equipment and chemicals before starting cleaning. All cleaning should be completed in one session. Use an HLD
- Wear cap, mask, gown and rubber gloves
- Enter the area. Keep door closed to prevent traffic. If patient has a respiratory infection, keep windows open
- Clean blood and body fluid spills first
- Remove all contaminated items and items to be replaced from the area – linen, curtains, waste, sharps containers, etc. Inspect the area to make sure no item is missed. Soiled linen should be put in plastic bags at the point of removal itself. Make sure sharps containers are closed tightly and handle carefully to prevent dropping the container. Segregate any waste at source by putting it into the appropriate container. Waste bags should be closed, tied and labelled before transport
- Change gloves and begin cleaning
- First clean and disinfect all patient care items dedicated to the area e.g., thermometers, blood pressure apparatus, tongue depressors, weighing scales, ambulance, sterile containers placed in the area, etc. Do not take these to another location or use on another patient before they are cleaned and disinfected properly

- Begin cleaning the environment after this. General direction for cleaning – from clean to dirty and from top to down
- **Begin cleaning from the periphery** of the area e.g., clean doors, door handles, windows and walls first. Clean walls from top to down. Clean all wall mounted items (switches, hand rub bottles etc.). Wall cleaning may be done on alternate days unless soiling is frequent
- Next clean all floor based items – lockers, chairs, IV stands, waste bin etc. Pay particular attention to high touch surfaces like handles, bedrails. Make sure all horizontal surfaces are cleaned
- Clean the bed last
- Clean any attached toilets next
- Lastly clean the floor
- Gather used mops in a plastic bag to transport them to the cleaning and disinfection area. Mops and buckets used to clean this area should be cleaned and disinfected before using them in another area. Disinfectant bottles should be dedicated to the infected ward/room only and not used in other areas
- Disposable cap and mask should be removed immediately and discarded in the correct bio-medical waste container. Linen gown should be removed without touching the outer side and bagged as soiled linen
- **Wash and remove the utility gloves;** wash hands with soap and water; disinfect them using an alcohol hand rub
- If any items are to be replaced in the area, do it now. Wear fresh PPE before entering the area
- Disinfect footwear by immersion in chlorine solution with 500-1000ppm chlorine for 5-10 minutes before using again. If they are soiled with blood and/or body fluids, first disinfect with chlorine solution before washing with soap and water using a brush.

Terminal Disinfection after Discharge of Infected Patients

Terminal disinfection of the room/ward should be done **after discharge** of infected patients. The aim of this procedure is to thoroughly clean and disinfect all items and surfaces in the room/ward (eliminate any reservoir of infection) and prevent further transmission to patients admitted there and staff working in the area. Detailed cleaning and disinfection of all surfaces and removal/disinfection of all potentially infected patient care items (thermometers, stethoscopes, tongue depressor etc.) is very critical to reduce the risk.

Steps for terminal disinfection of an area:

- Determine whether the patient was on any particular isolation precautions – contact/droplet/airborne. If so appropriate precautions should be taken during cleaning and disposal of waste
- Prepare for cleaning – gather the cleaning equipment and items to be replaced. Once cleaning begins, the cleaning staff should not go to other areas of the hospital until all cleaning is finished
- Clean hands and use an alcohol hand rub
- Put on utility gloves. Wear a cap, mask and gown if patients were on isolation precautions
- Walk through the area and make a list of items that should be replaced e.g., soap, empty alcohol hand rub bottles, towels, linen etc.
- Remove all contaminated items and items to be replaced from the area – linen, curtains, waste, sharps containers, etc. Inspect the area to make sure no item is missed. Soiled linen should be put in plastic bags at the point of removal itself. Make sure sharps containers are closed tightly and handle carefully to prevent dropping the container. Segregate any waste at source by putting it into the appropriate container. Waste bags should be closed, tied and labelled before transport

- Clean any spills of blood/body fluid first
- Change gloves and begin terminal cleaning. Use a disinfectant. Use the pour/wipe technique. Do not use plain water or only soap and water
- General direction for cleaning – from clean to dirty and from top to down
- Begin cleaning from the periphery of the area e.g., clean doors, door handles, windows and walls first. Clean walls from top to down. Clean all wall mounted items (e.g., switches, hand rub bottles, etc.).
- Next, clean all floor based items – beds, lockers, chairs, IV stands, waste bins etc. Pay particular attention to high touch surfaces like handles, bedrails, etc. Make sure all horizontal surfaces are cleaned
- Clean and disinfect all patient care items dedicated to the area e.g., thermometers, blood pressure apparatus, tongue depressors, weighing scales, ambu bags, sterile containers placed in the area, etc. Do not take these to another location or use on another patient before they are cleaned and disinfected properly
- Cleaning the bed
 - Check all sides of the mattress for soiling (replace the mattress if soiled)
 - Wipe mattress with disinfectant (if there is waterproof cover). Otherwise, soiled mattresses should be replaced. Wipe the removed mattress with plenty of disinfectant and keep in bright sunlight until thoroughly dry. Thereafter check whether it is usable. If not, discard the mattress
 - Clean the entire bed (i.e., frame, side rails, wheels, etc.)
- Clean any attached toilets next
- Lastly clean the floor
- If possible, clean and disinfect the used mop/snow. If not possible, keep them aside for later cleaning and disinfection. Mops and cleaning equipment used to clean an infected area should be cleaned and disinfected before using them in another area
- Cap, masks and gown used for infected area cleaning should be removed using proper technique and bagged as soiled linen
- **Wash and remove the utility gloves** and wash hands with soap and water
- Disinfect hands with an alcohol hand rub
- If fogging is to be done, go to the next step; otherwise proceed to one step after that
- Use the same OT HLD to fog the area. In case of aldehyde based chemical, use double concentration than what is used for routine OT fumigation. Close all doors and windows and cover electrical equipment with plastic covers. Run the fogger until a fog is seen in the air. Then turn off the machine, remove from the area and keep the area closed for at least one hour. Post a sign on the door and mention the hour until which the area should be kept closed on the sign
- When room is cleared to enter again, replace the linen, towels, waste collection bags and any other materials
- Inspect the area for cleanliness and check that all replaceable items have been replenished.

CLEANING OF EQUIPMENT

Materials required: Disinfectant working solution, hand mops, utility gloves

Prepare and arrange all materials before beginning.

Note: Use separate mops for equipment and environmental surfaces such as floors and walls.

- Wear utility gloves.
- Fold the mop twice (to make four layers)
- Pour the disinfectant/cleaner on the mop. Quantity to be poured should be enough to leave the wiped surface wet for two minutes after wiping (exception: soap and water should be allowed to dry as soon as possible)
- Wipe the equipment surface moving the mop in one direction over it. Wipe with pressure. Do not go back into the wiped area
- Always begin cleaning at the top of the equipment and move downwards (top to down)
- When moving from one piece of equipment to another, change the fold of the mop, add more disinfectant/cleaner and proceed
- When all the folds of the mop are used, keep it aside for washing and continue with a new mop. Change mops when the room is changed
- Allow the disinfectant/cleaner to dry naturally.

Note: During equipment cleaning, do not rinse the mop in water.

ROUTINE CLEANING OF FLOORS

Mopping Floors using Dust Control Mop (microfiber)

Working from clean areas to dirty areas:

- Remove debris from floor and dry any wet spots with old newspaper
- 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 and after mopping a room.

Mopping Floors using Wet Loop Mop and Bucket

Working from clean areas to dirty areas:

- Prepare fresh cleaning solution according to the manufacturer's instructions using appropriate PPE according to MSDS
- Place 'wet floor' caution sign outside of room or area being mopped
- Divide the area into sections (eg. 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 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

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

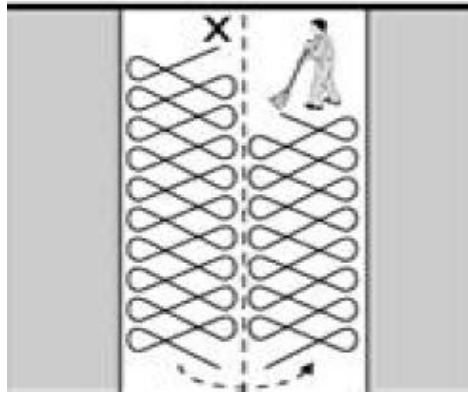


Figure 48: Eight stroke technique for mopping

CLEANING OF AMBULANCE

- The ambulance should be cleaned daily in the morning and after every patient transport
- Morning cleaning – wipe all surfaces with freshly prepared low-level disinfectant. Clean both, the patient compartment as well as the driver's compartment
- Check supplies and replenish if required
- After transport of the patient
 - Wear utility gloves and arrange cleaning mops, disinfectant bottles and paper
 - Clean visible blood spills first
 - Remove BMW (e.g., dressings, bandages, soiled linen) in an appropriate colour coded waste bag
 - Dispose sharps that are found during cleaning in the sharps container. Use a forceps to pick up sharps
 - Remove used linen/blankets for laundering
 - Clean and disinfect/sterilise equipment used in the call
 - Clean and disinfect the patient compartment by wet wiping with a low-level disinfectant
 - If the vehicle is heavily contaminated take it out of service and perform detailed cleaning by wiping all surfaces and equipment with an HLD
 - Restock the supplies as required
- Detailed cleaning to be done in case of heavy contamination of the ambulance should be done as follows:
 - Park the ambulance away from common traffic areas
 - Wear utility gloves, disposable cap, mask and clean linen gown (use a waterproof gown if slashing is expected)
 - Remove all equipment from both compartments – driver and patient

- Remove stretchers, trolleys, mattresses, belts, suction bottles, waste containers, kits and boxes. Remove contents of all shelves and drawers
- Inspect the surfaces for visible blood and body fluid spills and clean them first with an HLD
- Clean all surfaces (above the floor, including the roof) by wet wiping with an HLD. Every surface should be wiped. Check all surfaces for spills of blood and body fluids
- Clean the floor last. Wipe with an HLD.
- Clean all equipment by wiping with an HLD and allow to dry before putting it back into the vehicle
- Replenish the supplies as required
- Once a month or more frequently depending on the use, wash down the vehicle interior and equipment by wiping with liberal amount of soap and water. The method is the same as detailed cleaning except that soap and water are used first followed by wiping with an HLD.

CLEANING OF WATER COOLERS

- Water cooler tanks should be kept covered at all times
- The tank cover should fit properly with no gaps between the tank and the cover
- The outside of the cooler, electrical cord and plugs, the tap and the drain tray should be wet wiped daily with soap and water. Drainage should be provided for overflow of water
- The cooler tank should be emptied and cleaned at least once in two weeks or more frequently. **In general, less frequently used coolers need more frequent cleaning as stagnation of water promotes microbial growth.** In areas and at times when water supplied appears turbid/muddy, more frequent cleaning may be required e.g., every week
- Empty the tank and clean it with soap and water using a brush. Rinse with plenty of water to remove all soap
- Wipe the inner surfaces of the tank liberally with chlorine solution containing 500 ppm of chlorine (0.5% dilution of sodium hypochlorite or prepared from chlorine powder as per manufacturer recommendations). The chlorine solution should remain wet on the surface for at least 1-2 minutes
- Rinse with plain water twice to remove the chlorine. Check the level of residual chlorine in the water before allowing consumption
 - In coolers without an attached carbon filter/softener the chlorine level should be 0.2 to 0.5 ppm. If the cooler has these attached, chlorine level will always be zero.

CLEANING OF AIR CONDITIONERS (ACs)

1. Wipe the outer surface of all ACs (especially the louvers on the air outlet) with soap and water at least once a week or more frequently (daily) if easily accessible. Wiping should be done more frequently (2-3 times a week) if the area is heavily used
2. Once a week, the dust filters in the AC should be removed, taken outside the area and washed to remove all dust and fibres. They should be dried and then fitted back into the AC
3. Proper drainages should be provided to drain away all condensation from the unit. Any leakages should immediately be reported and rectified urgently
4. Regular servicing of the units should be carried and records maintained. During the servicing, the roller fan inside the unit should be wiped clean using an HLD.

