

Cleaning in General Practice

Routine cleaning of the practice environment is an essential infection control measure, as well as helping to maintain pleasant and assuring surroundings for both patients and staff.

Cleaning reduces micro-organism carrying dust and dirt. Effective cleaning is usually by a combination of detergent, water, damp dusting or vacuuming. Following cleaning, drying needs to occur as moisture encourages the growth of micro-organisms. Cleaning the practice includes scheduled cleaning of surfaces and unscheduled cleaning, such as blood and/or body fluid spills.

Environmental surfaces (e.g. floors, walls) are those that generally do not contact the patient during delivery of care. Routine cleaning only is needed for the management of these surfaces but if cleaning/disinfection is indicated due to soiling, low-level disinfection and/or water and detergent is usually appropriate dependent on the presence of biological fluid contamination or not.

Microbiologically contaminated environmental surfaces can serve as reservoirs of potential pathogens, but these surfaces are generally not directly associated with transmission of infections to either staff or patients in the community. However they can contribute to outbreaks of infection.

The transferral of microorganisms from environmental surfaces to patients is largely via touched surfaces (including licked/mouthed surfaces in the case of children's toys). Although hand hygiene is important to minimise the impact of this transfer, cleaning environmental surfaces is fundamental to further reducing the potential contribution to the incidence of healthcare-associated infections and their precursors e.g. antibiotic resistant organisms. Cleaning reduces the sharing of our vast micro-organism 'microbiome' including these potentially harmful precursors.

Environmental surfaces can be divided into

- a. **medical equipment** surfaces (e.g. stethoscopes, tubing or rails on medical equipment, instrument/treatment trolleys, etc)
- b. **housekeeping surfaces** (e.g. door handles, floors, walls, chairs, toys, table and desktops, etc)

General Cleaning

Special attention must be given to:

- **Touched surfaces** by skin (door handles, arm rests, keyboards, pens, reception counter, toilets, etc)
- Waiting room furniture
- Bench tops
- Examination couches / beds
- Toilets / sinks/taps
- Desks
- Toys in the waiting area (if used)
- Telephones
- Refrigerators / vaccine refrigerators
- Clinical equipment
- **Horizontal surfaces** where shed skin scales (micro-organisms) and dust settle

The **frequency** of cleaning particular items/areas should be determined by the activity of the practice. Busy practices should be cleaned more regularly.

Mild alkaline detergents are preferred over neutral pH detergents for surface cleaning. Alkalinity improves the detergents cleaning effectiveness.

Disinfecting

Before disinfecting a surface or item, it must be cleaned. Disinfectants should be used according to the manufacturer's directions and should not be mixed with detergents unless specifically allowed or combined by the manufacturer.

Cleaning Policy

To include **health and safety** items:

- Safe work practices
- Appropriate staff vaccination
- Personal protective equipment (PPE)

Plus: **Who is responsible** for overview, schedules, contract (if external cleaners), supervision and audit as well as written process for reporting problems noticed by cleaner (e.g. contract cleaner)

Cleaning Schedule

to define

- **Areas** e.g. waiting room, consulting room, treatment room, toilet area, corridors, admin & staff room
- **Surfaces** e.g. soft furnishing, hard surfaces, carpet, flooring, wet areas, blinds, curtains
- **Product** to be used e.g. detergent and water, named disinfectant, cloths, mops, microfibre
- **Method** e.g. wiping, freshly damp cloth, dry dust, mopping, vacuum, steam cleaning
- **Frequency** e.g. daily, weekly, monthly, annual

Plus **unscheduled cleaning** e.g. stat for spot cleaning, spills and body fluids

Summary Overview Chart

Frequency	Area	Action
- Spot clean all areas and objects as necessary, e.g. if visibly soiled or after contact from known high infectious risk patients. - Start in the cleaner areas, and move progressively to the dirtier or contaminated areas last e.g. clean toilet areas last.		
Daily	All horizontal surfaces	Damp dust
	Hard floors	Mop
	Carpeted floors	Vacuum - preferably using a HEPA filter
	Toilets and basins, including tap handles.	Clean with diluted bleach, which cleans and disinfects faecal/diarrhoea contamination, norovirus, and <i>C. difficile</i> . Chlorine bleach degrades microfibre cloths
	Chairs in waiting room	Damp dust, or vacuum cloth covered seating. Attention to arm rests (touched)
	Any area or surface that is touched routinely (e.g., door handles, reception counter, chair arms)	Increase the cleaning frequency when there are known outbreaks of concern in the community, and after known high infectious risk patients. Ideally, use about 70% alcohol or diluted bleach on these high-touch areas
Weekly	Telephone and keyboards	Damp dust
	Communal children's toys (<u>if used</u> , cross infection risk)	Clean and disinfect (non toxic or rinse post)
	Maintenance of cleaning equipment (e.g. mops, buckets, cleaning cloths, filters on vacuum)	Launder used cloths. Clean buckets and mop heads with detergent and water, then allow to dry before storing. Mop heads can be autoclaved (if they are not microfibre). Change vacuum filters as required or as per indicator
Monthly	Light fittings	Damp dust
	Windows and glass partitions	Routinely clean with glass cleaner, then wipe
Yearly	Walls and ceilings	Wipe with water and detergent

Cleaning Guide Approach for General Practice

SURFACE	CLEANING PRODUCT	CLEANING METHOD	FREQUENCY
Impermeable surfaces with skin contact e.g. bench tops, taps and handles, basins, toilets, examination couches (after cover removal), keyboards, hard surface chairs	Detergent and water, damp cloth Or Disposable wipes. Use alcohol wipes or chlorine based during outbreaks or known likely infectious contamination	Wiping/rubbing with a damp cloth or disposable wipes. Remove marks. Allow to dry	As determined by the practice e.g. daily for toilets, handles, bench tops, basins, taps
Smooth floors	Detergent and water Mop and bucket	Damp mopping to ensure dust is captured and not dispersed into the air. Marks removed. (Note: mops need to be cleaned and left to dry after use, not left wet in a bucket)	As determined by the practice. e.g. Toilet and treatment room floors daily, other floors every second day unless high use
Carpet (regular vacuum cleaning)	Vacuum cleaner, preferably with HEPA filter to stop (skin) dust dispersal	Vacuum	As determined by the practice (e.g. daily)
Carpet (spot cleaning)	Spill kit or carpet cleaning solution as recommended by manufacturer . Bleach/chlorine generally unsuitable (decolorises fabric). Consider steam cleaning if available onsite and a biological spill	Use spill kit to blot up excess moisture and other matter (e.g. vomitus). Clean according to directions for use. Assist carpet to dry quickly (ventilation/heating) and quarantine until dry. Use carpet cleaning solution for other spills	As determined by practice (e.g. when soiled)
Carpet (steam/dry cleaning)	Usually performed by a carpet cleaning contractor with suitable equipment and products	Perform out of hours if possible. Assist carpet to dry quickly (ventilation/heating) and quarantine until dry	As determined by practice (e.g. when soiled or yearly)
Fabrics e.g. furniture	Use a fabric cleaner recommended by the manufacturer or detergent and water. Vacuum cleaner	Clean according to directions for use and quarantine until dry. Vacuum. Sheets & curtains – wash or disposable (paper)	As determined by practice (e.g. when soiled) or daily maintenance vacuum of reception chairs
Toys <i>Comment – if used. Toys are an efficient way to spread microorganisms including infectious diseases. Remove during outbreaks</i>	Detergent and water	Clean thoroughly, dry	As determined by practice e.g. weekly but immediately after use if young children are known/likely infectious
Other items, e.g. pens, tape measures etc	Detergent and water or alcohol wipes	Clean thoroughly, wipe over with alcohol	As determined by practice (e.g. monthly)

CLEANING TEMPLATE FOR GENERAL PRACTICE

AREA & SURFACE	PRODUCT	METHOD	FREQUENCY	WHO BY
<i>Treatment/Procedure Room(s)</i>				
Bench tops and Trolleys				
Examination Couches				
Sinks/Basins				
Floors				
Empty clinical waste bins				
Curtain				
Non-clinical equipment (e.g. stethoscopes, tape measures)				
Wiping fridges and equipment (inside/outside)				
Protective Equipment (e.g. eyewear, faceshield)				
<i>Consulting Room(s)</i>				
Bench tops and Trolleys				
Examination Couches				
Basins				
Desks, keyboard				
Empty rubbish bins				
Floors				
<i>Waiting / Reception Area</i>				
Floors				
Toys (if provided)				
Furniture – chairs, table, etc				
Tidy magazines / brochures				
<i>Office Area(s)</i>				
Furniture – Desks, keyboard				
Floors				
Rubbish bins				
<i>Toilets</i>				
Toilets including floors Toilet bowls scrubbed, disinfected and deodorised. Replenish toilet paper, hand towels and liquid soap				
Toilet flush push knobs				
Basins, tap & door handles				
Empty bins				

AREA & SURFACE	PRODUCT	METHOD	FREQUENCY	WHO BY
<i>General & Staff Room</i>				
Liquid soap dispensers				
Ensure alcohol hand gel containers all full or sufficient				
Carpet – vacuuming				
Carpet – steam/dry cleaning				
Food handling and eating areas				
Emptying paper/recycle bins				
Door handles/holds e.g. entrance (if not auto), consulting rooms, toilet & change rooms, treatment rooms, sluice room				
Light switches				
Walls and ceiling				
Light shades				
Blinds, curtains, rails				
Fans - blades and body				
Air conditioning units and air grilles				
Window ledges, skirting boards, door frames				
Windows, mirrors, glass partitions				
Phones,TV, fax, photocopier				
Staff room & kitchen area				
Pictures				
Storage cupboards				
Heaters/radiators				