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This SOP applies to all staff employed by NHS Greater Glasgow & Clyde and locum staff on fixed term contracts and volunteer staff.

SOP Objective

To minimise the risk of healthcare associated infection (HAI) from the environment.


KEY CHANGES FROM THE PREVIOUS VERSION OF THIS SOP

Important Note: The version of this policy found on the Infection Prevention & Control (eIPC Manual) on the intranet page is the only version that is controlled. Any other versions either printed or embedded into other documents or web pages should be viewed as uncontrolled and as such may not necessarily contain the latest updates, amendments, or linkages to other documents.


Document Control Summary

Approved by and date	Board Infection Control Committee 18 th August 2022
Date of Publication	22 nd August 2022
Developed by	Infection Control Policy Sub-Group
Related Documents	National IPC Manual NHSGGC Hand Hygiene Guidance NHSGGC Decontamination Guidance NHSGGC Cleaning of Near Patient Equipment SOP NHS Scotland National Cleaning Services Specification
Distribution/Availability	NHSGGC Infection Prevention and Control Web page: www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control
Lead Manager	Director of Infection Prevention and Control
Responsible Director	Executive Director of Nursing

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Communication	<ul style="list-style-type: none"> The nursing staff will be informed when there is no longer a need for isolation/TBPs The nursing staff will inform the domestic staff that the ward/isolation room requires a terminal clean The ward / area will notify the domestic staff when a terminal clean required.
Requirements	<p>A terminal clean should only commence after any surplus equipment has either been discarded as clinical waste or been cleaned and removed from the area. A co-ordinated approach and agreed schedule needs to be in place between domestic staff and ward staff.</p> <p>Equipment needed</p> <ul style="list-style-type: none"> Disposable or launderable mop head(s) and bucket(s) – appropriate colour coded (yellow) for use in terminal cleaning Dust control mop (disposable cover)/ suction cleaner (HEPA filter) Small bucket(s) or bowl(s) Single-use cloths - colour coded as per terminal cleaning Single-use scourer(s) Non-sterile single-use gloves Disposable single-use yellow apron(s) Clinical waste bag(s) (orange) Chlorine based detergent (1000ppm) Water soluble bags Secondary plastic bags <p>Individual cleaning equipment should be used per isolation room or cohort area.</p> <p>All re-usable equipment must be cleaned with a chlorine based detergent after use including vacuum cleaners. (external only)</p> <p>If multiple isolation rooms / areas are being cleaned, the solution and mop head must be changed between rooms. Cloths used in sanitary areas must be discarded immediately after use and a fresh cloth must be used for the general area.</p> <p>If practicable the patient should be moved to another bedspace/ room,</p>

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	<p>prior to terminal cleaning, however if this is not possible due to bed issues or patients general condition, then nursing staff should also ensure that patients mattress/ frame is decontaminated and fresh bedding applied at the time of terminal clean.</p>
Procedure	<p>Prior to the terminal clean</p> <ul style="list-style-type: none"> • The supervisor will ensure that the cleaning team have the necessary equipment. • The Senior Charge Nurse (SCN) or nurse in charge will liaise with the domestic supervisor to ensure that it is convenient for cleaning to start and to receive any special instruction. • Ensure that all medical equipment is cleaned and removed from the room/ area. • All used linen must be treated as infected, as per the Laundry Policy • All disposable items are discarded as clinical healthcare waste. • Decontaminate hands as per NHSGGC Hand Hygiene Guidance, put on a disposable yellow plastic apron and disposable single use gloves (check with the nurse in charge if any other protective clothing is required). • Prepare a fresh solution of a chlorine based detergent (1000ppm) as per manufacturer's guidance. • If the isolation room has been used for a patient with CDI, then chlorine based detergent must have a minimum contact time as per manufacturers guidelines for all surfaces and equipment <p>NB: please see NHSGGC Cleaning of Near Patient Equipment SOP</p> <p>The domestic staff will:</p> <ul style="list-style-type: none"> • Check area for any visible contamination with blood/body fluids. If present, inform staff who will decontaminate the area with appropriate dilution of chlorine based detergent product before cleaning commences. • Remove curtains, screens and shower curtain and bag as infected laundry, i.e. place into water soluble bag and then into a secondary plastic bag then into a laundry bag as per National Laundry Guidance • Gather items of rubbish, including disposable curtains where present, and place in orange healthcare waste bag.

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Procedure (cont/ ...)	<ul style="list-style-type: none"> Clinical waste bags should be sealed in accordance with the NHSGGC Waste Policy (orange). Clean all horizontal surfaces first with the solution chlorine based detergent (1000ppm). Cleaning should start at the top and finish on the lower surfaces. Curtain tracks should be damp dusted. Clean all furniture, fixtures and fittings with a solution of chlorine based detergent (1000ppm). Ensure that chlorine based detergent is rinsed off and furniture, fixtures and fittings dried Clean all wash hand basins, showers and toilets using chlorine based detergent (1000ppm) then dry using disposable colour coded cloth/ paper. Discard into orange bag after use. Dry mop/ suction clean the floors (hepafilter) working from furthest point towards the door. The floor should then be damp mopped using dedicated equipment and a chlorine based detergent (1000ppm). Mop heads used must be discarded as clinical waste or placed in a bag and sent for laundering. <p>All re-usable equipment must be cleaned with a chlorine based detergent after use, including suction cleaners (external only).</p> <p>The mop heads and cleaning solution must be changed between rooms. Cloths used in sanitary areas must be discarded immediately after use and a fresh cloth must be used for the general area.</p> <ul style="list-style-type: none"> Clean and remove all cleaning equipment, materials and rubbish from room/area. Check all cleaning procedures are complete. Once clean is complete, the mop head should be bagged for laundering. If there is waste water from a mop bucket, this should be flushed carefully down the WC in the ensuite avoiding splashing which will contaminate the environment, and the mop handle and bucket cleaned. Waste water can be taken to the DSR and the mop handle and bucket cleaned in the DSR where appropriate, while wearing appropriate PPE
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Procedure (cont/ ...)	<ul style="list-style-type: none"> • Dispose of PPE, seal waste bag and <u>WASH HANDS using liquid soap and water.</u> • Replenish supplies (e.g. paper towels, soap) within the room. • Storage of equipment should be in accordance with local infection control advice. • Replace curtains/blinds. • Replace waste bags. • Replace screens, shower curtains and window curtains (if appropriate). • After a terminal/deep clean the ward/ Isolation room can be opened/ used immediately once all the surfaces are clean and dry. • It should be noted that a terminal clean of a ward includes not only the patient rooms but all rooms (sluice/ treatment area/ corridor areas etc.) also and only when cleaning of all areas within the ward is completed is the area ready for reopening. • DO NOT ADMIT PATIENTS TO A CLOSED WARD OR AN ISOLATION ROOM UNTIL THE TERMINAL CLEAN IS COMPLETE. <p>Healthcare staff will clean/ Check:</p> <ul style="list-style-type: none"> • All patient related equipment • All computing equipment • All commodes • Every bed and mattress, the part of the bed on which the mattress lies and the bed rails • Lockers and bed tables at all bed spaces • Patient call buzzers • Make up all beds with clean linen, and complete bed space checklist (including mattress check).
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References

National Infection Prevention and Control Manual. Chapter 2, section 2.3