

	<b>NHS GREATER GLASGOW &amp; CLYDE CONTROL OF INFECTION COMMITTEE</b>	Page	1 of 4
		Effective from	Dec 2022
	<b>STANDARD OPERATING PROCEDURE (SOP) TWICE DAILY CLEAN OF ISOLATION ROOMS</b>	Review date	Dec 2024
		Version	8
The most up-to-date version of this SOP can be viewed at the following web page: <a href="http://www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control">www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control</a>			

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 15 <sup>th</sup> December 2022
Date of Publication	30 <sup>th</sup> January 2023
Developed by	Infection Control Policy Sub-Group
Related Documents	National Infection Prevention and Control Manual NHSGGC Decontamination Guidance NHSGGC Hand Hygiene Guidance NHSGGC Cleaning of Near Patient Equipment SOP NHS Scotland National Cleaning Services Specification
Distribution/Availability	NHSGGC Infection Prevention and Control web page <a href="http://www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control">www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control</a>
Lead Manager	Director Infection Prevention and Control
Responsible Director	Executive Director of Nursing

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[www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control](http://www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control)

	NHS GREATER GLASGOW & CLYDE CONTROL OF INFECTION COMMITTEE	Page	2 of 4
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<b>Aim</b>	To minimise the risk of healthcare associated infection (HAI) from the environment.
<b>Statement</b>	Patients with certain alert organisms / conditions must be nursed in isolation to prevent the spread of the infection to other patients and staff. This is known as <b>source isolation</b> . In some situations if more than one patient is affected, during an outbreak of vomiting and diarrhoea for example, the restrictions may apply to a whole ward or part of a ward.
<b>Communication</b>	The ward / area will notify the domestic staff when twice daily cleaning is required. An isolation notice will be displayed at the entrance to a single room/cohort area
<b>Requirements</b>	<p>The Domestic Supervisor / Team Leader will ensure domestic staff have the necessary equipment and that staff working in the area are fully trained on the correct procedures.</p> <ul style="list-style-type: none"> <li>• Disposable or launderable mop (yellow) head</li> <li>• Appropriately colour coded re-usable items (yellow), e.g. bucket and / or small bucket and bowl</li> <li>• Dust control mop (disposable cover)</li> <li>• Single-use cloths</li> <li>• Single-use scourer</li> <li>• Non-sterile single-use gloves</li> <li>• Yellow single-use apron</li> <li>• Clinical waste bag (orange)</li> <li>• Chlorine based detergent (1000ppm)</li> <li>• Chlorine based solution for sanitary ware</li> <li>• Wet floor sign</li> </ul> <p>Where possible it is intended that individual cleaning equipment should be used per isolation room unless there are two or more in an individual bay, then the same isolation equipment may be used but water should be changed every 15 minutes. Personal Protective Equipment (PPE, i.e. gloves, aprons) must be changed between each room / bed bay</p> <p>All re-usable equipment must be cleaned with chlorine based detergent.</p> <p>If multiple isolation rooms are being cleaned, the solution must be</p>

	NHS GREATER GLASGOW & CLYDE CONTROL OF INFECTION COMMITTEE	Page	3 of 4
		Effective from	Dec 2022
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	<p>changed between rooms or after 15 minutes, whichever comes first. Cloths used in sanitary areas must be discarded immediately after use and a fresh cloth must be used for the general area.</p> <p>There should be a minimum of 4 hours between cleans.</p>
<b>Procedure</b>	<p>The responsibility for specific cleaning of equipment within a room may be dependent on ward, department or specialty and therefore staff should check local policy as well as the SOP for Cleaning of Near Patient Equipment.</p> <p><b>NB: please see <a href="#">SOP Cleaning of Near Patient Equipment</a></b></p> <p><b>Prior to entering a room / area:</b>  Domestic Services Staff Report to the nurse in charge to ensure that it is convenient for cleaning to start and to receive any special instruction (additional PPE).</p> <ul style="list-style-type: none"> <li>• Make up solution of chlorine based detergent (1000ppm) as per manufacturer’s guidance</li> <li>• Ensure you have the correct solution for cleaning sanitary ware</li> <li>• Collect any equipment and materials required for cleaning inside the room / area as stated above.</li> <li>• Carry out hand hygiene using alcohol hand gel or liquid soap and water.</li> <li>• Apply appropriate PPE, put on a disposable yellow plastic apron and disposable gloves (check with the nurse in charge if any other protective clothing is required).</li> </ul> <p><b>Procedure within isolation room:</b>  <b>The door to the room must remain closed until the following procedure has been completed unless patient safety is compromised with the door closed (nursing staff will advise). PPE should be removed and disposed of as clinical waste and hand hygiene carried out prior to leaving the room / area. (NB FFP3 masks/reusable face visors should be removed prior to leaving the room / area and hands decontaminated thereafter)</b></p> <ul style="list-style-type: none"> <li>• Explain to the patient what you are going to do in the room.</li> <li>• Check room / area and if there is any visible contamination with</li> </ul>

	NHS GREATER GLASGOW & CLYDE CONTROL OF INFECTION COMMITTEE	Page	4 of 4
		Effective from	Dec 2022
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<b>Procedure (cont/ ...)</b>	<p>blood / body fluids inform nursing staff who will decontaminate the area with chlorine based detergent (10,000ppm) before you commencing cleaning.</p> <ul style="list-style-type: none"> <li>• Gather items of debris and place in a clinical waste bag (orange).</li> <li>• Clinical waste bags should be sealed in accordance with the <a href="#">NHSGGC Waste Policy</a></li> <li>• If the isolation room has been used for a patient with CDI, then chlorine based detergent must have a minimum contact time of 10 minutes for all surfaces and equipment <b>NB: please see <a href="#">SOP Cleaning of Near Patient Equipment</a></b></li> <li>• Replenish supplies (e.g. paper towels, soap) within the room.</li> <li>• If there is a hand wash basin or en suite facilities ensure hand wash basin, shower, tiles, all fixtures and fittings, toilet seat and toilet bowl are thoroughly cleaned using a chlorine based detergent for use on sanitary ware (1000ppm). <b><u>Always clean the toilet last and dispose of cloth immediately into orange clinical waste bag.</u></b></li> <li>• A mop used to clean an isolation room should be used in 1 room and then either discarded as clinical waste or laundered after use.</li> <li>• No buffing should take place in the room</li> <li>• Replace waste bags.</li> <li>• Once clean is complete, cleaning equipment should be removed as follows:</li> </ul> <p><u>For Vermop:</u>  The mop head should be bagged within the room for laundering, the mop handle wiped down with a solution of 1,000ppm and both removed from room</p> <p><u>For mop and bucket system:</u></p> <ul style="list-style-type: none"> <li>• The mop bucket should be emptied down the WC within the ensuite or taken to the DSR for emptying.</li> <li>• The mop head bagged for laundering, the mop handle and bucket wiped with a solution of 1,000ppm and all removed from room.</li> </ul> <p>Remove PPE and dispose of as clinical waste and undertake hand hygiene.</p>
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