



# Saint John of God Kerry Services

Hospitality - Compassion - Respect

20

## General Cleaning and Laundry Policy and Procedure

Saint John of God Kerry Services

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# Policy and Procedure

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It is the policy of Saint John of God Kerry Services to maintain the highest standard of cleanliness throughout our locations. A clean environment is fundamental to providing a safe environment and an indicator of the quality of care provided. All *staff* are responsible for ensuring a clean environment within the Service.

Where there are Household ***staff they are*** responsible for cleaning the environment within **St John of God Kerry Services**

Front line Staff/*Household Staff* are responsible for cleaning the individual's equipment and bed area i.e. bed, bed rail, bed frame, mattress, as per cleaning schedules.

The *Household staffs* are responsible for keeping his/her unit/ house clean and tidy and removing refuse bags from the area. For hovering and mopping the floors, cleaning of the bathrooms, toilets, kitchens dining rooms corridors as per cleaning schedules.

The *Nursing Staff/Authorised persons* are responsible for cleaning of medical equipment.

**All cleaning should be carried out according to the cleaning procedures and recorded on daily/weekly cleaning sheets and signed as a record that the work has been completed.**

**A team effort is appreciated in maintaining a high level of cleanliness throughout St John of God Kerry Services.**



## Definitions

<b>Cleaning:</b>	A process that physically removes dust, dirt and grime but does not necessarily destroy germs. Cleaning removes germs and the organic material on which they thrive. Cleaning is a pre requisite for Infection and Prevention Control to ensure effective disinfection.
<b>Damp dusting</b>	A process of cleaning which involves the use of detergent and warm water
<b>Disinfection:</b>	A process that reduces the number of viable germs but which may not inactivate some bacterial spores. A chemical agents under defined conditions is capable of disinfection (e.g. Milton /Cleanline sterilising fluid)._Chemical disinfectants are <b>not</b> used in routine cleaning.

## Cleaning Agents

Cleaning Agents	Dilution	Use
Sprint 200 and D10	Use as directed	For hard surface cleaning i.e. environment, equipment including all fixtures, fittings and food areas
Toilet cleaner. <i>e.g. Toilet Duck ,Harpic</i>	Use undiluted	Flush toilet, apply 'Toilet Duck' around bowl and up under rim. Leave for 5 minutes before cleaning with the toilet brush and then flush again.
Bathroom cleaner <i>Sprint 200</i>	Use as directed	For cleaning sinks/baths/showers. Wet surfaces before applying cleaner rinse with water after cleaning
Cream Cleaner <i>Cif</i>	Squirt one measure to soiled area.	For sinks/baths to remove scum. Wet the sink/bath and following cleaning rinse the area.
Disinfectant	Dilution	Use
Chlorine based cleaner e.g. Milton /Cleanline sterilising fluid	Use as directed	For all hard surface cleaning i.e. environment, equipment including all fixtures, fittings.
Safety Data Sheets		Up to date Safety Data Sheets need to be available in all areas where <b>neat products</b> are stored.

**Pending the outcome of a risk assessment cleaning products may need to be stored in designated locked press when not in use.**



## **Five golden Rules of Cleaning**

### **1. Work from clean to dirty**

Start cleaning in the cleanest area and finish in the dirtier areas e.g. when cleaning the bathroom, leave the toilet until last. This helps to prevent cross infection as it stops contamination of clean areas from dirty areas with dirt.

### **2. Work from high to low**

This also helps to prevent cross contamination as above.

### **3. Leave all surfaces clean and dry**

It is important to leave cleaned surfaces as dry as possible. This prevents mould and bacterial growth, and helps prevent accidents.

### **4. Change cleaning cloths frequently.**

One of the main causes of contamination is the use of one cloth for cleaning more than one surface.

### **5. Wash your hands often**

Dirty hands soil clean surfaces. Contaminated hands are the primary cause of cross infection.

### **Spray bottles:**

Damp dusting using, a pre diluted cleaner and correct colour cleaning cloth. Spray bottles should be used by spraying cleaning detergent onto cleaning cloth other than glass/window cleaning or if cleaning a surface where there is access to running water to rinse the cloth e.g. sink, bath and shower.

Clean surface of Spray bottles after every use...



## General Cleaning Principles

- Cleaning with disposable cloth and Sprint 200 or D10 (for food areas) mechanical action is sufficient for general routine cleaning in a healthcare environment
- Household/disposable gloves must be worn for all cleaning tasks which involve water and detergent or disinfectant
- Disposable plastic apron to be worn as a waterproof barrier if contamination or splashing to clothing is likely to occur.
- Safety goggles must be used to protect the eyes if performing any cleaning procedure where there is a risk of fluid splashing into the eyes.
- When preparing cleaning solutions fill with required amount of water first then add the cleaning solution, this reduces the risk of splashes.
- Change cloths frequently as a soiled cloth is ineffective for cleaning.
- Never mix cleaning agents or cleaning agents and disinfectants as the combination can be unsafe.
- Cleaning is a pre requisite for disinfection i.e. always cleans first before disinfecting. If an item is not cleaned, 'dirt' can prevent an item from being disinfected i.e. the 'dirt' prevents the action of the disinfectant making it ineffective.
- Disinfectants are not recommended for routine environmental cleaning. Disinfection is recommended following cleaning for spillages of blood and body fluids, during an outbreak of infection.
- Disinfectants should not be applied directly to urine spillages.
- Ventilate any area where cleaning/disinfectant agents are being used.
- Sweeping brushes should not be used in resident areas i.e. Bathrooms, Bedrooms vacuum only.
- When operating cleaning equipment ensure the electrical cable is behind the machine.



## Cleaning Equipment

**NB. All cleaning Equipment is to be stored clean and dry.**

**Household gloves to be worn for routine cleaning**

**Example of Colour coded system for mops, buckets, basins and cloths:**

Colour	Area of use
Red	Bathrooms/Toilets
Blue	Blue for resident rooms, corridors and general areas
Green	Kitchen/Kitchenettes

**N.B.** Ensure the “Caution Wet Floor” signs are used when floors are wet.

Remove the sign, clean and return to storage when the floor is clean and dry.



## Cleaning Storage and Replacement of Cleaning Equipment

**All Cleaning Equipment to be stored in designated area.**

<b>Cleaning Equipment:</b>	<b>Frequency of change:</b>
<b>Colour coded cleaning cloths</b>	All cloths are to be disposed of after every use. If used for cleaning areas soiled with body fluids, dispose of immediately.
<b>Mop Buckets</b>	Wash with washing up liquid and water. Store clean, dry and inverted at the end of cleaning.
<b>Mop Heads</b>	Mop heads to be laundered daily. If used for cleaning areas soiled with body fluids, place in a red alginate or water soluble bag and launder immediately.
<b>Micro fibre flat mopping system</b>	Do not re-dip mop heads. Use a touch free method to apply mop head to handle. When finished cleaning an area, remove mop head and launder.
<b>Hoover</b>	Filter to be changed twice a year. Change dust bag as necessary and away from the clinical area. Ensure the hoover head is clean and free from dust.
<b>Floor Cleaning Machines</b>	Must be emptied after use. Machines must be decontaminated once per week. Store clean and dry as per manufacturers instructions.
<b>Floor polishing equipment</b>	Send buffer pads for laundering after every use. Store pads clean, dry and off the floor.
<b>Floors</b>	Dry Cleaning: Use a vacuum cleaner or a dust attracting mop before cleaning. Sweeping brushes must not be used in clinical areas. Wet Cleaning: Clean using Floor maintainer and warm water and the correct colour coded mop and bucket for the area. A clean mop head is used each day. Floor machines to be filled with clean water and Floor maintainer wash floors; empty machines at the end of each day, leave water drum open overnight to allow ventilation.
<b>Waste bins</b>	Remove bag when no more than $\frac{3}{4}$ full and replace with a new bag according to local policy. Clean bins with Sprint 200 and warm water as part of the cleaning schedule and immediately if visibly soiled.
<b>Radiators/Skirting Board/Walls/Doors and handles</b>	Clean with Sprint 200 and warm water as per cleaning schedule. Sanitize leave to dry .Behind the radiators to be dusted using designated duster.



<b>Cleaning Equipment:</b>	<b>Frequency of change:</b>
<b>Furniture</b>	Clean as per cleaning schedule using the Sprint 200 and correct colour cloth.  Sanitize leave to dry
<b>Wardrobes/Lockers</b>	Clean with Sprint 200 and correct colour cloth as per cleaning schedule. Sanitize leave to dry. Cleaning the top of the wardrobe is part of the high dusting and must be done as per cleaning schedule. Inside of wardrobes to be maintained by client's Key worker.
<b>High Dusting</b>	Clean all surfaces as per regular cleaning schedule using high duster.
<b>Mirrors/Windows</b>	Clean daily using glass cloth and warm water.
<b>Air Vents</b>	Clean with Sprint 200 as per cleaning schedule. .
<b>Hand sanitizer dispenser</b>	Clean the container, nozzle and holder with Sprint 200. Sanitize leave to dry. Ensure the nozzle is free of product build-up.
<b>Soap dispensers</b>	Clean the casing and the nozzle of the soap dispenser with Sprint 200 daily Sanitize leave to dry Never top up liquid soap always empty container and refill.





Cleaning Equipment:	Frequency of change:
Telephone	Clean with disinfectant wipes.
Alcohol hand rub dispenser	Clean the container, nozzle and holder with Sprint 200. Ensure the nozzle is free of product build-up Sanitize leave to dry
Curtain Rails	To be cleaned as per cleaning schedule using the high dusting device.
All touch points	To be cleaned as per cleaning schedule using Sprint 200 or D10 (in food preparation areas) . Sanitize leave to dry

Equipment :	Cleaning Recommendation:
<b>Baths</b> <b>Changing bench, and Sinks</b>  <b>Include specialised bath</b> <b>Mailibu,Primo,Parker</b>	Clean with <i>Sprint 200</i> warm water and <b><u>dry thoroughly..</u></b> Sanitize leave to dry . Clean shower floor and screens with Sprint 200 daily and in between each resident use. Sanitize leave to dry  As per suppliers instructions
<b>Shower</b>	Clean shower with <i>Sprint 200</i> To be cleaned as per cleaning schedule daily and in between each resident use . Sanitize leave to dry  <b>Any unused showers/taps must be run for 6 minutes weekly – run cold for 3 minutes and hot for 3 minutes. Record in weekly record sheet.</b>
<b>Shower curtain</b>	Send shower curtain to be laundered at least monthly and immediately if visibly soiled.



Equipment :	Cleaning Recommendation:
<b>Toilets</b>	<p>Clean and check as per cleaning schedule and clean immediately if soiled. Clean toilet bowl with <i>Toilet duck.ie Harpic</i> and toilet brush. Clean the toilet with <i>Sprint 200</i> including:</p> <ul style="list-style-type: none"> <li>• Flush handles</li> <li>• Door handles</li> <li>• Seat and underneath</li> </ul> <p>Sanitize leave to dry Ensure the cloth is disposed after cleaning the toilet. <b>Toilets should be flushed after every use.</b></p>
<b>Toilet brush</b>	<p>Rinse in flushing water and suspend in holder to dry. Do not soak in disinfectant. If grossly soiled, discard appropriately and replace.</p>
<b>Oven Microwave</b>	<p>Clean with D10 and a green cloth as per schedule,</p>
<b>Fridge</b>	<p>Remove all food and containers wash with D10 then wipe clean.</p>
<b>Tables/Chairs/Worktops</b>	<p>Clean with D10 spray on dry thoroughly after every meal. Sanitize leave to dry</p>

Record all cleaning duties completed in a cleaning check lists

When cleaning, note if items are not in a good state of repair e.g. rusted, damaged, broken/not in working order and report for repair/replacement.

**Note:** Sanitary bins in staff toilets are collected by a designated company on a regular basis.



## **Management of Blood and Body Fluid Spillages**

### **Principles of spills management:**

- Blood and body fluid spillages should be dealt with immediately or as soon as it is safe to do so.
- Other persons should be kept away from the spillage until the area has been cleaned and dried.
- Care should be taken if there are sharps present and should first be disposed of safely into a sharps container.

### **Blood spillage:**

- Risk assess the spill and wear appropriate personal protective equipment (gloves and plastic apron)
- Cover with disposable paper towel.
- Carefully remove the sodden material and dispose in nearest waste bin.
- Clean the area with the *Sprint 200 red cloth* and warm water
- Sanitize leave to dry.
- Dispose of protective clothing.
- Wash and dry hands.

### **Body Fluid Spillage eg. Faeces, urine.**

- Risk assess the spill and wear appropriate personal protective equipment (gloves and plastic apron).
- Cover spillage with disposable paper towels.
- Carefully remove the sodden material and dispose in nearest waste bin.
- Clean the area with *Sprint 200 Red cloth* and warm water.
- Sanitize leave to dry.
- Dispose of protective clothing.
- Wash and dry hands.



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## Personal Hygiene

- Carrying out hand hygiene regularly whilst at work will protect you and the residents from infection. Please refer to the E Learning Hand Hygiene Training for Long Term Care in Community Services information on hand hygiene.
- It is the policy of *St John of God* that all staff
  - Renew hand hygiene training every 2 years.
- Any cuts or scrapes should be covered with a waterproof dressing.
- Any skin problems i.e. dermatitis should be reported to your line manager and referred to Occupational Health for follow up.
- A hand moisturiser/cream is provided and should be used.
- Wrist jewellery or rings with stones should not be worn whilst at work; a flat band can be worn.
- Roll up sleeves to ensure hand hygiene is carried correctly.
- Hair should be clean, away from your face and avoid touching it when carrying out resident care.
- Enclosed foot wear should be worn to protect from injury.



### **Floor cleaning/polishing machine**

- Do not use the machine unless appropriate training has been given and recorded.
- Ensure hands are dry when plugging or unplugging electrical equipment.
- When changing or turning a floor pad, make sure the machine is switched off, the handle raised and the machine tilted down.
- When cleaning with the Floor machine ensure it is charged.
- Ensure all equipment is stored clean, dry and tidy in the appropriate storage area.
- Ensure all cleaning sheet are signed after using the machine.
- Plug scrubber dryer machine in overnight to enable charge.
- Decontaminate all machines weekly.

### **Management of a Splash Injury When Using a Disinfectant:**

- Refer to Material Safety Data Sheet/Safe Work Practice Sheets within each unit for the first aid action required.
- Care must be taken when using all detergents and disinfectants, wash immediately with cold water, inform your Supervisor on duty and inform relevant Manager to seek medical aid.
- All staff must be aware of the location of the First aid box and Safety data sheets within each unit.



## **Waste Segregation Policy**

**Risk assesses all waste prior to disposal into either:**

**Paper Waste Blue Bins**

**Or**

**General Waste Waste Green Bins**

**Or**

**Food Waste Brown Bins**

### **General waste Green Bins**

**Resident care items e.g. incontinence wear, gloves and aprons, oxygen tubing, face masks, enteral feeding bags, stoma bags and urinary drainage bags.**

### **Recycling - White or Black Bags in [Blue Bin](#)**

**Recycling of cardboard, papers, cans, clear plastic containers, bottles and tetra packs.**

**Please ensure items for recycling are clean prior to recycling.**

**Glass, batteries and light bulbs to be kept in designated bins provided.**

**Food Waste : Compost food waste in [Brown Bin](#)**

**Specific to COVID-19 outbreak key elements include:**

### **CARE EQUIPMENT**

- Where possible use single-use equipment for the individual and dispose of it as healthcare waste inside the room.
- Where single use equipment is not possible, use dedicated care equipment in the individual's room or cohort area. This should not be shared with other individuals in non COVID-19 areas e.g. lifting devices, commodes, moving aides etc.
- If it is not possible to dedicate pieces of equipment to the individual or cohort area these must be decontaminated immediately after use and before use on any individual following standard cleaning protocols
- There is no need to use disposable plates or cutlery. Crockery and cutlery should be washed in a dishwasher, or by hand using household detergent and hand-hot water after use.



## **MANAGEMENT OF BLOOD AND BODY FLUID SPILLAGES**

- Should be managed in line with local policy Management of waste

### **MANAGEMENT OF WASTE**

- Dispose of all waste from individual's with confirmed or suspected COVID-19 as healthcare risk waste.
- When removing waste, it should be handled as per usual precautions for healthcare risk waste.
- The external surfaces of the bags/containers do not need to be disinfected.
- All those handling waste should wear appropriate PPE and clean their hands after removing PPE.
- Hands-free health-care risk waste bins should be provided in isolations rooms and HSE Health Protection Surveillance Centre [www.hpsc.ie](http://www.hpsc.ie) Page 30 of 50 cohort areas.
- If healthcare risk waste service is not available in the facility then all consumable waste items that have been in contact with the individual, including used tissues, should be put in a plastic rubbish bag, tied placed in a second bag and left for 72 hours. This should be put in a secure location prior to collection.
- Waste such as urine or faeces from individuals with possible or confirmed COVID-19 does not require special treatment and can be discharged into the sewage system.

### **SAFE MANAGEMENT OF LINEN (laundry)**

The risk of infection from used linen is minimal if handled properly. The following points should be followed to ensure safety in relation to laundry in a group home, day care or family home setting.

- All towels, clothing or other laundry used in the direct care of residents with suspected and confirmed infectious disease should be managed as 'infectious' linen.
- Linen must be handled, transported and processed in a manner that prevents exposure to the skin and mucous membranes of staff, contamination of their clothing and the environment.
- Disposable gloves and an apron should be worn when handling linen.
- All linen should be handled inside the individuals room/cohort area. A laundry skip/trolley should be available as close as possible to the point-of-use for linen deposit, for example immediately outside the cohort area/isolation room.
- When handling linen, the staff member should not:
  - rinse, shake or sort linen on removal from beds/trolleys;
  - place used/infectious linen on the floor or any other surfaces (e.g., a bedside locker/table top);
  - handle used/infectious linen once bagged;
  - overfill laundry receptacles; or
  - place inappropriate items in the laundry receptacle (e.g., used equipment/needles)



- When managing infectious linen, the staff member should:
  - Place linen directly into a water-soluble/alginate bag and secure;
  - Place the alginate/water-soluble bag into the appropriately-coloured linen bag (as per local policy).
  - Store all used/infectious linen in a designated, safe area pending collection by a laundry service.
  - If there is no laundry service, laundry should be washed using the hottest temperature that the fabric can withstand and standard laundry detergent.
  - Laundry should be dried in a dryer on a hot setting.
- Manual sluicing is not recommended. In a domestic setting, prior to washing linen soiled with blood or body fluids, remove any solid matter in a controlled manner, flush into the toilet and place the items directly into the machine. Use a cold pre-wash cycle followed by a hot wash cycle with detergent. Hands must be washed after handling laundry.

**In the event where the washing machine is accessed through the kitchen/eating area/food preparation area the following is recommended:**

- Each individual in the house will have their own sealed laundry basket for the transfer of their clothes to the utility room.
- Laundry is not to pass through the kitchen during meal times or food preparation times.
- Where possible access the utility room from the furthest point away from food preparation areas in the kitchen.
- Close door of utility room when laundry is ongoing.
- Individual's are encouraged to take part in laundry if they wish. Individuals follow the same protocols as staff in relation to infection control.
- All staff are aware and trained in IPC procedures and follow above guidelines.
- Supervisor/CNM2 is in place to guide staff and ensure robust IPC procedures are followed.

## **ENVIRONMENTAL HYGIENE**

- The care environment should be kept clean and clutter free in so far as is possible bearing in mind this is the resident's home.
- Residents observation charts, medication prescription and administration records (drug kardex) and healthcare records should not be taken into the room to limit the risk of contamination.





## ROUTINE CLEANING

- Decontamination of equipment and the care environment must be performed using either:
  - A combined detergent/disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm available chlorine (av.cl.)); or
  - A general purpose neutral detergent in a solution of warm water, followed by a disinfectant solution of 1,000 ppm av.cl.
  - Only cleaning (detergent) and disinfectant products supplied by employers are to be used. Products must be prepared and used according to the manufacturer's instructions and recommended product "contact times" must be followed
- Hoovering of carpet floor in a residents room should be avoided during an outbreak and while the patient is infectious. When the resident is recovered the carpet should be steam cleaned.
- All shared spaces should be cleaned with detergent and disinfectant.
- Equipment used in the cleaning/disinfection of the isolation area should be single-use where possible and stored separately to equipment used in other areas of the facility.
- Household and care staff should be trained in the appropriate use and removal of PPE (Appendix 2 & 3 Donning and Doffing of PPE).
- In practical terms isolation room cleaning may be undertaken by staff that are also providing care in the isolation room.

## FREQUENCY OF CLEANING

- All surfaces in resident room/zone should be cleaned and disinfected twice daily and when contaminated.
- These include bedrails, bedside tables, light switches, remote controllers, commodes, doorknobs, sinks, surfaces and equipment close to the resident e.g. walking frames, sticks. Handrails and table tops in facility communal areas, and nurses station counter tops
- The resident rooms, cohort areas and clinical rooms must be cleaned and disinfected at least daily & a cleaning schedule should be available to confirm this.

## TERMINAL CLEANING

The room should be **terminally cleaned** when the ill resident are moved or discharged this will be coordinated by the COVID-19 Response Team in line with recommended HSE guidelines.



- Terminal cleaning should always be performed after a resident has vacated the room and is not expected to return. In addition to the routine cleaning protocols, a terminal clean is needed.
  - Removal of all detachable objects from a room or cohort area, including laundry and curtains \*
  - Removal of waste
  - Cleaning (wiping) of lighting and ventilation components on the ceiling
  - Cleaning of the upper surfaces of hard-to-reach fixtures and fittings
  - Cleaning of all other sites and surfaces working from higher up to floor level
- A terminal clean checklist is good practice to support cleaning or household staff to effectively complete all environmental cleaning tasks, which should be signed off by the cleaning supervisor before the room reopens for occupancy.

### **Crockery and cutlery**

These should be washed in a hot dishwasher or if not available, by hand using hot water and detergent, rinsed in hot water and dried. There is no need to separate the crockery and cutlery for use by ill residents from that of other residents.



## SIGNATURE PAGE

I have read, understand and agree to adhere to the attached Procedure:

[illegible]