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Standard Operating Procedure

Housekeeping Service Management

Ms. Priva Ravi- Dr. Mingma L. Sherpa- Dr. Gautam Dey- MS
Operations Executive HO
Prepared By Reviewed By Approved By

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<u>Amendment Details</u>

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SOP on housekeeping services in CRH

1. Definition:

Housekeeping is a support service department in a hospital, which is responsible for cleanliness, maintenance & aesthetic upkeep of patient care areas, public areas and staff areas". Housekeeping services in a hospital is entrusted with maintaining a hygienic and clean hospital environment conducive to patient care.

Hospital housekeeping management:

Hospital housekeeping management may be defined as that branch of general management which deals with cleanliness of the hospital, general environmental hygiene, sanitation and disposal of waste using appropriate methods, equipment and manpower.

2. Scope:

It is applicable to the housekeeping activities in areas of CRH

3. Goals of housekeeping

- To attain and maintain high standards of cleanliness and general upkeep.
- Prevention of hospital acquired infections and cross infections by following proper cleaning standards
- To train, control and supervise staff under its establishment.

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- To coordinate with other departments and fulfil housekeeping requirements.
- · Control and issue of cleaning materials and equipment.
- To maintain official records on staffing, cleaning materials and equipment.

4. Department organogram

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Head Operations

Housekeeping Executive

Housekeeping Supervisor (Manpower deployment) Ward incharge (work delegation)

Housekeeping Staff

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Dr. Mingma L. SherpaHO

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Procedure

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5. Quality Standards/Expected Outcome

5.1 Building

5.1.1 External features

Fire-exits and staircaise, landings, ramps, stairwells, fire exits, steps, entrances, external light fittings are: free of dust, dirt, chewing gum, leaves, cobwebs, rubbish, cigarette butts and bird excreta

Handrails are clean and free of stains

5.1.2 Walls and ceilings

- Internal and external walls and ceilings are free of dust and cobwebs.
- · Walls and ceilings are free of marks caused by furniture, equipment or hospital users
- · Light switches are free of fingerprints any other marks
- · Light fittings are free of dust, cobwebs
- · Polished surfaces are of a uniform lustre

5.1.3 Windows

- External and internal surfaces of glass are clear of all streaks, chewing gum, spots and marks, including fingerprints and smudges
- Window frames, tracks are clear and free of dust, marks and spots.

5.1.4 Doors

Internal and external doors and doorframes are free of dust, chewing gum, soil, fingerprints and cobwebs

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- Doors and doorframes are free of marks caused by furniture, equipment.
- Air vents, grills and other ventilation outlets are kept unblocked and free of dust, soil, cobwebs and any other marks

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- Door tracks and door jambs are free of dust and other debris
- Polished surfaces are of a uniform lustre

5.1.5 Hard floors

- Free of dust, litter, chewing gum, marks and spots, water or other liquids
- The floor is free of polish or other build-up at the edges and corners, or in traffic lanes
- The floor is free of spots, scuffs or scratches on traffic lanes, around furniture and at pivot
- Inaccessible areas (edges, corners and around furniture) are free of dust, and spots
- Polished or buffed floors are of a uniform lustre
- Appropriate signage and precautions are taken regarding pedestrian safety on newly cleaned or wet floors
- Dust control mats are free from ingrained dust, dirt, stains, and the edges and reverse side are free from dust and dirt

5.1.6 Soft floors

Free of dust, litter, chewing gum, marks and spots, water or other liquids

The floor is free of stains, spots, scuffs or scratches on traffic lanes, around furniture and at pivot points

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- Inaccessible areas (edges, corners and around furniture) are free of dust and spots
- Carpets are of an even appearance without flattened pile. After deep cleaning, there is no shrinkage, colour loss or embrittlement of fibres

5.1.7 Ducts, grills and vents

- All ventilation outlets are kept unblocked and free of dust, grit, chewing gum, soil, cobwebs, scuffs and any other marks
- All ventilation units are kept clear and uncluttered following cleaning

5.2 Fixtures

5.2.1 Electrical fixtures and appliances

- · Are free of grease, dirt, dust, deposits, marks, stains and cobwebs
- Electrical fixtures and appliances are kept free from signs of use or non-use
- Motor vents, etc., are clean and free of dust and lint.

5.2.2 Furnishings and Fixtures

- Free of spots, soil, film, dust, fingerprints and spillage
- Soft furnishings are free from stains, soil and dust
- · Furniture legs, wheels and castors are free from mop strings, soil, dust and cobwebs

Inaccessible areas (edges, corners, folds and crevices) are free of dust and spots

All high surfaces are free from dust and cobwebs.

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- Curtains, blinds and drapes are free from stains, dust, cobwebs.
- Equipment is free of tapes/plastic, etc., which may compromise cleaning
- Furniture has no unpleasant or distasteful odour
- Shelves, bench tops, cupboards and wardrobes/lockers are clean inside and out and free of dust, litter
- Waste/rubbish bins or containers are clean inside and out, free of stains and mechanically intact
- Waste is removed in accordance with the Service standards of the Waste Management
- Fire extinguishers and fire alarms are free of dust, grit, dirt and cobwebs, and mechanically intact
- · All decorative plants are free of dust and debris

5.3 Toilets and Bathroom

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5.3.1 Fixtures

- Surfaces are free from smudges, smears, body fluids, soap build-up and mineral deposits.
- Metal surfaces, and mirrors are free from soil, smudges, soap build-up and marks.
- Wall tiles and wall fixtures are free of dust, smudges/streaks, mould, soap build-up and mineral deposits
- · Bath mats are free from stains, smudges, smears, odours, mould and body fluids
- Plumbing fixtures are free of dust, soap build-up and mineral deposits

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- Bathroom fixtures are free from unpleasant or distasteful odour with polished surfaces of a uniform lustre
- Sanitary disposal units are clean and functional
- · Consumable items are in sufficient supply
- Waste is removed in accordance with the Service Standards of the Waste Management

5.4 Patient Equipment

- Equipment is free from soil, dust, fingerprints, grease and spillages
- Equipment is free of tapes/plastic, etc., which may compromise cleaning
- Equipment legs, wheels and castors are free from mop strings, soil, film, dust and cobwebs
- Equipment has no unpleasant or distasteful odour

5.5 Environment

5.5.1 Overall Appearance

- · The area appears tidy and uncluttered
- Floor space is clear, only occupied by furniture and fittings designed to sit on the floor
- Furniture is maintained in a fashion which allows for cleaning
- · Fire access and exit doors are left clear and unhindered

5.4.2 Odour Control

The area smells fresh

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- · There is no unpleasant or distasteful odour
- · Room deodorisers are clean and functional

6. Risk categorisation of hospital areas

- High risk areas- Operation theatre units including recovery area, ICUs, Dialysis, Surgical wards, Labour room, Emergency/Casualty, Isolation wards.
- Moderate risk areas- Medical wards, Laboratory areas, Blood bank, Pharmacies, Dietary services, Laundry services, Mortuary, Nurses/ Doctors rest rooms, Physiotherapy and Psychiatric wards.
- Low risk areas- Office areas, OPD, Meeting rooms, Medical records section, Stores, Manifold section, electrical, mechanical, external areas and other non-medical departments.

7. Cleaning Schedule

Hospital areas	Type of cleaning	Cleaning frequencies
High risk areas	Dry mopping, wet mopping, damp dusting	2 hourly cleaning and spot cleaning whenever required
Moderate risk areas	Dry mopping, wet mopping, damp dusting	Thrice in a day and spot cleaning whenever required
Low risk areas	Dry mopping, wet mopping, damp dusting	Once a day and spot cleaning whenever required
General ward toilets	Washing, scrubbing, wet mopping	2 hourly cleaning spot cleaning whenever required
Patient rooms and toilet	Dry mopping, wet mopping and toilet cleaning	Thrice in a day spot cleaning whenever required
All areas	High dusting	Weekly once and spot cleaning on visible cobwebs
Hospital general areas like staircases, lobby, corridors and ramps	Dry mopping, wet mopping	Once a day and spot cleaning whenever required
All areas	Machine cleaning along with corner scrubbing	As per the weekly schedule

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All areas	Dustbin washing	Weekly once and spot cleaning on visible dirt
Ali areas	Glass cleaning	Weekly once and spot cleaning on visible dirt
General ward/ramp toilets	Deep Cleaning	Twice a week and spot cleaning on visible dirt
All areas	Fans, lights, switch boards, curtain pelmets, other fixtures cleaning	Once a week and spot cleaning on visible dirt
All areas	Wall dusting	To be done along with the machine cleaning as per schedule
Portico	Mopping and washing	Twice a day and spot cleaning or visible dirt
General Toilets	Cleaning and disinfection	Once in every 3 hours
Air Conditioners	General cleaning with the electrician	Once in 15 days
Electrical Rooms	General cleaning with the electrician	Once a month
Fire Exit Routes	Dry mopping and wet mopping	Once a month
Free space behind OPDs	Scrubbing and Washing	Once in 15 days

8. My 5 Moments for Hand Hygiene

The 5 Moments for Hand Hygiene approach defines the key moments when health-care workers should perform hand hygiene.

This evidence-based, field-tested, user-centred approach is designed to be easy to learn, logical and applicable in a wide range of settings.

This approach recommends health-care workers to clean their hands

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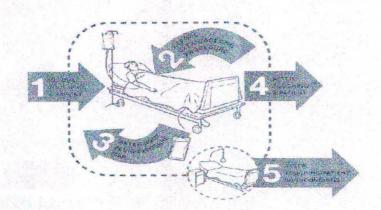
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- · before touching a patient,
- · before clean/aseptic procedures,
- after body fluid exposure/risk,
- · after touching a patient, and
- · after touching patient surroundings.



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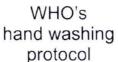
Rub hand palm to palm



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



Rotational rubbing of left thumb clasped in right palm and vice versa





Backs of fingers to opposing palms with fingers interlocked



Right palm over left dorsum with interlaced fingers and vice versa



Palm to palm with finger interlaced

9. Jobs and responsibilities

9.1 Housekeeping Executive & Supervisor:

- Is responsible for overall supervision of hospital cleanliness
- Will ensure sufficient and timely deployment of manpower
- Will ensure excellence in housekeeping sanitation, safety, comfort, and aesthetics for patients, staff and visitors
- Will Draw up and monitor duty rosters for sanitation staff.

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- Will assure proper communication within the department by conducting regular meeting with all personnel.
- Counsel employees on various duties and on work-related issues.
- Motivate and encourage staff to keep high spirits and continue the good work.
- Implement standard operating procedures (SOP) for cleaning under guidance of Hospital Administration and maintain them; and to initiate new procedures to increase the efficiency of sanitation staff and product use.
- Ensure the provision of proper uniforms for the sanitation staff.
- Ensure observance of hygiene and safety precautions.
- Coordinate with contractor, HR and operations department concerning selection recruitment, replacement, duty alterations, up gradation, and so on.
- Organize and supervise on-the-job and off-the-job training of staff.
- Inspect and approve all supply requisitions for the sanitation services/ department, and to maintain par stock, inventory control, and cost-control procedures for all materials.
- · Make sure that all cleaning supplies are appropriately labelled
- Ensure that all safety procedures are being taken into account when mixing chemicals and detergents
- Check the feedback reports and the registers and maintained across the hospital and take suitable action
- Maintain a time logbook for all employees within the department.
- Daily observation rounds of the hospital atleast thrice a day and resolving housekeeping related issues.
- Maintain proper documentation of schedules and checklists.

9.2 Housekeeping staff

9.2.1 Attenders

· Dusting the ward/unit assigned

· Bed making and replacing patient bedsheets

Safe transportation of patients

Taking patient blood urine/blood samples to lab

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- Taking and bringing patient files during discharge
- Performing any other duty assigned by the superiors including the nurses of that area.

9.2.2 Cleaners

- Will be responsible for general sanitation of the area including the toilets.
- Will assist the nursing staff in giving bedpans and urine pots to the patient. It also includes
 washing and disinfecting the bedpans and urine pots
- Will follow the cleaning schedule of the wards/units as explained by the ward incharge
- Will dry mop/wet mop ward/patient rooms floors and clean the toilets and sanitary fittings therein.
- Performing any other duty assigned by the superiors including the nurses of that area.

10. Cleaning standards in high risk areas

10.1 OT cleaning

- Place a cautionary 'Wet Floor' sign at the entrance of the room.
- Prepare fresh disinfectant solution according to supervisor's instructions.
- · Clean hands and put on gloves.
- Collect and remove visible waste.
- Collect and remove all soiled linen.
- Remove gloves and clean hands.
- Use a cloth dampened in hospital-grade 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 equipments as guided by the OT nurse incharge.
- Damp mop floor 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.

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Protocols should be followed after every surgery

10.2 ICU cleaning

- Dry mop and wet mop to be done thrice a day and additionally during the spills, as and when required.
- · Bed linen should be changed every day

Soiled linen should be pre-washed before sending it to laundry

- Once the patient is shifted or discharged from the unit, deep cleaning/carbolysation of the beds should be done with standardised products like bacilocid.
- High dusting and carbolysation of the unit should be done once in two weeks.

10.3 Daily Routine Patient Bed Space / Room Cleaning (Moderate Risk Areas)

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

10.3.1 Gather supplies:

- Ensure an adequate supply of clean cloths is available
- Prepare fresh disinfectant solution according to manufacturer's instructions
- Wash hands and put on gloves
- Clean room, working from clean to dirty and high to low areas of the room:
- Use fresh cloth for cleaning each patient bed space
- 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

Clean wall mounted items

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- Check and remove fingerprints and soil from low level interior 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, television, telephone, computer keypads, overbed 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 call bell
- Clean bathroom/shower (applicable for single room)
- Clean floors

10.3.2 Disposal

- Place soiled cloths in designated container for laundering
- Place waste in colour coded bins as appropriate
- Remove gloves and clean hands with alcohol based hand rub; if hands are visibly soiled, wash with soap and water.
- Housekeeping includes a monitoring/ evaluation component, and this should be done by a housekeeping supervisor after the cleaning procedure has been completed.
- In addition to routine daily cleaning of patient care
- areas/rooms, the following additional cleaning should be scheduled:

High dusting using damp mop (weekly)

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- 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.

10.4 Procedure for routine discharge/transfer cleaning of a patient bed space/room

10.4.1 Gather supplies:

- Ensure availability of adequate cleaning cloth.
- Prepare fresh disinfectant solution according to manufacturer's instructions.
- · Wash hands and put on gloves.

10.4.2 Remove dirty linen:

- Strip the bed, roll sheets carefully to prevent aerosol formation, discarding linen in linen bag. b. Inspect bedside curtains and window treatments; if visibly soiled, clean or change.
- c. Remove gloves and clean hands.
- d. Clean room, working from clean to dirty and high to low areas of the room:

10.4.3 Use fresh cloth(s) for cleaning each patient/ resident bed space:

- Start by cleaning doors, door handles, push plate and touched areas of frame.
- Check walls for visible soiling and clean if required.
- Check and remove fingerprints and soil from low level interior glass partitions, glass door panels, mirrors and windows with glass cleaner.
- Check curtains for visible soiling and replace, if required.

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- Clean all furnishings and surfaces in the room including chairs, window sill, television, telephone, computer keypads, over bed table etc.
- Wipe equipment on walls such as top of suction bottle, intercom as well as IV pole.
- Clean inside and outside of patient/ resident cupboard or locker.

10.4.4 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
- Inform supervisor for pest control if required.
- 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.
- · Allow mattress to dry.

10.4.5 Clean bathroom

10.4.6 Clean floors

10.5 Disposal

- Place soiled cloths in designated container for laundering.
- Place waste in colour coded bins as prescribed under BMW rules 1998.
- · Close waste bags and remove and add a clean bag.
- 11. Remove gloves and clean hands with ABHR; if hands are visibly soiled, wash with soap and water.
- 12. Remake bed
- 13. Return cleaned equipment (e.g., IV poles, walkers, commodes) to clean storage area if required

14. Mopping Floors using Dust Control Mop

Working from clean areas to dirty areas:

Remove debris from floor and dry any wet spots with paper towel.

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- · 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, to avoid spreading of dust
- Move furniture and replace after dust mopping, including under and behind bed
- Carefully dispose off debris, being careful not to stir up dust.
- Clean and wash the mop head once visibly soiled and once a week.

15. Mopping Floors using Wet Loop Mop and Bucket

Working from clean areas to dirty areas:

- Prepare fresh cleaning solution.
- · 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 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.

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

16. Low risk areas- Routine dry mopping and wet mopping procedures are followed. Cleaning is once a day.

16.1 Routine Washroom cleaning

Working from clean areas to dirty areas:

- Remove soiled linen from floor; wipe up any spills; remove waste.
- Clean door handle and frame, light switches.
- Clean inside and outside of sink, sink faucets and mirror; wipe plumbing under the sink; apply disinfectant to interior of sink; ensure sufficient contact time with disinfectant; rinse sink and dry fixtures.
- Clean all dispensers and frames.
- Clean shower, faucets, walls and railing, scrubbing as required to remove soap scum; apply disinfectant to interior surfaces of shower, including soap dish, faucets and shower head; ensure sufficient contact time for disinfectant; rinse and wipe dry; inspect and replace shower curtains monthly or as required.
- Clean bedpan support, entire toilet including handle and underside of flush rim; ensure sufficient contact time with disinfectant.

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- · Replenish waste bag.
- Report mould and cracked, leaking or damaged areas for repair to ward incharge.

16.2 Public/General Toilet cleaning procedure:

- The following procedures are followed in the toilet cleaning process.
- Rubber gloves should be worn during cleaning process
- Sanitizing solution should be prepared according to approved dilution ratio.
- The washbasin should be dampened and some detergent into should be squirted
- into the power pad and scrub thoroughly i.e. wash basin, taps.
- The toilet should be flushed and with the toilet brush about an inch of water should
- be pushed out.
- Toilet cleaner should be squirted into toilet bowl along the inside rim.
- The washbasin should be cleaned as per \ established methods.
- The toilet flush handle, the walls and the doors should be damp wiped with
- disinfectant solution and cleaning cloth.
- The toilet should be scrubbed using the toilet brush, taking particular care of the
- area under the rim, under the toilet seat, the water line and the U-bend.
- The toilet should be flushed and the toilet brush should be rinsed well as the toilet
- is flushing.
- · The toilet floor should be mopped with appropriate solution and with the coded
- mon
- Place the signboard at the entrance of the door.
- Wear the hand gloves.
- Flush the commode with toilet brush and push the water an inch. Spread the chemical towards the clockwise or anticlockwise direction inside the
- commode.
- Run the toilet brush inside the commode.
- Close the commode.
- Clean the mirror by the use of glass cleaner.
- Clean the entire fittings by the use of chemical.
- Clean the wash basin by appropriate chemical as per the procedure.
- Stain removal / Wall cleaning with appropriate chemical.

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- Toilet commode/flush tank/fittings/ manual scrubbing to be done.
- Flush the water to the commode and rinse the outer area.
- Corners and water outlet drain area manual scrubbing to be done.
- · Rinse the entire toilet.
- · Sanitize the entire floor by wet mopping.
- · Inspect the area.
- · Spray room freshener.
- Remove the signboard.
- Clean the tools and equipment and place it back at the assigned store.

17. Procedure for damp dusting

- Take a piece of clean cloth and dampen with clean water.
- Prepare cleaning solution according to the manufacturer's instructions, adding detergent to
- Using a damp cloth immerse in cleaning solution, wring out well, and fold as instructed by your supervisor.
- As necessary, rinse cloth in clean water, recharge with cleaning solution if appropriate and wring out until almost dry.
- To damp dust flat surfaces, clean corners and edges first using even strokes to cover the entire area
- Use the non-abrasive scouring pad to remove stubborn particles.
- When damp wiping is complete, wash and dry bucket.
- Return equipment to storage area.
- Remember cloths must be damp not wet and over use of chemical will leave marks.

18. Procedure for high dusting

- Remove the required furniture and inform the crowd about high dust cleaning
- · Take a high duster mop
- High dust everything above shoulder level or out of reach.
- · Clean in a vertical direction
- Clean the area for dropped debris
- Clean the duster and put it back to the storage area

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19. Procedure for machine scrubbing

- · Check what type of floor has been assigned, use the proper applicable brush for
- scrubbing.
- The cable and the plug should be checked to see they are not damaged.
- It should be ensured that the machine is disconnected from power point before
- filling with detergent.
- Depending on the job suitable scrubbing brushes should be attached.
- The tank should be filled with suitable detergent using the correct dilution rate.
- Where possible, furniture and equipment should be cleared to allow free access
- during scrubbing. However, the incharge should be consulted before unplugging any equipment.
- Caution signs should be placed in position.
- Area should be scrubbed in a side-to-side motion with a single brush machine and
- back and- forward motion with the assigned pad.
- A slight overlapping pass will be necessary to ensure that the entire floor is
- covered.
- Edges of the walls and any areas inaccessible to the machine should be scrubbed
- · manually with a hand brush.
- A clean cloth should be used to wipe any splashes on the lower part of the walls.

20. Equipment care

- When the job is complete the following routine should be carried out.
- Remaining detergent should be drained out from the tank.
- The tank should be cleaned well.
- The brushes should be removed, rinsed clean and allowed to dry.
- The entire machine should be suitably cleaned and damp wiped with a cloth.
- The squeegee blades and attachment should be washed and dried

21. Glass cleaning procedure

The following procedure is adopted in the glass cleaning process.

Equipment should be assembled and detergent solution should be prepared

according to manufacturer's recommendations.

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- The window washer should be dipped in the detergent solution and the glass
- cleaned from sides to top of the frame, then to the co-edges of pane and in a
- zigzag pattern, to the rest of the pane.
- Using the squeegee blades, the detergent should be removed from top to bottom
- in vertical strokes, wiping the edge of the squeegee blade with a damp cleaning
- cloth between each stroke.
- The corners and edges should be finished off by hand with a cleaning cloth.

22. Refrigeration cleaning

- The refrigerator should be cleaned once a week.
- After de-frosting the refrigerator, it should be damp dusted both inside and outside
- with an alkaline detergent, using approved dilution rates.
- Care should be taken to ensure that the cleaning is done in the groves of the
- · rubber lining on the doors.

23. Managing Spillage

Spills of blood and other body substances, such as urine, faeces, must be contained, cleaned and the area disinfected with 1% hypochlorite solution immediately.

24. Cleaning a Biological Spill

- Assemble materials required for dealing with the spill prior to putting on PPE.
- Inspect the area around the spill thoroughly for splatters or splashes.
- Restrict the activity around the spill until the area has been cleaned and disinfected and is completely dry.
- Put on gloves; if there is a possibility of splashing, wear a gown and facial protection (mask and eye protection or face shield).

Confine and contain the spill; wipe up any blood or body fluid spills immediately using either disposable towels or a product designed for this purpose.

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- Dispose off materials by placing them into regular waste receptacle, unless the soiled materials are so wet that blood can be squeezed out of them, in which case they must be segregated into the biomedical waste container (i.e., yellow bag).
- Disinfect the entire spill area with a hospital-grade disinfectant and allow it to stand for the amount of contact time recommended by the manufacturer.
- Wipe up the area again using disposable towels and discard into regular waste.
- Care must be taken to avoid splashing or generating aerosols during the clean up.
- Remove gloves and perform hand hygiene.
- Documentation of the spill activity by ward incharge.

25. Deep cleaning of clinical areas

When a deep clean of an area is undertaken it must follow this order:

- Deep cleaning staff must wear protective clothing i.e. gloves and mask
- Ensure all the disposable patient equipment has been removed.
- Ensure all movable equipment is removed, this must be deep cleaned in the presence of nursing staff.
- Remove curtains and place in the laundry bag. During an infected case, place the curtains separately in a yellow bag and send it to laundry straightaway
- Put curtain hooks in to soak.

Clean AC vents and light fittings.

Clean walls working from the highest point to the lowest point.

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- Clean curtain tracks.
- Clean bed frames, cot sides, soft foam mattress, bedside locker, bedside table, chairs, and any other bed head appliances.
- Clean hand wash basins.
- Clean door handles, lights and flooring.
- Dry sweep, wet mop and scrub floors.
- On completion of the deep clean remove PPE and put in waste bins and wash and dry hands thoroughly.
- Hang clean curtains provided from the laundry.

Workflow of cleaning as per schedule:

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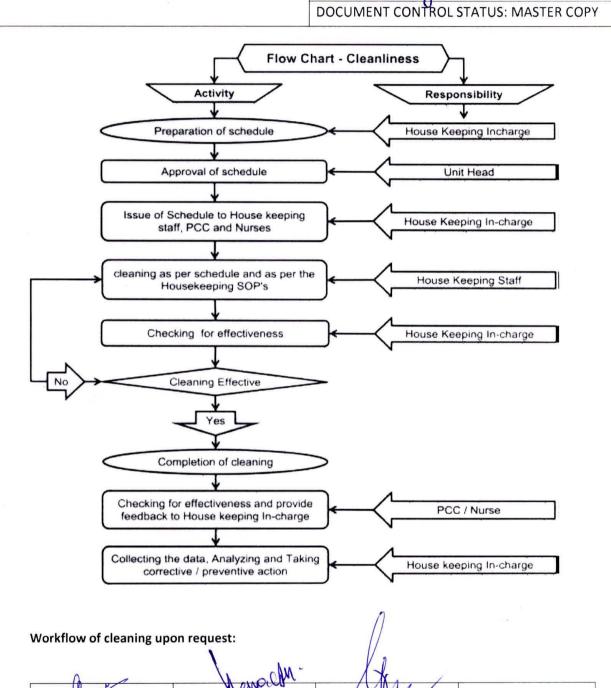
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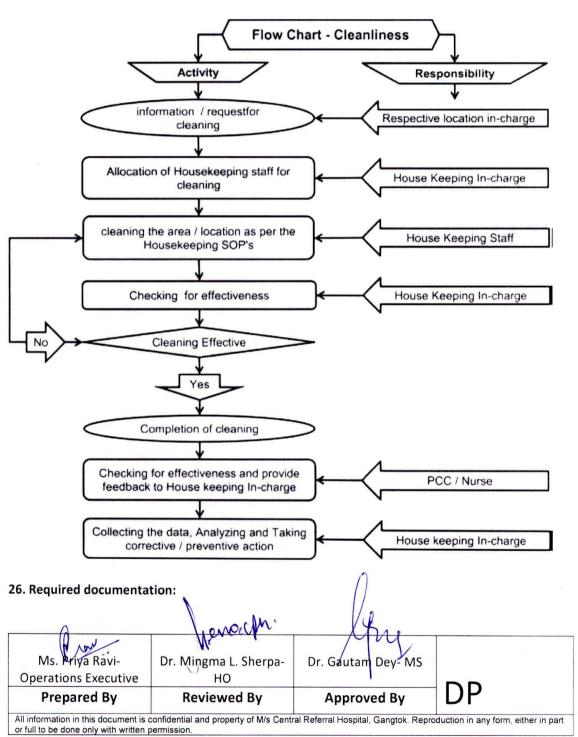
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- Feedback register (Daily)
- General toilets cleaning checklist (Daily & Monthly)
- Room cleaning checklist (Daily & Monthly)
- Patient washroom cleaning checklist (Daily) (2 hourly, thrice a day)
- Daily cleaning checklist (daily)
- Machine scrubbing checklist (monthly schedule)

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Format of Checklists for Private Wards 8 & 9

						C	ENTRA	L REFE	RRAL	HOSP	ITAL									
							Reg	ular cle	aning	chec	klist									
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Format for General Toilet Checklists

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CENTRAL REFERRAL HOSPITAL General Toilet cleaning checklist 3 -hourly Checked by Verified by 13:00 Date HK Supervisor HK Executive 01.09.16 02.09.16 03.09.16 04.09.16 05.09.16 06.09.16 07.09.16 08.09.16 09.09.16 10.09.16 11.09.16 12.09.16 13 09 16 14.09.16 15.09.16 16.09.16

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Format for Supervisor's Checklist 1

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	Dry	Date:	1	Dustbin	Door	1
	mopping	mopping	Dusting	emptying	Dusting	Incharge's sign
MS Office						
Admin Office:						
Purchase						
Operations						
Finance						
HR						
Level 3 Operations office 1						
Level 3 Operations office 2						
Pharmacy office						
Marketing office1						
Marketing office2						
Help desk						
Executive lounge						
Biochemistry						
Pathology						
BME office						
CSSD	·					
Eye OPD						
Gynaec OPD						
Derma OPD						
Surgery OPD						
Pediatric OPD						
Dental OPD						
ENT OPD						
Ortho OPD						
Pediatric OPD						
Pediatric Surgery OPD						
Neuro OPD						
Cardiac OPD						
Gastro OPD						
Medicine OPD						
Psychiatry OPD						
Superspecialty reception						
MRD						
Billing						

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Pharmacy Bulk store			
General store			
Level 2 corridors			
Level 1 corridors			
Radiology			
Physiotherapy			
OP Pharmacy	×		
IP Pharmacy			
Emergency			
NS office			
Dietician's office			
Level 9 Waiting Area			
IT Server Room			
Supervisor's sign:			

PAGE NO:

Format for Supervisor's Checklist 2

Ward/Unit cleaning checklist-Frequency 3 Incharge's 2:30 pm-3:30 Incharge's 6:30 pm -7:30 Incharge's 8 am-10 am sign pm sign pm sign Departments Level 3 Lobby Central lab lobby Level 3 ramp Level 4 AB lobby Level 4 CD Lobby Level 4 ramp Level 5 Admin office corridor Physiotherapy corridor Pathology corridor Level 5 ramp Level 6 corridor Level 6 waiting area OBG ward Pediatric ward NICU PICU MICU SICU

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OT corridor			
ОТ			r
OBG/Pedia corridor			
MICU/SICU corridor			1
Level 6 ramp			
Level 7 waiting area			
Level 7 corridor			
MMW			
FMW			
FSW			
MSW			
Level 7 ramp			
Level 8 corridor			
Level 8 private wards			
Level 8 ramp			
Level 9 corridor			1
Level 9 Private wards			
Isolation			
Medicine unit 3			
Supervisor's sign:			

References:

- National Guidelines for Clean Hospitals, Kaya Kalp, Ministry of Health and Family Welfare, Govt. of India
- Best Practices for Environmental Cleaning for Prevention and Control of Infections, Provincial Infectious Diseases Advisory Committee (PIDAC)

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