

The Village Residence

POLICY NO:

Date reviewed

August 2020,
Revised
September 2023

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Guidelines on Hygiene and Cleaning The Village Residence

Guidelines on Hygiene and Cleaning The Village Residence

**Developed by: Director of Nursing
Office**

**Date Developed: August 2020, Revised
September 2023**

Developed By: Nursing Department.

Date Approved: August 2020, Sept 2023

**Implementation Date: August 2020,
Revised September 2023**

Review Date: October 2024.

**Policy Reference Number: HIQA
Schedule 5 Health and Safety Hygiene
and Cleaning**

No. of Pages: 27

Status of the Policy: Final

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Cleaning Guidelines for The Village Residence.

At an operational level the Person in Charge, Michael McCaul should ensure that each staff member with responsibility for hygiene and cleaning has the right level of training, the appropriate equipment, knows what needs cleaning and how often and is properly supervised to ensure that things are done correctly in accordance with the standard as laid down. It should also be documented as to who has responsibility for cleaning for every item requiring cleaning in this Centre.

This document will highlight the responsibilities of hygiene staff, the cleaning schedules for the centre, the daily schedule of what needs to be cleaned and the responsible persons responsible for cleaning various items.

Cleaning services staff members are one part of a wider team who have responsibility for cleanliness. Staff who carry out cleaning services are often multidisciplinary, and are members of the overall team that has responsibility for cleanliness.

Whilst this manual is aimed more at staff with responsibility for cleaning services it is worth noting that cleaning is everyone's responsibility.

The use of these guidelines will help staff provide the following benefits for the centre and residents, staff and visitors because its focus is about how to ensure that things are done properly, and consistently.

- **A clean, comfortable and safe environment for residents, visitors, staff and members of the general public;**
- **Increased resident confidence in the centre in relation to environmental hygiene and the organisational commitment to reduce the incidence of healthcare associated infection;**
- **The opportunity to improve cleanliness standards**

Ensure that transmissible infections do not re emerge through an unclean environment.

Trasmission based infections

What are the symptoms?

The most common symptoms of transmission based infections in older people are fever, tiredness, and dry cough. Some people may have aches and pains, nasal congestion, runny nose, or sore throat. These symptoms are usually mild and begin gradually. Other residents may present with urinary tract infections and some may have symptoms of vomiting and diahorrea

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Symptoms of Respiratory Infectionscoronavirus

- ☑ a fever (high temperature - 38 degrees Celsius or above)
- ☑ a cough - this can be any kind of cough, not just dry.
- ☑ shortness of breath or breathing difficulties.
- ☑ loss or change to your sense of smell or taste – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal.

Reported symptoms for older people.

Dry Cough

Fever which is often absent in older people

Shortness of breath

Sputum production

Fatigue

Loss of appetite

Unexplained changes from what the person is normally like

May have a sore throat

Headache

Pains

Chills

Nausea and vomiting

Nasal congestion

Diarrhoea

Coughing up blood

Red eyes.

You can get respiratory viruses that cause sickness if you come into close contact with someone who has the virus. It is spread through droplets that come from your nose and mouth. For example, from someone who is talking loud, singing, shouting, coughing or sneezing.

Transmission of transmission based viruses that cause illness can occur through direct, indirect, or close contact with infected people through infected secretions such as saliva and respiratory

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secretions or their respiratory droplets, which are expelled when an infected person coughs, sneezes, talks or sings. Respiratory droplets are $>5\text{-}10\text{ }\mu\text{m}$ in diameter whereas droplets $<5\mu\text{m}$ in diameter are referred to as droplet nuclei or aerosols. Respiratory droplet transmission can occur when a person is in close contact (within 1 metre) with an infected person who has respiratory symptoms (e.g. coughing or sneezing) or who is talking or singing; in these circumstances, respiratory droplets that include virus can reach the mouth, nose or eyes of a susceptible person and can result in infection. Indirect contact transmission involving contact of a susceptible host with a contaminated object or surface.

Fomite transmission

Respiratory secretions or droplets expelled by infected individuals can contaminate surfaces and objects, creating fomites (contaminated surfaces). Viable influenza viruses and/or RNA can be found on those surfaces for periods ranging from hours to days, depending on the ambient environment (including temperature and humidity) and the type of surface, in particular at high concentration in health care facilities where infected residents were being treated. Therefore, transmission may also occur indirectly through touching surfaces in the immediate environment or objects contaminated with virus from an infected person (e.g. stethoscope or thermometer), followed by touching the mouth, nose, or eyes.

It is reported that COVID 19 virus survives in the absence of cleaning on

Plastic for up to 72 hours

Stainless steel for up to 48 hours

Copper for up to 8 hours.

Implications for preventing transmission from a hygiene perspective.

Understanding how, when and in which settings infected people transmit bacteria, viruses and fungi that cause disease is important for developing and implementing control measures to break chains of transmission. While there is a great deal of scientific studies becoming available, all studies that investigate transmission should be interpreted bearing in mind the context and settings in which they took place, including the infection prevention interventions in place.

Within health care facilities, including long term care facilities, based on the evidence and the advice it is recommended to control droplet and contact precautions when caring for older people with respiratory infections, and airborne precautions when and where aerosol generating procedures are performed such as a resident receiving a nebuliser.

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All hygiene cleaning staff must at all times continue to practice frequent hand hygiene, physical distancing from others when possible, and respiratory etiquette; and ensure good environmental ventilation in all closed settings and appropriate environmental cleaning and disinfection.

Environmental cleaning and disinfection principles for infections.

Routine environmental cleaning

Cleaning is an essential part of disinfection. Organic matter can inactivate many disinfectants.

Cleaning reduces the soil load, allowing the disinfectant to work.

Removal of germs such as the virus that causes transmission infections requires thorough cleaning followed by disinfection.

The length of time that SARS-COV-2 and influenza viruses survives on inanimate surfaces will vary depending on factors such as the amount of contaminated body fluid – such as respiratory droplets – present and environmental temperature and humidity.

In general, influenza viruses are unlikely to survive for long once droplets produced by coughing or sneezing dry out. It is good practice to routinely clean surfaces as follows:

- ☐ Clean frequently touched surfaces with detergent solution (see diagram below).
- ☐ Clean general surfaces and fittings when visibly soiled and immediately after any spillage

Routine environmental cleaning requirements can be divided into two groups 1

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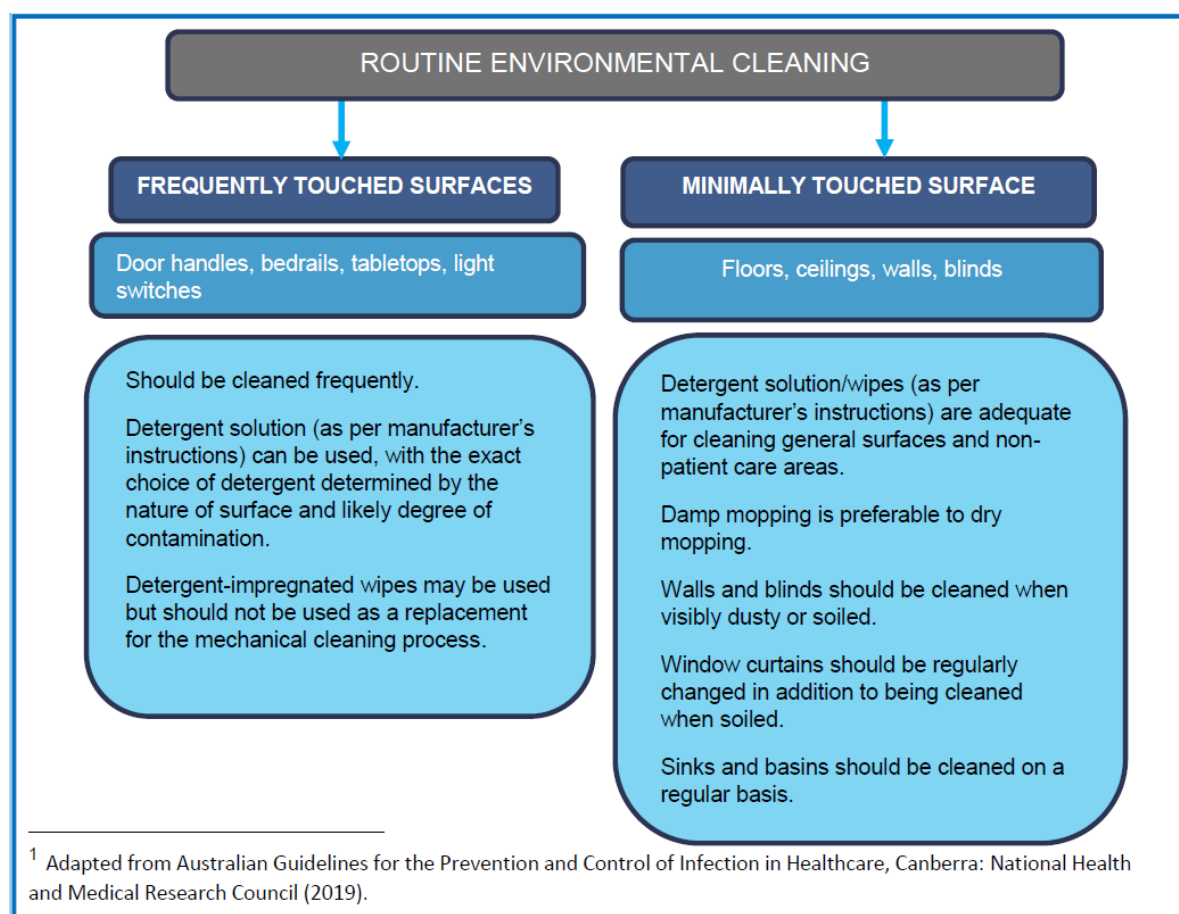
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Environmental cleaning and disinfecting principles – Version 1 (10/03/2020)
Coronavirus disease (COVID-19)

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INFECTION CONTROL

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Hand Hygiene.

Soap and water should be used for hand hygiene when hands are visibly soiled and alcohol-based hand rub at other times (e.g. when hands have been contaminated from contact with environmental surfaces). Cleaning hands also helps to reduce environmental contamination.

Information for cleaning hygiene staff.

The risk when cleaning is not the same as the risk when face to face with a sick resident who may be coughing or sneezing.

Hygiene staff should avoid touching their face, especially their mouth, nose, and eyes when cleaning.

Hygiene staff should wear impermeable disposable gloves and a surgical mask plus eye protection if in the room of a resident who is infected.

Hygiene staff must use alcohol based hand rub before putting on and after removing gloves.

Alcohol based hand rub should also be used before and after removing the surgical mask and eye protection.

The surgical mask and eye protection act as barriers to people inadvertently touching their face with contaminated hands and fingers, whether gloved or not.

The disinfectant used in this centre is MILTON which is known to kill the virus.

If there is visible contamination with respiratory secretions or other body fluid, the hygiene staff should wear a full length disposable gown in addition to the surgical mask, eye protection and gloves.

Hygiene staff should seek advice from nursing staff when in doubt.

Use of Disinfection.

Use freshly made MILTON solution and follow Safety Data sheets for appropriate dilution rates.

Clean the area with a detergent solution and re wipe the area with a Milton solution using disposable cloth

When completed, dispose of gloves and mask in a leak proof plastic bag.

Wash hands well using soap and water and dry with disposable paper or single use cloth towel.

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Preparation of disinfectant solution

Gloves should be worn when handling and preparing any bleach solutions including MILTON.

Protective eye wear should be worn in case of splashing.

MILTON solution should be made up daily.

Hygiene staff may be asked to prepare bus or private transport for outings or day trips.

Social contact environments

Social contact environments include (but are not limited to), transport vehicles, shopping centres and private businesses.

The risk of transmission of INFECTIONS in the social and non-health care work settings can be minimised through a good standard of general hygiene. This includes:

- ☐ Promoting cough etiquette and respiratory hygiene whilst in car.
- ☐ Routine cleaning of frequently touched hard surfaces with detergent/disinfectant solution/wipe in car or bus.
- ☐ Providing adequate alcohol-based hand rub for staff and residents to use whilst on day trip to use.

Alcohol-based hand rub stations should be available, especially in areas where food is on display and frequent touching of produce occurs.

- ☐ Training relatives on use of alcohol-based hand rub.

Vehicle air-conditioning should be set to fresh air .

As well as cleaning schedules, the following principles apply:

Visitor areas

- ☐ Clean and disinfect frequently touched surfaces with detergent and disinfectant wipe/solution between each episode of patient care (according to normal infection prevention and control practice).
- ☐ Take care to clean/disinfect surfaces in areas that residents have directly in contact with or have been exposed to respiratory droplets.

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- ☐ Gross contamination of an area following a resident may require a terminal clean (see below).
- ☐ Always Comply with '5 Moments' of hand hygiene.

Staff Dining Facilities.

- ☐ Perform routine cleaning of frequently touched surfaces with detergent/disinfectant solution/wipe at least daily or when visibly dirty.
- ☐ Floors should be cleaned using a detergent solution

Resident care areas

- ☐ Clean and disinfect frequently touched surfaces with detergent and disinfectant wipe/solution at least daily or more frequently in high intensity (e.g. bedrooms and sitting rooms and dining areas. or high traffic areas,
- ☐ Clean and disinfect equipment after each use (as per normal infection prevention and control practice).
- ☐ Clean and disinfect surfaces that have been in direct contact with or exposed to respiratory droplets between each resident episode.

Comply with '5 Moments' of hand hygiene.

Terminal cleaning

Terminal cleaning is a complete and enhanced cleaning procedure that decontaminates an area following discharge or transfer of a resident with an infectious/communicable disease, sometimes also referred to as an 'infectious clean'. Terminal cleaning requires both thorough cleaning and disinfection for environmental decontamination.

Cleaning should be followed by or combined with a disinfectant process (see 2-step clean and 2- in-1 step clean below).

Ensure room is prepared prior to cleaning, remove medical equipment and resident used items.

- ☐ Change bed screens and curtains (including disposable curtains/screens) that are soiled or contaminated
- ☐ Damp dust all surfaces, furniture and fittings
- ☐ Clean windows, sills and frames

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- ☐ Clean all surfaces of bed and mattress
- ☐ Mop floor
- ☐ Clean all cleaning equipment and return it to the cleaners' room or storage area, discard any waste
- ☐ Perform hand hygiene

2-step clean Physical cleaning with detergent followed by disinfection with a TGA-listed hospital-grade disinfectant with activity against viruses (according to label/product information) or a chlorine-based product such as sodium hypochlorite.

2-in-1 clean A physical clean using a combined detergent and TGA-listed hospital-grade disinfectant with activity against viruses (according to label/product information) or a chlorine-based product such as sodium hypochlorite, where indicated for use i.e. a combined detergent/disinfectant wipe or solution.

Cleaning and Terminal Cleaning When managing residents suspected/confirmed with COVID-19 Flow Chart.

Resident bedrooms sitting rooms
and dining rooms and visitor
rooms

Clean on a daily basis as per
cleaning schedule
Clean frequently touched
environment with combined
detergent/disinfectant

Resident investigated/ assessed/
confirmed COVID-19

Aerosol Generating
Procedure
Performed
(Nebulisers)
OR Gross
Environmental
Contamination

TERMINAL CLEAN

How can we help prevent the spread of INFECTION?

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How can we help prevent the spread of Infections?

Practising good hand and sneeze/cough hygiene is the best defence against most viruses. You should:

- ☐ wash your hands frequently with soap and water, before and after eating, and after going to the toilet
- ☐ cover your cough and sneeze, dispose of tissues, and use alcohol-based hand sanitiser, and
- ☐ if unwell, avoid contact with others (touching, kissing, hugging, and other intimate contact).

Do not come into work if you have symptoms.

As a care professionals make yourself aware of the symptoms of respiratory infections.

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Part 2.

CLEANING METHOD STATEMENT

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Definitions of Terms;

Cleaning;

Is the physical or mechanical removal of dirt, debris, and organic matter usually done using detergent and water. It removes microorganisms but does not kill them. It is essential that cleaning is done before disinfection, as disinfectants will not work if the surface is not clean.

Decontamination;

Decontamination is a process which removes or destroys contamination and thereby prevents micro-organisms or other contaminants reaching a susceptible site in sufficient quantities to initiate infection or any other harmful response. It is comprised of two processes in this service cleaning and disinfection.

Disinfection;

It is where harmful microorganisms are reduced or eliminated from objects or surfaces.

Contact time;

A disinfectant will need time in contact with a surface to allow it to work. Different disinfectant products have different contact times for bacteria , viruses, spores, or fungus. The surface should remain wet long enough for the disinfectant to kill the microorganisms.

Cross contamination (Transference);

This happens when cleaning solutions become contaminated when same cloth or mop is dipped in several times. Or the same cloth is used in several patient areas. It means that microorganisms can be transfer or carried from one surface or area to another.

Method of cleaning

When cleaning a room or area, work from

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Top to bottom that means high areas first. Floor should be last to be cleaned .

Clean to dirty; that means that toilets/ bathroom is cleaned last.

Cleaning action; floors or large flat surfaces are cleaned using a “S” shape motion starting at the further point in the room .

Frequent touch surfaces;

These are surfaces that are frequently touched by people hands, these areas need to be clean more frequently. Examples keypads, door handles, push plates of doors, light switches, grab rails, taps, dispensers, toilet flush handles.

To avoid cross contamination;

When cleaning a floor or surface using a mop and bucket or cloth and bucket. Do not double dip cloth or mop into bucket containing cleaning solution. One cloth for each patient area.

When using disposable cleaning wipes or disinfectant wipes . ONE WIPE ONE SURFACE. Using one wipe at a time means that it covers the optimal surface area and delivers the correct amount of detergent/disinfectant on the area being cleaned / disinfected. It is also more cost effective. Dispose of same once soiled and between different surfaces. (NHS cleaning standards 2019).

Infection prevention and control measures

a) Colour Coding

The aim of a colour coding system is to prevent cross contamination. The National Hospitals Office has included a proposed system in this manual.

This colour code system is used for cloths , mop heads, mops, mop buckets, flat mop heads and handles.



RED

Signifies all cloths and equipment for use in bathroom and toilet areas, for all sanitary appliances
And the
Bathroom and toilet floor.

It is essential that two colours be used in the Bathroom /toilet area.



Yellow Is the nominated colour for infectious rooms (isolation rooms).

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Green is the colour for all cloths and equipment for all General areas including ward areas, departmental Areas, office areas, public areas etc.

Blue Is the colour for all kitchen. Ward level or the main kitchen. (HSE cleaning manual-acute hospital 2006).



HAND HYGIENE

Hand hygiene is the most effective measure to prevent the spread of health care-associated infections. Hand hygiene must be practised:

- ☐ Before initial resident/resident environment contact (e.g., before coming into the resident room or bed space).
- ☐ After potential body fluid exposure (e.g., after cleaning bathroom or handling waste, emptying bins).
- ☐ After resident environment contact (e.g., after cleaning resident room; after cleaning equipment, after changing mop heads)

Gloves must be removed and hand hygiene performed upon leaving each resident room or bed space. WASH HANDS AFTER REMOVING GLOVES

Gloves must not be worn when walking from room to room, from bed space to bed space, or in other areas of the health care facility. (PIDAC 2018).

Where to start

Working from clean areas to dirty areas.

See cleaning schedule on each area. Also remember to work from top to bottom that means higher surfaces first.

Wash hands before and after each area.

Meadowview Household

1. Main corridor, starting at resident dining room door.
2. Ensure all duties that are twice daily are done in morning and evening such as frequently touch areas keypads, handrails, door handles, alcohol hand gel, soap dispensers.

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3. Resident sitting room.
4. Staff work hub desk/office
5. Information hall area
6. Staff changing room and dining room (toilets last).
7. Residents bedrooms and ensuite bathrooms, (BATHROOM LAST).
8. All other bathrooms/toilets
9. Bins emptied twice daily
10. Corridor between households
11. Clinical store room
12. Laundry room
13. Utility room
14. Hygiene/Cleaner's room.

Sunnyside Household

1. Treatment room
2. Ensure all duties that are twice daily are done in morning and evening such as frequently touch areas keypads, handrails, door handles, alcohol hand gel dispensers and soap dispensers.
3. Main Household corridor
4. Resident sitting room.
5. Staff work area desk/office
6. Staff dining room
7. Residents bedrooms and ensuite bathrooms (BATHROOM LAST)
8. Isolation rooms last .
9. All other bathrooms/toilets
10. Bins emptied twice daily.

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11. Corridor between wards
12. Clinical store room
13. Sluice room
14. Cleaner's room

Butterfly Cottage

- 1.The Galley Resident sitting room, Kitchenette, dining area and kitchen store room, Homemaker.
- 2.Bathroom
- 3.The Snug
- 4.4 bedroom corridor
- 5.6 bedroom corridor
- 6.Staff work hub desk/office
- 7.Residents bedrooms and ensuite bathrooms, (BATHROOM LAST).
- 8.All other bathrooms/toilets
- 9.Bins emptied twice daily
10. Corridor between households
11. Utility room
12. Hygiene/Cleaner's room.

Red Robin Cottage

- 1.The Galley Resident sitting room, Kitchenette, dining area and kitchen store room, Homemaker.
- 2.Bathroom
- 3.The Snug
- 4.4 bedroom corridor
- 5.6 bedroom corridor
- 6.Staff work hub desk/office

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7. Residents bedrooms and ensuite bathrooms, (BATHROOM LAST).

8. All other bathrooms/toilets

9. Bins emptied twice daily

10. Corridor between households

11. Utility room

12. Hygiene/Cleaner's room.

Forget me Not Cottage

1. The Galley Resident sitting room, Kitchenette, dining area and kitchen store room, Homemaker.

2. Bathroom

3. The Snug

4. 4 bedroom corridor

5. 6 bedroom corridor

6. Staff work hub desk/office

7. Residents bedrooms and ensuite bathrooms, (BATHROOM LAST).

8. All other bathrooms/toilets

9. Bins emptied twice daily

10. Corridor between households

11. Utility room

12. Hygiene/Cleaner's room.

Examples of frequently touch areas.

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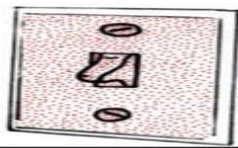
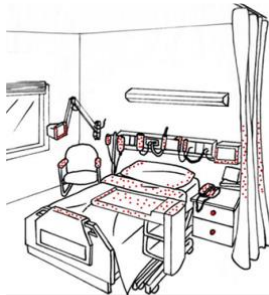
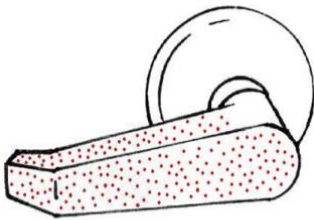
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Wheelchair



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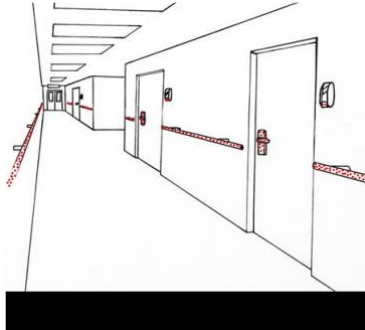
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(PIDAC 2018).

Recommend routine cleaning frequencies

Level of Risk

Risk rating	Settings
Very high risk	Outbreak in high-risk area.
High risk	Intensive care unit, high dependency unit, burns unit, renal units, operating suite, emergency departments.
Significant risk	General wards.
Low risk	Rehabilitation, long-term care, primary care, office-based, homecare services.

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Element	Very high risk	High risk	Significant risk	Low risk	Method
Alcohol based hand rub dispenser, bedside	Clean daily.	Clean daily.	Clean daily.	Clean weekly.	Detergent.
Alcohol based hand rub dispenser, not in Patient/treatment rooms	Clean daily.	Clean daily.	Clean daily.	Clean weekly.	Detergent.
Bath	Clean daily and spot/ check clean once daily. If used by more than one person must be cleaned after each use.	Clean daily and spot/check clean once daily. If used by more than one person must be cleaned after each use..	Clean daily and spot/check clean once daily. If used by more than one person must be cleaned after each use.	Clean daily and spot/check clean once daily. If used by more than one person must be cleaned after each use.	Detergent. Detergent plus disinfectant for MDRO and specific infections.

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Element	Very high risk	High risk	Significant risk	Low risk	Method
Bed	Clean frame daily. Clean underneath weekly. Clean whole on discharge.	Clean frame daily. Clean underneath weekly. Clean whole on discharge.	Clean frame daily. Clean underneath weekly. Clean whole on discharge.	Clean frame weekly and when visibly soiled. Clean whole on discharge.	Detergent. Detergent plus disinfectant for MDRO and specific infections.
Bedrails	Clean twice daily and after discharge.	Clean twice daily and after discharge.	Clean twice daily and after discharge.	Clean daily and after discharge.	Detergent. Detergent plus disinfectant for MDRO and specific infections.
Bedside table	Clean twice daily and after use.	Clean twice daily and after use.	Clean daily.	Clean weekly and when visibly soiled.	Detergent. Detergent plus disinfectant for MDRO and specific infections.
Bidet	Clean three times daily and after each patient use.	Clean three times daily and after each patient use.	Clean daily assuming single person use.	Clean daily assuming single person use.	Detergent and disinfectant.
Blood pressure cuff (note disposable cuffs may be preferred in some settings)	Clean after each patient use if used on multiple patients. If dedicated to one patient clean daily and after discharge.	Clean after each patient use if used on multiple patients. If dedicated to one patient clean daily and after discharge.	Clean after each patient use if used on multiple patients. If dedicated to one patient clean daily and after discharge.	Clean after each patient use if used on multiple patients. If dedicated to one patient clean daily and after discharge.	Detergent. Detergent plus disinfectant for MDRO and specific infections. Note: if a disposable sleeve or other barrier is used between the cuff and skin this reduces the requirement for cleaning.
Call bell	Clean Daily. Clean after discharge.	Clean Daily. Clean after discharge.	Clean Daily. Clean after discharge.	Clean Daily. Clean after discharge.	Detergent. Detergent plus disinfectant for MDRO and specific infections.

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Element	Very high risk	High risk	Significant risk	Low risk	Method
Carpet (soft floor) (should generally be avoided in clinical areas but may be appropriate in special areas within clinical facilities for family /bereavement rooms)	Vacuum clean twice daily. Steam clean 6-monthly.	Vacuum clean daily. Steam clean 6-monthly.	Vacuum clean daily. Steam clean annually.	Vacuum clean weekly. More frequent cleaning may be required in high use communal areas. Steam clean annually.	Vacuum with high efficiency particulate air filter. Steam clean (or shampoo).
Catheter stand/ bracket	Clean daily and after use.	Clean daily and after use.	Clean before initial use, after use and weekly.	Clean before initial use, after use and weekly.	Detergent. Detergent plus disinfectant for MDRO and specific infections.
Ceiling	Spot clean daily and wash yearly.	Spot clean daily and wash yearly.	Spot clean weekly and wash yearly.	Spot clean monthly and wash every 3 years.	Detergent/ Damp dust.
Chair	Clean twice daily.	Clean twice daily.	Clean daily.	Clean weekly.	Detergent. Detergent plus disinfectant for MDRO and specific infections.
Chair, dental and surrounds	N/A	N/A	N/A	Clean daily and between patient use.	Detergent. Detergent plus disinfectant for MDRO and specific infections.
Cleaning equipment	Clean after use.	Clean after use.	Clean after use.	Clean after use.	Detergent. Detergent plus disinfectant for MDRO and specific infections.
Clipboard	Clean daily and between patient use.	Clean daily and between patient use.	Clean daily and between patient use.	Clean weekly.	Detergent. Detergent plus disinfectant for MDRO and specific infections.

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Commode	Clean contact points after use. Clean whole daily.	Clean contact points after use. Clean whole daily.	Clean contact points after use. Clean whole daily.	Clean contact points after use. Clean whole weekly.	Detergent. Detergent plus disinfectant for MDRO and specific infections.
Computer and keyboard; used and/or located in close proximity to patient for example patient bay or room	Clean twice daily and anytime when visibly soiled.	Clean twice daily and anytime when visibly soiled.	Clean daily and anytime when visibly soiled.	Clean daily and anytime when visibly soiled.	Manufacturers recommendations. Install keyboard covers or washable keyboards where feasible. Detergent. Detergent plus disinfectant for MDRO and specific infections.
Computer & keyboard; general ward use, non-mobile, located outside patient area	Clean twice daily and anytime when visibly soiled. Clean between patients. Clean after discharge.	Clean daily and anytime when visibly soiled. Clean between patients. Clean after discharge.	Clean daily and anytime when visibly soiled. Clean between patients. Clean after discharge.	Clean weekly and anytime when visibly soiled. Clean between patients. Clean after discharge.	Manufacturers recommendations. Install keyboard covers or washable keyboards. Detergent. Detergent plus disinfectant for MDRO and specific infections.
Curtains and blinds	Bed curtains – change or clean weekly and upon discharge. Patient with MDRO or other infectious disease – change bed curtains or clean upon discharge.	Bed curtains – change or clean monthly. Patient with MDRO change bed curtains or clean upon discharge.	Bed curtains – change or clean biannually. Patient with MDRO change bed curtains or clean upon discharge.	Bed curtains – change or clean biannually. Patient with MDRO change bed curtains or clean upon discharge.	Replace with laundered curtains. Blinds can generally be steam cleaned. Follow manufacturers recommendations.
Door knob/handle general	Clean twice daily.	Clean daily.	Clean daily.	Clean weekly.	Detergent.

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Element	Very high risk	High risk	Significant risk	Low risk	Method
Door knob/handle patient room	Clean twice daily.	Clean daily.	Clean daily.	Clean daily.	Detergent. Detergent plus disinfectant for MDRO and specific infections.
Drip/ intravenous stands	Clean daily and after use.	Clean daily and after use.	Clean before initial use, after use and weekly.	Clean before initial use, after use and weekly.	Detergent. Detergent plus disinfectant for MDRO and specific infections.
Floor, non-slip	Damp mop twice daily.	Damp mop twice daily.	Damp mop daily.	Damp mop daily.	Detergent. Detergent plus disinfectant for MDRO and specific infections.
Floor, polished	Dust removal and clean twice daily.	Dust removal and clean daily.	Dust removal and clean daily.	Dust removal and clean weekly.	Detergent for routine. Consider electrostatic mops. Detergent and disinfectant for MDRO and specific infections.
Fridges	Weekly and defrost as required. Three times daily spot check-clean when necessary.	Weekly and defrost as required. Daily spot check-clean when necessary.	Monthly defrost as required. Daily spot check-clean when necessary.	Monthly defrost as required. Daily spot check-clean when necessary.	Detergent.
Fridge (drug)	Clean weekly.	Clean weekly.	Clean weekly.	Clean weekly.	Detergent.
Glazing, internal (including partitions)	Spot clean daily and full clean weekly.	Spot clean daily and full clean weekly.	Spot clean daily and full clean weekly.	Clean weekly.	Detergent. Detergent plus disinfectant for MDRO and specific infections.

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Element	Very high risk	High risk	Significant risk	Low risk	Method
Oxygen equipment	Clean daily and after use.	Clean daily and after use.	Clean monthly and after discharge and before initial use.	Clean monthly and after discharge and before initial use.	Detergent. Detergent plus disinfectant for MDRO and specific infections.
Patient slide/board	Clean daily and after use.	Clean daily and after use.	Clean monthly and after use.	Clean monthly and after use.	Detergent. Detergent plus disinfectant for MDRO.
Pillow (waterproof cover)	Clean when visibly soiled/ bodily substances and after discharge.	Clean when visibly soiled/ bodily substances and after discharge.	Clean when visibly soiled/ bodily substances and after discharge.	Clean when visibly soiled/ bodily substances and after discharge.	Detergent. Detergent plus disinfectant for MDRO and specific infections. Note: monthly check of pillow cover for integrity and inside the cover for soiling.
Sharps container trolley	Clean daily.	Clean twice weekly.	Clean weekly.	Clean weekly.	Detergent. Detergent plus disinfectant for MDRO and specific infections if taken into patient zone.
Shower – In addition to cleaning there should be a daily check that water is draining freely with no pooling or backflow	Clean daily and one spot check clean daily. If used by more than one person clean after each use.	Clean daily and one spot check clean daily. If used by more than one person clean after each use.	Clean daily. If used by more than one person clean after each use.	Clean daily. If used by more than one person clean after each use.	Detergent. Detergent plus disinfectant for MDRO and specific infections.
Sink (hand washing) – in addition to cleaning there should be a daily check that water is draining freely with no pooling or backflow	Clean twice daily and after use.	Clean twice daily and after use.	Clean daily and after use.	Clean daily.	Detergent. Detergent plus disinfectant for MDRO and specific infections.

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Element	Very high risk	High risk	Significant risk	Low risk	Method
Stethoscope – surfaces in contact with skin	Clean after each patient use if used on multiple patients. If dedicated to one patient clean daily and after discharge.	Clean after each patient use if used on multiple patients. If dedicated to one patient clean daily and after discharge.	Clean after each patient use if used on multiple patients. If dedicated to one patient clean daily and after discharge.	Clean after each patient use if used on multiple patients. If dedicated to one patient clean daily and after discharge.	Detergent. Detergent plus disinfectant for MDRO and specific infections.
Surfaces (general horizontal) in patient room such as ledges	Clean twice daily and spot clean after use.	Clean twice daily and spot clean after use.	Clean daily and after discharge.	Clean weekly and after discharge.	Detergent. Detergent plus disinfectant for MDRO and specific infections.
Telephone	Clean daily.	Clean daily.	Clean daily.	Clean weekly.	Detergent. Detergent plus disinfectant for MDRO and specific infections if taken into patient zone.
Toilet	Clean twice daily and spot clean after use.	Clean twice daily and spot clean after use.	Clean daily and spot clean after use.	Clean daily and spot clean after use.	Detergent and disinfectant.
Toilet seat, raised	Clean twice daily and spot clean after use.	Clean twice daily and spot clean after use.	Clean daily and spot clean after use.	Clean daily.	Detergent for routine. Detergent plus disinfectant for MDRO and specific infections.
Trolley, dressing	Clean utilised surfaces before and after use. Clean whole trolley weekly.	Clean utilised surfaces before and after use. Clean whole trolley weekly.	Clean utilised surfaces before and after use. Clean whole trolley weekly.	Clean utilised surfaces before and after use. Clean whole trolley weekly.	Detergent. Detergent plus disinfectant for MDRO and specific infections.
Trolley, linen	Clean contact points daily. Clean whole trolley weekly.	Clean contact points daily. Clean whole trolley weekly.	Clean contact points daily. Clean whole trolley weekly.	Clean contact points weekly. Clean whole trolley monthly.	Detergent. Detergent plus disinfectant for MDRO and specific infections.

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Cleaning Products used

Teepol

Multipurpose cleaner

Milton;

Needs to be made up daily not effective for use after 24hrs, in a spray bottle label stating what it is and date of when it was made. This is used for disinfecting frequently touched surfaces during an infection outbreak (Coronavirus).

1. USE GLOVES to protect your skin as the solution might be irritating
2. CLEAN. Wash surfaces in warm soapy water.

PREPARE SOLUTION. Milton Sterilising Fluid and Tablets:

- Fluid dilution : Use 2 capfuls (60 mL) in 1L of cold water
 - Tablets dilution : Use 2 tablets in 1L of cold water
 - Contact time on surfaces and by submerging > 15 minutes
3. WIPE SURFACES and wait for 15 minutes.
 4. RINSE with clean water as this concentrated solution might damage surfaces. (Milton-tm.com/en/consumer/covid-19-guidelines).

Trionic D 2in 1 spray;

2 in 1 cleaning and disinfection spray, effective against bacteria, fungi, and virus. Contact time 1-5 mins. It is effective in remove biofilms. As per company it is used in cleaning medical devices. medtradex.com ›

Cleanline Cream cleaner;

Cleanline Cream Cleaner has a non-scratch formula that cleans and deodorises a wide range of surfaces. Effective at removing stubborn marks, burnt on food, tough grease and soap scum. Ideal for ceramic, enamel, plastic and stainless steel. . <https://www.bunzlchs.com/>

Used on wards for cleaning sinks.

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Ecolab neutral indur top;

Neutral floor cleaner.

Titan chor plus tablets;

Chlorine based tablets containing detergent to clean and sanitise surfaces. Cleans and disinfects in one step, one tablet dissolves in 1L of water to create 1000ppm available chlorine. Soluble in warm and cold water. EN13704, EN1650, EN1276. It is effective against virus, bacteria, spores, yeasts, and moulds. Contact time unknown. Wear gloves and masks when making up solution of same, see safety data sheet. Do not mix with other cleaning fluids. <http://diverseysolutions.com/>

Good sense breakdown;

Used in floor washing machine. Biological based odour neutraliser. The dual action of cleaning detergents and bacteria culture breaks down organic material. Wide variety of applications including removal of stubborn odours from carpets. Pleasant fragrance. <https://www.bunzlchs.com/>

Jontec forward alkaline floor cleaner;

Used in floor washing machine when there is no infections.

- Highly concentrated, low foaming cleaner
- For use on water-resistant hard floors
- For use with scrubber dryers, single disc machines and mopping systems
- Economical, controlled dosing through the J-Flex dispensing system
- Fast acting solution
- Pleasant, fresh scent <https://www.fos.ie/taski-floor-cleaner-jontec-forward-sd-1-4-litre-7520206--5>

Sprint 200 multipurpose cleaner;

Used in floor washing machine when there is no infections. Alcohol based daily multipurpose cleaner for streak free cleaning of all water resistant hard surfaces. <https://www.bunzlchs.com/>

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Cleanline glass and stainless steel cleaner;

For cleaning windows, and glass. A non-abrasive ready-to-use cleaner that effectively cleans and shines glass, laminates, metals, ceramics & stainless-steel surfaces. <https://www.bunzlchs.com/>

Cleanline acid toilet descaler;

An effective acid cleaner for daily cleaning and descaling of toilets and other ceramic surfaces and is safe for use on stainless steel. Wear gloves and eye protection. Can cause damage to skin. See safety data sheet. <https://www.bunzlchs.com/>

Medipal detergent wipes;

Medipal Detergent cleaning solution is formulated using environmentally friendly and VOC free ingredients. The specially designed formula contains surfactants and a naturally derived ingredient which removes contamination from surfaces leaving them clean and streak free. The formulation is maintained at a skin balanced pH and is dermatologically tested to ensure skin safety for frequent users. (palinternational.com)

For cleaning tables and chairs in resident dining room. Also used for cleaning resident, s chairs and cushion and surroundings in bedroom.

Chairs tables and residents surrounding are cleaned first then disinfected using Medipal disinfectant wipes during outbreak of infection.

Medipal Disinfectant wipes;

Used to disinfect resident, s chairs tables and surroundings. Wear gloves when using these wipes. Wipe the surface in an S shape motion going from clean to dirty. Do not go over same area twice. Contact time is between 30 seconds and 1 mins. Effective against coronavirus in 1 minute. Effective against bacteria, yeasts, fungi, virus, mycobacteria, and spores. Kills polio virus in 2 minutes. . (palinternational.com)

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Sample Procedure for Routine Daily Cleaning of Patient/Resident Room

For All Rooms, Including Those in Additional Precautions (Except for C. difficile and VRE)

1. Assessment

- ☐ Check for Additional Precautions signs and follow the precautions indicated.
- ☐ Remove clutter.

2. Assemble supplies

- ☐ Ensure an adequate supply of clean cloths is available.
- ☐ Prepare fresh disinfectant solution according to manufacturer's instructions if required

3. Clean hands using alcohol-based hand rub and put on gloves and any other required personal protective equipment.

If patient in room ask permission to clean room.

Ventilate area , open window if possible.

4. Clean room, working from clean to dirty and high to low areas of the room:

Place caution sign (wet floor sign).

- ☐ Use fresh cloth(s) for cleaning each resident bed space:

- If a bucket is used, do not double-dip cloth(s).

- Do not shake out cloth(s).

- Change the cleaning cloth when it is no longer saturated with disinfectant and after cleaning heavily soiled areas such as toilet and bedpan cleaner.

- If there is more than one resident bed space in the room, use fresh cloth(s) for each and complete the cleaning in each bed space before moving to the next.

- ☐ Start by cleaning doors, door handles, push plate and touched areas of frame.

Check clean light fitting.

- ☐ Check walls for visible soiling and clean if required. Pictures and wall hangings.

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- ☐ Clean light switches.
- ☐ Clean wall mounted items such as alcohol-based hand rub dispenser and glove box holder.
- ☐ 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 clean.
- ☐ Clean all furnishings and horizontal surfaces in the room including, window sill, television. Pay particular attention to frequently touch surfaces
- ☐ Clean ensuite bathroom.
- ☐ Clean floors. Empty and clean bins. (PIDAC 2018).

For Rooms of Residents on Contact Precautions for C. difficile and VRE , or Coronavirus.

In addition to the procedure above:

Wear PPE as per hpsc guidelines.

- ☐ Remove all dirty/used items (e.g., disposable items). Single use items or items designated for individual resident only to be used if possible.
- ☐ Use yellow cloths, mop, and mop handle to clean the room.
- ☐ Clean and disinfect all surfaces and allow for the appropriate contact time with the disinfectant.
- For C. difficile, use a sporicidal agent (omit this step if the cleaning product is also asporicidal disinfectant).
- For VRE, use a low-level hard surface disinfectant (omit this step if the cleaning product is a one-step cleaner/disinfectant).

For Coronavirus

PPE wear gown, gloves, mask, eye protection (visor/ goggles). Risk assess.

Hca/ nurse cleans residents surroundings including bed table. Use detergent wipes and then disinfectant wipes. Frequently touched surfaces are cleaned and disinfected twice daily.

Use a combined detergent/disinfectant solution of 1,000 ppm available chlorine (Milton, titan plus chor tablets).

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Or general purpose neutral detergent in a warm water flowed by a disinfectant solution of 1,000ppm.

Clinical waste bag is yellow and it is removed last tied using swan neck and yellow clinical waste identification tie.

Clean and disinfect bin.

Terminal Clean;

Terminal cleaning should always be performed after a resident has vacated the room and is not expected to return. With Coronavirus the room should left for at least one hour before cleaning. 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 those at higher level down to floor level • See terminal clean checklist

Sample Procedure for Routine Bathroom Cleaning

Working from clean areas to dirty areas:

☐ Clean door handle and frame, light switch.

Damp dust light fitting .spot clean walls and remove stains.

☐ Clean chrome wall attachments.

☐ Replenish paper towel, toilet paper, waste bag, soap and alcohol-based hand rub as required.

☐ 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 call bell and cord.

☐ Clean support railings, ledges/shelves.

☐ Clean shower, walls and grab rails.

☐ Clean entire toilet including handle and underside of flush rim; ensure sufficient contact time with disinfectant. Toilet brush and holder to be cleaned and changed as required.

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☐ Remove gloves and wash hands.

Floor and skirting boards washed and cleaned

Empty and clean bins.

☐ Report mould and cracked, leaking or damaged areas for repair. (PICAC 2018).

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Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Appendix One: Cleaning Schedules.

These are all found on the Unit. Please ensure to make yourself familiar with the following..

1. Assisted bathroom cleaning schedule
2. Bathroom cleaning schedule ensuite
3. Bathroom
4. Bedroom cleaning schedules
5. Cleaning timetables for commodes
6. Clinical Store room
7. Corridor cleaning schedules.
8. HCA Daily cleaning schedule
9. Laundry storage cleaning schedule
10. Main Corridor Unit cleaning schedule
11. Night time cleaning schedule
12. Workstation surface areas including IT equipment cleaning schedule
13. Reception entrance hall cleaning schedule
14. Residents dining room cleaning schedule
15. Shower rooms cleaning schedule
16. Sitting room cleaning schedules
17. Sluice Rooms cleaning schedules.
18. Staff bathroom with shower cleaning schedules
19. Staff changing room cleaning schedules.
20. Staff dining room
21. Treatment room

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