ICHA Infection Control Guideline

Best Practices for Clinic Area Cleaning

ICHA | Inner City Health Associates

Introduction

Transmission of communicable diseases and insect infestations are ongoing topics of concern in clinical and institutional settings. These has been highlighted by past outbreaks such as SARS but also more commonly occurring infections such as influenza, gastroenteritis and bed bug infestations. In shelters and drop-in sites a large number of individuals may be in close contact with each other on a daily basis; many may be vulnerable to contracting communicable diseases.

Preventing transmission of infection is a patient and staff safety priority and is a shared responsibility of clinicians and organizational staff. Infection can be spread from person-to-person but also indirectly through objects, also called fomites, in the clinical area and waiting rooms. As such, it is critical for personal protective mechanisms to be in place but also for proper environmental cleaning practices in clinical areas.

This guide will on focus on standards of environmental cleaning practices in a clinic setting (for both primary care and psychiatry clinics). This guide is based on detailed guidelines and policies and may be referenced for more detailed information (see references). The goal of this guide is to optimize practices and offer practical guidance on standard infection control practices. It is not meant to replace existing organizational protocols, where they meet existing standards, but may be used to clarify expected levels of infection control/prevention in the clinical setting. All staff should also abide by existing protocols such as those legislated by the Occupational Health and Safety Act (OHSA)[1] and the Workplace Hazardous Material Information System (WHMIS)[2].

General Cleaning Principles

Areas designated as clinical spaces should be cleaned with a detergent and then with a low-level disinfectant (see appendix A) regularly. Cleaning requires removal of foreign material such as dust, soil, organic material from a surface or object, while disinfection is a process used on inanimate objects/surfaces to kill most micro-organisms. Fungal spores, bacteria and viruses may survive for prolonged periods of time on surfaces without proper disinfection.

[1] www.labour.gov.on.ca/english/hs/pubs/ohsa/index.php.

[2] www.labour.gov.on.ca/english/hs/pubs/whmis/

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Daily Cleaning

Surfaces which are considered “high touch”, such as chairs, exam tables, door knobs, floors, carpets require daily cleaning. The surface of telephones, computer mice and keyboards should be cleaned in a manner than prevents damage from excessive fluid. See Table 1 for items that require cleaning at the end of the day versus weekly cleaning. Garbage and medical waste should be disposed of at the end of the day (exception being sharps containers which are collected and disposed of as per a separate protocol). Room supplies such as soap, paper towels etc. should be replaced as required at the end of the day.

If clinic rooms are only used once per week, all cleaning can be done weekly, before or after the clinic.

Table 1: Frequency of cleaning for items in the clinical area(s)

Daily and when visibly soiled	**Weekly or when visibly soiled**
Bathroom	Baseboards
Carpets (vacuumed)	Carpets (steam cleaning)
Chairs	Ceilings and vents
Computer keyboard, mouse	Curtains (vacuumed)
Doorknobs	Mirrors
Exam table	Other office furnishings (shelves etc.)
Floors	Walls
Light switches	Windows
Scales	
Sink, sink faucet	
Stool(s)	
Tables	
Telephones	
Thermometer	
Wall mounted items	

Note: surfaces that come in to contact with skin should be disinfected with a cloth and a low-level disinfectant (Appendix A) allowing appropriate contact time with the disinfectant according to the manufacturer’s instructions. After disinfection, the item should be rinsed or wiped with water, and then dried before use. Disinfectant wipes such as Oxivir© may be used when items cannot be exposed to large quantities of water (for example electronic items such as keyboards, computer mice, screens, thermometer, telephones).

Special Circumstances

1. Ear syringing

Please follow existing agency policy, where applicable, for appropriate use and cleaning of equipment. If metal non-disposable ear syringing equipment is used these should be cleaned as with any other metal equipment (such as in an autoclave)[3]. If no autoclave is present at your site please only use disposable equipment. Disposable/single use tips must be discarded after use.

- The remainder of the unit is cleaned with low-level disinfectants between patients (Appendix A).
- Thoroughly clean, disinfect and dry all equipment after each use.
- Solution bottles must also be cleaned and dried after each use.'

2. Spot cleaning for body fluid spills

Any visibly soiled areas (with material such as blood, body fluids, excretions/secretions) should be cleaned immediately, before staff or patients are exposed to the material (see Appendix B).

3. Bed Bugs

Active surveillance: We recommend quarterly inspections by a Pest Control company for bed bug infestations. If any are found, steam cleaning is suggested[4], though other methods to control bugs can be used such as vacuuming (after steam cleaning), heating (should be left to professional exterminators), freezing, washing or throwing out items.

Passive detection: If a person comes in with visible bed bugs: check for and kill any bed bugs in the clinical area after the person leaves. The clinic room should ideally be isolated till cleaning procedures can be performed.

- Vacuum floors/seats/surfaces in the clinical area.
- Since bed bugs can climb out of a vacuum cleaner, shake the contents into a small clear zip lock plastic bag over a disposable blue pad. Put both into another plastic bag, tie tightly and walk outside to dispose of in an outside garbage bin
- Steam clean the clinical area

[3] http://www.albertahealthservices.ca/assets/info/hp/ipc/if-hp-ipc-guideline-ear-cleaning-equipment-education.pdf
[4] http://www.healthycanadians.gc.ca/product-safety-securite-produits/pest-control-products-produits-antiparasitaires/pesticides/tips-conseils/bedbugs-punaises-rid-elimine-eng.php

Appendix A:

Recommended disinfectants and cleaners (see references)

Choosing and using cleaning products: follow the manufacturer's instructions when using cleaning agents and disinfectants. We suggest all products used must have a drug identification number (DIN) from Health Canada (www.hc-sc.gc.ca/dhp- mps/prodpharma/databasdon/index-eng.php) if it contains a disinfectant. We also encourage use according to the product's Material Safety Data Sheet (MSDS).

Detergent: A synthetic cleansing agent that can emulsify oil and suspend soil. A detergent contains surfactants that do not precipitate in hard water and may also contain protease enzymes (see Enzymatic Cleaner) and whitening agents.

Disinfectant: A product that is used on surfaces or medical equipment/devices which results in disinfection of the equipment/device. Disinfectants are applied only to inanimate objects. Some products combine a cleaner with a disinfectant.

Disinfection: The inactivation of disease-producing microorganisms. Disinfection does not destroy bacterial spores. Medical equipment/devices must be cleaned thoroughly before effective disinfection can take place.

"Low-level" disinfectants (for more examples see Table 2):

1. Alcohols (70-95% ethyl or isopropyl alcohol)
2. Phenolics (must not be used for items that comes into contact with infants)
3. For example (Lysol©, Pine Sol©)
4. Quaternary Ammonium Compounds (QUATs)
5. Hydrogen Peroxide Enhanced Action Formulation (e.g. Oxivir©, Virox©)

Table 2: Hospital grade low-level disinfectants

	Oxivir - Disinfectant - used to disinfect all clinical areas (except diarrhea cases)		Emerel Plus - Sink/Toilet/Stain/scuff cleaner - used to clean porcelain/stains/scuff-marks
	Virex 256 - Floor Disinfectant - used to disinfect floors for isolation rooms only		Rescue - Disinfectant - used to disinfect c. diff infection/ diarrhea
	Stride - Neutral cleaner - used to clean all floors of clinical areas		Empty Bottles - used to dispense chemicals into; must be labeled with the appropriate chemical
	Glance - Glass cleaner - used to clean glass, windows, mirrors		
	Good Sense - odour counteractant - used when there is an odour concern		

Appendix B:

Spills of blood and other body fluids (such as urine, feces, vomit etc.) must be cleaned and disinfected immediately. If spills occur on a carpet, a disinfectant other than bleach should be used. If the cleaning is insufficient replacement of carpeting might be required.

Isolate the area around the body fluid spill until it has been cleaned and disinfected, and has had time to completely dry. Avoid splashing while cleaning.

1. **Put on gloves and other appropriate personal protective equipment (PPE)**
2. **Wipe up any body fluids immediately using disposable towels or other designated products. Dispose of these materials immediately.**
3. **Disinfect the spill area with a low-level disinfectant (See Appendix A); follow manufacturer's recommendations on use and contact time.**
4. **Wipe up the area again using disposable towels and discard**
5. **Remove PPE and perform hand hygiene**

References

1. Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Infection Prevention and Control for Clinical Office Practice. 1st Revision. Toronto, ON: Queen's Printer for Ontario; April 2015
2. Ontario Agency for Health Protection and Promotion, Provincial Infectious Diseases Advisory Committee. Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings. 2nd Revision. Toronto, ON: Queen's Printer for Ontario; 2012.
3. https://www.cdc.gov/hicpac/Disinfection_Sterilization/2_approach.html
4. https://www.pshsa.ca/wp-content/uploads/2013/03/Cleaning_And_Disinfection.pdf)