

Cleaning Guidance for Care Homes

Good infection prevention and control is essential to ensure that people who use health and social care services receive safe and effective care. Effective infection prevention and control must be part of everyday practice and must be applied consistently by everyone across the home.

Evidence from previous outbreaks suggest there is the potential for widespread contamination of patient/resident rooms or environments, therefore effective cleaning and decontamination is pivotal in preventing the spread of infection.

It is good practice to remove any items in the wider home environment that is currently not being used such as magazines, books, fans.

In addition the frequency of cleaning in the care home needs to increase across the home especially in the areas where there are residents who are suspected/confirmed as having an infection.

Cleaning and decontamination should be undertaken by staff appropriately trained for the procedure and in the use of appropriate personal protective equipment (PPE).

- Pay particular attention to frequently touched surfaces.
- If a resident with suspected symptoms has been in a particular part of a communal area, this area should be thoroughly cleaned.

- Where possible use single use items identified by the following symbol



- OR
- Single resident use items which can be used multiple times for the identified resident and must be decontaminated and changed in line with manufacturer's instructions.
- OR
- Where single use is not possible, use dedicated care equipment in the individual's room. This should not be shared with other individuals receiving care. If it is not possible to dedicate pieces of equipment to the individual, such as commodes or moving aides, these must be decontaminated immediately after use and before use with any other individual.

Cleaning Definitions

Routine Cleaning

Routine environmental clean is the regular cleaning which is carried out on a scheduled basis, not on an ad hoc basis and not in response to an outbreak.

Enhanced Cleaning

Enhanced cleaning is carried out when there is a greater risk of infection outbreak such as the current Covid 19 pandemic. This intensive clean involves cleaning all touch surfaces in the care environment/ area twice daily and normally requires additional resources to maintain the level of cleaning required.

Enhanced cleaning compliments the routine daily cleaning of the home. It includes thorough cleaning of all surfaces, floors, soft furnishings and re-useable equipment within the whole environment or a particular area such as a bedroom where the resident requires isolation precautions.

Terminal/Discharge Cleaning

Terminal clean is a procedure required to ensure that an area has been cleaned/decontaminated following discharge of a resident/service user with an infection (i.e. alert organism or communicable disease) in order to ensure a safe environment for the next person or when a resident is deemed no longer infective. A terminal clean includes curtain change.

Deep Cleaning

Deep Cleaning is the periodic and scheduled cleaning of wall and ceiling surfaces of the care environment kitchens and related areas excluding the routine day to day cleaning of sanitary fittings and floors, and spot cleaning of walls and doors in such areas.

National Colour Coding

It is recommended that all care homes adopt the National Colour coding system for cleaning materials including cloths, mops, buckets and aprons.

<p>Red</p> <p>Bathrooms, washrooms, showers, toilets, basins and bathroom floors, en-suite facilities.</p>	<p>Blue</p> <p>General areas including reception, corridors, offices and bedrooms.</p>
<p>Green</p> <p>Kitchen areas including satellite kitchens, food service and storage areas.</p>	<p>Yellow</p> <p>Isolation areas. (Bedroom where resident has a known or suspected infection)</p>

- Enhanced cleaning of the environment to be carried out at least twice daily, all washable surfaces should be cleaned with detergent and water then disinfected with 1,000ppm available chlorine, paying particular attention to bedside tables/lockers, horizontal surfaces, chairs, door handles walking aids, patient line, toilets, toilet flushes and taps.
- To minimize the risk of cross contamination always work from clean to dirty and top to bottom, using an S shape technique to ensure all surfaces are covered

Open windows to allow fresh air to circulate.

Clean and disinfect all hard surfaces, following one of the 2 options below:

1. use either a combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.) such as Chlor Clean or Actichlor
2. or use a two stage process - clean using warm water and neutral detergent (this should be changed for each episode of cleaning, when moving from one room to another and when the water is visibly dirty or contaminated) followed by a freshly made chlorine based disinfectant solution such as Milton at (1000 ppm av.cl.)
 - follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants
 - any cloths must be disposed of as single use items
 - Single use mops must be disposed of as single use items
 - Use a new colour coded cloth and mop head for each room
 - Where reusable mop heads have been used these must be laundered after use.

Clean all surfaces in resident rooms with particular attention to high touch points such as grab rails, bedrails, door handles nurse call, handset

Discard cleaning solution at a designated disposal point

Clean mop handle & bucket

Remove waste and linen for disposal/reprocessing

Remove PPE and wash hands

Carpeted flooring and soft furnishings:

For carpeted floors, soft furnishing and items that cannot withstand chlorine-releasing agents, consult the manufacturer's instructions for a suitable alternative to use following, or combined with, detergent cleaning.

If the furnishing is heavily contaminated, you may have to discard it. If it is safe to clean with standard detergent and disinfectant alone then follow appropriate procedure. If it is not safe to clean the item should be discarded.

Isolation area

To ensure appropriate use of PPE and that an adequate level of cleaning is undertaken it is strongly recommended that cleaning of the isolation area(s) is undertaken separately to the cleaning of other clinical areas/after all other unaffected areas of the home have been cleaned. Where possible staff providing care in the isolation room should be trained to undertake the cleaning thereby reducing the number of persons required to enter the isolation room.

Dedicated or disposable equipment (such as mop heads, cloths) must be used for environmental decontamination. Reusable equipment (such as mop handles, buckets) must be decontaminated after use with a chlorine-based disinfectant as described above. Communal cleaning trolleys should not enter the room.

Environmental cleaning following a possible case

Once a possible case has been transferred from the premises, the room where the resident was placed should not be used, the room door should remain shut, with windows opened and the air conditioning switched off, until it has been cleaned with detergent and disinfectant. Once this process has been completed, the room can be put back in use immediately.

1 Preparation

The responsible person undertaking the cleaning with detergent and disinfectant should be familiar with these processes and procedures:

- Remove curtains and strip bed prior to deep cleaning
- Place all linen placed into a red alginate(soluble) bag then into a secondary laundry bag (including any unused linen).

Recommend the room is then left for at least 1 Hour before cleaning takes place (to allow time for particles to settle).

- collect all cleaning equipment and clinical waste bags before entering the room
- any cloths and mop heads used must be disposed of as single use items
- before entering the room, perform hand hygiene then put on a disposable plastic apron, face protection and gloves.

2 On entering the room

- keep the door closed with windows open to improve airflow and ventilation whilst using detergent and disinfection products
- bag all items that have been used for the care of the patient as clinical waste, for example, contents of the waste bin and any consumables that cannot be cleaned with detergent and disinfectant

- close any sharps containers wiping the surfaces with either a combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.) or a neutral purpose detergent followed by disinfection (1000 ppm av.cl.)

3 Cleaning process

Use disposable cloths and disposable mop heads, to clean and disinfect all hard surface following one of the 2 options below:

1. use either a combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.) such as Chlor Clean or Actichlor
2. or use a two stage process - clean using warm water and neutral detergent (this should be changed for each episode of cleaning, when moving from one room to another and when the water is visibly dirty or contaminated) followed by a freshly made chlorine based disinfectant solution such as Milton at (1000 ppm av.cl.)

4 Cleaning and disinfection of reusable equipment

For the cleaning and disinfection of any reusable non-invasive care equipment clean using the products detailed above or alternatively; universal sanitising wipes (combined detergent and disinfectant) can be used such as “Clinell” Note these items are single use.

- clean and disinfect any reusable non-invasive care equipment, such as blood pressure monitors, digital thermometers, glucometers, that are in the room prior to their removal
- clean all reusable equipment systematically from the top or furthest away Hanging of laundered curtains or new disposable curtains should be performed following cleaning.

5 Carpeted flooring and soft furnishings:

For carpeted floors, soft furnishing and items that cannot withstand chlorine-releasing agents, consult the manufacturer’s instructions for a suitable alternative to use following, or combined with, detergent cleaning.

Blood Spillages

Spillages of blood and other body fluids may transmit blood borne viruses. Spillages must be decontaminated immediately by staff trained to undertake this safely. Responsibilities for the decontamination of blood and body fluid spillages should be clear within each area/care setting.

- Put on apron, face protection and gloves
- Use Spill Wipes (following the manufacturer’s instructions).
- **Or mop up excess first with paper towels.**
- Use spillage crystals / spill kit, following the manufacturer’s instructions.

- Wipe over the area, and then wash off with hot water and detergent, dispose of the paper towels into clinical waste along with personal protective equipment used.
- Leave the spill area clean and dry.
- If there is broken glass or sharps in the spillage DO NOT pick it up with your fingers – use a scoop of cardboard or a dustpan and dispose of into a Sharps container

Cleaning spillages on soft flooring (Carpets)

If a blood or body fluid spillage occurs put on apron, (face mask if required) and gloves before any contact with the spillage.

Any fluid should be absorbed with a paper towel which should be disposed of into a clinical waste bag.

Spill wipes/spill packs are recommended to decontaminate the carpet area and the flooring should then be shampoo/washed, followed by steam cleaning.

The decontamination must be completed before the area or room is used by another person regardless of usage

Discard items that are heavily contaminated by blood/bodily fluids and cannot be cleaned/washed effectively

References

[PHE WM COVID Care Home Toolkit 2020](#)

[Admission and care of Residents in a care home during COVID 19](#)

[COVID-19: cleaning in non-healthcare settings outside the home](#)