

# Universal Wipes "Clean between" Environment and Equipment



Cleaning of the healthcare environment is an integral part of any IPC programme and everyone has a part to play in this.

All HCW's are responsible for cleaning, be it the general environment or clinical equipment in between patient/resident contact.

“Keeping the NHS clean is everyone's responsibility”  
(Matrons Charter DoH 2004)

Patients/Residents generally do not mind who does the cleaning as long as it is done by someone!

# How Long Can It Survive?

Organism	Survival time
Clostridium difficile (spores)	5 months
Acinetobacter spp.	3 days to 5 months
Enterococcus spp. Including VRE	5 days - 4 months
Pseudomonas aeruginosa	6 hours - 16 months
Klebsiella spp.	2 hours to >30 months
Staphylococcus aureus, inc. MRSA	7 days - 7 months
Norovirus (and feline calicivirus)	8 hours to >2 weeks
SARS Coronavirus	2 hours to >28 days
Influenza	Hours to several days



**Most effective way to keep a surface clean is to follow these steps**

---

Wash and dry hands Perform a risk assessment and choose the appropriate Personal Protective Equipment (PPE)

---

Select the correct wipe for the task.

---

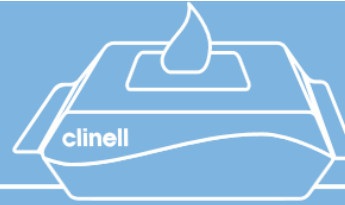
Remove any heavy soiling as this removes the effectiveness of disinfectant wipes.

---

Wipe all surfaces including the underneath paying special attention to high-touch surfaces.

---

# The five principles of cleaning



Wipe in an 'S' shaped pattern



Wipe from top to bottom



Wipe from clean to dirty



Avoid transferring microorganisms



Ensure correct contact time

## The five principles of cleaning:

- Wipe in an 'S' pattern
- Wipe from top to bottom
- Wipe from clean to dirty
- Avoid transferring microorganisms
- Ensure correct contact time

# Elimination of transference using an 'S' shaped cleaning motion.



## The Five Principles of Cleaning

## Why clean in an S-shaped motion ?

When wiping in an s-shaped motion from clean to dirty you will never wipe over a previously cleaned area.

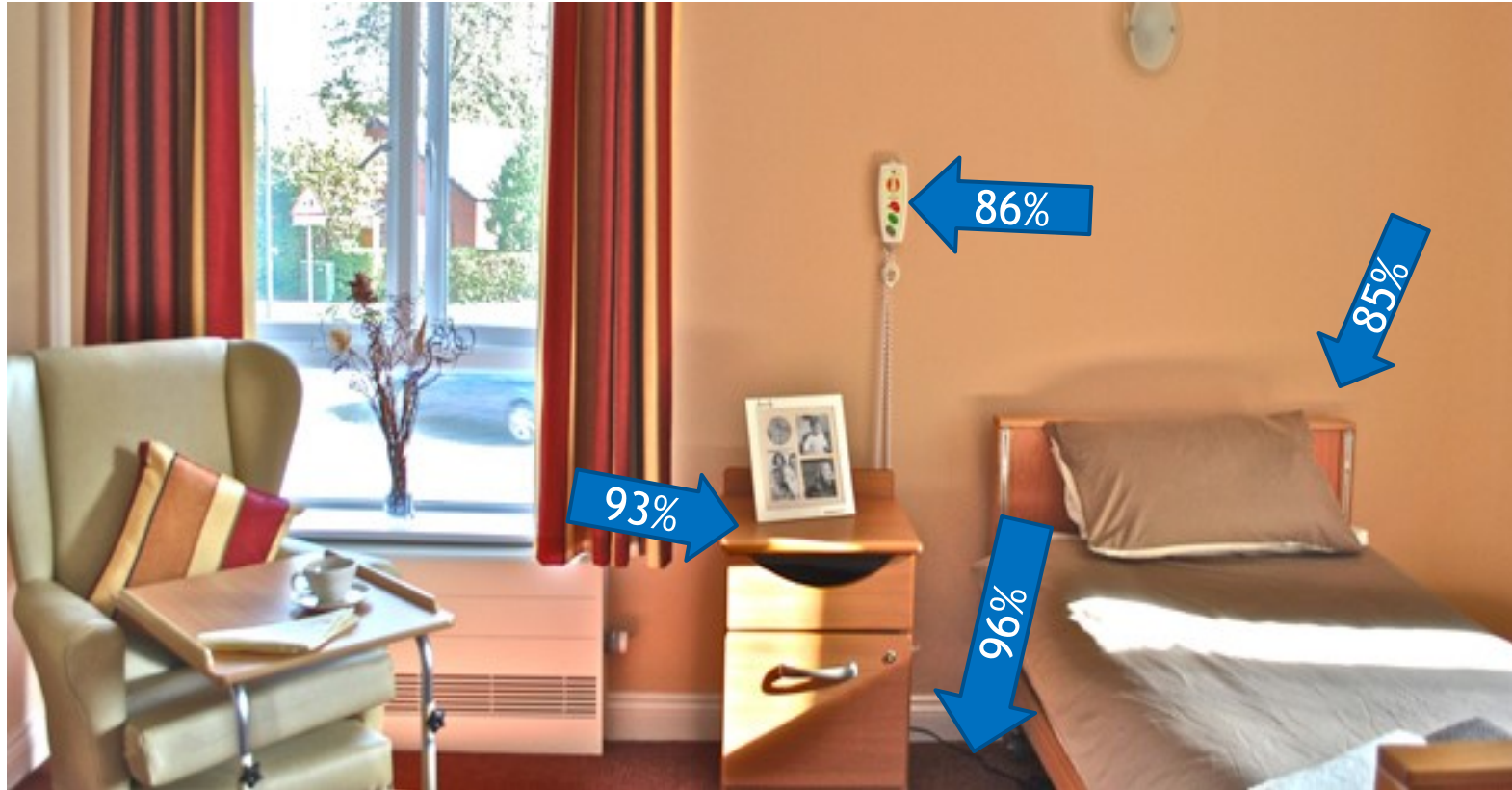
This reduces the number of microorganisms that you can move from a soiled area onto a clean area within that surface.

Unfold the wipe and using it on a flat surface maximises the area cleaned and minimises the amount of hand contact onto a potentially contaminated surface.

80% of surfaces cleaned by clinical staff failed the ATP benchmark (Anderson 2010) due to incorrect cleaning methods.



# Contamination in a Residents Room



## **Contact Times**

**If it states effective against CoV-2 in 30 seconds**

**The area must be left for a minimum of 30 seconds**

**It is important when using disinfectant wipes to leave the surface to air dry naturally. This allows maximum contact time for the disinfectant to kill the most pathogens.**

**Never dry the surface.**

# ADVANTAGES OF ANTIMICROBIAL WIPES

Always has a premeasured dose of biocides at the correct concentration, thereby avoiding the risk of low doses that than can lead to resistance.

Testing has been done on the wipe itself – you know what you are using is working as per the test result.

Always use one wipe, micro-organisms retained in wipe, when dry simply dispose of in clinical waste.

One wipe, one piece of equipment.

