Infection Prevention and Control

Terminal Clean Protocol

This is a controlled document designed primarily for electronic use. It should be noted that printed copies may no longer be valid.

Please visit the NHS Lothian Infection Prevention & Control website to ensure any printed documents, forms or leaflets are up to date.
### Consultation and Distribution Record

<table>
<thead>
<tr>
<th>Contributing Author(s):</th>
<th>Infection Prevention &amp; Control Team Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation Stakeholders:</td>
<td>NHS Lothian Facilities Managers Engie Ward Managers Theatre leads</td>
</tr>
<tr>
<td>Distribution:</td>
<td>NHS Lothian intranet NHS Lothian internet</td>
</tr>
</tbody>
</table>

### Document History

<table>
<thead>
<tr>
<th>Date</th>
<th>Author</th>
<th>Change</th>
<th>Version No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/08/2016</td>
<td>IPCT/Domestic Managers</td>
<td>Revised &amp; updated content</td>
<td>V1.1</td>
</tr>
<tr>
<td>28/12/2016</td>
<td>IPCT/Domestic Managers</td>
<td>Final draft version – updated content</td>
<td>V1.2</td>
</tr>
<tr>
<td>13/01/2017</td>
<td>IPCT/Domestic Managers</td>
<td>Reference to HFS terminal cleaning SOP added.</td>
<td>V1.3</td>
</tr>
<tr>
<td>13/01/2017</td>
<td></td>
<td>Document finalised &amp; published</td>
<td>V2.0</td>
</tr>
<tr>
<td>14/09/17</td>
<td>IPCT</td>
<td>Hyperlink corrected Process amended to reflect Risk Assessment: non-compliance with manual floor scrub.</td>
<td>V2.1</td>
</tr>
</tbody>
</table>
1. INTRODUCTION ................................................................. 4
2. AIM OF THE GUIDANCE .......................................................... 4
3. KEY OBJECTIVES ..................................................................... 4
4. GUIDANCE SCOPE – ROLES & RESPONSIBILITIES .................... 4
   Nursing staff will: .................................................................... 4
   Domestic managers/supervisors will: ........................................ 4
   Domestic staff will: ............................................................... 4
   Infection Prevention & Control Team will: .............................. 5
5.0 TERMINAL CLEANING .......................................................... 5
6.0 EQUIPMENT ........................................................................... 5
   6.1 General Principles ............................................................ 5
   6.2 Equipment required (nursing staff) ........................................ 5
7.0 TERMINAL CLEANING PROCEDURE ....................................... 6
   7.1 Ward/clinical Areas ........................................................... 6
   7.2 Theatre & Recovery .......................................................... 6
   7.3 Theatre Cleaning ............................................................. 8
REFERENCES & FURTHER READING ........................................... 9
GLOSSARY: ............................................................................... 9
1. Introduction

This protocol is designed to give clear guidance to domestic and nursing staff on when a terminal clean is required to reduce the risk of cross infection in patient care areas. This protocol updates the previous version.

2. Aim of the guidance

This document supports national policy and guidance. It is intended as a reference document for staff to advise when terminal cleaning is required in addition to routine domestic and clinical cleaning schedules to manage the risk of infection arising from environmental sources.

3. Key objectives

Implementation of this protocol supports the safe and effective delivery of patient care, and maintenance of high standards of environmental cleanliness.

4. Guidance scope – Roles & Responsibilities

This protocol applies to all NHS Lothian domestic services providers (NHS and external contractors) and clinical staff across all patient wards and departments. The principles can be applied within wider Health and Social Care Settings.

**Nursing staff will:**
- will notify the Domestic Service when terminal cleaning is required
- communicate with local domestic cleaning team to arrange access for cleaning
- ensure all patient possessions are removed from the area to be cleaned before terminal cleaning
- liaise with clinical management team to ensure that additional/dedicated staff can be allocated to support terminal cleaning if required

**Domestic managers/supervisors will:**
- ensure that additional domestic staff are allocated to compete cleaning tasks if required
- ensure that the cleaning team have the necessary equipment
- ensure all domestic staff working in the area are aware of the necessary precautions

**Domestic staff will:**
- report to the nurse in charge of the ward to ensure that it is convenient for cleaning to start, and to receive any special instruction (e.g. Personal Protective Equipment (PPE) required)
• Ensure that any products or equipment left in the room have been brought to the attention of the nursing staff and removed before cleaning begins

Infection Prevention & Control Team will:
• Advise nursing staff where terminal cleaning is required
• Review and share national guidance and policy with all staff

5.0 Terminal Cleaning

A terminal clean is required in addition to routine/scheduled domestic cleaning in response to single or multiple cases of infection with a known alert infection within a clinical environment.
A terminal clean may be requested:
following patient transfer, discharge (Bed space or Isolation Room)
after an outbreak of infection (Ward – all rooms)

The room/area to be cleaned should be empty of patients to allow access for and completion of terminal cleaning.

Where this is not possible, the Nurse in Charge and Domestic Supervisor/Manager should agree how cleaning will be achieved, consulting the Infection Prevention & Control Team as required.

6.0 Equipment

6.1 General Principles

All cleaning equipment, materials and PPE should be used /worn in line with national cleaning specification colour coding – Yellow for isolation rooms

All cleaning materials and PPE must be disposed of as clinical waste (Orange waste stream)

Separate cleaning equipment should be used for each isolation room, bay or bed space. Microfiber cleaning equipment MUST NOT be used with chlorine releasing products.

6.2 Equipment required (nursing staff)

Single use, disposable Personal Protective Equipment (PPE) –nitrile gloves and aprons
Small bucket or bowl
Single use cloths
Clinical waste bag
Combined detergent and hypochlorite cleaning solution 1000ppm (e.g. ChlorClean)
7.0 Terminal Cleaning Procedure

7.1 Ward/clinical Areas

Once cleaning of the isolation room, bed space or bay has commenced, staff must not leave until all cleaning is complete.

The door of the room must remain closed until cleaning is complete

Nursing staff:

- Prepare combined detergent and hypochlorite cleaning solution 1000ppm (e.g. ChlorClean)
- Put on Clean PPE
- Ensure any visible contamination with blood or body fluids is treated and managed in line with Standard Infection Control Policy [NIPCM Chapter 1]
- Strip beds and bag linen as ‘infectious’ laundry placed - alginate bag and then in a red laundry bag, taking care not to overfill.
- Clean mattresses and top section of beds, leaving them in the room;
- Remove and dispose of all unused clinical supplies (e.g. gloves, wipes) as per policy.
- Clean all medical equipment before removing from the isolation room, bay or bed space;
- Clean lockers and bedside tables, remove them from the room [this is a domestic task at WGH]

Domestic staff:

- Follow the Terminal Clean SOP provided in the NHS Scotland National Cleaning Specifications (2016). Inform the nurse in charge when the terminal clean has been completed;
- Complete documentation
- After the terminal clean, the room can be used immediately after the surfaces are clean and dry

7.2 Theatre & Recovery

Once cleaning of the isolation room, bed space or bay has commenced, staff must not leave until all cleaning is complete.

The door of the room must remain closed until cleaning is complete.

Patients with known infections should be placed last on the operating list where possible. This will allow theatre staff more time to complete required cleaning after surgery.
In theatre, all blood and body fluid spills should be managed as per NIPCM policy for all patients/between each case.

Where a patient has a known infection, clinical staff must ensure all surfaces and equipment in the operating room are cleaned with ChlorClean 1000ppm between cases.

Routine/scheduled domestic cleaning should continue as per local schedule. There is no requirement for additional domestic cleaning inside the operating theatre between cases.

A **terminal** clean (as described in section 3) should be arranged for the **recovery bed space** once the patient is transferred back to the ward area.
7.3 Theatre Cleaning

**AT THE END OF EACH PATIENT IN THEATRE OR RECOVERY**

- **Patient with no known or suspected infection (Discharge clean)**
  - Clean equipment & all surfaces with detergent wipes/disposable cloths & a solution of general purpose detergent
  - Dry all equipment and surfaces thoroughly
  - Mop floor with solution of neutral detergent. Launder/dispose of mop head as per local protocol
  - Discard used detergent/disinfectant solution in the designated area
  - Clean, dry and store any re-usable decontamination equipment

- **Patient with known or suspected infection (Terminal clean) including curtain change in Recovery**
  - Clean equipment & all surfaces with disposable cloths & ChlorClean combined detergent/chlorine to a concentration of **1000 ppm**
  - Follow the manufacturer’s instructions for dilution, application and contact time. Dry thoroughly
  - Mop the entire floor surface with ChlorClean solution 1000ppm. Dispose of the mop head after use

- **Blood/body fluid contamination after any patient**
  - Large Blood spill (> than 80mls)
    - Haztabs granules sprinkle on spill, leave 2-3 mins and removed in to clinical waste
    - Mop floor with solution of neutral detergent.
    - Launder/dispose of mop head as per local protocol
  - Small Blood spill (< than 80mls)
    - Use the biohazard wipe pak-see instructions on individual pack
    - Use disposable cloths to remove blood, leave chlorine solutions for contact time of 2-3 minutes before cleaning with detergent wipes/solution
    - Mop floor (disposable mop) following disinfection.
  - All other blood spill/drips/splashes:
    - Use Haz-tab tablets, 4 tablets in 1 litre cold water (10,000ppm)
    - Use disposable cloths to remove blood, leave chlorine solutions for contact time of 2-3 minutes before cleaning with detergent wipes/solution
    - Mop floor (disposable mop) following disinfection.
  - Urine, vomit, faeces
    - Absorb any fluid/wet matter with paper towels. Dispose as clinical waste
    - Clean equipment/surface with disposable cloths & ChlorClean combined detergent/chlorine to a concentration of **1000 ppm**
    - Follow the manufacturer’s instructions for dilution, application and contact time. Dry thoroughly
    - Discard used detergent/disinfectant solution in the designated area

**IMPORTANT:** Please check manufacturer’s instructions for suitability of cleaning products especially when dealing with electronic equipment
References & Further Reading

http://www.nipcm.hps.scot.nhs.uk/

Health Facilities Scotland (2016) The NHS Scotland National Cleaning Services Specifications

Glossary:

**ChlorClean**: chlorine releasing combined detergent and disinfectant. Used at a concentration of 1,000 parts per million available chlorine to disinfect hard surfaces following contamination with low risk body fluids or known bacterial or viral contamination

**Haztabs**: chlorine releasing agent used at a concentration of 10,000 parts per million available chlorine to disinfect hard surfaces following contamination with blood or high risk body fluids

**PPE**: Personal protective equipment – designed to protect the wearer from exposure to blood, body fluids or other contamination which may pose a risk of cross infection

**Terminal clean**: Cleaning and disinfection of the patient environment and equipment which is required in addition to routine domestic and clinical cleaning activity.