

**Section 7: Principles of Cleaning and Disinfecting Environmental Surfaces**

Policy number: **7.8**

Subject: **Frequency of Routine Cleaning**

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## **1 PURPOSE**

- 1.1 A clean and safe environment is an important component of infection prevention and control. All surfaces in a health facility have the potential to harbour infectious organisms. The potential for exposure to infectious organisms is based on the frequency of contact with contaminated surfaces/medical equipment, the type of activity involved, the vulnerability of the health care provider, client or visitor, and how frequently hand hygiene is performed. High-touch surfaces require a more frequent cleaning regimen, whereas low-touch surfaces that have minimal contact with hands require less frequent cleaning. Adequate human resources are necessary in order for good environmental cleaning practices to be performed properly and at the correct frequency, thereby reducing the risk of transmission of infectious diseases. The process and products used for cleaning and disinfection of surfaces and medical equipment must also be compatible with the surfaces/equipment.

## **2 POLICY**

- 2.1 All clients, visitors, and health care providers using health facilities are entitled to, and expect to work and be cared for, in a clean environment. All environmental cleaning personnel working in health facilities must perform environmental cleaning duties according to standardized cleaning procedures and follow appropriate cleaning frequencies with standardized cleaning products for equipment and surfaces as outlined in the current edition of *FNIHB-OR Environmental Cleaning Procedure Manual*.

## **3 PROCEDURE**

- 3.1 The frequency of cleaning and disinfecting individual items or surfaces in a public or client area depends on:
- 3.1.1 Whether surfaces are high-touch or low-touch i.e. touched more frequently or less frequently
  - 3.1.2 The vulnerability of clients in the area who may be more susceptible to infectious agents (e.g. health status of people coming into contact with infectious agents)

- 3.1.3 The probability that a surface, piece of equipment or care area will be contaminated (e.g. the environment of a client treatment room will likely have a greater risk of exposure to blood, body fluids and other infectious agents than would an administrative office.)
- 3.1.4 Adequate human resources
- 3.2 Frequency of Contact With Surfaces
  - 3.2.1 High-Touch Surfaces
    - 3.2.1.1 Surfaces that have frequent contact with hands (e.g. doorknobs, telephones, light switches, computer keyboards)
    - 3.2.1.2 Cleaning and disinfection usually done at least daily and more frequently if the risk of environmental contamination is higher (e.g. treatment room)
  - 3.2.2 Low-Touch Surfaces
    - 3.2.2.1 Surfaces that have minimal contact with hands (e.g. floors, walls, ceilings, mirrors and window sills)
    - 3.2.2.2 Cleaning required on a regular (but not necessarily daily) basis and when soiling or spills occur
  - 3.2.3 To determine cleaning frequencies refer to Appendix 43: Cleaning Frequency Chart
- 3.3 Vulnerability of the Client Population
  - 3.3.1 More Susceptible
    - 3.3.1.1 Health care providers, clients and visitors who are more susceptible to infection due to their medical condition or lack of immunity
  - 3.3.2 Less Susceptible
    - 3.3.2.1 All other individuals are classified as less susceptible
- 3.4 Probability of Contamination of Items and Surfaces
  - 3.4.1 Heavy Contamination
    - 3.4.1.1 Surfaces and/or equipment routinely exposed to copious amounts of fresh blood or other body fluids (e.g. treatment room)
  - 3.4.2 Moderate Contamination
    - 3.4.2.1 Surfaces and/or equipment does not routinely (but may) become contaminated with blood or other body fluids as part of routine activity and the contaminated substances are contained or removed (e.g. all client areas and washrooms)

### 3.4.3 Light Contamination

- 3.4.3.1 Surfaces are least likely to be exposed to blood, other body fluids or items that have come into contact with blood or body fluids (e.g. offices)

### 3.5 Adequate Human Resources

- 3.5.1 To allow thorough and timely cleaning and disinfection
- 3.5.2 Refer to Appendix 44: Suggestions for Management of Environmental Cleaning Human Resources

## 4 APPENDICES

**Appendix 43:** Cleaning Frequency Chart

**Appendix 44:** Suggestions for Management of Environmental Cleaning Human Resources

## 5 REFERENCES

First Nation & Inuit Health Branch. (2011). A Guide to Developing and Implementing an Operations and Maintenance Plan for your Health Facility. Manuscript in preparation.

First Nations Inuit Health Branch-Ontario Region. (2013). Environmental Cleaning Procedure Manual. Retrieved from <https://www2.onehealth.ca>

Friedman, C., & Petersen, K.H. (2004). Infection Control in Ambulatory Care. Sudbury, MA: Jones and Bartlett Publishers.

Public Health Ontario. (2012). Best Practices for Environmental Cleaning for Prevention and Control of Infections in all Health Care Settings. 2<sup>nd</sup> Edition. Retrieved from [http://www.publichealthontario.ca/en/eRepository/Best\\_Practices\\_Environmental\\_Cleaning\\_2012.pdf](http://www.publichealthontario.ca/en/eRepository/Best_Practices_Environmental_Cleaning_2012.pdf)

Public Health Ontario. (2013). Environmental Cleaning Toolkit. Retrieved from [http://www.publichealthontario.ca/en/ServicesAndTools/Tools/Pages/Environmental\\_Cleaning\\_Toolkit.aspx](http://www.publichealthontario.ca/en/ServicesAndTools/Tools/Pages/Environmental_Cleaning_Toolkit.aspx)

Public Health Ontario. (2013). Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices. 3<sup>rd</sup> Edition. Retrieved from [http://www.publichealthontario.ca/en/eRepository/PIDAC\\_Cleaning\\_Disinfection\\_and\\_Sterilization\\_2013.pdf](http://www.publichealthontario.ca/en/eRepository/PIDAC_Cleaning_Disinfection_and_Sterilization_2013.pdf)