

**Sky Chemicals (UK) Ltd**

# **Care Home and Hospital Cleaning Manual**



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**Unit 12B & 12C  
Sheffield Design Studio  
40 Ball Street  
Sheffield  
S3 8BW**

**Tel: 0114 278 0222  
Fax: 0114 272 7751  
info@skychemicals.co.uk  
www.skychemicals.co.uk**



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# Infection Control

## **The Role & Function of an Infection Control Team**

The Infection Control Team work within the hospital environment providing an advice service for staff to help them prevent and manage infection. It is their job to advise on the correct infection control procedures for any activity and so should be consulted over matters of hygiene. It is also their responsibility to educate and train the staff in infection control as well as the development, implementation, auditing and monitoring of all the procedures involved. It is important that the Infection Control Team is informed should any patient be diagnosed or suspected of having a communicable infection.

## **The Principals of Infection Control**

### **UNIVERSAL PRECAUTIONS: Safe Working Practices**

For reasons of Health and Safety for all patients and healthcare workers, good working practice must be adopted at all times, and all blood and bodily fluids must be handled carefully, regardless of whether or not a risk of infection has been identified in the patient.

- Hands should be thoroughly washed between all patient contacts and the appropriate protective clothing (such as disposable gloves and plastic aprons) should be worn when contact with blood and other bodily fluid is anticipated.
- Those in direct contact with the patients should wear plastic aprons and a clean uniform every day. Any cuts and abrasions should also be covered by waterproof dressings at all times.
- Clinical waste should be disposed of correctly into the approved yellow clinical waste bags, and sharps should be disposed of, without being recapped or resheathed, by being placed directly by the user into an approved sharps container.
- All blood spillage should be disinfected as per hospital policy.

### **Hand Hygiene**

Effective hand washing is the single most efficient action that can be undertaken to prevent the spread of infection. It should be carried out at the commencement of duty, before any contact with patients has occurred, as well as between patient contacts, following tasks where contact with bodily fluid or contaminated or potentially contaminated equipment has taken place and after the removal of gloves.

Hands must also be washed before handling food or leaving the ward, whether for breaks or home. Wrist watches and rings with stones should not be worn for clinical procedures as this reduces the likelihood of effective hand cleansing, and microorganisms carrying infection may remain. Such jewellery may also cause scratches and so could be a source of sepsis, a toxic condition resulting from the spread of bacteria or their products from a focus of infection.

- An effective hand wash using liquid soap and water, followed by drying with paper towels is normally effective in removing 90 – 95% of transient microorganisms. These are microorganisms that are not normally resident on the surface of the skin, and are easily transferred through contact.

Alcohol hand rubs can also be used as an alternative to soap and water hand wash where hands appear to be visibly clean.

- Alcohol hand rub solutions or gels rubbed until thoroughly until dry, after routine hand washing, will remove up to 99% of transient microorganisms. This is the procedure recommended for cleaning hands before performing aseptic procedures, or when caring for highly susceptible patients.

We supply **Zircon - Alcohol Hand Sanitizer**, which is effective against MRSA & viruses that cause Aids & Hepatitis B. It also helps prevent cross infection – ideal for the non surgical medical environment. This product evaporates in hands without leaving residue or odour and contains glycerine for skin protection. Zircon meets the requirements of BS EN 1276.

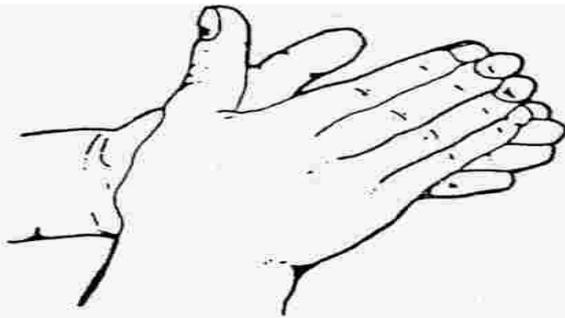
We also stock several liquid soaps, such as **Utopia - Odourless Anti-Bacterial Hand Wash** and **Deluxe - Luxury Hand Soap with Moisturiser**, which is suitable for all environments.

### **Hand Washing Technique**

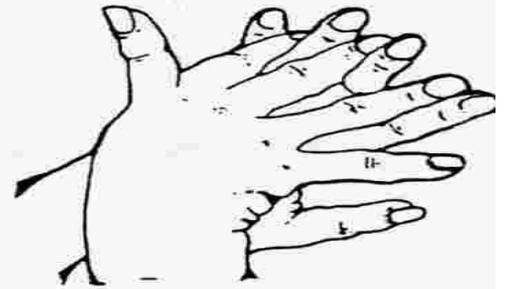
When cleaning the hands, all the surfaces of each hand must be washed according to the techniques described below. Care must be taken to ensure that the most commonly missed areas – the thumbs, backs of hands, the areas between fingers and the fingertips- are also thoroughly disinfected.

Each step of the hand washes should consist of five strokes backwards and forwards, if they are to be completely effective. After washing the hands must be carefully dried using disposable paper towels.

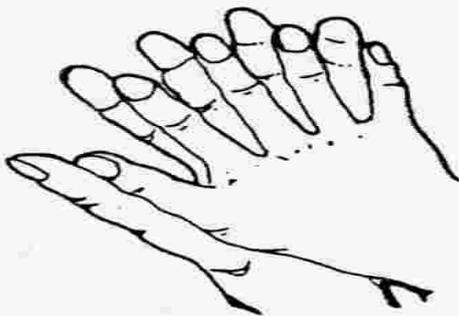
## THE RECOMMENDED AYLIFFE TECHNIQUE FOR EFFECTIVE HAND WASHING



1. Palm to palm



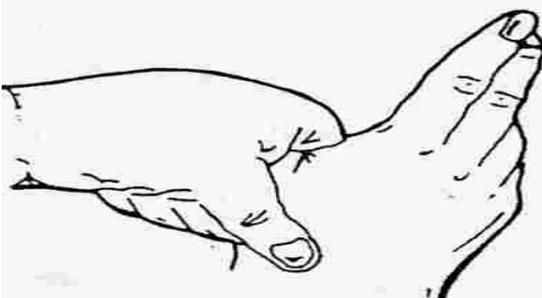
2. Right palm over left dorsum and left palm over right dorsum



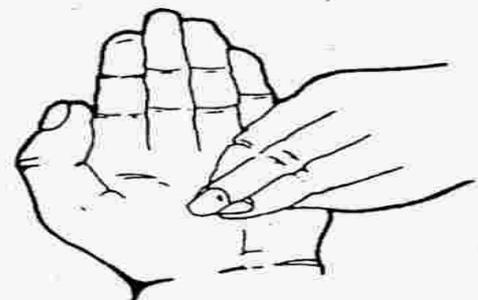
3. Palm to palm fingers interlaced



4. Backs of fingers to opposing palms with fingers interlocked



5. Rotational rubbing of right thumb clasped in left palm and vice versa



6. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa

There are several types of hand wash, each suited to specific tasks.

### **The Social Hand Wash**

This is a routine hand wash for all patient contact. It should be performed before and after all non-clinical and most clinical ward procedures.

Hands and wrists should be wet, and sufficient liquid soap should be applied to create a lather. Hands should be washed for a minimum of 15 seconds using the above recommended procedure. Hands should then be rinsed clean and thoroughly dried.

### **The Hygienic Hand Disinfection**

This hand wash should be used prior to undertaking invasive procedures or when caring for patients that are known to have infections, or are known to be immune-compromised, as well as when visible soiling of the hands with biological fluids has occurred.

Hands should be washed and dried with the social hand wash. There should then be approximately 5ml of an alcohol hand rub applied to the cupped hands, and rubbed following the Effective Hand Wash procedure until dry.

### **Surgical Hand Disinfection**

This should be undertaken prior to surgical procedures, as this removes both the transient microorganisms as well as those resident on the hands. The technique above should be extended to include the forearms, for a period of two minutes, with an antiseptic solution 4% chlorhexidine or iodine. Dry thoroughly.

## **Personal Protective Equipment (PPE)**

Personal protective equipment (PPE) is used to prevent the transfer of microorganisms to or from patients, staff, uniforms, and equipment. Uniforms, such as dresses, tunics and white coats are included as PPE, and should be treated as such, i.e. sent for washing via the hospital laundry service or washed in a hot wash (60 °C), followed by a hot tumble dry and/or hot ironing separately from other clothing.

The use of other protective clothing such as gloves, aprons, goggles and the covering of cuts should be adhered to for all patient contact where contamination with bodily fluids is likely.

### **Plastic Aprons**

Disposable plastic aprons provide effective and practical protection to the wearer against the transfer of microorganisms to and from the clothing. They also protect against contamination by blood or other bodily fluids.

They should be worn when contamination of the clothing is likely, such as during bed bathing, and between each patient when undertaking aseptic procedures, and also when it is likely that susceptible persons would be affected by microorganisms in the wearers clothing.

### **Gloves**

Gloves should not be used as a substitute for hand washing. Hands should be thoroughly washed with liquid soap and warm water and dried after gloves are removed.

Sterile gloves are worn for the protection of the patient and are required for aseptic procedures, as well as when dealing with immune-compromised patients.

Non-sterile gloves are worn for the wearer's protection from gross contamination. These should be worn when contact with blood and bodily fluid is expected, or when alternatively instructed.

Vinyl, Latex, and Nitrile gloves are supplied by Sky Chemicals.

### **Masks**

Masks are worn to prevent splashing of blood or bodily fluid into the wearer's face. They are also worn to reduce the transfer of microorganisms present in the respiratory tract of the wearer to susceptible sites, or more rarely, to reduce the risk of infection of the wearer when in close contact with specific microorganisms such as multi-drug resistant tuberculosis.

When the use of masks is indicated, these should be worn correctly, fitting closely to the contours of the face. They should be removed when indicated by the manufacturer, or when moist, carefully to avoid contamination of the hands.

### **Goggles / Glasses / Face Visors**

These should be worn when contamination from blood or bodily fluid is likely through splashing.

### **Hats and Caps**

Protective headgear need only be worn in theatre (theatre caps) or in the catering department (hats) to prevent the dispersal, into food and susceptible surgical sites, of microorganisms commonly found in the hair and scalp. The hair should be fully contained, and caps should be removed on leaving the theatre or kitchen.

## **Isolation Procedures & Cleaning Practice**

The role of cleaning practice as a source of infection control is vital. It is particularly important where isolation procedures have been put in place. These are designed to prevent the transfer of micro-organisms from infected patients to other patients or staff, or alternatively to protect susceptible individuals from infection. Patient areas should be kept clean and dry to prevent the growth of bacteria and the spread of infection.

Daily cleaning of isolation rooms seldom requires more than wet mopping with a neutral detergent, such as **Chloricide Plus Detergent Sanitizer Tablets**. Once diluted, **Chloricide Plus** will clean and kill bacteria in one application and is suitable for use in hospitals and surgeries. This product can also be used on hard surfaces which may require cleaning. However, in an isolation room, it is necessary to disinfect the mop after such cleaning has taken place. **Chloricide Disinfectant Tablets** are also available solely for disinfection purposes.

If there is spillage of blood, faeces, or vomit in the room, extra care should be taken. We recommend **Chloricide Granules**, which are suitable for disinfection of body fluid spills on hard surfaces. The product can be used on urine, vomit, blood etc.

Terminal cleaning of an isolation room requires that all waste, bed linen, and patient property should be removed, after which all surfaces of the room should be cleaned and thoroughly disinfected, including high surfaces such as rails and shelving. We recommend **Chloricide**, which will kill a range of pathogenic micro-organisms, including the viruses that cause HIV/Hepatitis B. It also kills MRSA bacteria. This product can be used on hard surfaces & soft furnishings.

We also supply MRSA Hard surface wipes. This disinfectant wipes for use on hard surfaces and utensils are effective against a variety of bacteria including MRSA, HIV, E-Coli, TB, Salmonella and Listeria. BS EN 1276 Approved.

Curtains should be changed when visibly soiled or when a patient with a diarrhoea or multi-resistant organism, such as MRSA, has been cared for.

After cleaning, the room should be allowed to dry thoroughly before its next occupant. This allows for an additional safety margin, as most bacteria will die when the cells dry out.

For reasons of Health and Safety, it is extremely important that gloves and a plastic apron are worn when preparing or using any of these disinfectants.

## **Responses to Individual Diseases**

Individual diseases often require specialised cleaning practices and control procedures, as they may be transmitted in different ways. This section outlines the nature of, and suggested responses to, individual infections.

### **Chicken pox / Shingles**

Chicken pox and shingles are caused by the organism *Varicella zoster*. Chicken pox is spread through the air via respiratory droplets and from skin vesicles, whilst shingles is spread through direct contact, as well as by airborne spread from the rash. Chicken pox incubates for 10-21 days, and it is usually 14-15 days until the rash appears. It is contagious up to five days before the rash appears and until all the vesicles have scabbed over.

- Isolation of the source patient should occur, and respiratory precautions should be undertaken. Contact precautions should also be in place as the fluid from the vesicles is also infectious. Patients should be isolated until all lesions are scabbed and no new lesions have appeared for 48 hours.
- Precautions should be taken against exposure of non-immune neonates and immunodeficient patients, as well as for visitors and staff who have not been previously exposed to the disease. Pregnant women should avoid all contact with the infected person.
- Cleaning of the patient's room should be done as per the recommended cleaning practice for isolation rooms, as outlined above.

### **Diphtheria**

Diphtheria is transmitted through contact with a patient or carrier, or via droplets. It incubates for 2 to 5 days, and is infective for usually two weeks or less, and for seldom more than four weeks. The patient can only be considered non-infectious when two consecutive cultures taken from the nose and throat test negative for the disease.

- Strict isolation of the patient must occur until disease is no longer infective, and all contacts with patient should have nose and throat swabs taken, and if possible treated with antibiotics, even before the result from the swabs is known.
- Cleaning of the patient's room should be done as per the recommended cleaning practice for isolation rooms, as outlined above.

### **Gastroenteritis (Bacterial) and Typhoid Fever**

These diseases are caused by enteric pathogens such as Cholera, Salmonella, Shigella, Campylobacter, and enteropathogenic or enterotoxigenic *Escherichia coli*.

All new cases of diarrhoea should be treated as infectious, until infectious causes for the disease have been excluded. Stool samples should be taken from the patients and sent for microbiological analysis, in order to determine the causative organism.

These diseases are transmitted by oral ingestion of faecal matter. This therefore means that good hygiene before and after contact with patients is vital, and gloves and aprons must be worn when handling faeces or faecally soiled items.

- Incubation times for these diseases vary depending on the causative organism, but most will be contagious whilst symptoms persist.
- The source patient should be isolated until 48 hours after their last visible symptoms, and the room cleaned as described above.

### **Gastroenteritis (Viral)**

This can be caused by several organisms, including Rotavirus. These diseases are usually transmitted faecal-orally, as for bacterial Gastroenteritis, or via droplets. Rotavirus incubates for between 24 and 72 hours, and most other viruses that cause Gastroenteritis will incubate for less than 48 hours. Rotavirus is infective from the onset of symptoms until at least the eighth day of illness, whilst most others will be infective for as long as symptoms persist, and until 48 hours after symptoms cease.

- Patients displaying symptoms of vomiting and diarrhoea should be treated as infectious until infectious causes for their illness have been excluded. Stool samples should be sent for microbiological examination and infected patients should be isolated.
- Gloves and aprons should be worn when handling faeces or faecally soiled items, as good hygiene practice is vital in preventing the spread of these diseases.
- The patient's room should be cleaned using the methods outlined above.

### **Hepatitis A and Hepatitis E**

These diseases are transmitted faecal-orally. Hepatitis A incubates for 15 to 50 days and Hepatitis E incubates for 15 to 64 days.

Hepatitis A is infectious from the latter half of its incubation period until one week after the onset of jaundice. The infectious period for Hepatitis E is not known, but it is probably similar to that of Hepatitis A, although it has been found in stool samples up to 14 days after the onset of jaundice.

- Source patient should be isolated and precautions taken whilst handling patient should persist until one week after the onset of jaundice, and room cleaned in the manner previously stated.

- The risk of infection to staff is minimal, even those which are non-immune, if personal hygiene is adequate.

## **Hepatitis B**

Hepatitis B is caused by the Hepatitis B virus. It is transmitted by percutaneous and permucosal exposure (i.e.: through the skin or mucous membranes) to infected bodily fluids, through parenteral infusion (injection, not through the alimentary canal but by some other route) of unscreened blood or blood products, sexual transmission and also by transmission from mother to baby.

The disease incubates for 45 and 180 days, but most commonly between 60 and 90 days. It is infective for several weeks before the onset of clinical symptoms, during the acute phase of the illness and for an indefinite period during the chronic carrier state, which may persist for life.

- Due to the highly infectious nature of this disease, extreme precautions should be taken around infected blood and bodily fluids, with injections and blood samples only administered to by qualified staff. Care must be taken when handling or disposing of sharps and all bodily fluids, particularly those which are bloodstained.
- Isolation in a single room, however, is rarely indicated unless the patient is bleeding, as the disease is transmitted through contact with body fluids. Should this occur, however, cleaning of the patient's room should be done as per the recommended cleaning practice for isolation rooms, as outlined above.
- Transmission of this disease to staff can be prevented by vaccination with the Hepatitis B vaccine, provided a protective serum antibody level has been achieved.

## **Hepatitis C**

Hepatitis C is caused by the Hepatitis C virus. It is transmitted via blood, either from sharing contaminated needles, post-transfusion of unscreened blood or blood products, or from mother to baby. The disease incubates for a period of two weeks to six months, but most commonly 6 to 9 weeks. It is infective for one or more weeks before the onset of clinical symptoms, during the acute phase of the illness and for a variable period afterwards, with some patients becoming chronic carriers.

- Care should be taken with blood and bodily fluids, but isolation is seldom required unless the patient is bleeding. Should isolation be required, however, cleaning of the patient's room should be done as per the recommended cleaning practice for isolation rooms, as outlined above.
- Injections and blood samples must only be undertaken by qualified staff.
- Injury sustained from contaminated sharps or contact with blood or bodily fluids of a patient in the acute or chronic stage of the illness can result in infection. It is therefore advised that precautions should be taken when handling these, and that

protective equipment, such as gloves, aprons and goggles or masks (if there is a risk of splashing), be worn when in contact with the patient or infected samples.

### **Hepatitis D (Delta Agent)**

Hepatitis D is a defective virus dependant on the pre-existence or concomitance (simultaneous occurrence) of the Hepatitis B virus for dissemination. It is very uncommon in the U.K.

It is transmitted in the same way as Hepatitis B, through contact with blood and bodily fluids, but mainly via the parenteral route through associated contact with unscreened blood or blood products, or exposure to contaminated sharps.

- The disease incubates for a period of two to ten weeks, and is most infective immediately prior to the onset of the illness. It does, however, persist in its infectivity for the duration of the carriage of the Hepatitis B virus.
- As with the Hepatitis B virus, care must be taken around blood and bodily fluids, with injections and blood samples only being undertaken by qualified staff.
- Isolation is rarely required unless the patient is bleeding.
- Those immune to Hepatitis B will not contract Hepatitis D.

### **Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS)**

HIV/AIDS is usually caused by the Human Immunodeficiency Virus 1 (HIV 1), but also, less frequently, by Human Immunodeficiency Virus 2 (HIV 2). The virus is transmitted through the introduction of bodily fluids, such as blood, semen, tears, breast milk, genital secretions, or saliva, from an infected patient, into the bloodstream of another person. There is no evidence of transmission through normal social contact or the sharing of normal household items. In a healthcare setting the most likely route of transmission is through inoculation with infected blood from a contaminated sharp, but there is also a small risk of infection following splashes of blood or bodily fluids onto mucous membrane or through broken skin.

Early infection with HIV is not usually detectable by clinical testing, but will become visible mostly within three months. Clinical disease, AIDS related complex (ARC), persistent generalised lymphadenopathy (PGL) and AIDS usually occur after two to fifteen years.

- The disease is infective for presumably the life of the patient and it must be remembered that secondary infections acquired by those with the disease may present a risk to those caring for them.
- Care must be taken when handling blood and bodily fluids, and especially with the disposal of sharps, blood or bloodstained body fluids.
- Single room isolation is not usually required but should be considered if the patient is bleeding, incontinent, behaving irresponsibly or irrationally, or if the patient is at risk from infectious disease or is a risk to others. Should this be required, cleaning

of the patient's room should be done as per the recommended cleaning practice for isolation rooms, as outlined above.

## **Influenza**

Influenza is spread by the influenza virus and its various mutations. Its incubation period extends between one and five days, and it is infective from its onset until up to seven days later.

- Isolation of those with the disease is often impractical due to the delay in diagnosis. However, such isolation during outbreaks is desirable to prevent the spread of infection, and cleaning practice should proceed as recommended for an isolation room, as described above.
- Non-immune staff is at risk of contracting the disease, as are people aged 65 or over, those with immunodeficiency, and those with chronic disease. These should be immunized against the prevalent strain before the winter months, and staff vaccinated in the event of an epidemic.

## **Lice**

### **-Body and Pubic**

Lice are transmitted through direct contact with an infected person or by contact with personal items that have been infested. The eggs hatch within 7 days and once hatched are capable of laying eggs in 8 to 10 days. Lice can spread for as long as eggs or parasites are alive. Parasites cannot survive for more than two days without a human host, but the eggs may survive for longer.

- Lice are treated by insecticidal lotion and bathing, and all close contacts should be checked for infestation. Clothing and linen should be treated as infected or infested linen and washed separately.

### **-Head**

Head lice are transmitted via direct contact with the infected person's scalp, or by contact with personal items such as combs, brushes or blankets.

As with body and pubic lice, the eggs hatch within 7 days and once hatched are capable of laying eggs in 8 to 10 days. Similarly the parasites cannot survive for more than 2 days without a human host, but the eggs may survive longer.

- If eggs are present in the hair of the patient then lice are guaranteed, and treatment with an insecticidal lotion is necessary. Families and close contacts should be checked for infestation and advised to seek treatment.
- Clothing and linen should be treated as infected or infested linen and washed separately.

## **Measles**

The measles virus is an airborne virus, spread by contact with fluids from an infected person's nose and mouth, either directly or through aerosol transmission and therefore requires respiratory protection to be worn. The disease usually produces a rash between 12 and 14 days after infection.

- Infected people remain contagious from the appearance of the first symptoms until 3-5 days after the rash appears, and so should be isolated for at least 5 days from the onset of the rash. Cleaning of the isolation room should be in accordance with the guidelines outlined above.
- Susceptible children should be given the measles vaccine within 72 hours of exposure to the disease, and infants and the immune-compromised may need pooled normal immunoglobulin to prevent serious infection.

### **Meningitis - Haemophilus Influenzae Type B**

The disease is spread through droplet infection and discharges from the nose and throat. The incubation period for the disease is unknown, but is probably short – in the region of two to four days. It is infective for as long as the organisms which cause the disease are present, which may be a prolonged period, unless appropriate treatment has occurred, in which case it will usually cease being infective in 24-48 hours.

- The disease seldom occurs in children over the age of four, and so there is a minimal risk to staff.
- Patients should be placed in single room isolation and precautions against airborne spread should be taken. Cleaning of the isolation room should occur according to the recommended cleaning practice for isolation rooms, as outlined above.

### **Meningitis - Meningococcal**

Meningococcal Meningitis is spread through direct contact, including direct contact with respiratory droplets from the nose and throat (so called "kissing contact").

- The incubation period for the disease varies from two to ten days, but most commonly occurs between three and four days. Meningococcal Meningitis is infectious for as long as the organisms are present, which may be a prolonged period. Droplets and facial secretions are considered to be infectious from the onset of the illness until completion of 24 hours treatment with systemic antibiotics.
- Isolation may be advised and the use of protective clothing including plastic apron and disposable gloves recommended for the handling of oral secretions. Masks should also be worn as procedures such as suctioning may result in exposure to infected respiratory droplets from the patient.
- Cleaning of the patient's room should be done as per the recommended cleaning practice for isolation rooms, as outlined above.
- All contacts of the patient should be advised to see their doctor immediately should they feel unwell.

## **Parvovirus**

Parvovirus is caused by Human parvovirus B19. It is spread through close contact with the infected person, fomites (substances capable of absorbing, retaining, and transporting contagious or infectious germs) or through droplet transmission.

- Incubation occurs for 13 to 18 days, and the disease is infective for seven days before the appearance of the rash.
- Patients should be isolated in a single room wherever possible, as they can be highly infectious and respiratory precautions and extremely thorough hand washing, as described above, for those in contact with the patient should take place.
- Cleaning of the patient's room should be done as per the recommended cleaning practice for isolation rooms, as outlined above.
- Pregnant women and the immune-compromised are at increased risk of severe infection and should avoid contact with infected patients.

## **Rabies**

The incubation time for rabies varies on the proximity of the infected bite to the brain – a bite on the face may take one to two weeks, whereas one on the ankle may take up to twelve months.

- It is extremely important that the patient is isolated and precautions against contact with the patient's saliva undertaken.
- It is recommended that personal protective equipment, such as aprons and gloves, is worn when in contact with the patient.
- Cleaning of the patient's room should be done as per the recommended cleaning practice for isolation rooms, as outlined above.

## **Ringworm (Tinea)**

Ringworm is caused by certain fungi which grow on skin, affecting any part of the body including the skin of feet, nails and hair.

- It is spread by direct contact or indirectly by contact with contaminated articles, clothing, and floors.
- The incubation period of the infection varies on the site of infection, and the condition will be infectious for as long as it persists and viable fungus exists.
- Clothing in contact with the lesion should be laundered.

## **Rubella**

The rubella virus is transmitted as an airborne disease, and exposure to the urine of infants with congenital rubella.

- It has an incubation period of 14 to 21 days, although most commonly symptoms are shown in 17-18 days.
- The disease is infective from seven days before the rash appears and until seven days after its appearance.
- Patients with the disease should be isolated until seven days after the onset of the rash, and precautions should be taken against airborne spread.

- It is extremely important that pregnant staff and visitors have no contact with the infected patient.
- Cleaning of the patient's room should be done as per the recommended cleaning practice for isolation rooms, as outlined above.

### **Scabies**

Scabies is caused by a small parasitic mite, usually found between the fingers, on the wrists, and in the folds of elbows, armpits, buttocks, and genitalia.

- It is transmitted via skin to skin contact, or very rarely in undergarments, slippers or bedclothes which have been freshly contaminated.
- Itching begins two to six weeks after infestation in those not previously exposed to the mites and within four days in those previously infested. Scabies will be infective until all mites and their eggs are destroyed by treatment.
- Precautions such as PPE should be taken when in contact with an infested patient until 24 hours after effective treatment is started.
- Contaminated clothing, undergarments, and bed linen used within 48 hours prior to the commencement of treatment should be laundered with hot water and detergent. Items that cannot be washed or dry cleaned should be placed in a sealed plastic bag for four days until any mites or eggs are dead.

### **Streptococcal (Group A) Diseases**

Group A streptococci cause a variety of diseases including sore throats, impetigo, scarlet fever, cellulitis, toxic shock syndrome, septicaemia, and necrotising fasciitis, of which outbreaks can occur.

Streptococcal diseases are transmitted through direct contact with those infected or with carriers, contact with streptococci passed on hands or fomites and through inhalation of airborne streptococci found in dust from floors, bed linen skin scales from patients with desquamating skin lesions and occasionally through nasal dispersal from carriers.

- These diseases usually incubate for 1 to 3 days, and if untreated can remain infectious from weeks to months. After appropriate treatment they will, however, only continue to be infectious for 24-48 hours.
- Patients with these illnesses should be kept isolated to prevent the spread of the diseases and respiratory protection should be worn by those in contact.
- Cleaning of the patient's room should be done as per the recommended cleaning practice for isolation rooms, as outlined above.

### **Tuberculosis**

Tuberculosis is spread through droplets by the bacterium *Mycobacterium Tuberculosis*, by patients with the respiratory form of the disease, Open Pulmonary TB. The disease incubates for four to twelve weeks and is infectious until treated.

- Those patients with Open Pulmonary Tuberculosis should be isolated and precautions taken against the airborne spread of the disease. Those patients with Non-respiratory TB need not be isolated, but precautions with contact should be undertaken (i.e.: gloves should be worn).
- Cleaning of the patient's room should be done as per the recommended cleaning practice for isolation rooms, as outlined above.

### **Viral Haemorrhagic Fevers (VHF)**

This group includes Lassa Fever and Ebola-Marburg virus disease. These are very rare and only likely to occur in travellers from West or Central Africa, parts of South America and some rural parts of the Middle East and Eastern Europe.

In a healthcare setting these diseases are likely to be transmitted through contact with infected blood by accidental inoculation or contamination to broken skin or mucous membrane by contact with infected blood or bodily fluids, or alternatively through airborne spread.

- Viral Haemorrhagic Fevers commonly incubate for six to twenty-one days, and should be considered highly infectious as whilst some of these diseases are relatively mild, some are life threatening and very serious.
- Patients must be put in isolation rooms immediately, and kept there until it is established what risk they pose. Staff should wear protective clothing – disposable hand gloves should be worn at all times, and hands washed after gloves have been removed; disposable aprons should be worn at all times over a disposable surgical gown; and face and eye protection should be worn if there is a risk of splashing. Extreme precautions should be taken with blood or excretions, and the patient's excreta solidified using an absorbent gel, and double bagged for incineration. Disposable linen, bedpans and urine bottles should be used and disposed of as clinical waste. Crockery should be washed inside the patient cubicle, bagged and held until the risk is ascertained. Where possible, disposable medical equipment should be used, and all waste should be double bagged.
- Terminal cleaning of the isolation room should be under the advice of the Infection Control Team. All surfaces contaminated with blood and body fluid should be decontaminated thoroughly with the use of a hypochlorite solution. Protective clothing is essential. All surfaces should be cleaned with a 1000ppm hypochlorite before being cleaned again using detergent. Wall washing is not necessary, but curtains should be changed.

### **Whooping Cough (Pertussis)**

Whooping cough is transmitted via respiratory droplets, and incubates for six to fourteen days until the catarrhal stage and a further 14 days until the paroxysmal cough develops.

- Whooping cough is highly infectious during the catarrhal stage and lower after the third week of the paroxysmal cough.

- Airborne precautions should be undertaken and patients should be kept isolated until 21 days after the onset of the paroxysmal cough.
- Cleaning of the patient's room should be done as per the recommended cleaning practice for isolation rooms, as outlined above.

## **Guidelines for the Control of Methicillin-Resistant *Staphylococcus Aureuse* (MRSA) & Clostridium Difficile**

Certain strains of *Staphylococcus aureus* have been found to be resistant to many antibiotics. Patients can carry this organism without it causing any infection, but it can be dangerous to those with wounds or decreased immunity. Owing to the multiple resistances exhibited by these strains, which include all penicillins, treatment is difficult, and spread following colonisation of other patients and staff can occur.

Clostridium Difficile is a bacterium of the Clostridium Family, which includes bacteria known to cause tetanus, botulism and gas gangrene. It grows in places where there is little oxygen present and produces spores that can survive for a long time. Clostridium Difficile can be found in a small proportion of the healthy adult population, generally inhabiting the large intestine where it is normally kept in check by the healthy bacteria. However, if the healthy bacteria are killed by antibiotics, then the C. Difficile bacteria will be able to multiply and release two toxins (A and B) which will damage the walls of the intestine. Clostridium Difficile can cause diarrhoea and in more serious cases causes colitis, ulceration and bleeding of the colon, and can be fatal. The disease mostly spreads as a result of cross infection by contact with healthy carriers, via healthcare staff or through a contaminated environment. An infected patient will excrete the spores into the environment, which will contaminate the entire area around their bed.

Patients shown to have MRSA or Clostridium Difficile, particularly those who are probable dispersers (e.g.: with skin conditions such as eczema, heavily discharging wounds etc.) should be, where possible, kept separate from other patients. If the patient is found to have MRSA in the nose or lungs it may also be necessary to have the patient in a separate room to prevent droplet spread of the organism to others. If a number of patients are infected with the same organism it is possible to nurse them in the same area. Most importantly, contact isolation should be in place, with those in contact with the patient, or anything in contact with the patient, being extremely vigilant about hand washing.

Hygiene is vital in preventing the spread of MRSA and Clostridium Difficile. Patients' linen should be changed daily, and all waste generated from the isolation room or area disposed of as clinical waste. Waste bins in the isolation area should be foot operated and emptied at least once a day. Daily cleaning of all horizontal surfaces with a detergent and hot water, and using designated cleaning equipment, should occur. Cleaning equipment should be disinfected after use and cloths and mop heads should be changed daily. The cleaning of these rooms should be very thorough, with particular emphasis paid to dust collecting areas. Dry mopping and dusting should not be used. Upon terminal cleaning of the room, disinfectants should be used on all horizontal surfaces and sanitary fittings. Bed curtains should be changed and laundered, and any equipment in the room should be cleaned in the appropriate manner. Terminal cleaning should be done at the earliest opportunity.

Sky Chemicals provides a range of detergent products which are effective in combating the MRSA and Clostridium Difficile bacteria such as **Chloricide Plus – Chlorine Detergent Sanitizer Tablets** and **Chloricide – Chlorine Disinfectant Tablets**, the products contain the dry chlorine donor NaDCC, effective in killing a range of pathogenic micro-organisms, including the MRSA and Clostridium Difficile bacteria, on both hard and soft surfaces, and our MRSA Hard Surface Wipes, which are disinfectant wipes for use on hard surfaces and utensils and effective against a variety of bacteria including MRSA and are BS EN 1276 Approved.

When dealing with MRSA or Clostridium Difficile hand decontamination must occur after all patient contact. Hand washing with soap and water is recommended, using the techniques outlined above, followed by the application of an alcohol hand rub, if the patient has a known infection, or prior to an invasive procedure. The use of gloves and a plastic apron for all MRSA patient contact is also recommended.

Sky chemicals, aware of the necessity of hand hygiene, supply both hand washes, such as **Utopia**, an odourless, anti-bacterial hand wash, and alcohol based hand rubs, such as **Zircon Alcohol Hand Sanitizer**, and accessories. **Zircon** is effective against MRSA & viruses that cause Aids & Hepatitis B, helping to prevent cross infection and ideal for the non-surgical medical environment. It is odourless and evaporates in hands without leaving residue. This product also contains glycerine for skin protection, vital when continual hand washing takes its toll. **Meets requirements of BS EN 1276.**

### **Legionnaires' Disease / Legionella**

Infection with Legionnaires' disease occurs after persons have breathed mists that come from a water source such as air conditioning cooling towers, whirlpool spas or showers, contaminated with *Legionella* bacteria. Persons may be exposed to these mists in hotels, workplaces, hospitals, or public places. *Legionella* organisms can be found in many types of water systems growing in water temperatures from 20 °C to 50 °C, reproducing at the greatest rate in warm (32 - 40 °C), stagnant water, such as that found in certain plumbing systems and hot water tanks. There is no evidence that *Legionella* can be passed from person to person.

Should an outbreak of Legionnaires' Disease occur at hospital, the Infection Control Team should be notified. The priority is then to ascertain the source of the infection, and eliminate it.

Preventing the growth of *Legionella* in hospitals requires the regular cleaning of air conditioning systems and Hydrotherapy pools, as well as maintenance of plumbing systems.

### **Hydrotherapy Pool Hygiene Guidance**

The general hygiene of the pool can usually be maintained if those using the pool follow these simple guidelines.

All pool users should be encouraged to shower before and after use of the pool, and staff and patients should have separate shower facilities.

There should be individual towels and dressing gowns available and these should also be laundered after each session.

Individual swimming costumes should be worn, and laundered after each session. All pool users should be encouraged to void the bladder prior to use of the pool. Outdoor shoes, unless protected by overshoes, should not be worn on the pool surrounds.

To avoid compromising the hygiene of the pool or its surrounds, patients or staffs which pose a risk of cross infection or contamination should be excluded from the Hydrotherapy Department. These include those who have discharging wounds or pressure sores, those with skin infections, excluding tinea pedis, ringworm and verrucae if pool socks are worn, those with gastrointestinal infections, those with discharges from body areas such as the ear or eye, those with chest infections or febrile conditions, those with notifiable infection, those with incontinence of faeces and/or urine and those with urinary tract infections (if displaying poor bladder control).

Sky Chemicals supplies **Marine - Swimming Pool Cleaner**, which removes lime scale, grease, grime and spillage without necessitating drainage of the pool. This product controls water scale, body fats and bacteria, and its ultra low foaming formula does not effect P.H. balance.

## **Disinfection of Healthcare Equipment & Environment**

This section gives advice on general cleaning practice and guidance on products for cleaning surfaces and equipment in general use.

Here are some important definitions, useful in determining the cleaning practices to use.

**Sterilisation:** A process whereby living microorganisms are destroyed or removed. This should be used for all equipment which is to be introduced to the sterile body area.

**Disinfection:** A process whereby vegetative microorganisms, but not spores, are destroyed or reduced to a relatively safe level. This should be used for equipment which does not breach a normal body defence mechanism or is in contact with intact skin.

**Cleaning:** A process used to render the environment visually clean or to remove the bulk of microbial contamination prior to sterilisation or disinfection. Hot water and soap detergents are sufficient for this purpose.

To aid staff in the choice of decontamination method used, the following risk categories may be helpful:

**High Risk:** This category includes items, such as surgical instruments, syringes, needles, dressings and catheters, which are in close contact with a break in the skin or mucous membrane, or are introduced into a normally sterile body area. These items require sterilisation, however, should this be impractical or impossible, disinfection which includes *Mycobacterium tuberculosis*, but not necessarily atypical mycobacteria or spores, may sometimes be acceptable.

**Intermediate Risk:** This category includes items, such as respiratory equipment and gastroscopes, which are in contact with mucous membrane or other items contaminated with particularly virulent or readily transmissible organisms. Items to be used on highly susceptible patients are also included in this category. Disinfection of these items is required by autoclaving (sterilisation by use of a strong, steam-heated and pressurised vessel, an autoclave), or by use of chemical disinfectants.

**Low Risk:** This category includes items, such as stethoscopes and washing bowls, which are in close contact with normal and intact skin. These items require cleaning with water and detergent, followed by thorough drying.

## General Cleaning with Detergent

Supplies of detergent should be available in all areas of the hospital. Cleaning of articles with hot water and detergent will increase the efficiency of any disinfectant used, and therefore increase the hygiene of the general environment.

Hot water and a detergent should be acceptable for routine cleaning of the equipment and environment in wards and departments. If, however, a surface is contaminated by blood or other bodily fluids, disinfection is required.

## Use of Disinfectants

Relevant departmental procedures should be followed when handling disinfectants. As some disinfectants may be caustic, disposable gloves and aprons must be worn. Eye protection may also occasionally be necessary.

Any spillages or splashes of disinfectant should be dealt with promptly.

After applying a surface disinfectant, the area should be wiped clean with a damp cloth, to remove any remaining disinfectant residues. This is, however, unnecessary after the use of alcohol sprays or wipes.

Disinfectants should not be decanted into other containers, as this can result in the misidentification of substances and the possibility of selection of resistant organisms. For this reason it is also important that any pump dispensers transferred between bottles should be cleaned.

## Types of chemical disinfectants available

**Chlorine releasing Preparations (Hypochlorites):** These act by the release of free chlorine. Solutions are unstable at in-use dilutions and are easily made inactive by organic matter, such as blood or pus. These disinfectants may damage certain materials, such as plastics, some metals, and fabrics, and so their use on metallic surfaces should be avoided wherever possible. Care should be taken when using Hypochlorites, as they are not compatible with some detergents and may release harmful gasses when mixed with acids or urine. Where possible good ventilation should be ensured when using higher strength hypochlorite solutions. Dilution charts for Chlorine-Releasing Preparations should be displayed in each clinical area.

**Alcohols:** Alcohols are disinfectants which kill microorganisms on drying. They should only be used on clean items as they penetrate poorly. Alcohol disinfectants are available as wipes, sprays and hand rubs.

**Aldehydes:** Gluteraldehyde kills a wide range of microorganisms But it is toxic, causing severe eye, nose, throat and lung irritation, along with headaches, drowsiness and dizziness. It may also cause skin and respiratory problems.

## **Recommended Procedure for Decontamination of Various Equipment Types**

**Auroscope Earpieces:** clean using detergent and hot water, dry and then wipe with 70% industrial methylated spirit.

**Baths, wash basins:** clean using detergent and hot water, unless for an infected patient, when non-abrasive hypochlorite-containing powder should be used.

**Bed cradles/frames:** wash with detergent and hot water and then dry, unless used by a patient with a specific infection, when disinfectant must be used.

**Bedpan carriers/commodes:** wash with detergent and hot water and then dry between each patient.

**Bowls- surgical:** these should be autoclaved.

**Bowls- washing:** wash in detergent and hot water, store dry and inverted. Each patient should have their own. Bowls of infected patients should be disinfected after washing and drying.

### **Cleaning Equipment**

**-wet mops:** these should be rinsed after use, wrung out and stored invertedly. Mop heads should be changed daily, and washed by machine.

**-mop buckets:** rinse these in water, dry and store inverted.

**-spray bottles:** ensure these are clearly labeled. Spray bottles should be cleaned with water and detergent, and dried when empty. Should be allowed to dry before re-use.

**-lavatory brushes:** clean by flushing in toilet. Store dry.

**-dry mops:** mop head should be vacuumed and then washed in detergent and hot water after use.

**Humidifiers:** if not the preferred disposable, wash with detergent and hot water, and wipe with alcohol. These should be changed daily.

**Incubators/cots:** wash with detergent and hot water and then dry. For infected patients follow this with a 70% industrial methylated spirit wipe.

**Instruments:** those instruments which are not disposable should be autoclaved.

**Lifting hoists:** wash with detergent and hot water and then dry, unless used by a patient with a specific infection, when disinfectant must be used.

**Mattress/covers (plastic):** wipe with detergent and hot water, before drying. For infected patients, this should be followed by wiping with a disinfectant.

**Suction Equipment:** for those with non-disposable liners, contents should be emptied down sluice, before the system is washed using detergent and hot water. The system should then be rinsed. Store dry.

**Thermometers –oral, rectal and electronic:** excess secretions should be wiped off using a tissue, followed by wiping with an alcohol impregnated wipe. These are for individual patient use.

**Trolleys/Dressings:** should be washed daily with hot water and detergent, and wiped with 70% alcohol between patients. If soiled, wash with detergent and water between patients.

**Weighing scales (infant):** should be used with a liner. Wash with detergent and hot water, followed by wiping with 70% industrial metholated spirit, if contamination occurs.

### Decontamination of Spillages

**-Blood and Bloodstained Body Fluid:** The use of hospital Spillage Kits is recommended. These should contain paper towels, disposable gloves, hazard scoops and scraper, disposable aprons and a disinfectant containing hypochlorites.

When a spillage of blood or bloodstained body fluids is encountered, the following action should be taken:

Wearing disposable gloves and aprons, and eye protection should there be a danger of splashing, use paper towels to soak up as much of the spillage as possible. We also recommend the use of **Chloricide Granules**, which are suitable for disinfection of body fluid spills on hard surfaces. The area, and any remaining spillage, should then be covered completely with a disinfectant, such as **Chloricide** chlorine disinfectant tablets or **Chloricide Plus** the chlorine disinfectant tablets with added detergent. **Chloricide** and **Chloricide Plus** will kill a range of pathogenic micro-organisms including the viruses that cause HIV and Hepatitis B as well as the bacteria that cause MRSA and Clostridium Difficile.

The disinfectant should be allowed to sit for at least two minutes and, importantly, should not be left unattended. Following this, any remaining disinfectant should be removed with damp paper towels, and the area cleaned with detergent and hot water.

All waste, including disposable equipment such as gloves and aprons, should be disposed of into a yellow clinical waste bag.

When this is done, hands should be thoroughly washed and dried.

## Decontamination of Spillages

**-Spillages other than Blood and Bloodstained Body Fluid:** This procedure covers the routine management of spillage of faeces (not diarrhoea), vomit, sputum, urine and wound exudate, ensuring that the carer is protected.

Disposable gloves and plastic apron should be worn, as well as eye protection should there be a danger of splashing. Cleaning solutions should be freshly prepared in clean containers and disused after use.

General purpose detergents, such as **Chloricide Plus**, which will clean and kill bacteria in one application, should be diluted with hot water. This should be done in a standard polypropylene bowl, and never in a sink.

Up to six paper towels or disposable wipes should be added to this solution. This should then be wrung out and used individually, without returning them to the bowl. After use, these should be discarded into yellow clinical waste bags. We also recommend the use of **Chloricide Granules** for disinfection. If necessary, a fresh detergent solution should be prepared, and the process repeated.

If a mop and bucket is used to clean up a spillage, these should be washed with detergent and hot water, and stored dry after each use.

In instances where spillage has occurred from a patient with a suspected or confirmed infection, the use of a disinfectant is recommended, and the above procedure followed.

## **Cleaning Procedure for Manual Handling Equipment**

Cleaning equipment should be cleaned or laundered between each patient use or, alternatively, should be allocated to an individual patient and cleaned or laundered when either the patient is discharged from hospital or the equipment becomes soiled with bodily fluids.

**Hoist Slings** should be laundered, by normal hospital laundry, between patients.

**Slide Sheets** should be laundered by normal hospital laundry between patients, unless all patients using these are fully clothed, in which case laundering should occur when visibly soiled.

**Pat Slides** should be cleaned between patients using detergent and hot water and dried. If the pat slide is used on a patient with a known infection or MRSA, the slide should then be cleaned as above, then wiped with a 70% alcohol wipe and allowed to dry. If contaminated with blood, disinfectant should be used.

**Easy Slides** should have disposable covers which should be changed between patients, or non-disposable covers which should be laundered at high temperatures between patients.

**Transfer Belts** should be laundered regularly, when soiled and after use by infected patients. These should be washed at high temperatures.

**One Way Glides** should be cleaned between patients using detergent and hot water. If heavily soiled these should be sent to the laundry.

**Hand Blocks** should be cleaned between patients using detergent and water.

**Rope Ladders** should be cleaned between patients using detergent and water.

## Cleaning & Decontamination of Beds & Mattresses

### Routine Cleaning of Conventional Bed Frames and Mattresses

**-Bed frames:** Socially soiled bed frames should routinely be cleaned with detergent and hot water, and then dried. This should be done between patients, at weekly intervals if occupied by the same patient, or more frequently if required by long-stay patients.

Bed frames soiled with blood or bloodstained body fluids should be wiped with detergent and hot water, followed by disinfectant, and dried.

**-Mattress Covers:** Socially soiled mattress covers should usually be routinely cleaned with detergent and hot water, and then dried. This should be done between patients, at weekly intervals if occupied by the same patient, or more frequently if required by long-stay patients.

Mattress covers soiled with blood or bloodstained body fluids should usually be wiped with detergent and hot water, followed by disinfectant, and dried.

However, as mattress covers are made from a range of plastics, care should be taken in the use of chemical agents on these for cleaning, and the manufacturer's recommendations for cleaning should be followed.

**Cleaning of Pressure Relieving Mattresses:** These should be cleaned in accordance with the manufacturer's policy. Mattresses should be cleaned before being returned to the equipment store and following soiling by blood or bodily fluid.

Mattresses used by patients with Methicillin-Resistant *Staphylococcus Aureus* (MRSA), Clostridium Difficile or Vancomycin-resistant Enterococcus (VRE), as well as certain other microorganisms, as advised by the Infection Control Team, should be routinely cleaned during and after use, following the same procedure as that for mattresses soiled with blood or body fluids, as outlined below.

**Procedure for Cleaning of Mattresses Soiled with Blood or Bodily Fluids:** Wearing protective clothing, such as disposable gloves and plastic apron, and eye protection should there be a danger of splashing, prepare a disinfectant solution in a designated container. Use a disposable cloth to wipe over the mattress and bed frame, all tubing and the motor box, and then dry carefully with paper towels.

Dispose of paper towels and cloths carefully into a yellow waste bag, and dispose of solution down sluice. The container should then be rinsed out and dried carefully.

Protective clothing should then be disposed of into a yellow clinical waste bag and hands washed and dried thoroughly.

## **Linens**

It should be ensured that linen bags contain no extraneous material. Sharps, paper and human tissues present hazards to laundry workers and may damage laundry equipment. Such material should be removed before items are sent for laundering.

**-Infected or Infested linen which can be disinfected by laundering:** This should be kept separate from other laundry and washed at high temperatures.

Infected or infested personal clothing should wherever possible be returned to relatives for washing, with guidance from the Infection Control Team. Should this not be possible, however, the same procedure as for infected/infested linen should be followed.

In exceptional cases, infected/infested linen may require incineration. In such circumstances, advice should be sought from the Infection Control Team.

Heat labile linen (linen that cannot withstand the temperatures required for disinfection) should not be used, but if it is the laundering procedure may be modified after discussion with the ICT.

## **Waste Disposal**

All waste produced in a hospital environment needs to be disposed of correctly. How this is done depends on the type of waste it is and what dangers it poses to the public.

**-Clinical Waste:** Clinical waste is any material that must be disposed of by incineration, in approved containers at the elevated temperatures that will completely destroy all potentially harmful substances possibly contained in the waste, according to current legislation.

Clinical waste includes: soiled surgical dressings, swabs and other contaminated waste from treatment areas, all human tissue (whether infected or not), discarded sharps, laboratory and post-mortem room waste, certain pharmaceutical and chemical waste, used disposable bedpan liners, urine containers, incontinence pads and stoma bags. Contaminated glass should be disposed of as clinical waste into sharps boxes.

**-General Waste:** General waste is that which arises from areas where there is no risk of potentially infected material being present, such as offices, staff and visitor catering areas, kitchens, stores, residences and workshops.

**-Catering Waste:** Catering waste should be treated as general waste and disposed of as such.

## **Practices & Procedures Relating to Food Hygiene**

### **Training**

All those responsible for the handling of food should receive training in food hygiene appropriate to their work and areas of responsibility.

### **Personal Hygiene**

All those handling food should maintain high levels of personal hygiene. This requires that they wash their hands at appropriate times in a suitably equipped hand basin, that they wear protective clothing whilst handling food or working in a food area, that they cover all cuts and wounds with suitable blue waterproof dressings, that they refrain from eating, drinking or smoking in the food handling areas and that they adopt good personal hygiene habits.

To avoid the risks of cross contamination, staff should not conduct other nursing duties whilst serving food, unless unavoidable, in which case they should wash their hands and change plastic aprons before continuing. Furthermore, staff suffering from infectious illnesses should not handle food until medically cleared to do so.

To help ensure hand hygiene at all times, Sky Chemicals supply a range of hand washes, soaps and rubs which include **Utopia**, an odourless anti-bacterial hand wash specially formulated for use in kitchens and our **Deluxe** Luxury hand soap with moisturiser, which is suitable for all environments. We also supply **Zircon Alcohol Hand Sanitizer** which is effective against a variety of microorganisms, helping to prevent cross infection – ideal for the food industry. This product evaporates in hands without leaving residue or odour and contains glycerine for skin protection.

### **Catering Areas (Kitchens)**

All food should be stored in conditions which protect it from contamination and prevent microbial growth, with dried foods kept in a cool, dry, well ventilated area, refrigerated foods kept in clean, well maintained refrigerators, at temperatures between 0°C and 4°C and frozen foods kept in clean, well maintained refrigerators at temperatures between -18°C and -22°C.

- Raw and cooked or ready-to-eat foods should be kept separate in refrigerators and freezers, and all food should be labelled.
- All frozen food should be thawed in controlled conditions, and all food prepared as close to the cooking or consumption time as possible.
- All foods should also be consumed before their expiry dates and any food that is out of date should be thrown away.
- Kitchens must be pest free and any evidence of cockroaches, mice etc, should be reported to management.

## **Kitchen cleaning**

The design of the kitchens must allow for adequate cleaning and disinfection, protect against the accumulation of dirt and contact with toxic materials and permit good hygiene practices. All surfaces should be easy to clean, or disinfect if necessary.

Any room, in which food is prepared, treated or processed excluding dining areas, must have floor surfaces that are in a sound condition which are easy to clean, and, where necessary, disinfect. The regulations state that impervious, non-absorbent, washable and non-toxic materials should be used. This is also required for all wall surfaces. Ceilings and overhead fixtures must be of a design that prevents the accumulation of dirt, reduces condensation and the growth of undesirable moulds. Windows and other openings must be constructed to prevent the accumulation of dirt and, where necessary, be fitted with insect proof screens.

All surfaces that come into contact with food must be maintained in a sound condition and be easy to clean and where necessary, disinfect. The regulations stipulate the use of smooth, washable and non toxic materials in this instance. Adequate facilities must be provided for the cleaning of work tools and equipment with a hot and cold water supply.

To minimise the risk of contamination, any equipment that comes into contact with food must be kept clean and be constructed in such a way as to reduce contamination. The equipment must be designed to enable thorough cleaning and, where necessary, disinfection. Equipment must also be installed so that the surrounding area can be easily kept clean.

It is highly important that kitchen surfaces are cleaned after each use and floors are swept and washed regularly.

All utensils, equipment and crockery should be washed after use with a strong detergent, and hot clean water, especially when changing to different food types, and then dried, preferably by air rather than using towels, and stored away in a clean space. Taps and sinks should be cleaned after every use; and cloths and sponges should be reserved for separate tasks and washed thoroughly after use.

Sky Chemicals provide an array of products ideal for keeping kitchens clean and hygienic. These include products which sanitise surfaces such as **Spotless Anti-Bacterial Cleaner**. This odourless product is ideal for kitchen surfaces & equipment, and is food safe, as it simply rinses off with water. **Spotless** is based on three biocides, which kill bacteria, including Salmonella and Listeria, as well as killing fungi- making it effective in preventing contamination. This product can be used as a 1% solution and is non-tainting and water soluble and as passed the BS EN 1276 Microbiological test. **Duo Degreaser** is ideal for removing dirt and grime, heavy grease, and oils quickly. This product is free from Petroleum solvents and Glycol ethers and is non-irritant under CPL regulations.

**Chloricide**, the chlorine disinfectant tablets, and **Chloricide Plus**, the chlorine disinfectant and detergent tablets, are ideal for disinfecting and cleaning hard surfaces in the kitchen. The products contain the dry chlorine donor NaDCC, offering a safer, more economic and more effective alternative to liquid bleach.

We also recommend **Topaz Oven Cleaner**. Its industrial strength formula and rapid reaction time removes baked on food and fat quickly and is an effective de-carboniser. This product is solvent free and so causes no ventilation problems. Its active gel formula clings to surfaces, reducing splashing and is formulated with a thought to our environment.

We also provide products essential for all the hospital dishwashing needs, including environmentally friendly **Magnum Dishwashing Detergent**. Its powerful formula removes stubborn spoiling, coffee stains and tannin from crockery, and as it is pre-softened it is ideal for use in hard or soft water. This product is also anti corrosive, preventing corrosion of dishwashing equipment. Furthermore, we stock **Natural**, a concentrated bactericidal washing up liquid, for manual cleaning of crockery, glassware, cooking utensils, and spirit measures. This high foaming, un-perfumed detergent can also be used to clean floors, walls & other hard surfaces.

### **Nursing Staff Hygiene**

Hygiene for those serving the food is equally as important as for those preparing it. Before handling food all staff should thoroughly wash and dry their hands, and wear a clean plastic apron. Any open wounds should be covered with a fresh blue waterproof plaster.

- Staff suffering from infectious illness must not handle food.
- Whilst serving the food, staff must not conduct other nursing duties. Should this be unavoidable, staff must wash and dry hands thoroughly and change their plastic apron before returning to food handling duties.
- All unserved food must be discarded immediately.

### **Staff Infection and Illness**

All those in contact with food, in food areas or handling food must report any infection involving nausea/vomiting, diarrhoea, skin rash, lesions on the scalp or exposed skin -such as face, neck, hands and lower arm- that are scaling, weeping or discharging pus, or any weeping or pustular lesions of the eyes, ears, mouth or gums.

- They should also report any close or household contact with anyone suffering from diarrhoea and/or nausea and vomiting, or after returning to work having suffered any of the above conditions.
- If a food handler experiences vomiting and/or diarrhoea whilst on duty they should leave the food area immediately, and report to their management who should take appropriate action.

### **Cleaning of Microwave Ovens**

Microwave ovens should be cleaned according to the manufacturer's policy. Where these are not available, hot water, detergent and a clean cloth should be used to clean both the oven and its external surfaces. The turntable should be removed and washed either by hand or, preferably, using a dishwasher. Care should be taken to clean the door seal.

- Any spillage should be removed immediately, and the equipment given a general clean at least once a day.

### **Cleaning of Icemakers**

Icemakers should be cleaned and defrosted every two weeks, or in accordance with the manufacturer's instructions, and using the chemicals recommended.

Should these be unavailable, a warm solution of a food-safe sanitizer should be used.

- All interior parts should be cleaned using a clean cloth, and must be thoroughly rinsed of cleaning chemicals, to prevent tainting of the ice.
- Ice storage boxes, ice tray, scoop and other reusable equipment should be thoroughly cleaned after each use, either through washing, preferably in a dishwasher, or by the use of a food-safe sanitizer.
- Any chemicals used should be washed off, and the equipment allowed to air dry, or dried with disposable paper towels.

### **Other Rules Concerning Food Safety**

Visitors should be discouraged from bringing cooked meals and snacks containing meat, poultry, fish, eggs, cheese, cereals and pulses, ready-to-eat foods containing the above or containing vegetables or cream, or, cold desserts containing cream.

- Any such foods brought in must be consumed during the visit and should not be kept in the ward refrigerator or reheated in the wards microwave.
- Kitchens must be kept clean, and all spillages cleaned using the designated equipment. Food areas should not be cleaned with equipment used to clean ward areas or sanitary facilities.
- All kitchens must be pest free.
- All drying should be done by air drying, or use of disposable paper towels. Tea towels should not be used.