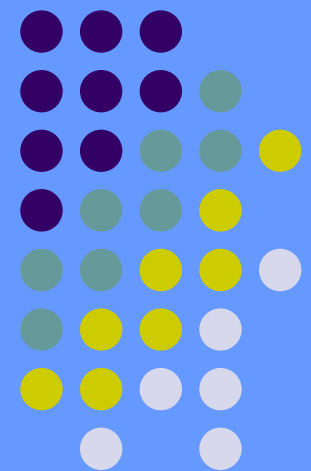


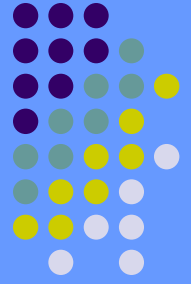
# BASIC CONCEPTS OF INFECTION CONTROL

## Housekeeping and Laundry

International Federation of  
Infection Control



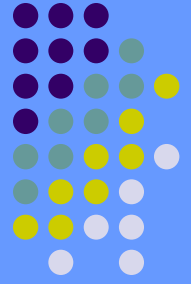
# The Environment - Source of Infection



- The inanimate environment is rarely the primary source of infection outbreaks
- Contaminated water and bedding may result in opportunistic infections



# The Environment - Source of Infection



- Around an infected patient, the close environment may be contaminated by
  - Direct patient shedding (droplet-contact or airborne-contact)
  - Healthcare workers touching instruments, door knobs or other surfaces (indirect contact)





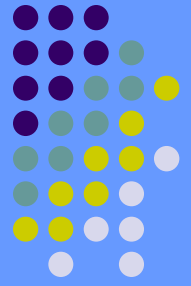
# Why Cleaning ?

- Clean the environment around discharged patients to prevent build-up of material that may harbour potential pathogens
- A clean, well-maintained healthcare facility inspires confidence in patients, staff and the public



*Dirt breeds dirt ...*





# Disinfection

- Do not use disinfectants for housekeeping. They pose risks to environment and to staff. Overuse of disinfectants does not prevent infection.
- Spot disinfect spills of moist body substances with a detergent/disinfectant solution
  - Particularly important above floor level where hands may come into direct contact with potential pathogens





# Disinfection

- Follow instructions when preparing disinfectant and cleaning solutions
- Look out for toxicity in newborn nurseries or food preparation areas





# Housekeeping Cleaning

- Vigorous cleaning with water and neutral detergents reduces or eliminates reservoirs of potential pathogens
- Cleaners must be properly trained and supervised
- An ongoing cleaning schedule must be established



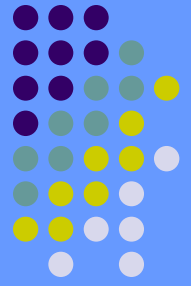
# Cleaning Schedule Includes (I)



- Who is responsible for specific jobs
- Work procedures, including special equipment and supplies
  - e.g., cleaning and storage of equipment, mop head changing
- Use of protective clothing
- Accountability

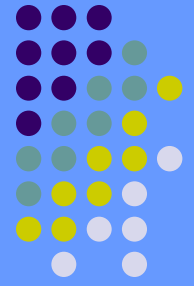


# Cleaning Schedule Includes (II)



- Frequency of floor cleaning
- Frequency of solution and mop change
- Frequency of furniture cleaning
- Frequency of toilet, commode and fixture cleaning
- Frequency of cleaning fixtures such as ice machines
- Frequency of cleaning grilles and air-ducts





# Laundry Services

- Sorting procedures
- Washing processes





# The Objective of Laundry Services

- To prevent the transmission of infectious disease between patients and staff
- To enhance patient comfort
- Process all linen to the same high standard
- Remove gross soil, (e.g., faeces) by dumping it into a sluice, clinical sink, or down a toilet

*Beware of the risk to laundry workers from sharp objects left in soiled linen!*



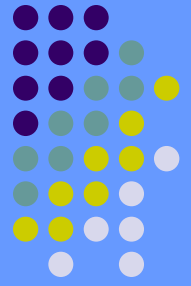
# Sorting Procedures I -- In the Ward



- Avoid contaminating hands with soil
- Place soiled linen in a water-impermeable laundry bag
- Secure bag when  $\frac{3}{4}$  full
- Leave bags in secure place for pick-up and transport



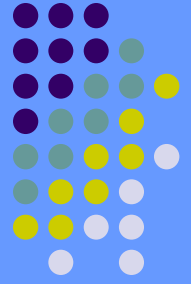
# Sorting Procedures II -- In the Laundry



- Sort laundry bags in area for dirty linen
- Educate laundry sorters
- Provide sorters with gloves and aprons/gowns
- Presort soiled linen into washer loads
- Minimize handling of soiled linen

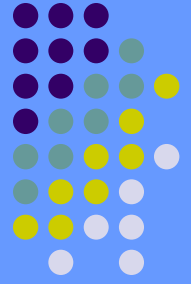


# Washing Processes



- Washing machine
- Handling after washing
- Storage and packaging

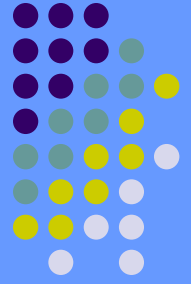




# In the Washing Machine

- Prewash rinse cycle 15 minutes
- In cold water wash, add bleach (2 mL/ litre of water) with detergent
- Or wash at  $>71^{\circ}\text{C}$  if detergents with bleach are not used
- Add souring agent during rinse cycle





# Handling after Washing

- Dry linen soon after washing to prevent regrowth of bacteria
- Hot air drying or drying on a clothesline in sunlight reduces numbers of bacteria
- Ironing (especially using a steam iron) will destroy pathogens



# Storage and Packaging



- Store and transport clean linen so that contamination is avoided..
- Wrap linen to be sterilised appropriately



# Key Points

- Neutral detergents are adequate for most cleaning purposes
- Cleaning staff must be properly trained and supervised
- An ongoing cleaning schedule must be established
- All linen, whether visibly soiled or superficially clean, must be processed to the same high standard





# References and Further Reading

- Malik RE, Cooper RA, Griffith CJ. Use of audit tools to evaluate the efficacy of cleaning systems in hospitals. *Amer J Infect Control* 2003; 31:181-7
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# References and Further Reading

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- Rüden H, Daschner F. Should we routinely disinfect floors? *J Hosp Infect* 2002; 51: 309-311

