

## CLEANING PROCEDURE – Coronavirus protocol (Great Britain)

The procedure detailed below is based around the standard DDS infection control policy but has been amended to consider the cleaning of coronavirus infected products

PROCESS	RATIONALE
The service centre will have good lighting and ventilation.	Health and safety of employees.
The clean and dirty areas must be physically located in different rooms, with doors remaining closed. The dirty areas must have clearly identified. "Biohazard No Unauthorised Access" warnings posted at all access points.	To prevent airborne or physical cross-contamination of equipment and to protect staff and visitors.
Laundry facilities will be situated at the margin of the clean and dirty areas.	To minimise the risk of airborne contamination.
All surfaces that come into contact with equipment will have a non-porous surface for easy cleaning. Carpet is not acceptable in any area where equipment is stored, cleaned or serviced.	To enable easy cleaning by washing. To prevent the production and accumulation of dust which can harbour micro-organisms.
Equipment will not be carried through communal rooms or offices.	To prevent airborne or physical cross-contamination of equipment, and to prevent exposure of personnel to un-cleaned equipment.
Portable equipment will be stored on racks, which have easily cleaned non-porous surfaces. All products to remain sealed in polythene until cleaned.	Floor storage is unacceptable and washable surfaces enable competent cleaning.
Equipment cleaning will be carried out without personnel, or equipment, having to move between the clean and dirty areas.	To prevent airborne or physical cross-contamination of equipment.
Hot water will be supplied – hand hot.	The water temperature is a vital part of the cleaning process. Some micro-organisms survive lower temperatures.
There will be hand washing sinks in the dirty and clean areas.	Hand washing is vital to the process of prevention of cross-infection (see hand washing section). Dedicated sinks within the areas to help reduce personnel movement between areas.
Bins and yellow polythene bags will be provided for the immediate disposal of polythene, returned used bags, disposal wash cloths and any materials used within the cleaning process.	Waste left on the floor and overflowing sacks lead to potential cross-contamination.
Company Uniforms, disposable aprons, waterproof boots, filter masks, eye protectors, non-sterile disposable gloves and sleeve protectors will be provided in sizes suitable for all personnel. Apart from the footwear all PPE must be changed after each system is cleaned and the used PPE treated as clinical waste and disposed of accordingly.	To protect personnel from contaminants, cleaning solutions, in addition to minimising the risk of cross-contamination between equipment.
Protective clothing will be worn with sleeves shortened or rolled up (and covered by waterproof protectors – gauntlets). Clothing will be kept buttoned up and covered with a protective apron.	Long sleeves become damp and pose a risk of cross contamination.
Accidental Exposure/ first aid kits shall be maintained in appropriate areas.	Rapid response in case of accidental potential exposure

### Collection

1. Customer confirms that coronavirus infected products require collecting and supplies DDS with a signed decontamination certificate to indicate initial cleaning has taken place
2. Customer to ensure that the infected items are triple bagged (red bags), sealed and identified as coronavirus infected product
3. DDS personnel collect infected items from the customers site and load items on to the dedicated van (which must have non-porous internal surfaces). Personnel collecting items must always wear PPE (gloves, aprons, arm gauntlets & cleanable footwear) with sleeves rolled up (or short sleeve)
4. Coronavirus infected items to be isolated from all other dirty items by taking them to a dedicated service centre for cleaning
5. Once items arrive at the dedicated site they are to be left (still bagged) for 48 hours before cleaning can take place (date of collection to be indicated on the bag)

### Procedure

Employees are required to visually inspect the products for hazards prior to handling or commencing cleaning. Any contaminated sharps are to be removed using pincers/ forceps to reduce the risk of accidental injury (and notify the person in charge). The pincers / forceps are then to be disposed of in the clinical waste

### Cleaning solution.

The solution is to be made up using tepid water and chlor-clean tablets. The proportions to be used should be 1 litre of water and 1 chlor-clean tablet which gives a solution containing 1,000ppm free chlorine with detergent. The tablet must be completely dissolved before the solution is used. This solution should then be disposed of after one clean. Only exception to this is if bulk solution is made up (i.e. 5 litres and 5 tablets) and then used in small amounts (and disposed of). In these cases, the solution must be stored in a labelled sealed container and the date of mixing indicated. Any remaining solution should be disposed of after 24 hours of mixing.

### Cleaning

1. Bring bagged infected product into cleaning room and close doors to "dirty" area. Wash and dry hands, put on clean gloves, apron, arm gauntlets, face mask and safety glasses. Personnel must also wear waterproof footwear.
2. Take equipment out of bags and place on the bench. Dispose of bags in the clinical waste bin. Avoid any strapping/cables dragging on the floor.
3. Remove detachable cover for laundering (see laundry section) and place directly in the washing machine and close door. Once a full load is reached close the door, clean with chlorine solution and launder (see later for laundry guidelines)
4. Clean the surface of the wash-down bench with chlorine solution then dispose of the cloth in the clinical waste
5. Wash cleanest areas first, power unit and cables, and then up the umbilical towards mattress. The patient contact surface will be the most contaminated area.
6. Using the chlorine solution and a cloth\*\* - fold mattress in half, from head to foot. Clean the visible surface of the bench and then the underside of the mattress, mop up excess solution with a cloth\*\*. Repeat for the other half of the mattress along with the remaining visible area of the bench.
7. Clean all cells, side-formers and internal sections of the base with the chlorine solution.
8. Dry all surfaces with paper and then dispose of in the clinical waste
9. Remove Personal Protective Equipment (PPE) and dispose of in the clinical waste.
10. Wash hands thoroughly.
11. Transfer the clean product to a clean holding area that should be situated directly outside the decontamination area.
12. Complete log for date, time and named personnel responsible for cleaning.
13. If more items are to be cleaned, wash hands, and repeat the procedure.

### After the cleaning session

After the completion of a cleaning session, check that all logs are completed, equipment is correctly stored and proceed to clean the work areas.

At the end of each working day the service centre will be thoroughly cleaned, and the cleaning log completed - See Att 20/11

\*\* Cloths: A new cloth is used for each system and then disposed of in the clinical waste.

### Laundry Services.

All laundering will be undertaken with the use industrial washer / driers within the dedicated Service Centre. Covers infected with coronavirus will be laundered at a minimum of 71°C for 11 mins (3minutes plus 8 minutes mixing time)

Requirements for laundering in accordance with HTM 01-04 Guidelines for Linen Decontamination in health & social care