

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, JODHPUR



STANDARD OPERATING PROCEDURE

Title: SOP for Housekeeping at AIIMS Jodhpur	
SOP Number: SOP/MICRO/BMW/05	Page Number : Page 1 of 16
Revision Number: 00/00	Department : MICROBIOLOGY
Effective Date : 01.02.2017	Replace : NIL

AMENDMENT SHEET

S.No	D a t e	Page no.	Revision No.	Nature of Amendment Section/ details	Authorization

Signature	Prepared by <i>Anand</i> 23.1.17	Verified by <i>Anuradha</i> 27.1.17	Authorized by <i>Vijaya</i> 31/1/2017
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1. **Purpose:** These procedures are to assist housekeeping personnel in carrying out their assigned duties while practicing infection control techniques.

2. **Scope:** Guidelines for personnel involved in the cleaning and sanitation of the hospital.

3. Responsibility

3.1 Housekeeping staff will work according to this manual.

3.2 It is the responsibility of the Supervisors to ensure that the SOP is correctly followed at various places.

3.3. It is the responsibility of Supervisors to maintain the work according to checklists in different areas.

4. HOUSEKEEPING: General Principles

4.1 Routine cleaning is necessary to ensure a hospital environment which is visibly clean and free from dust and soil.

4.2 Microorganisms are present within "visible dirt" and the purpose of routine cleaning is to eliminate this dirt. Neither soap nor detergents have antimicrobial activity and the cleaning process depends essentially on mechanical action.

4.3 The frequency of cleaning and cleaning agents used for walls, floors, windows, beds, curtains, screens, fixtures, furniture, baths and toilets and all reused medical devices are specified in the SOP.

4.4 The methods described in the SOP are appropriate for prevention of potential contamination, and the necessary level of asepsis. To achieve this hospital area has been classified into four zones:

Zone A: The area with no patient contact. In these areas normal domestic cleaning is recommended (for example, administration and library).

Zone B: The area where care of patients is done who are not infected and not highly susceptible; in these areas the procedure that does not raise the dust are recommended. Dry sweeping

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or vacuum cleaners are not recommended. Use detergent solution which will improve the quality of cleaning. Disinfection of the areas with visible contamination with blood or body fluids to be done prior to cleaning.

Zone C: Area which deals with infected patients (isolation wards). Clean these areas with a detergent or disinfectant solution, with separate cleaning equipment for each room.

Zone D: Area which deals with highly susceptible patients (protective isolation) or protected areas such as operating suites, delivery rooms, intensive care units, premature baby units. Clean these areas using a detergent or disinfectant solution and separate cleaning equipment. Clean horizontal surfaces in Zones B, C, and D, and all toilet areas daily.

4.5 Disinfectant or detergent formulations registered with the TGA (Therapeutic Goods Administration) are used for environmental surface cleaning, but the actual physical removal of microorganisms and soil is done by wiping or scrubbing

4.6 Housekeeping surfaces are divided into two groups – those with minimal hand contact (for example, floors, and ceilings), and those with frequent hand contact (“high touch surfaces”).

5. Housekeeping in Wards

- 5.1 Clean the floor at least three times in 24 hours with detergents and copious amounts of water.
- 5.2 Use scrubber for the washing, using detergent and water whenever visibly dirty. Do dusting once in a month and whenever necessary.
- 5.3 Clean fans and lights with soap and water once a month. This to be handled by the electrical department.

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- 5.4 All work surfaces should be cleaned by wiping with detergent and hot water twice a day.
- 5.5 Clean cupboards, shelves, beds, lockers, IV stands, stools and other fixtures cleaned with detergent and water once a week (by Nursing Aides).
- 5.6 Laundered curtains 2-3 times per year or whenever soiled.
- 5.7 In certain high-risk areas such as the ICU, more frequent changes of curtains are required.
- 5.8 Clean Patients' cots should be cleaned every day with detergent solution. When soiled with blood or body fluids or in colonized/infected patients used Hypochlorite 1% solution. In the isolation ward, cleaning to be done daily.
- 5.9 In storerooms mopping to be done once a day and areas with high dust once a month. Scrub bathroom floors with a broom and cleaning powder once a day and clean at frequent intervals. For disinfection, phenol can be used.
- 5.10 Clean toilets with a brush using a detergent twice daily. Disinfection to be done using phenol. A stain removing liquid can be used to remove stains.
- 5.11 Clean wash basins with cleaning powder every morning and with a stain removing liquid once a month.
- 5.12 Regular air-conditioning maintenance is essential. For this electrical section to be consulted.
- 5.13 Follow proper procedures (describe below) for effective uses of mops, cloths, and solutions.

a) Clean mop heads daily, at the beginning and end of each day and for wash send to

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laundry every day.

b) The mop head to be changed.

c) A laundered mop head to be used in the morning.

5.14 Prepare floor cleaning solutions daily or as needed, and replace with fresh solution frequently.

5.15 When cleaning patient rooms or contaminated areas at any time, washing laundry or instruments, collecting and disposing of trash, or using any type of cleaner (cleaning equipment), personnel must wear utility gloves and protective shoes. Wear a mask, plastic apron, and goggles if there are spills or when expecting anything to splash.

5.16 For mopping floors and cleaning blood spills use, a housekeeping trolley.

5.17 Patient Linen

5.17.1 Change bed linen once a day and whenever soiled with blood and body fluids.

5.17.2 Patients' gown to be changed every day and whenever soiled with blood and body fluids.

5.17.3 Dry dirty linen to be sent to the laundry for regular wash. Do not shake when folding or changing the dirty linen.

5.17.4 All Linen including linen soiled with blood or body fluids in leak-proof red bags and sent for primary wash and disinfection.

5.18 Mattresses and Pillow Covers

5.18.1 Clean and disinfect moisture-resistant mattress covers between patient use by using 1% hypochlorite.

5.18.2 If the mattress cover is completely made of fabric, change these covers and launder before patient use.

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- 5.18.3** Launder pillow covers and washable pillows in the hot water cycle before patient use or when they become contaminated with body substances.
- 5.18.4** Rubber sheets: Clean rubber sheets with soap and water, disinfected, dried, powdered, rolled and stored in dry place.
- 5.18.5** Thermometer: In areas where a common thermometer is used like OPDs, wash with plain tap water and disinfect between patients with an alcohol swab.
- 5.18.6** Clean plastic buckets and dustbins daily and with detergent powder once every week.
- 5.18.7** Miscellaneous items: K basins, bed pans, urinals, to be cleaned daily with detergent powder and water or heat disinfected 80°C for 1 minute in a washer/disinfector.

5.19 Housekeeping in Isolation Ward

- 5.19.1** Before admission: The admitting physician inform the Sister In-charge of the Isolation Ward at least one hour prior to admission, mentioning the diagnosis, sex and the general state of the patient.
- 5.19.2 Prerequisites for Isolation**
- 5.19.2.1** A provision for disinfecting of the hands prominently at the entrance of an isolation room.
- 5.19.2.2** The mattress and pillow to be covered with an impervious material such as mackintosh so that it can easily be damp dusted.
- 5.19.2.3** Clean gowns always be available.
- 5.19.2.4** Use separate urinals, bed pans for each patient.
- 5.19.2.5** It is duty of housekeeping to keep ready bin lined with an appropriate color-coded plastic cover in each room for disposal of medical waste.
- 5.19.2.6** Rooms to be isolated according to disease conditions and be well lighted.

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5.20 Cleaning Procedure for Isolation Ward

- 5.20.1 Stripped linen from the bed taking care not to shake the linen during this action. The linen to be bagged properly before being sent to the laundry in a leak-proof bag.
- 5.20.2 All other articles like IV stands and furniture to be cleaned with detergent mops.
- 5.20.3 Walls to be cleaned with detergent.
- 5.20.4 Bathrooms to be cleaned with detergent and disinfected with phenol.

5.21 At Discharge (terminal disinfection)

- 5.21.1 The pillows and mattress to be cleaned with detergent, disinfected with 1% hypochlorite and dried in sunlight for 24 hours.
- 5.21.2 Bed sheets, curtains, gowns, and dusters must be removed and then sent to the laundry.
- 5.21.3 After disinfection, wash the room, walls, windows, doors, bathrooms, sink and furniture with soap solution after thorough high dusting in that cubicle.
- 5.21.4 Use 1% sodium hypochlorite solution to be used to soak bed pan, urinal and kidney basin for 15-20 minutes, wash with detergent and dry.
- 5.21.5 Bath basins, multibin, bucket, jugs, mugs to be washed with detergent solution and dried in sunlight.
- 5.21.6 Rubber sheets to be cleaned with detergent and dried.
- 5.21.7 Soak the thermometer tray and its contents in 70% alcohol for 10 minutes after cleaning.
- 5.21.8 Fumigate/fogging to be done with Ecoshield, after each discharge.

6 Housekeeping in Operating Theatre (OT)

The OT complex to be absolutely clean at all times. Dust should not accumulate on any part of the OT. Soap solution is recommended for cleaning floors and other surfaces. Operating rooms (ORs) to be cleaned daily and the entire OT complex cleaned thoroughly once a week.

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6.1 Before the start of the first case:

6.1.1 Wipe all furniture, equipment, room lights, suction points, OR table, surgical light reflectors, other light fittings, slabs with Ecoshield solution. This to be completed at least one hour before the surgery.

6.2 After each case:

6.2.1 Linen: Gather all soiled linen and towels that are blood-stained, pack in a leak- proof bag or closed bin, and transport to laundry suite for wash. Other linen to be transported to the laundry suite. Appropriate PPE to be used while handling soiled linen. Disposable drapes to be disposed of in the Biomedical Red bag.

6.2.2 Instruments: Used instruments to be cleaned immediately by the scrub nurse without generating splash. All the instruments to be first cleaned manually using liquid soap in warm water and then dried. They to be then to be sent for sterilization to CSSD.

6.2.3 Environment: Wipe used equipment, furniture, OR table with detergent and water. If there is a blood spill, disinfect with 1% sodium hypochlorite before wiping. Empty and clean suction bottles and tubing while using proper PPE and then heat disinfect it.

6.3 After the last case:

The same procedure as mentioned above to be followed. In addition, the following to be carried out:

6.3.1 Wipe overhead lights, cabinets, waste receptacles, equipment, and furniture with a detergent.

6.3.2 Wash floor and wet mop with liquid soap and then remove water and wet mop with a disinfectant solution.

6.3.3 Clean the storage shelves, scrub and clean sluice room.

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6.4 Surface cleaning in OT

6.4.1 Surface Cleaning: All surfaces in OT have to be cleaned with Ecoshield thoroughly in between cases.

6.4.2 Biohazard Cleaning: After biohazard or infected cases, all surfaces must be cleaned with Ecoshield fogging.

6.5 Primary Disinfection

Following surgery, primary decontamination to be performed before forwarding to Laundry or CSSD. Use freshly prepared disinfectant and discard disinfectant after use. Persons handling linen to be adequately protected with gloves and masks.

6.6 Boyles Apparatus

6.6.1 For Surface cleaning: use Ecoshield.

6.6.2 For Biohazard cleaning: Disinfect with Ecoshield.

6.6.3 The air-conditioner filters to be washed once a week before re-fixing.

6.7 Complete servicing for OT to be done for a week, once a year, for each OT there procedures to be done in rotation.

7 Housekeeping in Intensive Care Unit, Labor Room, and Postpartum Recovery Room

In addition to routine cleaning it is suggested that thorough cleaning with soap and water to be done once a week. A brush can be used in hard-to-reach areas.

8 Routine Cleaning Procedure

8.1 Remove all portable equipment.

8.2 Damp wipe lights and other fixtures with detergent.

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- 8.3 Clean doors, hinges, facings, glass inserts, and rinse with a moistened cloth.
- 8.4 Wipe down walls with clean cloth and detergent.
- 8.5 Scrub floor using detergent and water.

9 Stainless Steel Surfaces

- 9.1 Wash with detergent, rinse and clean with warm water.
- 9.2 Replace portable equipment: clean wheel castors by rolling across towel saturated with detergent.
- 9.3 Wash (clean) and dry all furniture and equipment, such as suction holders, foot and sitting stools, Mayo stands, IV poles, basin stands, X-Ray view boxes, hamper stands, all tables in the room, hoses to oxygen tank, kick buckets and holder, and wall cupboard..
- 9.4 After washing floors, allow disinfectant solution (phenol) to remain on the floor for 5 minutes to ensure destruction of bacteria.
- 9.5 Do not remove or disturb delicate equipment.
- 9.6 While wiping cabinets, see to it that the solution does not get inside and contaminate sterile supplies.
- 9.7 Operating rooms and scrub rooms never be dry dusted.

10 Maintenance and Repairs

- 10.1 Machinery and equipment to be checked cleaned and repaired routinely on Saturdays. Urgent repairs to be carried out at the end of the day's list.
- 10.2 Air-conditioners and suction points to be checked, cleaned and repaired on a weekly basis.
- 10.3 Preventive maintenance on all theatre equipment to be carried out every Saturday, and major work to be done at least once a year.
- 10.4 Surveillance of housekeeping procedures to be done on a routine basis every month by the Infection Control Nurse and the record for the same to be maintained at each site.

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11 Cleaning Methods for Blood Spills and Body Substances

- 11.1 Clean spills with a 0.5-1.0 % chlorine solution.
- 11.2 Clean spills of blood, body fluids and other potentially infectious fluids immediately as below.
- 11.2.1 Cover the area immediately with any absorbent material like tissue paper/gauze piece soaked in 0.5% hypochlorite. Discard it in yellow bins after picking in a pan.
- 11.2.2 For small spills: While wearing utility or examination gloves, remove visible material using a cloth soaked in a 0.5-1.0 percent chlorine solution, then wipe clean with a detergent cleaning solution.
- 11.2.3 For large spills: While wearing gloves, flood the area with a 0.5-1.0 percent chlorine solution, mop up the solution, and then clean as usual with detergent and water.

Note: A) The formula for making a dilute chlorine solution from any concentrated hypochlorite solution is:

- Check concentration (percentage of concentrate) of the chlorine product you are using.
- Determine total parts water needed using the formula below.

$$\text{Total Parts (TP) water} = \frac{[\% \text{ Concentrate}]}{\% \text{ Dilute}} - 1$$

- Mix 1 part concentrated bleach with total parts water required.

Example: Make a dilute solution (0.5%) from 5% concentrated solution. Step 1:

$$\text{Calculate TP water: } \frac{[5.0\%]}{0.5\%} - 1 = 10 - 1 = 9$$

Step 2: Take 1 part concentrated solution and add to 9 parts water.

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B) Formula for Making Chlorine Solutions from Dry Powders

- Check concentration (percentage of concentrate) of the powder you are using.
- Determine quantity of bleach needed using the formula below.

$$\text{Bleach (g/l)} = \left[\frac{\% \text{ Dilute}}{\% \text{ Concentrate}} \right] \times 1000$$

Mix measured amount of bleach powder with 1 litre of water.

Example: Make a dilute chlorine-releasing solution (0.5 percent) from a concentrated powder (35 percent).

Step 1: Calculate g/l: $x \ 1000 = \left[\frac{0.5 \text{ percent}}{35 \%} \right] \times 1000 = 14.2 \text{ g / l}$

Step 2: Add 14.2 g (approximately 14 g) to 1 liter of water.

WHO (1989) recommends 0.5 % chlorine solution for decontaminating instruments and surfaces before cleaning. In addition, because of the potentially high load of microorganisms and/or other organic material (blood or other body fluids) on soiled items, using a 0.5 % solution for decontamination provides a wider margin of safety.

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12 Cleaning Soiled and Contaminated Cleaning Equipment

Step 1: Decontaminate cleaning equipment that has been contaminated with blood or body fluids by soaking it for 10 minutes in a 0.5 percent hypochlorite solution.

Step 2: Wash cleaning buckets, cloths, brushes and mops with detergent and water daily, or sooner if visibly dirty.

Step 3: Rinse in clean hot water.

Step 4: Dry completely before reuse. (Wet cloths and mop heads are heavily contaminated with microorganisms.)

NOTE: Hot water may be used as an alternative to disinfection for environmental cleaning for some objects.

Disinfection with hot water	Temperature	Duration
1. Sanitary Equipment	80 degree Celsius	45-60 seconds
2. Linen	70 degree Celsius 10 minutes	25 minutes or 95 degree Celsius

Reference

1. Nizam Damani. Manual of Infection, Prevention and Control. Oxford University Press, 2012.
2. Hospital Infection Control Guidelines from Indian Council of Medical Research, New Delhi, 2017.
3. WHO. Practical guidelines for infection control in health care facilities. SEARO REGIONAL Publication no 41, 2014.

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Checklists

Sl. No.	Activity	Responsibility for supervision
1)	Floors of all the departments to be mopped once in each of the 3 shifts	Nurse In charge
2)	The walls, furniture to be mopped once daily	
3)	Clean doors, hinges, facings, glass inserts and rinse with a cloth moistened with detergent.	
4)	Cobwebs to be cleaned from the ceilings and walls	
5)	Curtains across all the departments to be changed once in 4 months and sent for laundry.	
6)	Bedpans to be washed and disinfected by heat disinfection.	
7)	The housekeeping staff to be use PPEs (gloves, shoes and masks)	
8)	Bed sheets/ Pillow covers to be changed every day. Every ward have at least 4 sets of linen per bed.	Nurse – In - charge
Housekeeping Process for Toilets and Bathrooms (Sanitation)		
1)	<ul style="list-style-type: none"> • The floor of bathrooms is to be cleaned with a broom and detergent once a day and then with disinfectant solution. • Toilets are cleaned with a brush using a detergent disinfectant with Phenyl. • Stain removal using Hydrochloric acid may be used. • Wash basins to be cleaned with detergent powder once in each shift. 	Housekeeping Incharge

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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, JODHPUR



STANDARD OPERATING PROCEDURE

Title: SOP for Housekeeping at AIIMS Jodhpur	
SOP Number: SOP/MICRO/BMW/05	Page Number : Page 15 of 16
Revision Number: 00/00	Department : MICROBIOLOGY
Effective Date : 01.02.2017	Replace : NIL

Housekeeping Checklists for departments

Sl. No	Areas	Activity	8AM-2PM (to be signed by Nurse incharge and Housekeeping Incharge)	2AM-8PM	8AM-8AM
1)	Floor	Mopping			
2)	Walls	Cleaning with wet cloth			
3)	Ceilings	Cobwebs			
4)	Lights and other fixtures	Dusting			
5)	Horizontal surfaces	Cleaning			
6)	Furniture	Dusting			
7)	Bed rails/table tops	Cleaning			
8)	Curtains		(date of changing with signature)		

Signature	Prepared by <i>Anand Kumar Maurya</i> 23.1.17	Verified by <i>Anuradha Sharma</i> 27.1.17	Authorized by <i>Vijaya Lakshmi Nag</i> 31/1/17
Name	Dr Anand Kumar Maurya	Dr Anuradha Sharma	Dr Vijaya Lakshmi Nag
Designation	Senior Resident	Associate Professor	Professor & Head
Date			

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Checklist for sanitation (toilets and Bathrooms)

Sl. No	Areas	Activity	8AM-2PM (to be signed by Nurse incharge and Housekeeping Incharge)	2AM-8PM	8AM-8AM
1)	Floor	cleaning Mopping			
2)	Walls	Dusting Cobwebs			
3)	Lights and other fixtures	dusting			
		Cleaning			
4)	Basins	Cleaning			
		Mopping			
5)	Commodes	Cleaning			

Signature	Prepared by <i>Anand Kumar Maurya</i> 23.1.17	Verified by <i>Anuradha Sharma</i> 29.1.17	Authorized by <i>Vijaya Lakshmi Nag</i> 31.1.17
Name	Dr Anand Kumar Maurya	Dr Anuradha Sharma	Dr Vijaya Lakshmi Nag
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