HOSPITAL DISINFECTION AND HOUSEKEEPING POLICY AIIMS KALYANI

[Standard Operating Procedure]

Prepared by HICC-AIIMS Kalyani

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I. INTRODUCTION

"Housekeeping is a support service department in a hospital, which is responsible for cleanliness, maintenance & aesthetic upkeep of patient care areas, public areas and staff areas.".

Hospital housekeeping management may be defined as that branch of general management that deals with the cleanliness of the hospital, general environmental hygiene, sanitation, and waste disposal using appropriate methods, equipment, and manpower. It is also known as sanitation department/ sanitation section/ sanitation services.

Non-critical areas in hospital are those that do not involve direct contact with patients or their bodily fluids, such as administrative offices, warehouses, dressing rooms, rest areas, laundry, etc.

II. SCOPE

The purpose of this document is to provide guidelines for the effective and efficient cleaning and disinfection of surfaces and equipment in a non-critical area. This document outlines the roles and responsibilities of the housekeeping staff, the selection and use of appropriate cleaning agents and disinfectants, the frequency and level of cleaning and disinfection required for different areas and items, the monitoring and evaluation of the cleaning and disinfection practices, and the infection prevention and control measures to be followed.

III. OBJECTIVE

- To attain and maintain high standards of cleanliness.
- To train, control, and supervise staff under its establishment.
- To ensure the safety and security of all staff under its department and to keep the authorities informed about day-to-day activities.
- Control and issue of cleaning materials and equipment.
- To maintain official records on staffing, cleaning materials, and equipment.

IV. CATEGORISATION OF HEALTHCARE ENVIRONMENT

All healthcare environments may pose minimal risk to patients, staff, and visitors. However, different functional areas represent different degrees of risk therefore, require different cleaning frequencies, techniques, levels of monitoring and evaluation. A functional area refers to any area in a healthcare facility that requires cleaning. Consequently, all functional areas should be assigned in one of the following three risk categories:

- High risk areas
- Moderate risk areas
- Low risk areas

The following table (**Table 1**) describes the various hospital areas stratified according to risk categories:

Table 1: Classification of housekeeping areas

High-Risk areas	Moderate risk areas	Low-risk areas
Operation theatre units including recovery area – Major & minor	Medical and allied wards	Departmental areas/office areas
Intensive care units/ Cardiac care units/Neonatal ICU etc.	Laboratory areas	Outpatient department
High dependency units	Blood bank	Non sterile supply areas
Emergency department/casualty	Pharmacies	Libraries
Labour room	Dietary services	Meeting Rooms
Postoperative units	Laundry services	Medical records section
Surgical wards	Mortuary	Stores section
Central sterile supply department (CSSD)	Nurses/ Doctors rest rooms	Manifold services/room
Radiation Treatment Areas	Rehabilitation Areas	Telephone rooms, electrical, mechanical, External surroundings
Chemotherapy ward/room	Psychiatric wards	Staff areas
Renal Dialysis facility, Burn Units ,Isolation wards/ rooms & attached internal areas like bathrooms / toilets		

Bathrooms, toilets, staff lounges, offices, and other areas adjoining the functional area should be treated as having the same risk category and receive the same levels of cleaning.

Table 2: Cleaning frequency, level of cleaning/disinfection and Monitoring/evaluation frequency according to the risk category

Risk Category	Frequency of cleaning	Level of cleaning/disinfection	Method of cleaning/Disinfection	Monitoring/ Evaluation
High-risk areas	Once in two hours. Spot cleaning as required.	Cleaning and high-level disinfection (aldehyde-based)	Cleaning with soap and detergent plus disinfection with alcohol compound, aldehyde compounds (Formaldehyde, glutaraldehyde), hydrogen peroxide, and phenolic (not feasible in the nurseries)	Daily monitoring - by in-charge nursing staff. Weekly evaluation - by Housekeeping Supervisor and Infection Control Team
Moderate risk areas	Once in four hours. Spot cleaning as required.	Regular and frequent cleaning and "Spot cleaning" in between with high-level disinfection (aldehyde-based)	Cleaning with soap and detergent plus disinfection with aldehyde compounds (Formaldehyde, glutaraldehyde), hydrogen peroxide phenolic	Weekly evaluation – by in-charge nursing staff. Once in a month – by Infection Control Team
Low-risk areas	Once in a shift - for areas working round the clock Twice in the shift - in areas having general shift	Regular and frequent cleaning with soap)	Physical removal of soil, dust or foreign material followed by cleaning with water and detergent	Fortnightly evaluation by in-charge nursing staff. Once in three months – by Infection Control Team.

IV. CLASSIFICATION OF ENVIRONMENTAL SURFACES:

` Environmental surfaces carry the least risk of disease transmission and can be safely decontaminated using less rigorous methods than those used on medical instruments and devices.

Environmental surfaces can be further divided into:

1. **Medical equipment surfaces** (e.g., knobs or handles on hemodialysis machines, X-ray machines, instrument carts, and dental units)

2. **Housekeeping surfaces** (e.g., floors, walls, and tabletops).
   - **A. Low Touch Surfaces**: Surfaces with minimal hand-contact.
     E.g., Floors, ceilings, mirrors, window sills, walls
   - **B. High Touch Surfaces:** Surfaces with frequent hand-contact.
     E.g., Doorknobs, bedrails, light switches, mobile, computer keyboards, entilator monitors, hemodialysis machines, edges of privacy curtains, wall areas around the toilet in the patient's room.

Table 3: Frequency and level of disinfection be followed in various areas of the hospital

Location	Risk classification	Routine cleaning frequency	Disinfection level required	Reagents to use
Burns ward	High risk	At least thrice a day at fixed times	High	Aldehyde based
Emergency area	High risk	At least thrice a day at fixed times	High	Aldehyde based
CSSD	High risk	At least thrice a day at fixed times	High	Aldehyde based
Hemodialysis unit	High risk	At least twice a day at fixed times	High	Aldehyde based
Labor room	High risk	At least twice a day at fixed times	High	Aldehyde based
Respiratory therapy room/area	High risk	At least twice a day at fixed times	High	Aldehyde based
Procedure rooms	High risk	At least twice a day at fixed times	High	Aldehyde based
General ward	Medium risk	At least twice a day at fixed times	High	Aldehyde based
Laboratory	Medium risk	At least twice a day at fixed times	High	Aldehyde based
Solid linen collection area	Medium risk	At least twice a day at fixed times	High	Aldehyde based
Patient rooms	Medium risk	At least twice a day	High	Aldehyde

(on isolation precautions)		at fixed times		based
Patient rooms (not on isolation precautions)	Low risk	At least twice a day at fixed times	Low	QAC
Echocardiography (No patients with respiratory infection)	Low risk	At least twice a day at fixed times	Only cleaning/ low level disinfection	Only soap/QAC
Pharmacy	Low risk	At least twice a day at fixed times	Low	QAC
Physiotherapy	Low risk	At least twice a day at fixed times	Low	QAC
Radiology	Low risk	At least twice a day at fixed times	Only cleaning/ low level disinfection	Only soap/QAC
Offices	Low risk	At least twice a day at fixed times	Only cleaning/ low level disinfection	Only soap/QAC
General public areas	Low risk	At least twice a day at fixed times	Only cleaning/ low level disinfection	Only soap/QAC
Reception areas	Low risk	At least twice a day at fixed times	Only cleaning/ low level disinfection	Only soap/QAC

Table 4: Frequency of cleaning to be followed for various patient care items in hospital

Items	Type of surface	High-risk area	Moderate-risk areas	Low-risk areas
Bed	Low touch	Clean frame daily	Clean frame daily	NA
		Clean underneath weekly	Clean underneath weekly	
		Clean on discharge	Clean on discharge	
Bed rails	High touch	Clean daily and after discharge	Clean daily and after discharge	Clean weekly and after discharge
Bedside table	Low touch	Clean daily and after use	Clean daily	Clean weekly
Catheter stand / bracket	High touch	Clean daily and after use	Clean before initial use, after use, and monthly	Clean before initial use , after use and monthly
Ceiling / High dusting	Low touch	Monthly	Monthly	Monthly
Chair	High touch	Clean twice daily	Clean daily	Clean weekly
Cleaning equipment	NA	Clean after use	Clean after use	Clean after use
Slippers	NA	Wash once daily and dry	NA	NA
Clipboard	High touch	Clean daily and in-between patient	Clean daily and in-between patient	Clean weekly
Commode	High touch	Daily twice	Daily twice	Daily
Curtains	Low touch (non -	Bed curtains - change or	Bed curtains - change	Bed curtains - change or

and blinds	isolation rooms)	clean monthly	or clean three months	clean annually
	High touch (isolation rooms)	Patient with MDRO change bed curtains or clean upon discharge	Patient with MDRO change bed curtains or clean upon discharge	Patient with MDRO change bed curtains or clean upon discharge
Door-mat	NA	Weekly / whenever it gets fully wet	Weekly / whenever it gets fully wet	Weekly / whenever it gets fully wet
Elevators	High touch	Damp cleaning daily	Damp cleaning daily	Damp cleaning daily
Door knob / fridge handle	High touch	Clean daily	Clean daily	Clean weekly
Drip /I.V. stands	High touch	Clean contact points after use	Clean contact points after use	Clean contact points after use
Fan	Low touch	Clean weekly and between patient use	Clean weekly once	Clean weekly once
Floor, nonslip	NA	Damp mop twice daily	Damp mop daily	Damp mop daily
Floor, polished	NA	Dust removal by dry mop clean daily	Dust removal by dry mop clean daily	Dust removal by dry mop clean weekly
Fridge (drug)	High touch	Clean weekly	Clean weekly	Clean weekly
Hoist	High touch	Clean contact points after use	Clean contact points after use	Clean contact points after use
IV stand & poles	High touch	Clean daily and after use	Clean weekly and after use	Clean monthly and after use
Light switch	High touch	Clean daily	Clean weekly	Clean weekly
Locker	High touch	Clean contact points twice daily	Clean contact points daily	N/A

Mattress preferably covered by rexin	Low touch	Clean weekly and after discharge	Clean weekly and after discharge	Clean weekly and after discharge
		Every 6 months check for durability.		
Medical gas equipment	High touch	Clean daily	Clean daily	Clean weekly
Microwave	High touch	Clean three times daily	Clean daily	Clean daily
Case sheet folder	High touch	Clean daily	Clean weekly	Clean weekly
Oxygen equipment	High touch	Clean daily and after use	Clean weekly and after discharge and before initial use	Clean weekly and after discharge and before initial use
Patient slide/cover bed table	High touch	Clean daily and after use	Clean daily and after use	Clean daily and after use
Pillow (waterproof cover)	Low touch	Clean twice monthly and after discharge	Clean monthly and after discharge	Clean monthly and after discharge
Rubber sheet	NA	Change when soiled and between patients. Clean with detergent and hot water and dry in sun light if reusable		
Sharps bin trolley	Low touch	Clean twice weekly	Clean weekly	Clean monthly
General surfaces in patient room (e.g. writing table)	Low touch	Clean twice daily and after discharge	Clean daily and after discharge	Clean weekly and after discharge
Hand washing Sink	High touch	Clean daily and after use	Clean daily	Clean daily

Telephone	High touch	Clean twice daily	Clean daily	Clean weekly
Toilet	High touch	Clean thrice daily	Clean thrice daily	Clean daily
Dressing trolley	High touch	Clean before and after use		
Linen/medicine/ food trolley	High touch	Clean contact points daily		Clean contact points weekly
		Clean whole trolley weekly		
Resuscitation trolley	High touch	Clean twice weekly	Clean weekly	Clean weekly
TV	Low touch	Clean weekly	Clean weekly	Clean weekly
Walls/windows/doors	Low touch	Spot clean and regular cleaning once a month	Spot clean and regular cleaning once a month	Spot clean and regular cleaning once a month
Patient wash bowl	High touch	Clean between patient use (Ideally each patient should have a dedicated bowl)		
Waste bin	Low touch	Clean weekly and spot clean as required		
Wheelchair	High touch	Clean daily and after use	Clean weekly and after use	Clean weekly and after use

NOTES:

1. Methods that produce minimal mists/aerosol and dust dispersion in patient care areas are preferred.
2. Dry dusting and brooms should not be used in patient care areas.
3. Never mix dry and wet linen.
4. The linen that is soiled with blood and body fluids of patients with HIV and HBV infection
   should be treated with 1% sodium hypochlorite solution and sent along with wet linen.

V. SOP FOR CLEANING THE FLOOR AND BATHROOM

A. Before Cleaning:

1. Gather materials and Disinfecting solutions required for Cleaning.
2. Clean hands before the cleaning procedures.

B. During cleaning:

1. Wear appropriate PPE (cap, mask, heavy-duty gloves, reusable plastic apron, eye protection).
   (see Annexure-1, figure 3,6,7,8)
2. Progress from the least soiled areas to the most soiled areas. (Annexure 1, figure 9)
3. Use dust control mop prior to wet mop. Do not lift the dust mop off the floor.
4. Use swivel motion, never shake the mop, and minimize turbulence.

C. Triple bucket mopping method: (see Annexure 1, figure 5)

- Prepare fresh disinfectant solution as indicated in one bucket (bucket 3), plain water in
  one bucket (bucket 2) for rinsing the mop, and one bucket with detergent and water (bucket 1).
- First, mop the floor (or wipe the surface) using a detergent and water solution (in bucket 1)
  to remove any dirt.
- Second, rinse the mop using plain water (in bucket 2).
- Third, once the floor is dry, mop it using a disinfectant solution (in bucket 3)

1. Use separate mop for different areas (patient area, nurses' room-store room, Varanda-pantry, bathroom-to dry the floor).
2. Wash the mop under running water before doing wet mopping.
3. Do not double dip mop as dipping it multiple times may be contaminated.

4. Mop at least 120 square feet before re-dipping.
5. Change the solution after cleaning an area of 240 square feet.

Mopping method:

1. Place a 'wet floor' caution sign outside of the room or area being mopped. (see Annexure 1, figure 4)
2. Divide the area into sections (e.g., corridors may be divided into two halves, lengthwise so that one side is available for movement of traffic while the other is being cleaned)
3. Immerse mop in cleaning solution and squeeze out
4. Push mop around skirting's (floor molding- lowest part of an interior wall) first paying particular attention to removing soil from corners.
5. In open areas use a figure eight stroke in open and wide spaces, overlapping each stroke turn mop head over every five or six strokes. (see Annexure 1, figure 10)
6. While in small spaces starting in the farthest corner of the room, drag the mop toward you then push it away, working in straight, slightly overlapping lines and keeping the mop head in full contact with the floor.
7. Repeat until the entire floor is done

After Cleaning:

- Clean the mop head after use with detergent and water and dry in sun light-mop head up, handle down.
- In high-risk areas, keep a separate set of mops for each shift.
- Clean the buckets with detergent and water and store it dry.

Cleaning bathroom and toilets:

1. Clean from clean area to dirty area **(high touch to low touch surface) -** start from door handle, door, light switch, mirror, tap, buckets and mugs, wash basin, side walls, flush out handle with detergent by cloth or cleaning pad.
2. Clean the commode or toilet basin with detergent and hot water and then with disinfectant as indicated with a toilet cleaning brush. (If soiled, decontaminate with 2% hypochlorite before cleaning)
3. Clean urinals, bedpan, measuring jug, after use and each shift with detergent and hot water, and then with disinfectant, store dry (tilted down).
4. Bathroom toilet floors are washed with detergent and water, then with disinfectant.
5. Dry the floor with dry mop.
6. Change the cotton mat daily, wash with detergent and hot water, and sundry.

VI. SOP FOR CLEANING PATIENT CARE ENVIRONMENT

1. Surface Cleaning:

a. Prepare fresh disinfectant solution as indicated.

b. Use separate cloth/disposable pad for different areas.

c. Cleaning from clean to dirty areas

d. Use separate cloth for cleaning each patient bed and surroundings.

e. Do not double dip cloth.

f. When soiled, put the cloth in a separate container for laundering, if it is a

disposable pad, discard it in the yellow bag.

g. After cleaning, wash the cloth with detergent and sundry. Wash the basin with detergent and water and store dry.

2. After discharge or transferring the patient –

Clean thoroughly the patient bed and surroundings with detergent and water and then with disinfectant as indicated.

3. Cleaning all equipment - refer to CSSD management Policy.

A. STAFF TRAINING

Staff involved in cleaning and disinfection should be periodically trained in the following -

1. Various aspects of Standard precautions like:
    - Proper use of PPE
    - Hand hygiene
    - Biomedical waste segregation
    - Needle stick Injury prevention and management
- Blood spill management
- Use of disinfectants in correct concentration, correct method and for appropriate purpose.

  In case of chemical exposure-inform sister in charge and take action according to MSDS

  (Material Safety Data Sheet) of the chemicals
- Maintaining checklist and cleaning log sheet

B. CLEANING AND DISINFECTANT AGENTS (preferred formula):-

DISINFECTANT/CLEANING AGENT	PURPOSE
Neutral soap-based low foam floor cleaner solution (Lyzol / Domex / Teepol) (Neutral Floor cleaner – no preferred brand)	Soap-based neutral pH low foam cleaning liquid concentrate – floor cleaning.
Hydrogen peroxide and Silver based – (Baccishield / Microzid HP-10), Sodium dichloro isocyanurate based (Presept Granules)	For critical surface disinfection in high-risk areas.
Quaternary Ammonium Compound based – (Bacillo-floor / D-125 plus/Bio-quat/Steri-quat/Qacidal)	For disinfection in medium and low-risk areas.
Glutaraldehyde - 2% (e.g. Glutihyde) or 2.45% (e.g. Cidex)	For disinfection in high-risk areas.
Ortho-Phthalaldehyde (OPA) (Gigasept- OPA, Cidex-OPA)	
Chlorine-based bleach - 1% Hypochlorite or Present tablets	For decontamination of : • Blood and body fluid-stained instruments and linens (spot soak for 10 min)
(no preferred brand – should be Efficacy certified product from US-EPA / CE / WHO-GMP / ISO 13485/ ISO 11.080 certified manufacturer with EN or ASTM E1053 or equivalent BIS certified, US-EPA / CE / WHO-GMP / ISO 13485/ ISO 9001 certified manufacturer)	

VII. SPILL MANAGEMENT

- **Wear appropriate PPE** – Gown and/or plastic apron, reusable rubber gloves, face mask with either goggles or face shield (if splash risk or large spill), shoe cover or plastic bag to cover the shoes
- Mark off and confine the spill area
- Send all reusable supplies and equipment (microfiber clothes and mops) for reprocessing (cleaning and disinfection) after the spill is cleaned up
- Hypochlorite solution has to be freshly prepared everyday – alternatively NADCC tablets can be kept handy to freshly prepare chlorine releasing solution

Spill management of small volumes of spill (few drops)

- Wear workman's gloves and other PPE appropriate to the task
- When sharps are involved use forceps to pick up sharps, and discard these items in a puncture resistant container
- Wipe the spill with a newspaper moistened with hypochlorite solution (1% dilution containing minimum 500 ppm chlorine). Discard the paper as infected waste. Repeat until all visible soiling is removed.
- Wipe the area with a cloth mop moistened with 1% hypochlorite solution and allow drying naturally
- All contaminated items used in the clean-up should be placed in a bio-hazardous bag for disposal.
- Spill management of large spills (>10ml)
- Confine the contaminated area
- Wear workman's gloves and other PPE appropriate to the task
- Cover the spill with newspaper or appropriate absorbent material to prevent from spreading

- Flood the spill with 10% hypochlorite solution. While flooding the spill with 10% hypochlorite solution it is to be ensured that both the spill and absorbent material is thoroughly wet. Wait for five minutes.
- Remove and discard the paper as infected waste
- Wipe the area with paper moistened with 10% hypochlorite again if required until all visible soiling is cleaned
- Wipe the area once with 10% hypochlorite and a cloth mop and allow drying naturally
- All contaminated items used in the clean-up should be placed in a bio-hazardous bag for disposal.

Spill kit:

All the spill kits must be readily available. Spill kit must be immediately replenished after use and stored at the original location after every use.

SPILL KIT CONTENTS		
Workman's gloves x 2 pairs	Apron	Mask
Absorbent material like newspaper or blotting paper	Biomedical waste bags and ties	Shoe cover or plastic bag to cover the shoes
Hypochlorite solution has to be freshly prepared everyday – alternatively NADCC tablets can be kept handy to freshly prepare chlorine releasing solution. Buckets and mops of spills should be different from the regular mops and buckets and should be washed and disinfected separately		

VIII. ANNEXURE-1

Figure 1: Mops with microfiber mop heads

Figure 2: Microfiber cloth

Figure 3: Different PPEs

Figure 4: Caution signage board

Figure 5: Three bucket Mop Wringer Trolley with wheel

Figure 6: Workman's gloves – reusable heavy-duty rubber gloves

Figure 7: Rubber-soled closed toe shoes

Figure 8: Gumboots

Figure 9: Standard methods of cleaning - Proceed from **cleaner to dirtier areas**

- While cleaning floor, proceed in a systematic manner to avoid missing areas—for example (clockwise manner)

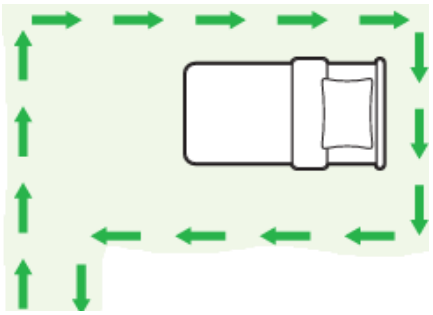
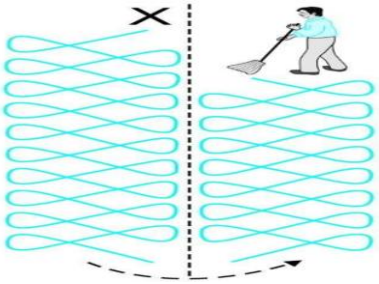


Figure 10: Mop in a figure-eight pattern with overlapping strokes



ANNEXURE-2

SPECIFICATIONS OF PERSONAL PROTECTIVE EQUIPMENT		
ARTICLE	**BIS STANDARDS**	**REMARKS**
Gloves rubber	IS 6994 (pt 1):1973 (workman safety gloves) ISO 25518:2021 (Single use rubber gloves)	Workman's gloves or Household utility gloves can also be used
Gum boots/rubber shoes	IS 13695:1995 ISO 2023:1994 (vulcanized rubber boots)	----None---
Apron cloth	IS 5029:1979 ISO 13998:2023(en)	----None----
Apron rubber	IS 4892:1987/ISO 5235:1977 synthetic rubber aprons (reinforced)	Alternatively, rubber aprons for labour rooms can be used. IS 4501:1981
Face mask	IS 6190:1971	----None----
Respiratory full-face masks	IS 14166:1994	For continuous exposure at waste disposal sites/ plants

ANNEXURE-3

Cleaning of air conditioners (ACs):

- Wipe the outer surface of all ACs (especially the louvers on the air outlet) with soap and water at least once a week or daily if easily accessible.
- **Wiping should occur 2-3 times a week in high-risk areas.**
- Once a week, the dust filters in the AC should be removed, taken outside the area, and washed to remove all dust and fibers. They should be dried and then fitted back into the AC.
- Proper drainage should be provided to drain away all condensation from the unit.
- **Any leakage should immediately be reported and rectified urgently**
- Regular servicing of the units should be carried and records maintained.
- During the servicing, the roller fan inside the unit should be wiped clean using an HLD.

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