ENVIRONMENTAL SERVICES MANUAL
Policy

Please refer to the following procedures:
ENV-CD-001.01 Patient Room Cleaning — Routine
ENV-CD-001.02 Patient Room Cleaning — Discharge/Transfer
ENV-CD-001.03 Patient Room Cleaning — Additional Precautions
ENV-CD-001.04 Floor Cleaning
ENV-CD-001.05 Bathroom Cleaning
ENV-CD-001.06 Medical Device Reprocessing Department Cleaning/Disinfecting

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PURPOSE

This policy provides direction to Nova Scotia Health Authority (NSHA) Team Members for keeping the physical Health Care Environment clean and Disinfected, which is essential to the safety and comfort of everyone at NSHA.

GUIDING PRINCIPLES AND VALUES

1. Cleaning and Disinfection in the Health Care Environment is necessary to ensure the safety of patients, visitors, and NSHA Team Members; it reduces Physical Environmental Hazards, as well as the number and amount of infectious Pathogens that may be present. It may also eliminate the transferring of Microorganisms from one person/object to another, thereby reducing the risk of infection.

2. NSHA encourages a “pride in ownership” culture that holds all Team Members accountable for maintaining clean and safe Facilities. Through attention and adherence to best practices for Cleaning and Disinfection throughout our Facilities, we strive to increase the necessary confidence and trust amongst Nova Scotians and ourselves.

3. NSHA distinguishes between Hotel Clean for non-clinical areas and Hospital Clean for clinical areas.

POLICY STATEMENTS

1. NSHA uses best practices for Cleaning and Disinfection to promote the safety and comfort of Patients, families, visitors, and NSHA Team Members at all of our Facilities.

2. All NSHA Team Members are responsible for Cleaning and Disinfecting the physical environment.

   2.1. NSHA Environmental Services are responsible for the creation and maintenance of operational guidelines and procedural documents detailing how, when, and the role responsible, to Clean and Disinfect the physical environment.

3. All NSHA spaces are monitored and maintained with a minimum of Hotel Clean in non-clinical areas and Hospital Clean in clinical areas, on a routine and/or scheduled basis to ensure the overall cleanliness of Facilities.

   3.1. Cleaning and Disinfection frequency for each area is determined by best practice documents from The Provincial Infectious Disease Advisory Committees (PIDAC), along with guidance from NSHA IPAC. Determination of frequency of Cleaning and Disinfecting considers all of the following:

   - Patients with Additional Precautions;
   - High touch and low touch surfaces;
   - Type of activity taking place in the area and risks associated with the activity;
   - Vulnerability of patients/residents housed in the area;
   - Probability of contamination based on the amount of bodily fluid contained in the area; and
   - Presence of antibiotic resistant organisms.
4. All NSHA Team Members are responsible to report Facilities, surfaces, and areas in disrepair, as well as any visible soiling and/or neglect in Cleaning to the appropriate Environmental Services Team Member and/or their Manager/Immediate Supervisor.

5. NSHA Managers are responsible to determine Environmental Services staffing levels, in consultation with NSHA IPAC, according to all of the following factors:
   - Facility type
   - Building type
   - Occupancy
   - IPAC precautions
   - Equipment
   - Training
   - Legislative requirements
   - The Team Member’s role

6. Environmental Services staffing levels are re-evaluated in special circumstances (e.g. outbreak, flood, etc.).

7. All Environmental Services Team Members will be appropriately trained and educated on best practice standards for Cleaning and Disinfection according to NSHA Infection Prevention & Control (IPAC) guidelines, Accreditation Canada standards, and The Provincial Infectious Disease Advisory Committees (PIDAC) documentation.

   7.1. Team Members’ skill and compliance with these standards is assessed through auditing.

   7.2. Program, Department and Unit Managers and Leads have processes in place to securely maintain records of assessment and competency for each Team Member.

   7.3. Team Members must verify work is completed to standard by signature, date/time, and must also document the cleaner and/or Disinfectant being used (in accordance with Accreditation Canada Standards).

8. Cleaning must be completed prior to Disinfection.

   8.1. When Cleaning and Disinfecting the physical environment, all NSHA Team Members must follow routine practices, Additional Precautions, hand hygiene, and wear appropriate Personal Protective Equipment (PPE).

   8.2. Standard techniques must be followed (for instance, begin with cleanest and finish with most soiled, clean high to low) as documented in the Environmental Services operational guidelines.

   8.3. Cleaning processes are guided by the PIDAC: Best Practices for Environmental Cleaning for Prevention and Control of Infections, with reference to Accreditation Canada Standards, and other PIDAC documentation and relevant NSHA procedures, as applicable.
9. All surfaces and equipment are Cleaned/Disinfected with approved hospital grade disinfectants that have a Drug Identification Number (DIN) provided by Health Canada, unless otherwise directed by IPAC or isolation signage.

10. Patients and families are routinely surveyed to help identify opportunities for improvement and areas of concern that require follow up.

11. Contracted Services must adhere to this policy and accompanying procedures.

REFERENCES


RELATED DOCUMENTS

Appendices

Appendix A – Definitions

Policies

NSHA AD-OHS-001 Occupational Health and Safety Rights and Accountabilities

NSHA IPC-CD-001 Outbreak Management

NSHA IPC-CL-001 Cleaning and Disinfection of Non-Critical Reusable Patient Care Equipment

NSHA IC-CP-025 Infection Prevention and Control During Construction, Maintenance and Renovation of Health Care Facilities

NSHA IPC-RP-001 Routine Practices and Precautions

NSHA IPC-RP-020 Hand Hygiene

Procedures

ENV-CD-001.01 Patient Room Cleaning — Routine

ENV-CD-001.02 Patient Room Cleaning — Discharge/Transfer

ENV-CD-001.03 Patient Room Cleaning — Additional Precautions

ENV-CD-001.04 Floor Cleaning

ENV-CD-001.05 Bathroom Cleaning

ENV-CD-001.06 Medical Device Reprocessing Department Cleaning/Disinfecting

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APPENDIX A – DEFINITIONS

Additional Precautions  Further precautions based on the method of transmission (i.e. contact, droplet, airborne) that are necessary when routine practices alone may not be enough to interrupt transmission of an infectious agent.

Chemicals  Solutions approved by NSHA that are used in the process of Cleaning and Disinfection.

Cleaning  The physical removal of foreign material (e.g., dust, soil) and organic material (e.g., blood, secretions, excretions, Microorganisms). Cleaning physically removes rather than kills Microorganisms. It is accomplished with water, detergents and mechanical action.

Disinfection  The process that eliminates Microorganisms (except spores) that is accomplished with the use of liquid Chemicals.

Facilities  Includes, but is not limited to, a building or components of a building (e.g. a wing, a particular treatment area), its indoor spaces, and exterior grounds.

Health Care Environment  People and items which make up the care environment (e.g. objects, medical equipment, staff, clients/patients) of a hospital, clinical or ambulatory setting, outside the immediate environment of the client/patient.

Hospital Clean  Hotel clean PLUS:

- High touch surfaces in patient/resident/client care areas are Cleaned and Disinfected with hospital grade disinfectant.
- Non-critical medical equipment is Cleaned and Disinfected between patients/residents/clients, and cleaning practices are periodically monitored and audited with feedback and education.
- Factors Influencing Frequency:
  - Surfaces, high touch or low touch (e.g. doorknobs vs window sills)
  - Type of activity taking place in the area and risks associated with the activity (e.g. critical care vs office setting)
  - Vulnerability of patients/residents housed in the area (e.g. intensive care vs patient/resident room)
  - Probability of contaminated based on the amount of body fluid contained in the area (e.g. washroom vs lounge)
- Presence of antibiotic resistant organisms

**Hotel Clean**

A measure of cleanliness based on visual appearance that includes dust and dirt removal, waste disposal and cleaning of windows and surfaces.

**Microorganism**

A microscopic organism, especially a bacterium, virus or fungus; Pathogens such as C difficile (C diff), Norovirus, Methicillin Resistant Staphylococcus Aureus (MRSA), Vancomycin Resistant Enterococcus (VRE).

https://en.oxforddictionaries.com/definition/microorganism

**NSHA Team Member**

Unless specifically limited by a certain policy, refers to all employees, physicians, learners, volunteers, board members, contractors, contract workers, franchise employees, and those with affiliated appointments and other individuals performing activities within NSHA.

**Pathogen**

A bacterium, virus, or other Microorganism that can cause disease.

https://en.oxforddictionaries.com/definition/pathogen

**Physical Environmental Hazards**

An agent, factor or circumstance that can cause physical injury, damage or an adverse health effect. Examples: bacteria, viruses, spills, equipment malfunctions, repetitive tasks, etc.
District Health Authority Policies Being Replaced

CBDHA ENV - 12 - 010 Environmental cleaning and disinfecting standards
CDHA Environmental Cleaning & Disinfection HS 10-010
NSHA AD-PSE-005 Frequency of Cleaning

Version History

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<th>Minor Revisions (e.g. spelling correction, wording changes, etc.)</th>
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