

PRINCIPLES OF ENVIRONMENTAL CLEANING



Risk based approach to writing a cleaning policy

Taking a risk-based approach towards environmental cleaning involves identifying the probability of contamination. This can be implemented by looking at the greatest to the lowest risks and finding ways to reduce or eliminate any potential exposure.

Cleaning policies should be assigned to a team member who can assess potential exposure and updating cleaning policies on a regular basis.

All team members should be appointed cleaning tasks while on duty to help reduce the risk of pathogens being transmitted in high trafficked areas.

Cleaning Method and process

Environmental cleaning practices in small health service organisations:
https://www.safetyandquality.gov.au/sites/default/files/2021-06/environmental_cleaning_practices_in_small_health_organisations.pdf

The above guidelines by the Australian Commission on Safety and Quality in Health Care recommends looking at products and equipment that will suit your service. A 2-step method is described as, using two separate products.

The first step is cleaning the surfaces and removing dirt and grime.

The second step is using a disinfectant to remove all germs and bacteria on the surface.

A 2-in-1 clean is a product that incorporates both cleaning and disinfecting, reducing cleaning time.

Cleaning Frequency

The current recommendations of frequency for environmental cleaning suggests:

- High touched surfaces – such as waiting room chairs, work surfaces, door handles, sinks and switches should be cleaned **at least once a day** or if visibly soiled or a known infectious contact.
- Medium touched surface – such as curtains, carpets and walls should be included in the cleaning schedule and cleaned less frequently.

However, the frequency of the environmental cleaning may need to adjust due to increase risk from a rise in community outbreaks of infectious diseases. Victorian health service guidance and response to COVID-19 risks <https://www.dhhs.vic.gov.au/victorian-health-service-guidance-and-response-covid-19-risks#current-risk-rating>

Equipment and Products

The TGA recommend products for use in Australia: <https://www.tga.gov.au/disinfectants-use-against-covid-19-artg-legal-supply-australia>

All cleaning equipment should be supplied by a health service agent. Equipment that is intended for single use only should be properly disposed of immediately after use. If items are multi-use, they should be cleaned and stored as per the manufacturer's guidelines.

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Commonly Asked Questions

1. Question: How viable is SARS-CoV-2 in the environment?

COVID-19 can spread widely and quickly. From being in close contact with an infectious person (including in the 48 hours before they had symptoms), via direct contact with droplets from an infected person's cough or sneeze, or by touching objects or surfaces (like doorknobs or tables) that have droplets from an infected person, and then touching your mouth or face.

- Transmission of SARS-CoV-2: implications for infection prevention precautions
<https://www.who.int/news-room/commentaries/detail/transmission-of-sars-cov-2-implications-for-infection-prevention-precautions>

2. Question: Can SARS-CoV-2 be transmitted via contaminated surfaces and objects?

People may become infected with SARS-CoV-2 after touching surfaces that have been contaminated by the virus when touching their eyes, nose, or mouth without cleaning their hands.

- How long can the virus survive?
<https://www.csiro.au/en/research/health-medical/diseases/covid-19-research/how-long-the-virus-can-survive>

3. Question: What is terminal cleaning?

Terminal is a word used to describe a method of cleaning that is needed when an infected patient has left the clinical area. Terminal cleaning is a different cleaning approach than daily cleaning.

- Hygiene and cleaning for the health workforce during COVID-19
<https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-advice-for-the-health-and-aged-care-sector/hygiene-and-cleaning-for-the-health-workforce-during-covid-19>