

INTRODUCTION TO CLEANING & DISINFECTION GUIDELINES

High standards of hygiene and cleanliness in veterinary practice are very important to ensure the safety of patients, clients and staff by minimising risk of acquiring infection whilst on the premises.

Our aim in drawing up these guidelines is to encourage the practice team to consider all areas of the practice and associated activities. For each area and activity staff should think about how often cleaning should take place, what should be used and who is responsible for the cleaning.

Areas should be risk assessed to determine the frequency with which they or elements within them are cleaned. The risk is the degree of infection risk to animals, clients and staff from inadequate cleaning.

The layout of the practice, function of different areas, activities, facilities and equipment, and construction of the building, including the floor covering, are all factors used in assessing the risk. These will vary considerably from practice to practice. Good design and maintenance will help reduce any risk.



These guidelines need to be personalised to each individual practice to be effective.

We see these as a tool for the team to look at and consider, taking the elements that apply to their practice and adapting them to produce locally relevant and effective guidelines for each individual area of a practice.

Implementing these guidelines gives a framework for staff to discuss their responsibilities for infection control. The authors also recommend appointing a member of staff to have overall responsibility for implementing infection control in their practice. Nevertheless, infection control is everyone's responsibility, all of the time.

We hope the self-audit tool will be useful in checking that suitable cleaning and disinfection is taking place – not matter how good the guidelines/ protocols are, to be effective they must be consistently implemented.

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Cleaning is the first part of any environmental decontamination process and must be carried out before disinfection.

Thorough cleaning with detergent and warm water will remove organic material and most micro-organisms. However, very hot water can inhibit cleaning as it coagulates protein making it more difficult to remove.

All surfaces should be dried after cleaning and disinfection (using disposable paper towels) to prevent any remaining bacteria from multiplying.

Working from the cleanest area to the dirtiest area will reduce the risk of cross contamination. NB - if a clean to dirty work flow regime is used it is acceptable to use one disposable cloth per area.

Mops & buckets should be colour coded to the clinical area they are used for. eg Wards, Isolation, Waiting room etc

Staff must be trained in hand hygiene and cleaning procedures.

Where possible work surfaces and floors should be made of a durable intact surface that is cleanable. Flooring should be covered up the walls in clinical areas.



Ventilation in practices should be designed so air is not drawn from dirty areas into clean areas.

Disinfectants should be made up and used according to manufacturer's instructions.

Buckets should always be dried and stored upside down when not in use.

Mop heads should be laundered in a hot wash then stored dry.

All cleaning equipment including vacuum cleaners, floor cleaners etc. should be cleaned and maintained properly.

There should be plans for periodic "deep cleans" of clinical areas in addition to daily, weekly and monthly cleaning tasks. The frequency depends on the type of room, equipment and activity.

The incidence of post-operative wound infections, other practice-acquired infections and antimicrobial-resistant bacterial infections should be recorded & investigated by the practice.

Cleaning schedules, cleaning protocols and hand hygiene in the practice should be audited.

We hope you find these useful.

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