

# INTRODUCTION TO CLEANING & DISINFECTION GUIDELINES

It is essential that veterinary practices establish high standards of hygiene and cleanliness in order to ensure the safety of patients, clients and staff by minimising risk of acquiring infection and zoonotic diseases whilst on the premises.

These guidelines were created to encourage the whole practice team to consider all areas of the practice and associated activities that could pose a risk, and that require special considerations regarding cleaning and disinfection. 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.

Individual risk assessments should be performed in order to determine the frequency with which facilities or elements within them are cleaned. The risk is the degree of infection risk to animals, clients and staff from inadequate cleaning and other hygiene measures. This is a vital aspect of clinical governance, an aspect of veterinary practice which all staff should understand.



The layout of the practice, function of different areas, activities, facilities and equipment, type of patient, 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 adapted and personalised for 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.

**We hope you find these useful.**

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# INTRODUCTION TO CLEANING & DISINFECTION GUIDELINES

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

Thorough cleaning with a 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 and regular re-evaluation and revised training should be performed.

Wherever possible all work surfaces and floors should be made of a durable intact surface that is cleanable. This is essential in clinical and other animal-contact areas. 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. Isolation facilities must not vent into the main practice.

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

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

Mop heads should be laundered in a hot wash (>70 °C) 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 (nosocomial) infections and antimicrobial-resistant bacterial infections should be recorded and investigated by the practice. Surveillance is a vital component of clinical governance.

Cleaning schedules, cleaning protocols and hand hygiene performance in the practice should be audited, and the results recorded and discussed with clinical staff.