



Procedures

How to Manage Clean and Dirty areas in a Veterinary Facility



In a veterinary practice, effectively managing clean and dirty areas is essential for maintaining a hygienic, safe and efficient environment. Proper segregation between clean and dirty areas prevents cross-contamination, ensures that infection control standards are met, and promotes the overall health and safety of both animals and staff. Here are key strategies to manage clean and dirty areas in a veterinary practice:





Create a Clear Layout with Defined Zones

> SEPARATE AREAS FOR CLEAN AND DIRTY ACTIVITIES

Design the veterinary facility so that clean and dirty areas are clearly defined and physically separated. The goal is to minimise the risk of contamination by ensuring that tasks involving contaminated items (e.g., waste, blood, or infected materials) are carried out away from clean areas (e.g., surgery rooms, treatment rooms).

- > **Clean Areas:** These include spaces like exam rooms, surgical suites, sterile preparation areas and clean storage areas for medical supplies and medications.
- > **Dirty Areas:** These include spaces like isolation rooms, treatment areas where procedures that may generate contamination (e.g., wound care, blood draws) are performed, waste disposal areas and laundry facilities.

> CLEAR SIGNAGE

Use clear visual indicators, such as signs and color-coded areas, to delineate clean and dirty zones. This helps guide staff and visitors and prevents accidental entry into areas that might lead to contamination.

> MONITORING AREAS OF HYGIENE STATUS

Regular unannounced measurement of hygiene / contamination status of surfaces in a facility is invaluable (e.g. ATP testing). It is almost inevitable that without assessment there will be some surfaces which are considered 'clean' which are, inadvertently, 'contaminated: e.g. staff room kettle handle, imaging table, anaesthetic vaporiser and oxygen flow controls, x-ray triggers, patients restraint devices, operating theatre instrument trolleys and operating lights, etc.



Establish a One-Way (air, patient and staff) Flow System

> ONE-WAY MOVEMENT OF ANIMALS AND MATERIALS

Design the layout of the veterinary practice to create a one-way flow of animals, equipment, and staff. For example:

- > Animals should enter the practice in a designated intake area (dirty zone) where they are assessed, treated, and moved to recovery or boarding areas (clean zone). Admission times / location / staff should be divided between high risk (likely dirty patients), as opposed to high need or elective patients.
- > Use a corridor or pathway to move animals through the facility without re-entering previously used spaces.
- > Similarly, tools and equipment should not move from dirty areas (e.g. treatment areas, exam rooms) to clean areas for sterilisation before being reused.
- > You must be able to move high risk / dirty / contaminated patients from arrival car park, to isolation room, without first entering any clean area of the practice.

> SEPARATE EXITS FOR CLEAN AND DIRTY AREAS

Ensure that clean and dirty areas have separate entry and exit points. For instance, patients that are undergoing surgery should be transported via a dedicated route to and from the surgical suite, avoiding other areas where cross-contamination could occur.





Physical Barriers and Segregation

> DOORS AND WALLS

Use physical barriers such as walls or closed doors to separate clean and dirty zones. These barriers prevent contaminants from spreading between areas. Consider incorporating doors with air locks or positive pressure in sterile areas (e.g. surgical rooms).

> AIR FLOW MANAGEMENT

Control airflow by using positive and negative pressure systems to prevent the movement of contaminants between areas. For example, surgery rooms should have positive air pressure to keep contaminants out, while isolation rooms may require negative pressure (i.e. air extraction) to contain airborne pathogens.



Implement a Dedicated Cleaning and Sterilisation Area

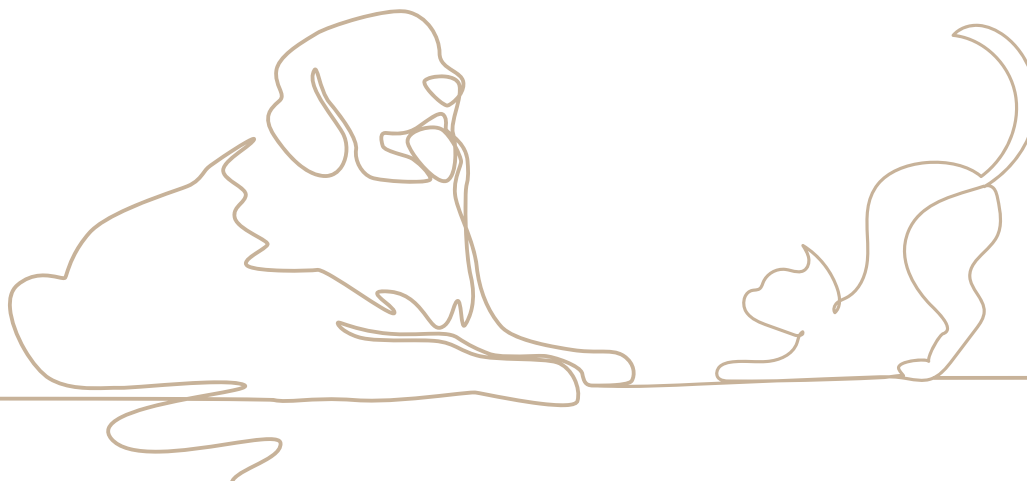
> STERILISATION ROOM

Create a dedicated sterilisation room that is separated from both clean and dirty areas. This room should house equipment like autoclaves, sterilisers, and disinfectants used for cleaning surgical instruments and other medical tools.

> SOILED UTILITY AREA

A specific «dirty» utility area should be designated for the cleaning and disposal of contaminated items, including soiled bedding, surgical drapes, or any medical waste.

- > Ensure this area is equipped with industrial sinks, washing machines, or other necessary tools to clean, disinfect, and handle soiled materials safely.
- > **Contaminated Laundry:** Separate laundry areas should be designated for contaminated towels, bedding, and clothing, and must be equipped with appropriate cleaning equipment to prevent cross-contamination.





Use of Proper Cleaning Protocols

> ROUTINE CLEANING

Develop and implement a cleaning schedule that addresses how frequently each area should be cleaned. For example:

- > **Dirty Areas:** These areas should be cleaned more frequently and with stronger disinfectants (e.g. exam tables, surgical tables, cages). Follow strict protocols for decontaminating high-touch surfaces with biofilm removal whenever a deep clean is undertaken (typically every 1-2 weeks).
- > **Clean Areas:** Clean areas should be cleaned and disinfected regularly, but with milder agents that will not compromise sterility (e.g. cleaning exam tables, counters, and storage areas for medical supplies).

> DISINFECTION PROTOCOLS

Ensure that proper disinfectants are used for various areas. For example, surgical areas require hospital-grade disinfectants, while surfaces in less critical areas can be cleaned with general-purpose disinfectants.

> UNANNOUNCED HYGIENE ASSESSMENTS

(e.g. ATP testing) are essential to assure hygiene protocols and good working practices (i.e. avoiding the creation of fomites).

> PROPER USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

Ensure that staff wears appropriate PPE (e.g., gloves, masks, gowns) when working in dirty areas. PPE should be disposed of properly before leaving these areas.



Handling and Disposal of Contaminated Materials

> WASTE MANAGEMENT

Set up a structured waste management system that includes separate bins for:

- > **General waste:** Regular trash, such as packaging and non-contaminated materials.
- > **Infectious waste:** Contaminated materials like bandages, needles or used syringes, which should be placed in biohazard containers.
- > **Pharmaceutical waste:** Expired or unused medications, including needles and vials.

> CONTAMINATED EQUIPMENT HANDLING

All contaminated equipment should be cleaned and sterilised before it moves from dirty to clean areas. Ensure there are dedicated sinks and autoclaves in the dirty area for cleaning instruments before they are moved to the sterilisation area.



Clear Signage and Communication

> SIGNAGE FOR ZONES

Use clear, easily understood signage to indicate which areas are clean and which are dirty. This can help staff adhere to the layout and prevent accidental contamination.

> IN SOME FACILITIES

The hygiene status of areas is indicated by floor colour, and that of staff by uniform colour. In this manner, any staff member in the wrong place is readily apparent.

> WRITTEN PROTOCOLS

Have written hygiene and infection control protocols available for staff to reference. This should include guidance on how to move between zones, clean and disinfect properly, and handle potentially contaminated materials.



Regular Monitoring and Audits

> ROUTINE AUDITS

Regular unannounced quantitative rapid tests are invaluable. Audits and sharing results with the staff team is essential to ensure that hygiene protocols are being followed and that there is no contamination between clean and dirty areas.

> CONTINUOUS IMPROVEMENT

Adjust the design or procedures as needed, based on feedback, audits and infection control reports to improve hygiene management in the facility.



Staff Training and Protocols

> TRAINING OF THE WHOLE PRACTICE TEAM IS ESSENTIAL

It only takes one member of staff failing to wash hands etc., to ruin the hygiene status of the whole facility. An 'Infection Control Champion' should be appointed, trained and given time and authority to monitor and assure working practices and standards are maintained.

> TRAINING ON HYGIENE PRACTICES

Ensure that all veterinary staff are trained in proper hygiene protocols, including handwashing, the use of disinfectants, and appropriate handling of animals and equipment.

> PERSONAL PROTECTIVE EQUIPMENT (PPE) USAGE

Staff should wear the appropriate PPE when working in dirty areas, and protocols should be in place for proper disposal or cleaning of PPE.

> CROSS-CONTAMINATION PREVENTION

Staff should be educated on avoiding cross-contamination between clean and dirty areas. For instance, they should change gloves and wash hands after handling contaminated materials.

By following these strategies, veterinary practices can maintain strict segregation between clean and dirty areas, minimising the risk of infection and providing a safe and hygienic environment for both animals and staff.