



 Staff Training Material

Cleaning Methods and Disinfection Control Protocols

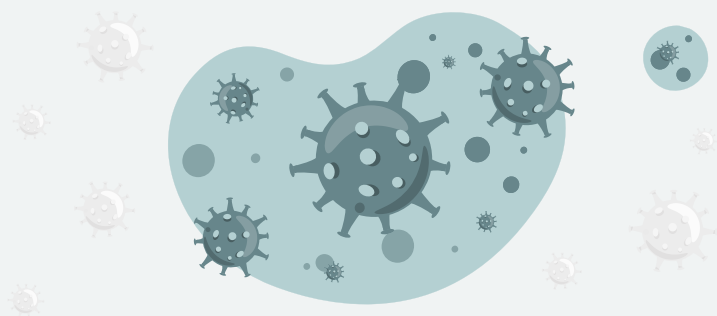




How to use this guide

The emergence of multi-drug resistant bacteria, both within human healthcare facilities and veterinary practices has pushed the consideration as to the 'cleanliness' of all medical premises to the front of the public's minds and this could be considered as something which was maybe long overdue.

With no enforceable standards regarding the cleanliness of veterinary practices, there is a wide variation in what practices deem as being: 'adequate', 'aseptic' and appropriate levels of cleanliness for their practice environment and, indeed, what is appropriate for a small rural practice may well be very different from what should be expected for a busy 24/7 Referral and ECC facility. The reality is that most practices are managed rather as islands in an archipelago, in the manner deemed appropriate by the local tribal leader, otherwise referred to as a Clinical Director or Partner.



In these current days of antimicrobial resistance (AMR), post Covid and pre X pandemics, we must remember that

75%

of new human infectious diseases are zoonotic, i.e. come from animals who could be our patients.

It is indeed past the time when a professional standard of cleanliness should be detailed and required of all practices. For this to be the case, whilst cleaning and disinfection methods can be suggested, it then becomes mandatory that the outcomes of infection control are quantified (measured) scientifically, so that not only we think we are doing it right, but we can prove we have based on the level of cleanliness measured.

> OBJECTIVES AND AIMS OF THIS PROJECT

- 1 → Empower them to investigate their own short fallings
- 2 → Create their own solutions

It is only by getting all the staff team to buy into the problems and their own solutions, that they then own the outcomes and take pride in achieving them. It is by you personalizing these guidelines to fit your own practices, together with discussing challenges and solutions within the practice team & emphasising the importance of hygiene to the whole practice, that things will change.

When starting to create such protocols, many areas of cleaning and disinfection can be overlooked and so, working methodically, we (hopefully) have covered all the vital aspects. Indeed, it is only by using a significant number of swabs post sanitisation on a regular basis, that reservoirs of contamination, poor working practices or cleaning methods are discovered, which can then be corrected. See separate guidelines on post sanitisation measurements; it really is not taxing and need not be expensive. Moreover, having applied such techniques in many practices, we are convinced it is the only way to be certain that we are doing a sufficiently good job.

It is only by going through this process that we discovered that the dirtiest item in every practice is the kettle in the staff room, that oxygen flow nobs and volatile anaesthetic % control wheel, x-ray exposure trigger, x-ray collimation controls and cassettes, as well as patient restraint devices all tend to be overlooked in the vast majority of practices. So we have been on a journey over the last few years, we know what can be achieved and, by reducing contamination levels, we will also reduce veterinary practice acquired infection rates.

These guidelines should help practices working towards the RCVS Practice Standards Scheme. Looking to the future we hope our guidelines will provide a useful resource for the planned Infection Control module of the new modular Practice Standards.