

11. MANAGEMENT OF THE PATIENT/RESIDENT/CLIENT CARE ENVIRONMENT

A clean environment is a safer environment for patients/residents/clients (P/R/C) in all health care settings. The risk of healthcare-associated infections (HAIs) can be reduced when surfaces, items, and equipment are cleaned and disinfected with the correct products and at the right times.

11.1. Cleaning of Environment

Minimize Environmental Contamination:

- **DO NOT** bring the care record/chart into the P/R/C room, cubicle or designated bed space in a shared room and perform hand hygiene after handling the record/chart
- **DO NOT** eat or drink in areas where direct care is provided, at the nursing station, in medication rooms, in clean supply rooms, and in reprocessing or laboratory areas
- Dedicate non-critical medical equipment to a single P/R/C
- Assign responsibility and accountability for routine cleaning and disinfection of care equipment
- Ensure environmental cleaning follows a set procedure and frequency, and is documented and supervised by adequately trained dedicated personnel
- Ensure adequate human resources^{13.8}

Areas/programs should have:

- Written policies and procedures for cleaning and disinfection of patient/resident/client rooms and equipment that includes cleaning standards and frequencies^{13.8}
- Procedures and increased capacity for outbreak management^{13.8}
- Ensure surfaces are constructed of materials that can be easily cleaned at the point of use
- Increase the frequency of cleaning and disinfecting high touch surfaces. Clean and disinfect surfaces likely to be touched and/or used on a more frequent schedule compared to other surfaces (high touch surfaces).
 - This includes surfaces in close proximity to the P/R/C (e.g., bedrails, over bed tables, call bells, exam beds, treatment chairs) and frequently touched surfaces in the care environment such as door knobs, surfaces in the P/R/C's bathroom and shared common areas for dining, bathing, toileting
 - This also includes personal use items such as stethoscopes, wipeable lanyards and pens.
- Monitor for adherence to recommended environmental cleaning practices

- Ensure rooms/spaces are terminally cleaned following P/R/C appointment, discharge and after discontinuing precautions
- Use facility approved cleaners and disinfectants
- Ensure the availability of healthcare approved cleaners and disinfectants for Environmental Services Staff and frontline staff^{13.4}
- Clean areas adjacent to construction activities at the end of the day or at other times as required in order to maintain cleanliness of the area.^{13.8}

In outbreak situations, or when continued transmission of certain microorganisms (e.g., norovirus, rotavirus, *C. difficile*) occurs, specific disinfectant products may need to be used as appropriate (i.e., facility/regionally approved sporicidal agents). Regional IP&C approval is required prior to use of these specialized products.

11.2. Cleaning and Disinfection of Non-Critical Patient/Resident/Client Care Equipment

Contamination of care equipment and items in the care environment, as well as the care environment itself has been implicated in infection transmission. Follow policies and procedures for containing, transporting, and handling used patient/resident/client (P/R/C) care equipment and medical instruments and devices

Clean and disinfect all non-critical re-useable equipment when soiled and between uses with different P/R/Cs.^{13.8}

Identify used non-critical care equipment and other items such as toys and electronic games, and **DO NOT** allow use by another P/R/C until these items are appropriately cleaned and disinfected.

Clean and disinfect non-critical care equipment dedicated to an individual P/R/C when soiled and on a regular schedule.

Dedicate bedpans and commodes to each P/R/C and label appropriately. Clean and disinfect before use by another P/R/C. The use of disposable bedpans is acceptable. Bedpan holders for disposable bedpans must be reprocessed following use.

Store sterile and clean supplies in a designated and separate clean dry area protected from dust. **DO NOT** store under sinks and/or near plumbing as leaks may occur.

Discard personal care items (e.g., tissues, lotions, soaps, razors) and disposable equipment such as containers used for blood collection or tourniquets left in the room following transfer, terminal cleaning or discharge.

Unless a computer keyboard and computer device technology has been just cleaned/disinfected by the user, consider keyboards and devices used in the healthcare (external) environment as contaminated. Clean hands after using keyboards and computer devices. Assign responsibility for regular cleaning and disinfection of computer keyboards and horizontal computer cart surfaces utilized in the healthcare (external) environment.

Ensure computer keyboards in P/R/C rooms are cleaned and disinfected after each use, and upon discharge or during terminal cleaning/disinfection.

11.2.1. In Home Care Settings

Educate clients about the importance of environmental cleaning.

Limit the amount of disposable and non-disposable care equipment and supplies brought into the home.

Advise clients to purchase items such as thermometers and scissors for personal use whenever possible.

Leave reusable care equipment in the home until the person is discharged from home care services whenever possible.

Clean and disinfect non-critical care equipment (e.g., stethoscope) that cannot remain in the home before removal from the home.

Alternatively, place contaminated reusable items in a plastic bag for transport then cleaned and disinfected in a designated area at the home care office.

Where limiting supply entering home is not possible, prior to entry, supplies which are not in sealed impervious packaging can be bagged and sealed to prevent contamination and support retrieval and reprocessing if appropriate and needed

Avoid opening new packaging to decant into client's home environment, only open as needed prior to use

Removal for reprocessing of supplies shall not occur in the following instances:

- a. Client(s) home has a known or suspected bed bugs, rodent activity
- b. Client or housemate has a communicable disease
- c. Client or housemate has an infectious process requiring Additional Precautions,
- d. Hoarding environment present
- e. Presence of gross environmental soiling with blood or body fluids
- f. Supplies unable to withstand cleaning and disinfection:
 - Paper packaging
 - Opened supplies
- g. Expired supplies.

11.3. Handling of Linen

Linen in healthcare facilities may become contaminated with pathogens; risk of disease is usually negligible

Care should be taken in the handling of soiled linen to prevent dispersal of microorganisms. Handle soiled linen with a minimum of agitation to avoid contamination of air, surfaces, self and other persons.

Place soiled linen in a no-touch receptacle at the point of use.

Use leak-proof containers for laundry contaminated with blood or bodily secretions (urine, feces, etc.). Water soluble bags and 'double-bagging' are not recommended.
[13.8](#)

Tie linen bags securely and **DO NOT** over-fill^{[13.8](#)}

Transported and store clean linen in a manner to prevent inadvertent handling or contamination by dust, which may contain fungal spores harmful to immunocompromised P/R/Cs.

Maintain separation of clean and soiled linen during transport and storage.

If laundry chutes are used, they should be properly designed, maintained, and used in a manner to minimize dispersion of aerosols from contaminated laundry.

Change linen regularly and when soiled, upon discontinuation of Contact Precautions and following discharge/transfer of the P/R/C. In ambulatory care/clinic areas change linen following every treatment/procedure.

Roll or fold heavily soiled linen to contain the heaviest soil in the centre of the bundle. **DO NOT** spray soiled linens with water; use a gloved hand and toilet tissue to remove any solid waste. To avoid splashing carefully place into a bedpan or toilet for flushing.

Perform hand hygiene after handling soiled linen.

Wash reusable linen bags after each use; they may be washed in the same cycle as the linen contained in them.

11.4. Handling of Waste

Most waste generated in healthcare settings is no more hazardous than household waste.

Waste receptacles should be conveniently located and, preferably, hands-free.

DO NOT double-bag waste unless the first bag becomes stretched or damaged, or when waste has spilled on the exterior.[13.3](#)

Close waste bags when three-quarters full and tie in a manner that prevents contents from escaping.[13.3](#)

Remove waste to central holding areas at frequent intervals.[13.3](#)

Dispose of blood, suctioned fluids, excretions and secretions in a sanitary sewer or septic system according to municipal/regional regulations.[13.1](#)

Contain and dispose of biomedical, pharmaceutical and sharps waste according to site policies.

Wear personal protective equipment according to PCRA.

Perform hand hygiene after handling waste and waste containers.

11.5. Handling of Dishes

There are no indications for the use of disposable dishes other than when dishwashing equipment is non-functioning.

Perform hand hygiene after handling dirty dishes.



11.6. Handling of Deceased Bodies

Use Routine Practices properly and consistently for the routine handling of deceased bodies. There are no special requirements when handling deceased bodies. Adhere to provincial specified communicable disease regulations, available at Province of Manitoba, [Public Health Act, Dead Bodies Regulation](#).