

Effective cleaning is essential for infection control in aged care.

At the frontline of infection prevention

MURRAY MCDONALD
 outlines practical strategies for how aged care facilities can protect themselves from outbreaks and the subsequent negative effects.

Cleaning in the aged care sector is more than just a visual clean. Unlike other industries where cleaning can have a focus on presentation, cleaning in the aged care sector requires a focus on ensuring a microbial clean. A microbial clean involves sanitising key areas and surfaces with the aim of killing bacteria and preventing infections and outbreaks.

With antibiotic resistant bacteria on the rise in Australia, now more than ever, aged care facilities need to ensure their cleaning processes effectively protect residents, staff and visitors. The use of mops and buckets or spray and wipe methods are no longer the processes in which an aged care environment should be cleaned.

Older people living in residential aged care are some of our most vulnerable and susceptible to infections, which can have devastating and lifelong effects for even the healthiest of people.

It's important that aged care facilities ensure they are cleaning to a standard that can protect residents from illness, infection and outbreaks.

The negative ramifications of a poor cleaning process has a domino effect that can cost aged care facilities in a number of areas. These flow-on-effects include:

- infection
- facility closures

“Cleaning is at the frontline of infection prevention and can minimise the risk of outbreaks.”

- increases in treatment, staff, resources and paperwork
- reputation damage
- potential legal ramifications.

Ensuring optimum hygiene

Together with having a strong hand hygiene program, ensuring a logical workflow for daily cleaning processes is crucial in preventing outbreaks and infections. Cleaning is at the frontline of infection prevention and can minimise the risk of outbreaks.

High-level daily cleaning processes include having a focus on resident rooms and bathrooms. These areas should be cleaned daily using a sanitising and bacteria killing method. Some of these methods can include using steam vapour and microfibre cleaning and UV light disinfection systems.

Key surfaces in rooms and bathrooms are touch points, which are areas that have a high rate of contact and touch. Touch points include light switches, remote controls, door knobs and bathroom taps. It's critical that these areas are sanitised as they are one of the main culprits for bacteria transmission.

The way in which a room is cleaned, or the cleaning workflow, is also critical to aged

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care cleaning. A rule of thumb is to clean in a clockwise or anti-clockwise direction, and start from the top and work down. This minimises the risk of surfaces getting overlooked, as well as ensuring floors and lower areas are getting done last. In bathrooms, it's important that the toilet is the last area to get cleaned.

Auditing is also an important part to an aged care cleaning program. Doing thorough internal audits of your facility will ensure that when external audits occur, a facility has the best chance of achieving a high compliance rate.

An ideal way to conduct an internal audit is by using an invisible marking process. Prior to cleaning being carried out, managers should mark all critical touch points and surfaces with an invisible marker. These marks can't be seen unless illuminated by an invisible torch light. These markings could be dates or any other reference to show when a spot was marked. After the cleaners have conducted their daily clean, the manager can then go back to all the pre-marked areas and shine an invisible torch light to illuminate any markings. If the mark is still present, it indicates that the area hasn't been cleaned and has been missed.

Having an internal auditing process allows facilities to crosscheck whether cleaners are overlooking critical areas, providing a cleaning benchmark, and help prepare for external audits.

High-risk areas

Any cleaning program that focuses on a microbial clean should also prioritise high-risk areas. One of these high-risk areas in an aged care facility



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is the bathroom. Ideally bathrooms should be cleaned twice a day. The bathroom is the most likely area to feature bodily fluids and spills, and any spill, no matter the area, should be dealt with as soon as possible.

Special attention should be paid to any surface that may have a higher risk of containing blood, body fluids, skin contact, mucous and saliva. Some of these surfaces include chairs in common areas and beds.

A discharge or outbreak clean is known as a high risk-clean. It requires the use of a high-level infection control cleaning method. Using high temperature steam vapour at 160-plus degrees Celsius to disinfect critical surfaces during a discharge or outbreak clean is ideal.

Also, it's important that whatever infection control clean you conduct, it should also be a "dry" clean. This means that a surface should not be left damp or take more than 10 minutes to dry. A damp surface or area creates a breeding ground for bacteria.

In addition, kitchens can be high risk areas and poor cleaning processes here can lead to cross contamination and gastro outbreaks.

By using a proven disinfection method, which is a widespread method that is used in other healthcare facilities such as hospitals, together with ensuring a logical workflow and regular internal audits, aged care facilities can protect themselves from outbreaks and subsequent domino effects. ■

Murray McDonald is director of Duplex Healthcare and author of 5 Steps to Chemical Free Cleaning in Healthcare.

Top tips

- Conduct a microbial clean not just a visual clean
- Concentrate on "touch points"
- Ensure cleaning is done in a logical workflow
- Conduct regular internal audits
- Clean bathrooms twice a day
- Attend to spills as soon as possible
- Use a high-temperature and dry cleaning method for outbreak and discharge cleans

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