

## HOSPITAL HOUSE KEEPING MANUAL

### HOSPITAL HOUSEKEEPING

Hospital is a place, which renders medical service to the patients. The role of housekeeping in hospitals is to create a peaceful, infection free and pleasant atmosphere required for the speedy recovery of the patients. It should also create a homely atmosphere for the patients.

### ORGANIZATION OF HOUSEKEEPING DEPARTMENT

1. **FACILITY MANAGER/EXECUTIVE HOUSEKEEPER:** - In hospitals generally there is a facility manager who is placed in the top of the organization chart of housekeeping department of the hospital division.
2. **HOUSEKEEPING SUPERVISOR/ TEAM LEADERS:** - Housekeeping Supervisor is responsible for the direct supervision of the room boys and ward housekeepers.
3. **ROOM BOYS/ WARD HOUSEKEEPERS:** - They perform the cleaning tasks in the ward areas as well as some non- nursing tasks.

### HOUSEKEEPER'S ATTRIBUTES

A housekeeper's attributes should include:

- A pleasant personality and ability to converse with all types of people, an ability to hide personal likes and dislikes and to be fair and just.
- Strictness regarding punctuality and the keeping of necessary rules, loyalty to the establishment and to the staff.
- Critical power of observation and sense of humor.
- A cool head to deal with any emergencies.
- The possession of a strong heart and good feet.

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### SECURITY SAFETY AND FIRST AID

- All staff should be security minded and report anything of a suspicious nature. Staff should realize the necessity of not giving information regarding internal matters to such persons as enquiry agents, newspaper reporters, etc.
- Staff recruitment should be done very carefully and new members of staff should be asked for the names and addresses of one or two people to whom reference can be made, and testimonials should not be relied on.
- All staff should have proper knowledge or to be trained for prevention of fire, methods of giving artificial respiration, patient shifting, needle stick injury management, blood and body fluid exposure management, etc.
- First-aid boxes are required to be kept and made available to all members of staff in certain areas of the establishment under the First Aid Regulations 1982.

### STANDARDS OF CLEANING IN HOSPITAL

<b>AREAS</b>	<b>STANDARD</b>	<b>REQUIREMENTS</b>
<b>HIGH RISK AREAS:-</b> OT, ICU, LABOR ROOM, LABORATORY, CSSD, DIALYSIS UNIT, ENDOSCOPY, BIOMEDICAL WASTE STORAGE AREA, ETC	PRESTIGE STANDARD	HIGHEST POSSIBLE STANDARD OF CLEANING, APPEARANCE, DUST AND INFECTION CONTROL
<b>MEDIUM RISK AREAS:-</b> WARD, OPD, TOILETS, KITCHEN, ETC	SPECIAL STANDARD	HIGH STANDARD OF CLEANING, APPEARANCE AND INFECTION CONTROL
<b>LOW RISK AREAS:-</b> CORRIDORS, ADMIN, PUBLIC AREAS, RESIDENCES, OFFICE, ETC	NORMAL STANDARD	GOOD STANDARD OF CLEANING AND APPEARANCE, ABSENCE OF SOIL.

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## CLEANING EQUIPMENTS AND AGENTS

### EQUIPMENTS

- DRY MOP
- WET MOP
- LEDGE BRUSH
- T-BRUSH
- WIPER
- W.C BRUSH
- SCRUBBER
- DUSTERS
- MOP TROLLOY
- SCRUBBING MACHINE
- VACUMM CLEANER

### CLEANING AGENTS

- R2 :- FLOOR CLEANER
- R3:- GLASS CLEANER
- R4:- FURNITURE POLISH
- R5:- ROOM FRESHNER
- R6:- TOILET CLEANER

## CLEANING, DISINFECTION & STERILIZATION

**Cleaning:** - Physical removal of organic matter to reduce microbial growth prior to killing the microbes. Organic material can interfere with the action of antiseptics, disinfectants which prevents adequate penetration. Soap and water with friction is still standard. Cleaning must precede disinfection/sterilization.

**Disinfection:** - Disinfection kills or eliminates nearly all pathogenic microorganisms on inanimate surfaces but not necessarily bacterial spores. Chemicals are often used as disinfectants for device, which withstand high temperatures. The best disinfection procedure is use of hot water between 70 degree C and 90 degree C. Eg:- Bacilocid spray, 1% hypochlorite solution, etc

**Sterilization:** - Removal or destruction of all microorganisms and their spores. Items that must be sterile are needles, scalpels, surgical instruments, etc.

## **STANDARD PRECAUTIONS**

Standard precaution aim at providing a barrier between infected substance and Health worker

- Hand- washing
- Mask and face shield goggles and
- Puncture proof Gloves

Hand washing Technique

1. Palm to palm
2. Between fingers
3. Palm over the dorsum
4. Rotational rubbing of the thumbs
5. Back of finger to opposite palms
6. Rotate fingers nails in palm
7. Wrists
8. Rinse and wipe dry

## **HOUSEKEEPING: Measures for Infection Control**

- Each patient's area is considered to be an individual, with toilet facilities.
- The furniture and articles kept inside the patient's cubicle are considered to be contaminated items and the articles kept outside the patient's cubicle are considered cleaner.
- Dust and mop floor daily with disinfectant solution ( Sodium Hypochlorite Solution in 0.5% strength)
- Dust furniture and window grills daily in the patient's cubicle.
- Clean the toilet, bathroom with disinfectant solution several times a day
- Periodic cleaning of walls, doors and windows are required.
- Soak all the infected linen in the 1% hypochlorite for 24 hrs then send to the laundry.

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<b>PRODUCT DESCRIPTION</b>	<b>RECOMMENDED USAGE</b>	<b>KEY AREAS</b>
BATHROOM CLEANER-CUM-SANITIZER CONCENTRATE	NORMAL SOILING:- 30ML IN 1 LT OF WATER HEAVY SOILING:- 75 ML IN 1 LT OF WATER	ALL SURFACE S IN BATHROOM, MARBLES TILES,FLOOR & FITTING
HYGIENIC HARD SURFACE CLEANER CONCENTRATE	HARD SURFACE :- 30 ML IN 1 LT OF WATER GLASS:- 15 ML IN 1 LT OF WATER	ALL HARD SURFACES (TV CABINETS, PHOTO FRAMES, TELEVISION) INCLUDING GLASS MIRROR AND ALSO SHINY FLOOR SURFACE LIKE POLISHED MARBLE.
FURNITURE MAINTAINER	READY TO USE PRODUCT	ALL WOODEN SURFACES SUCH AS TABLES, CHAIRS, DOORS, ETC
AIR-FRESHNER	READY TO USE PRODUCT	OFFICE ROOMS, GUEST ROOMS, AND AREAS WHERE OTHER ODOURS ARE VERY STRONG
TOILET BOWL CLEANER	READY TO USE PRODUCT	REMOVES LIME-SCALE DEPOSITS AND STUBBORN STAINS AND LEAVES TOILET BOWLS AND URINALS SPARKING CLEAN
FLOOR CLEANER CONCENTRATE	NORMAL SOILING:- 20 ML IN 1 LT OF WATER HEAVY SOILING:- 50 ML IN 1 LT OF WATER	USED FOR BOTH WET MOPPING AS WELL AS SCRUBBING MACHINE ON ALL KIND OF FLOORS.

**Routine surface cleaning should proceed as follows:-**

1. Clean and dry work surface before and after each session or when visibly soiled.
2. Spills should be dealt with immediately.
3. Use floor cleaner concentrate and warm water for routine cleaning.
4. Where surface disinfection is required use in accordance with manufactures instruction.
5. Clean the surface before and after applying disinfectants
6. Empty the buckets after use, wash with detergent and warm water and store dry.
7. Mops should be cleaned in detergent and warm water then store dry.
8. Separate cleaning equipments should be used in different areas( high risk, medium risk and low risk areas)

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HOUSEKEEPING CLEANING PROTOCOL							
		SHIFT:- 1		SHIFT:-2		SHIFT:- 3	
SL NO	DEPARTMENT	FREQUENCY	SOLUTION USED	FREQUENCY	SOLUTION USED	FREQUENCY	SOLUTION USED
1	CCU	3	Super floor wash/ R2/ Hypo	3	Super floor wash/ R2/ Hypo	3	Super floor wash/ R2/ Hypo
2	LAB MED	2		1			
3	OT	3		2			
4	SICU	3		3			
5	STANDARD	3		3			
6	OTHER SUPPORT SERVICES (CSSD, BMW ROOM, MORTUARY, ENGINEERING)	2		1			
7	EXECUTIVE	1		3			
8	SUIT ROOM	3		3			
9	RADIOLOGY	3		1			
10	ER & AMBULANCE SERVICES	3		3			
11	OPD	3		1			
12	DIALYSIS	1		1			
13	CATHLAB	3		1			
14	ENDOSCOPY	2					
15	KITCHEN	3		3			
16	NICU	3		3			
17	PHYSIOTHERAPY	1		1			

**HOUSEKEEPING IN THE OPERATION THEATRE**

- The O.T should be absolutely clean at all items. Dust should not accumulate at any region in the O.T. Floor cleaner Concentrate (R2) is recommended for cleaning floors and other surfaces.
- Operating rooms are cleaned daily and the entire theatre complex is cleaned thoroughly once a week. Cleaning should be completed at least one hour before the start of surgery.
- Use gloves while handling dirty linen.
- Cleaning of equipment are done in soap solution and then sent for sterilization in the CSSD.
- Wipe over head lights, cabinets, furniture with Eco Shield.
- After the last case wash the floor with R2, remove water and then wet mop with Bacillocod Floor solution.

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**BIOMEDICAL WASTE MANAGEMENT**

**BIOMEDICAL WASTE** means any waste which is generated during the diagnosis treatment or immunization of human being or animal or in research activities which may prove hazardous or cause infection to any person coming in contact with it.

CATERGORY NO	WASTE CATEGORY	TREATMENT & DISPOSAL OPTION
CATEGORY 1	HUMAN ANATOMICAL WASTE (HUMAN TISSUSES, ORGANS, BODY PARTS)	INCINERATION
CATEGORY 2	ANIMAL WASTE( TISSUES, ORGANS, BODY PARTS OF EXPERIMENTAL ANIMALS)	INCINERATION
CATEGORY 3	MICROBIOLOGICAL AND BIOTECHNOLOGY WASTE( LABORATORY CULTURES, CELL CULTURES ETC)	INCINERATION
CATEGORY 4	SHARP WASTES (NEEDLES,SYRINGES, BLADES, BROKEN GLASS ETC)	DISINFECTION & MUTILATION/SHREDDING
CATEGORY 5	DISCARDED MEDICINES AND CRYTO TOXIN DRUGS	INCINERATION AND DISPOSAL IN SECURE LAND FILLS
CATEGORY 6	SOLID WASTE (ITEMS SUCH AS COTTON, DRESSING PLASTER ETC CONTAMINATED WITH BLOOD/ BODY FLUID SOILED LINEN ETC)	INCINERATION
CATEGORY 7	SOLID WASTE (DISPOSABLE ITEMS OTHER THAN SHARPS SUCH AS TUDINGS, INTRAVENOUS SET, ETC)	DISINFECTION & MUTILATION/SHREDDING
CATEGORY 8	LIQUID WASTE (FROM WASHING, CLEANING,HOUSEKEEPING, DISINFECTING, LABORATORY, ETC)	DISINFECTING BY CHEMICAL TREATMENT AND DISCHARGE INTO SEWERS/DRAINS
CATEGORY 9	INCINERATION ASH (OF ANY BIOMEDICAL WASTAGE)	DISPOSAL IN MUNICIPAL LAND FILL
CATEGORY 10	CHEMICAL WASTE ( CHEMICALS USED IN PRODUCTION OF BIOLOGICAL DISINFECTION SUCH AS INSECTICIDES)	CHEMICAL TREATMENT AND DISCHARGE INTO SEWERS/DRAINS

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### HANDLING OF BIOMEDICAL WASTE

- Biomedical waste must be separated at the points of generation itself.
- Bins with lids lined with polythene bags or buckets with inner chambers should be used. A lidded bin will discourage inadvertent use by others.
- The bins should also be labeled with the biohazard symbol.
- Personnel involved in infectious waste handling should be provided with suitable protective wear (safety goggles, mask, puncture proof gloves and gumboot) and should be properly trained.
- Polythene bags carrying waste have to be sealed /tied at the top whenever the waste is being transported within or outside the hospital.
- The biomedical area should be covered and protected from public at all times.
- All liquid waste is first disinfected then put in sewer lines.

### WASTE CATEGORISATION AS PER COLOUR CODE CONTAINERS/BAGS

COLOUR CODE	TYPE OF CONTAINER	WASTE CATEGORY	TREATMENT
YELLOW	PLASTIC BAGS	CATEGORY:- 1, 2, 5,6	INCINERATION/ DEEP BURIAL
RED	PLASTIC BAGS/ PUNCTURE PROOF CONTAINER	CATEGORY:- 3,7,4	AUTOCLAVING/ CHEMICAL TREATMENT
BLUE	PLASTIC BAGS	CHEMICAL WASTE	CHEMICAL TREATMENT
BLACK	PLASTIC BAGS	OFFICE PAPER, KITCHEN WASTE, PAPER CUPS	DISPOSAL IN SECURED LAND FILLS

Note: - In many hospitals category 7(iv set, plastic bottles, rubber tubes, etc) is collected in blue bags.

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**Segregation at source is the key to effective waste management**

- Color bags should be used judiciously.
- Gloves, masks and gumboots are necessary for handling hospital waste.
- Waste should be disposed of within 24 hrs.
- Bag should be two-third full then tied securely.
- Don't compress full bags.
- Double bagging is to be done to avoid bag tear, fluid leak.
- Liquid waste should be drained in sewer line after disinfection.
- Red & yellow bags are not to be opened at any cost. Red bag should not be incinerated as red color contains lead cadmium which results in toxic emission in the excrement.
- Wash hand after removing gloves.

**Transport & Storage of Biomedical Waste**

- The organization ensures that bio medical waste is stored and transported to the site of treatment and disposal in proper covered vehicle within stipulated time limit in a secure manner.
- The waste is stored in a room known as sluice room.
- At the site the waste bags are weighed and records are maintained separately for each color category.
- Biomedical waste treatment facility is managed as per statutory provision (if in house) or outsourced to authorized contractor(s).