GUIDE TO THE 8 RULES OF CLEANING, CRITICAL TOUCH POINTS AND METHOD MAPS

WHAT ARE THE 8 RULES OF CLEANING, AND WHY ARE THEY IMPORTANT?

1. Right PPE and equipment

We specify on the task cards what equipment and personal protective equipment (PPE) is needed for each cleaning task. It is essential that staff comply with these instructions.

PPE is needed for the safety of our teams, and the safety of patients. Equipment has been carefully selected for each task – to maximise efficiency, safety and performance.

2. Clean as if it were for a friend or member of your family

By understanding and thinking about the implication of our actions we will do the best job we can.

3. Top to bottom

As we clean, dirt and dust is likely to fall, by cleaning from top to bottom we remove as much dirt and dust as we can and avoid moving dirt into clean areas.

4. Clean to dirty

By saving the dirtiest areas to last we avoid moving dirt and dust into cleaner areas. For example, in a single room, this means cleaning the bathroom after the bedroom.

5. Space to space

By adopting a systematic approach to cleaning and completing a distinct space at a time rather than being task driven we will be more thorough and less likely to transfer micro-organisms between spaces.

6. Taps before sink

Pseudomonas is a water-borne bacteria and taps pose the highest risk. Infection prevention guidance is to clean the taps first, then with a new cloth clean the rest of the sink.

7. If your mop or cloth is dirty, change it

Mops and cloths need to be changed regularly to avoid cross contamination, when this change is made can sometimes be subjective and depends on the area being worked. We must remember to regularly change them, using our own personal judgement.

8. Focus on critical touch points

Due to the importance of these points in the transmission of infections, it is essential that we remember where these are and focus our attention on them.

1 RIGHT Personal Protective Equipment (PPE) and equipment
2 CLEAN as if it were for a friend or member of your family
3 TOP to bottom
4 CLEAN to dirty
5 SPACE to space
6 TAPS before sink
7 IF your mop or cloth is dirty, change it
8 FOCUS on critical touch points
Use the following sentence to help you remember these rules: REMEMBER CLEANING TODAY CAN STOP TRANSMITTING INFECTIONS FAST



WHY WERE THE 8 RULES OF CLEANING DEVELOPED?

The Standard Operating Procedures (SOPs) are a great tool to detail the exact methodology for each cleaning task you will be asked to deliver in your organisation. But, whatever cleaning task you are performing the same basic rules will always apply – these are the 8 rules of cleaning. By learning and following these rules we are taking cleaning back to basic principles and demonstrating good infection prevention practice. It supports our objective of providing caring and professional staff.

The 8 rules should be followed in conjunction with the SOPs.

HOW DO I REMEMBER THE RULES?

To help remember these 8 rules we have developed a mnemonic. The first letter of each rule makes the first letter of each word in the following sentence.

REMEMBER CLEANING TODAY CAN STOP TRANSMITTING INFECTIONS FAST

In addition, the 8 rules are also available in the following places:

- A poster to be displayed in domestic service rooms
- The method maps

HOW DO I ENSURE EVERYONE REMEMBERS THEM?

As part of the regular competency checks process, test the recall of the 8 rules. It is a requirement at standard operative level to know and follow these rules. The poster in the DSR will be a constant reminder.

WHAT ARE THE CRITICAL TOUCH POINTS?

Critical touch points(CTPs) are also known as high touch points, or high touch surfaces.

We clean healthcare organisations for two main reasons:

- 1.To make the environment look safe and welcoming to inspire patient confidence
- 2.To prevent infections. Focusing our cleaning efforts on 21 critical touch points is a scientifically proven to prevent infections

The 21 points are those areas in a patient's immediate environment that are most often touched by the patient, their care givers and their visitors. As most organisms are spread by touch, these areas pose the highest risk to spreading infections.

"In view of the evidence that transmission of many healthcare acquired pathogens (HAPs) is related to contamination of near-patient surfaces and equipment, all hospitals are encouraged to develop programs to optimise the thoroughness of high touch surface cleaning as part of terminal room cleaning at the time of discharge or transfer of patients"*

*Guh A, Carling P. Options for Evaluating Environmental Cleaning. CDC Environmental Evaluation Workgroup, Oct. 2010. http://www.cdc.gov/HAI/toolkits/Evaluating-Environmental-Cleaning.html

THINK 21! THE 21 CRITICAL TOUCH POINTS ARE:



Not every one of the 21 critical touch points will be present in every space we are expected to clean. In some spaces only one or two may be present.

WHY DO WE NEED TO FOCUS ON CLEANING THESE CTPS?

Creating a clean, safe environment is what we do. By focusing our cleaning attention to these 21 touch points we are bringing science to the art of cleaning and supporting good infection prevention practice. It supports our objective of providing caring and professional staff and promoting patient safety.

HOW DO I REMEMBER ALL 21 TOUCH POINTS?

We recommend that everyone studies them as they begin their cleaning career with Sodexo and commits them to their memory. Very soon remembering them becomes second nature.

The 21 critical touch points are also available in the following places:

- A poster to be displayed in domestic service rooms
- The method maps

HOW DO I ENSURE EVERYONE REMEMBERS THEM AND FOCUSES ON THEM?

As part of the regular competency checks process, test the recall of the 21 critical touch points. It is a requirement at standard operative level to know and focus on these points during the cleaning process. The poster in the DSR will be a constant reminder.

To test that a team member remembers to focus on the touch points a UV dabber is available to purchase. The UV gel is dabbed onto the touch points before a space is cleaned, following the clean a blacklight is shined over the surfaces. If the UV gel cannot be seen it means the touch point was cleaned correctly. If it can – it was missed. This tool is a useful training and competency checking tool. It should not be used by our clients to monitor our performance.

WHAT ARE METHOD MAPS?

The method maps visually bring the 8 rules of cleaning and 21 critical touch points to life. Certain healthcare areas have been chosen as a representative sample and the rules and touch points are mapped onto diagrams of these areas.

These should be used as a training tool to support the learning of the 8 rules and critical touch points.

