## Infection Control Bedside Guide

## Cleaning

- 1. After discharging a patient:
- Bed frames remove mattress and wash bed frame with soapy wipes, including the base of the bed and the bottom of the side rails.
- Mattresses wipe visible dirt and change mattress for a clean one (unless patient stay < 72hr).
  - If short stay patient and no label on mattress OR patient present for <72 hrs had known infection or diarrhoea change the mattress

#### If a mattress is changed you must label with the date!!

- Disposable Curtains to be changed after any infected patient, if stained or if in place for >3 months (date and time needs to be recorded on the curtain).
- All equipment to be cleaned thoroughly. If patient has had diarrhoea during their stay, Chlorclean should be used on non-electrical items. Pay particular attention to any equipment that has contact with the patient such as the ECG leads.
- Bedside trolleys clean & restock (according to the list on trolley) Ensure all open packets, tape and patient toiletries are discarded.

If patient had an infection, dispose of all contents of trolley and call deep clean team to clean the bedspace and change the curtains.

#### Areas and equipment that have been cleaned should be tagged with a signed sticker

• Wall washing – for visible soiling only. Following discharge of infected patients, call the deep clean team to clean the bed space/room.

#### 2. Daily Cleaning

- Damp dust bed space and equipment daily
- Bedside trolleys damp dust each shift and do not overstock the trolley
- Commodes clean before and after each (including foot plate) and use Chlorclean if patient has known infection (ideally use dedicated commode for that individual (and label for their personal use)
- Dressing trolley clean before and after use with alcohol wipes (if visibly soiled clean with soapy wipes first)
- Furniture damp dust before and after use and when visibly soiled.
- Clean bed frame daily or if visibly soiled

3.Weekly cleaning

# Equipment needs to be 're cleaned' and labelled as clean again after 7 days (for example equipment that is not used frequently)

## Blood and high-risk body fluid spillages

- Always wear PPE
- Soak minor spills with chlorine releasing disinfectant granules (kept in oral drug cupboard G ICU); leave for 2 minutes, then wipe up using a paper towel, discard in clinical waste (for large spills see Infection Control Manual Disinfection Policy).

#### Linen

- White bags for used linen
- Use red bags for linen from infectious patients or linen soiled with body fluids. Then place the red bag inside a white linen bags (see posters)
- Pillows should be covered with a pillow protector when new. Pillow protectors can be washed with detergent unless nurse feels it is necessary to replace them (i.e if bed space needs to be deep cleaned). If a pillow does not have a cover or is soiled throw it away (it does not go for washing)

### Lines – see routine equipment change list

#### Also

- Ensure sharps bins are stored off the floor, are clean on the outside, and are changed when <sup>3</sup>/<sub>4</sub> full (ensure lid is on properly and outside is signed)
- Use the **blue trays to prepare IV medications** (store any **other items in red or white tray)**
- MRSA & Pseudomonas screen to be sent on admission. Weekly MRSA screening is sent on Mon am from all sites.

#### The Trust Infection Control Manual is available via the intranet only