



Purpose:

Cleaning is essential in reducing the bioburden in the environment, to maintain standards of cleanliness, and to ensure the safety of the patient/resident/client. There is evidence to support that transmission of pathogens can be attributed to contamination of near surfaces and equipment near or used by the patient/resident/client. This is a concern in healthcare settings across the continuum of care as the consequences of transmission can be severe.

Island Health supports best practice standards for environmental cleaning and this guideline is to be used in conjunction with British Columbia Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Healthcare Settings and Programs as a benchmark for health care workers, in-house services, and contracted services.

Clean facilities may also address some occupational health and safety issues of the staff and the public appearance of Island Health facilities.

Scope:

All healthcare workers share the role of maintaining a clean environment. This document is to include acute care, residential care, community care and outpatient clinics as they apply.

This documents does not include high level disinfection, sterilization, or laundry.

Outcomes:

To ensure Island Health is following most recent environmental guideline and to reduce the potential transmission of pathogens.

1.0 BEST PRACTICE

The focus for best practice for cleaning and disinfection is to provide a safe environment and for the protection of the patient/resident/client/staff/vistors.

1.1 PRINCIPLES OF CLEANING

The key to cleaning is the use of friction to physically remove visible dirt, organic material, and debris. Clean from least soiled to most soiled and from high surfaces to low surfaces.

Cleaning

The physical removal of foreign material e.g. dusts, soil, organic material such as: blood, secretions, excretions and microorganisms using mechanical and/or chemical means.

Disinfection

Disinfection means the use of a chemical procedure that eliminates virtually all recognized pathogenic microorganisms but not necessarily all microbial forms (e.g., bacterial endospores) on inanimate objects. Soil, organic material or detergent residue may inactivate the disinfectant; therefore, cleaning must precede disinfection. Skin antiseptics should never be used as environmental disinfectants (e.g., Alcohol based hand rub). There are three levels of disinfection: high, intermediate, and low.

1.2 BEST PRACTICE FOR ENVIRONMENTAL CLEANING

All departments follow the PICNet Best Practice in Environmental Cleaning recommendations:

- Routine hand hygiene should be performed including:
 - After handling soiled linen, equipment or waste from a patient environment.

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- On exit from the unit when pick up involves multiple areas prior to completion of the run. When gloves are discarded .
- All staff who are responsible for cleaning medical equipment or furnishings must wear personal protective equipment (PPE) appropriate to the task to protect themselves from exposure to microbes and chemicals and protect the integrity of their skin. PPE is worn to protect from chemical agents as well as protection from pathogens. Improper use of PPE can be a source of contamination and transmission.
- All items of reusable medical equipment and furnishing in healthcare settings must be cleaned/ disinfected according to the manufacturer’s instructions between patient use (e.g. stretchers, BP cuffs, etc).
- Non-critical and other items made of fabric material should be cleaned when visibly soiled and following exposure to blood or body fluids according to manufacturers’ guidelines. These items should also have an established routine cleaning with a low-level disinfectant. For example, items such as blood pressure cuffs, which come into contact with the patient, should be wiped with disinfectant wipes between patients/residents/clients.
- Single use medical equipment/devices (e.g. syringes, urinary catheters, infusion supplies) must not be reprocessed. These devices will be marked with a symbol such as ☒ . Items that cannot be cleaned and disinfected adequately are to be disposed of after use or following their expiration date.
- Do not overfill laundry or garbage bags. When a bag is three quarters full, it should be closed and tied.
- Waste bags should be thick enough to resist puncture, leaking and breaking without having to double bag. It is preferable to have hands free containers in non office environments.

2.0 PRODUCTS/CLEANING AGENTS

For Cleaning Products used in Island Health see: [Appendix A](#)

Low level disinfectants are used for cleaning equipment. Items that require high level disinfectants or sterilization are required to be reprocessed in a Medical Device Reprocessing Department.

A disinfectant can only be used as a general cleaner for routine cleaning if the product is validated by the manufacturer as both a cleaner and disinfectant.

Detergents are approved for use in Island Health for environmental surfaces cleaned by housekeeping when used in conjunction with microfiber cloths.

Disinfectant Wipes

Wipes provide a readily available means for point of care cleaning and disinfecting. Wipes are required to be wet during the contact time and should be discarded if they become dry. A Safety Data Sheet (SDS) needs to be available .

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Follow manufacturer instructions for use. Wipes are not designed to be used to clean multiple surfaces with one wipe. Discard after wiping one surface. For visibly soiled surfaces, one wipe is required to clean and the second wipe is to disinfect.

3.0 TYPES OF CLEAN

At Island Health the terms currently used for cleaning are as follows: Scheduled Clean

| For Cleaning Products used in Island Health see Appendix A | | |
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| Types of Cleans | | |
| Type | Solution | Location/Details |
| Routine Clean | | <ul style="list-style-type: none"> Sites should allow for surge capacity without compromising regular and scheduled cleaning. |
| | Quaternary Ammonium based disinfectant | <ul style="list-style-type: none"> Main Operating rooms including PACU & Surgical Day Care Labour and delivery rooms Endoscopy (end of day cleaning is a sporicidal) Any area where there is a risk of large volumes of blood or body fluid contamination of the environment or invasive surgical procedures are being performed (i.e. cardiac catheter lab). If unsure please discuss individual units with the Infection Control Practitioner. |
| | Neutral Detergent | <ul style="list-style-type: none"> All health care units including: <ul style="list-style-type: none"> Medical & Surgical units Renal Units Intensive care units (both general ICU & cardiac ICU) Non patient care areas including <ul style="list-style-type: none"> Administrative areas Waiting rooms |
| | Accelerated Hydrogen Peroxide | <ul style="list-style-type: none"> Emergency departments and overflow units |
| Discharge Clean | Quaternary Ammonium based disinfectant or Neutral Detergent | <ul style="list-style-type: none"> The cleaning that occurs when a patient/resident/client is discharged and has not been on any additional precautions This clean will follow the Standard Operating Procedure (SOP). |
| Cycle Clean | Neutral Detergent or approved product | <ul style="list-style-type: none"> Cleaning that is managed on a cyclical basis and encompasses those items and areas that are not included in the daily routine or discharge cleans. Low-touch surfaces: surfaces that have minimal contact with hands. Examples include walls, ceilings, mirrors, window sills, and floors. |

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Environmental Cleaning Guideline

Guidelines are recommended actions allowing for professional judgement



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| <p>Precaution Clean</p> | <p>Accelerated Hydrogen Peroxide</p> | <ul style="list-style-type: none"> For all rooms/bed spaces where patients/residents/clients are on additional precautions (Contact, Droplet, Airborne). This clean will follow the appropriate form. |
| <p>Precaution Plus Clean</p> | <p>Accelerated Hydrogen Peroxide</p> | <p>At the written request of an ICP when additional cleaning is required to address an immediate concern. Intended for short term duration only. This clean will follow the appropriate form. Timing and coordination of cleaning are arranged between Housekeeping, clinical staff and ICP.</p> <p>Includes:</p> <ul style="list-style-type: none"> Outbreak, Internal Alert Cluster of significant organisms including patients/residents/staff as per assessment by Infection Control Professional Confirmed CPO in acute care only; cleaning may be per unit (ICU) or patient zone : see separate guidelines below for patient zone <p>Additional cleaning may be requested for exceptional circumstances. This cleaning may include a one time clean of patient/staff kitchens (including fridges), workstations, and transport items.</p> <p>Unit: Twice Daily cleaning/disinfection followed later in the shift approximately 6-8 hours later. Cleaning includes:</p> <ul style="list-style-type: none"> High touch areas on the unit(inclusive of hallways, handrails, nursing station, nourishment stations) Equipment or chairs in hallways Medication carts (if requested) Communal dining rooms and/or public lounges Public/Staff Washrooms The affected patient/resident zones who are on additional precautions Clean and soiled utility rooms <p>Daily cleaning/disinfection (Once daily cleaning) include:</p> <ul style="list-style-type: none"> all shared equipment/carts in use <p>Patient Zone (CPO only) For Acute care or Ambulatory settings utilized as inpatient units only. Minimum twice daily high touch cleaning High touch areas include;door knob, bedrail, light switches, bathroom faucets, grab bars, toilet (commode), remote control, hospital telephone, over bed table, bed side table and stand, call/lift controls and medical equipment (such as IV poles).</p> |

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Environmental Cleaning Guideline

GUIDELINE

Guidelines are recommended actions allowing for professional judgement



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| Terminal Clean | Accelerated Hydrogen Peroxide | <p>The cleaning that occurs when a patient/resident/client is on precautions and:</p> <ul style="list-style-type: none"> • Precautions are discontinued or; • The patient/resident/client is discharged or transferred to an- other unit, bed or facility • This clean will follow the Housekeeping Checklist form using Accelerated Hydrogen Peroxide and includes a curtain change • If portable equipment is in the room, it must remain there until appropriately cleaned and disinfected, tagged “clean,” and moved to a clean storage area. |
| Contact Plus (Sporicidal) Clean | Sodium Hypochlorite based disinfectant | <ul style="list-style-type: none"> • Upon request only in clinical settings. • Routine terminal cleaning at the end of each day in Endoscopy suites. • For all C. difficile infections and colonizations, a disinfectant validated against bacterial spores is used to meet standards and prevent infection transmission. • Sporicidal cleaning is indicated by the contact plus precaution sign. • Two-step procedure: 1. Clean with neutral detergent. 2. Disinfect with sodium hypochlorite disinfectant. Twice daily: second clean, 6-8 hours after the first, targets frequently touched surfaces and bathrooms. • Sporicidal checklist must be completed and filed with supervisor. |
| Biohazard and Body Fluid | Accelerated Hydrogen Peroxide | <ul style="list-style-type: none"> • See Environmental Support Services Standard Operating Procedure (SOP) SAF:5 Spill Cleanup - Blood and Body Fluids |
| HAZARDOUS SPILLS | | <ul style="list-style-type: none"> • In the event of a spill, staff members with training in the management of spills should be dispatched for spill cleanup. • OH&S should be contacted for any staff exposed to a spill in the facility. |

4.0 SPECIFIC CLEANING GUIDELINES

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| Suction Regulators |
| Commodes |
| AgitatorTubs/Hydrotherapy Tanks |
| Fans |
| Toys |
| Cleaning and Disinfection of non critical devices in Community settings |
| Unit Cleaning during an Outbreak |
| Baxter Sigma IV pumps |
| Alaris IV pumps |
| Non-Critical Equipment: Recommended Cleaning Frequency and Standards |

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5.0 DESIGNATED RESPONSIBILITY FOR CLEANING

Everyone using equipment during care has the responsibility to ensure the cleanliness and functionality of the equipment. It is important to determine how, how often and by whom equipment will be cleaned. This should be determined as part of the purchase decision.

| Designated Responsibility for Cleaning | |
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| Routine Cleaning | |
| Direct Care Staff | <p>Room and Bedside</p> <ul style="list-style-type: none"> Encourage patients / residents clients to keep personal belongings in appropriate storage such as wardrobe or closet. This ensures that patients care areas are kept free of clutter and facilitates appropriate cleaning of all flat surfaces Housekeeping is unable to move personal items to clean surfaces. |
| | <p>Linens</p> <ul style="list-style-type: none"> Peri cloths/Depends will be disposed off by nursing staff within appropriate bins provided. Blue multi-towels are not single use and should be placed in a soiled linen hamper. |
| | <p>Bed pan washer / disinfectors</p> <ul style="list-style-type: none"> Procedures must clearly assign responsibility for maintaining and cleaning the machines. Refer to the procedures at your unit or facility for details. |
| | <p>Equipment that is dedicated to the health care worker such as: stethoscopes, phones, pagers. See Guideline: Non-Critical Medical Devices Cleaning and Disinfection</p> |
| | <p>Non-critical Medical Devices (between patients)</p> <ul style="list-style-type: none"> Bedpan, urinal, commode pot: after contact with a person or after use in a patient/resident/client space or when visibly soiled are emptied and decontaminated following each use. If automated washer disinfectant is not installed, the receptacles are to be emptied, washed and then sent to central processing for disinfection. |
| Housekeeping | <p>High Touch Areas</p> <ul style="list-style-type: none"> Surfaces in the area of service will be wiped according to procedure and frequency. Disposable gloves will be changed between bed spaces. If integrity is compromised prior to moving to a new bed space, gloves will be changed immediately. |

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| | <p>Central Nursing Station</p> <ul style="list-style-type: none"> • Horizontal and contact surfaces (daily). • Telephones and receivers (daily). • Hand hygiene sinks including taps and faucets. |
| | <p>Workstations on Wheels</p> <ul style="list-style-type: none"> • Refer to current procedure for cleaning in the area. |
| | <p>Soiled Equipment</p> <ul style="list-style-type: none"> • Patient equipment no longer in use is placed in a designated soiled area for housekeeping to clean, tag, and store appropriate to procedure. |
| | <p>Garbage</p> <ul style="list-style-type: none"> • Emptied when 2/3 full. • Liner is replaced when can is emptied. When extra liners need to be supplied, they are placed along the rim of the container and not underneath. • Containers are cleaned/ disinfected inside and out once per week and as required. |
| | <p>Soiled and clean service rooms</p> <ul style="list-style-type: none"> • Sinks and horizontal surfaces. • Exterior wiping of bed pan washer / disinfectant. |
| | <p>Laundry Receptacles Cleaned/disinfected inside and out daily following removal of the bag liner/ removal of laundry bags.</p> |
| | <p>Dispensers</p> <ul style="list-style-type: none"> • ALL soap, paper towel, and alcohol based hand rub dispensers (wall-mounted and floor model kiosks) will be monitored/cleaned daily. Clean the outside daily and inside of dispensers when refilling. |

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| Designated Responsibility for Cleaning | |
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| Discharge Cleaning | |
| Direct Care Staff | <p>Room / Area Preparation for Discharge</p> <ul style="list-style-type: none"> • Reusable items such as used slings, suction canisters and bedpans/urinals will be removed from room prior to housekeeping commencing clean. • Remove IV bags and tubing and discard prior to housekeeping cleaning the IV pole. • Remove all patient belonging. Single patient and single use items such as wound care products, perineal care products, creams, etc. are sent home with the patient or discarded in the garbage. |
| Housekeeping | <p>Room/Area Preparation for Discharge</p> <ul style="list-style-type: none"> • Disposable items are discarded. • Blueware (wash basins) gathered for processing. • Soiled linens are gathered and placed • Waste removed and containers wiped. |
| | <p>Equipment</p> <ul style="list-style-type: none"> • Clean all equipment used by patient/resident/client or in the environment. • Items to be placed in storage will be tagged according to procedure. • If the equipment is in the room, it must remain there until appropriately cleaned. Then it must be tagged “clean” and moved to clean storage area. If equipment is no longer required and the patient/resident /client remains in the room, the equipment is to be wiped by the direct care staff line worker or placed into a designated soiled area. • Patient specific equipment that is no longer required must be cleaned or removed and placed in an appropriate area for cleaning. Once clean they are to be labeled with a green Clean tag prior to storage (Appendix B). This may include but not limited to: Commode chairs, Intravenous poles, Intravenous pumps, Wheelchairs, Walkers, Patient chairs. At sites with an Equipment Depot, Housekeeping contacts Material Porters for pickup after cleaning. |
| | <p>Room/ Area</p> <ul style="list-style-type: none"> • Will be cleaned according to procedure. • The bed/stretchers will be made according to standardized procedure. • The room/area will be restocked as per area procedure. |

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6.0 EQUIPMENT STORAGE

6.1 Green Means Clean

This process implemented at all Island Health sites is used to consistently identify patient equipment items that are clean and ready for use. This provides **visual cues** for clarity to know what is clean. If it's not **GREEN**, it's not clean!

The system has 3 different forms of signage indicating "Green Means Clean."



- A marked GREEN tape will be used on equipment where seating is involved – commodes, wheelchairs, Geri chairs, etc.
- A GREEN hanging tag will be placed on cleaned equipment where there are no flat or seating surfaces.
- A GREEN Post-It type tag will be placed on any cleaned equipment with flat surfaces in visible locations or across access panels where present.

Wherever possible, the new signage will be placed on equipment in a manner that requires that the tag be removed prior to use of the equipment. This will ensure that soiled equipment will not inadvertently remain labelled as clean.

6.2 Equipment Depots

- Equipment Depot's are centralized storage areas within healthcare facilities that support the reduction of clutter and distribution of patient care equipment. A list of items carried in each depot can be located on the intranet.
- A clean tag system is an integral part the depot to ensure quality assurance in the process.

6.3 Storage of Clean/Sterilized Equipment

- Areas for eating and drinking are to be separated by walls and doors from storage areas.
- Clean storage is to have a sign identifying the area.
- Storage of items in MDRD can be reviewed in the Reprocessing Policy Manual.
- Separate from soiled workrooms
- Have a door that is kept closed at all times
- Areas designated for clean equipment should have a sign displayed identifying the area, and/or cleaned equipment should be labeled as clean
- Shelf life is event related, not always time related
- Items purchased as sterile must be used before the expiration date

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- Clean and sterile items must not be stored on the floor or under sinks. Shelving must be made of non-porous surfaces in good repair. Top and bottom shelves should be solid if possible. If possible, sterile devices should be kept in enclosed shelves.
- The areas in which medical devices are stored or handled will be used for storage only, protected from vermin, moisture, and the entry of dust from adjacent areas and ventilation systems. There must be sufficient storage space to prevent damage to the packages.
- Sterile medical devices should be stored at least
 - 25 cm from the floor
 - 45 cm from the ceiling
 - 5 cm from the wall

6.4 Storage of Contaminated Equipment

- Storage of contaminated/soiled equipment is to be held in a designated area/container.
- Soiled storage is to have a sign identifying the area.
- Gross soil must be removed before storage and prior to cleaning.
- The storage area must be physically separated (by walls where possible) from a clean area, and have a regular cleaning schedule.
- Hand hygiene must be performed before leaving the soiled area.
- Once items are cleaned, they should be labeled as such, and moved to a clean storage area. Not to be used to store unused equipment.
- Have a door that is kept closed at all times.
- Have a hand hygiene sink in the room.
- Have PPE in the room.

7.0 MONITORING AND EVALUATION

Monitoring should be an ongoing activity. Monitoring should be scheduled to take place immediately after cleaning to ensure that the process is monitoring the actual cleaning. Checklists should be created and used in the monitoring. Auditing should be completed regularly and when ever there is a change to methodologies to ensure standards are maintained throughout time and changes. Evaluation methodologies include visual assessment, observation of performance, patient and staff satisfaction surveys, environmental marking, ATP bioluminescence and environmental cultures.

Summaries for the above methodologies and sample checklists are available from the BC Best Practice for Environmental Cleaning for Prevention and control of Infections in All healthcare Settings and Programs.

The quality of environmental cleaning services is to be completed by completing a standardized, independent, unannounced third party audit on an annual basis. The audit results are to be posted on the Provincial Infection Control Network (PICNet) public website.

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8.0 DEFINITIONS

- **Audit:** A systematic and independent examination to determine whether quality activities and related results comply with planned arrangements, are implemented effectively and are suitable to achieve objectives.¹
- **Cleaning:** Cleaning physically removes rather than kills microorganisms. Cleaning is always done prior to disinfection or sterilization. An item that has not been cleaned cannot be assuredly disinfected or sterilized. Foreign material (organic residue and inorganic salts), dust and a large number of microbes can interfere with the sterilization process by acting as a barrier to the sterilization process.
- **Critical items:** Items that enter sterile tissue or the vascular system. These items must be free of any microorganisms including bacterial spores. Any microbial contamination could result in disease transmission. Critical items require sterilization.
- **Disinfection:**
 - Low-level disinfection is a process that kills most vegetative bacteria, some viruses(lipid), and some fungi. It cannot be relied on to kill bacterial spores or mycobacteria. Low level disinfectants-detergents are used to clean environmental surfaces.
 - High-level disinfection is a process that kills all vegetative bacteria, mycobacteria , fungi, and lipid and nonlipid viruses but not necessarily high levels of bacterial spores.
- **Discharge Cleaning:** The thorough cleaning of a client/patient/resident room or bed space following discharge, death or transfer of the client/patient/resident, in order to remove contaminating microorganisms that might be acquired by subsequent occupants and/or staff.
- **Environment of the Client/Patient/Resident:** The immediate space around a client/patient/resident that may be touched by the client/patient/resident and may also be touched by the health care provider when providing care. The client/patient/resident environment includes equipment, medical devices, furniture (e.g., bed, chair, bedside table), telephone, privacy curtains, personal belongings (e.g., clothes, books) and the bathroom that the client/patient/resident uses. In a multi-bed room, the client/patient/resident environment is the area inside the individual’s curtain. In an ambulatory setting, the client/patient/resident environment is the area that may come into contact with the client/patient/resident within their cubicle. In a nursery/neonatal setting, the patient environment is the isolette or bassinets and equipment outside the isolette/bassinets that is used for the infant.
- **Health Care Provider: Health Care Provider:** Individual providing or supporting health care services that will bring them into contact with patients/clients/ residents. This includes, but is not limited to: emergency service providers, physicians, dentists, chiropractors, nurses, podiatrists, respiratory therapists and other allied health professionals, students, support services (e.g. housekeeping, dietary, maintenance, hairdressers), and volunteers.
- **Non-critical items:** Items that contact intact skin but not mucous membranes (e.g., bedpans, blood pressure cuffs, bed rails, and linens). These items contribute to secondary transmission by contaminating hands of healthcare workers. Low level disinfection is satisfactory for non-critical items.
- **Routine Practice:** Infection control practices used in the care of all patients to reduce the risk of transmission of microorganisms from patient to patient, patient to HCP, and HCP to patient.
- **Semi-critical items:** Include items that will contact mucous membranes, non-intact skin, or objects that are used to handle sterile items. This includes items that may potentially break skin (e.g., invasive by accident). Mucous

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membranes include those of the lungs or the gastrointestinal tract, including laryngoscope blades. These items should be free of all vegetative microorganisms although small numbers of bacterial spores may be present. Semi-critical items require a minimum of high level disinfection. Depending on the type of device and its intended use, intermediate-level disinfection may be acceptable

- **Shall:** Indicates a mandatory requirement based on Ministry of Health Directive
- **Should:** Indicates a recommended best practice
- **Sterilization:** The level of reprocessing required when processing critical medical equipment/devices. Sterilization results in the destruction of all forms of microbial life including bacteria, viruses, spores and fungi. Equipment/devices must be cleaned thoroughly before effective sterilization can take place.
- **Surge Capacity:** The ability to provide adequate services during events that exceed the limits of the normal infrastructure of a health care setting. This includes providing additional environmental cleaning (materials, human resources) when required, e.g., during an outbreak and when over capacity.

9.0 RELATED ISLAND HEALTH STANDARDS

- [Island Health IPAC Resources](#)
- General Support Services. [Housekeeping Resources](#).
- [Non-critical medical Devices and Information Management/Information Technology Equipment Cleaning and Disinfection](#).

10.0 REFERENCES

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5.0 Resources

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Appendix A: Environmental Cleaning and Disinfection Products in use in Island Health

| Disinfectant | Products | Indications | More Info | Safety Data Sheet |
|---|---------------------------------------|--|---------------------------------------|--|
| Accelerated Hydrogen Peroxide- based Surface cleaner/ disinfectants | Accel PREvention RTU wipes | Surface cleaning and disinfection of patient care equipment between patients. | Manufacturer overview | SDS link |
| | Oxivir Plus | Environmental cleaning and disinfection | Manufacturer overview | SDS link (concentrate) |
| Quaternary Ammonium-based surface cleaner/disinfectants | Virex II 256 | Environmental cleaning and disinfection | Manufacturer overview | SDS link |
| | CaviWipes RTU wipes, Cavicide | Surface cleaning and disinfection of patient care equipment between patients. | Manufacturer overview | SDS link |
| | Sani-Cloth Plus Sani-Cloth HB | Surface cleaning and disinfection of patient care equipment between patients. | Manufacturer overview | SDS link |
| Sodium hypochlorite disinfectant | PCS 5000 Process Cleaning Solutions | Sporicidal disinfection of patient care areas. Elimination of <i>C. difficile</i> spores. | Manufacturer overview | SDS link |
| Detergent Cleaning | Stride Fragrance Free Neutral Cleaner | Everyday cleaning of floors and surfaces | Manufacturer overview | SDS link |

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