

<b>Seclusion Room Practice Guidance Note</b>		
<b>Seclusion Room Cleaning – V04</b>		
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<b>KEY POINTS</b>
<ul style="list-style-type: none"> <li>• It is essential to staff and patient safety that safe, timely and effective cleaning and decontamination of a seclusion room occurs.</li> <li>• Exposure to blood or bodily fluids is potentially infectious and exposure to them for staff or clients should be avoided.</li> <li>• Staff must adhere to standard precautions when dealing with potential exposure to bodily fluids.</li> <li>• A full ‘environmental clean’ of a room should occur after each use of the room, and a ‘rapid clean’ only used in exceptional circumstances.</li> <li>• Robust waste management should be followed when dealing with bodily fluids / waste.</li> <li>• Close management of when and how a seclusion room is cleaned must be maintained.</li> </ul>

## 1. Seclusion Room Cleaning

- 1.1 Given the nature of the seclusion room usage, it is probable that during a client's limited stay in the room, there is a potential for the room to be contaminated with bodily fluids. To ensure that the room is safe for the client and any future occupant it is essential that the room is thoroughly cleaned after each use, using appropriate cleaning products.
- 1.2 When the room has been vacated the nursing staff must notify the domestic staff so that the room can be cleaned and ready for use.
- 1.3 Occasionally the room maybe so heavily contaminated with blood, body fluids that the domestic staff are either unable to access the affected contaminated area or the level of contamination is so extreme that the domestic staff cannot safely decontaminate the area. In this situation refer to Appendix 4
- 1.4 On rare occasions it may be necessary to use a seclusion room immediately after another patient has vacated it, meaning the time frame for a full environmental clean of the room is not practical. When this occurs nursing staff may, subject to appropriate risk assessment implement the 'Rapid Cleaning Protocol' as indicated on Appendix 1. If this occurs then staff must complete the 'Seclusion room log' (Appendix 2). On all other occasions a full environmental clean **must** be performed.
- 1.5 Compliance with this protocol will be monitored by Ward manager, domestic supervisor, clinical nurse manager or IPC modern Matrons.

## 2 Environmental clean

- **(Staff must wear personal protective equipment, gloves and apron as a minimum, but subject to risk assessment, eye protection may be indicated – effective hand hygiene should be used before and after cleaning procedure)**
- 2.1 All patient clothing and personal belongings, linen, towels and bedding including toiletries to be removed
  - 2.2 **Nursing Staff** to visually check mattress, walls, floors, doors, toilet and bathroom areas for soiling (this may be bodily fluids such as blood, faeces, urine, sputum etc) and if noted physically remove debris using absorbent paper towels. Clean all surfaces with 'Chlor-clean' (1,000ppm dilution = 1 tablet to 1 litre), using a single use disposable cloth (Yellow). All waste materials should be disposed of as clinical waste.
    - 2.2.1 If any area of the room or its equipment has been contaminated with blood, staff must use a single use blood spill kit, or disinfection wipe suitable for blood splashes.
  - 2.3 **Nursing staff** to visually check the mattress for damage if integrity breached, new mattress must be provided.

- 2.4 The following staff have been identified for undertaking the different type of clean
- Domestic staff- Environmental Clean
  - Nursing staff – Rapid Clean
  - Specialist Disinfection Clean- External Contractor

### **Exceptions**

- 2.5 **Staff carrying out the cleaning (Nursing, domestic or External Contractor) must complete ‘Seclusion Room cleanliness checklist’ (Appendix 3) to indicate appropriate decontamination of the room before reuse.**
- Product Order codes
    - Chlor-clean tablets - MRB285 (tub of 100)
    - Chlor-clean Diluter - MRB278 (2.5 litre)
    - Blood spill kit
    - Disinfection wipe suitable for blood splashes - VJT 102

### **3 Prolonged Period of Seclusion – excess of 48 hours**

If a patient is in seclusion for a prolonged period of time the nursing staff will monitor the cleanliness of the environment.

Where possible and when it is safe to do so a rapid clean will be undertaken. This may only consist of a specific area of the seclusion room being cleaned.

Once the period of seclusion is over an environmental clean will be undertaken as per this policy

### **4 References**

- CNTW (O) 71 Cleaning Policy
- Standard Precautions IPC PGN 02.1
- Hand Hygiene and the use of gloves IPC PGN 04.1
- Medical devices and equipment – Cleaning and decontamination IPC PGN 10