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TITLE		POLICY NUMBER/V#	
IC Guidelines for Housekeeping		MMC – IPC– 05 (01)	
INITIATED DATE	EFFECTIVE DATE	REVISED DATE	
02/08/2025	01/09/2025	01/08/2028	
REPLACES NUMBER		NO. OF PAGES	
N/A		05	
APPLIES TO		RESPONSIBILITY	
Housekeeping		Housekeeping, Infection Control	

1. PURPOSE

1.1. To provide guidance to Medical Housekeeping Services staff to ensure maximum prevention of hospital acquired infections.

2. DEFINITION

2.1. Normal contaminants of walls, floors, and other surfaces are associated with transmission of infections to patients and/or personnel. Housekeeping is involved in the attempts to disinfect the clinic environmental surfaces.

3. RESPONSIBILITY

3.1. Housekeeping Supervisors

3.2. Infection Control Department



4. POLICY

- 4.1. Medical housekeeping employee shall:
 - 4.1.1. Adhere to the Infection control policies and procedures.
 - 4.1.2 Apply standard precautions.
 - 4.1.3 Know how to deal with spill kits and handle blood spills.
 - 4.1.4 Wear approved uniforms and practice good hygiene.
 - 4.1.5 Know how to handle, store and dispose biohazard wastes.
 - 4.1.6 Take Hepatitis B vaccination
- 4.2 Routine environmental microbiological culture is not recommended unless there is an outbreak.
- 4.3. All disinfectants used by housekeeping shall be approved by the Medical Committee.
- 4.4. All diluted chemicals and disinfectants shall be diluted according to the manufacturer's instructions and labeled (name, date and time), diluted disinfectants must be changed on a daily basis.
- 4.5. Do not perform disinfectant fogging in patient-care areas.
- 4.6. Staff shall maintain their personal hygiene whenever moving in the clinic.
- 4.7. Housekeeping staff shall keep their trolley clean and tidy all the time.
- 4.8. Housekeepers shall receive periodic training in environmental surface infection-control strategies and procedures as part of an overall infection-control and safety curriculum.
- 4.9. Cleaning schedules and methods shall be readily available and it would be corresponding to the area of the clinic, type of surface to be cleaned, and the amount and type of soil present
- 4.10. Horizontal surfaces (i.e. bedside tables, flooring) in patient care areas are cleaned on a daily basis, when soiling or spills occur, and when a patient is discharged.
- 4.11. Cleaning of walls, blinds, and curtains is to be performed on a routine basis and if they are visibly soiled.



4.12. Curtains in patient care areas must be laundered on quarterly basis and if they are visibly soiled.

4.13. Change the mop head at the beginning of each day and also as required by facility policy, or after cleaning up large spills of blood or other body substances.

4.14. Cleaning will be done from least contaminated to most contaminated areas. Clean from top to bottom. All loose dirt/debris will be removed before washing or mopping.

4.15. Keep vacuums in good repair and equip vacuums with HEPA filters for use areas with patients at risk.

4.16. In the event of inadvertent exposure to patients with a communicable disease or an occupational injury (e.g. needle stick), the employee must follow the post-exposure guidelines applied to clinical staff.

4.17. Mops, mop handles, scouring pad, heavy duty rubber gloves must be used according to infection control requirements:

4.17.1. WHITE mops for regular area

4.17.2. BLUE mops for bathrooms

4.18. Buckets are to be used according to infection control requirements:

4.18.1. RED clean water and disinfectant solution

4.18.2. BLUE rinsing and squeezing

4.18.3. YELLOW toilets

5. PROCEDURE

5.1. Occupied Room Cleaning:

5.1.1. Check the cart to make sure all equipment and materials are present before going into the patient's room.

5.1.2. Fill the mop and hand bucket with water and add approved germicide to water.

5.1.3. Transport cart to the door of the unit to be cleaned. Make sure that the cart is close to the wall so that it does not block the corridor or doorway.

5.1.4. Check for the isolation sign on the door of the room to be cleaned, if none knocks gently on the door, greet the patients pleasantly, tell him/her your name and the reason you are there.



5.1.5. Carry equipment and supplies into the room to be cleaned.

5.1.6. Remove the wastebasket from the room and take it to the cleaning cart. Empty wastebasket in trash container on the cart. Wipe the outside of the basket with a cloth dampened with a germicidal solution and re-line.

5.1.7. Dust mop the floor.

5.1.8. Wipe down the entire outside surfaces of the over bed table and bedside stand. Ask the patient to lift up his/her articles. If a patient is not in the room, do not clean the table if personal items are present. Damp wipe the furniture in the room.

5.1.9. Clean patient bathroom using standard procedure wearing heavy duty gloves dedicated for bathroom cleaning.

5.1.10. Clean mirror using the spray bottle with glass cleaner.

5.1.11. Spot clean the walls if they are visibly soiled.

5.1.11.1. Damp mop the patients' room and bathroom floor with the germicidal solution in accordance with procedure

5.1.11.2. Place wet floor signs after mopping. When the floor is dry, remove signs.

5.1.11.3. Inspect cubicle curtains and draperies for stains and soil marks

5.1.11.4. Check and remove all cleaning materials and equipment to the cleaning cart.

5.1.11.5. Leave the room and continue on with the next room following the same steps.

5.1.11.6. Changing the mop water is of extreme importance. Under normal circumstances, this should be accomplished not less than after every third room, or when water appears dirty

5.1.11.7. Anytime a mop must be used for the removal of body fluids (i.e., blood, urine, feces, vomitus), both the mop head and germicidal solution will be changed before cleaning another area



6. FORMS & ATTACHMENTS

6.1. Cleaning schedule log sheets.

7. EQUIPMENT

7.1. Housekeeping equipment, carts and disinfectants as per the standards

8. REFERENCES

8.1. The GCC Infection prevention and control manual 3rd edition 2018

9. APPROVAL:

APPROVALS & REVIEWS:			
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