Aide-memoire: environmental cleaning, waste and linen management
Aide-memoire: environmental cleaning, waste and linen management
Aide-memoire: environmental cleaning, waste and linen management

Actions to ensure reliable improvements in infection prevention and control (IPC) practices.

*Environmental cleaning, waste and linen management are all part of standard and transmission-based (droplet/contact/airborne) precautions.*

**HOW SHOULD I USE THIS AIDE-MEMOIRE?**

1. **Familiarize yourself with the content** of each of the five colour-coded sections.
2. **Consider each of the action checks to make a plan,** and outline them in discussions with others on the improvements to be made, *when preparing to implement WHO guidance, or at any time when aiming to improve adherence to IPC guideline recommendations.*
3. **Take action to make improvements** where needed, using the action checks (some web links are also provided to help if you do not know where to start). Note that this process will likely be cyclical/ongoing until all practices are reliably improved and sustained.

**All action checks are for IPC focal points** but also describe actions necessary by other professionals with important IPC input (where this is the case, the term IPC input is used acknowledging that individual groups of professionals alone cannot necessarily achieve the action but should combine to influence it to happen).

**Monitor your overall progress** – using the action checks will help you improve over time and will make you better prepared to meet the WHO core components of IPC programmes, when using the WHO infection prevention and control assessment framework.

**The multiple actions presented, when used in combination,** will contribute to influencing the behaviour of the target audience; i.e. those who should perform IPC practices. Focusing on only one aspect, such as a focus on delivering training only, will not achieve sustainable improvement in practices.
THE SYSTEM CHANGE NEEDED TO PRO Cure, deliver and manage Infrastructure, equipment, supplies and other resources (including budget) to enable IPC Practices – “Build It”

Read and use the statements below to ensure that a range of proven improvement actions have been taken.

**Your action checks**

- Systems to **reliably procure and distribute** quality products have been put in place with **IPC input** (equipment for cleaning/disinfection and handling, collecting, segregating, transporting and final disposal and/or reprocessing of waste and linen, respectively, as well as the required PPE and hand hygiene products), and the associated **dedicated budget**. Systems have also included product evaluations.
- Processes to understand the **adequate numbers of staff and their time** required for environmental cleaning, waste/linen management have been performed with **IPC input**.
- Exercises to understand the **adequate numbers of products/equipment** that are required, as well as the distribution process, have been performed, with **IPC input**.
- Steps to confirm **sustainable systems for reliable product/equipment availability in patient care areas** have been put in place, even if previously thought to be a good system (e.g. include an alert mechanism to things that could still go wrong such as broken equipment when a task is about to be performed) with **IPC input**. **Roles and responsibilities** for clean, stocked dispensers of equipment, including cloths, mop heads, waste/linen disposal containers/bins, as well as for preparation of cleaning/disinfectant solutions, if required, have been outlined with **IPC input as necessary**. This includes replacement/replenishment as well as associated PPE and hand hygiene products.
- Systems that ensure the **correct location of equipment/products** to be reliably available have been established and included **IPC input as necessary**, and are in line with IPC-informed policies or standard operating procedures (SOPs), e.g. meetings have been held to discuss point of care locations for cleaning equipment storage.
- **Up-to-date policies** for environmental cleaning and waste/linen management have been provided by or with **IPC input**.
- **SOPs** for activities to be performed in or for patient care areas have been provided by or with **IPC input**. SOPs in paper or in electronic format have been made available, in order to be easily accessible and understandable to those who need them.
- **Budgets for targeted training, monitoring and reminders** (see other actions) have been pursued, identified and secured with **IPC support as necessary**.
- **Annual water service plans** in settings where water access/quality is an issue have been put in place with **IPC input**, to ensure infrastructure for environmental cleaning, waste and linen management.
- **Temporary enhanced and time-limited strategies/SOPs for cleaning/disinfection, waste and linen product availability and processes** (including locally produced sharps waste containers, dedicated flush toilets or latrines and reuse of cloths for cleaning) have been put in place where infrastructure and resources may be an issue, **always with IPC input**. Dedicated toilet facilities for those with suspected/known infection have been appropriately coordinated and managed with **IPC input**.
A sample of WHO resources that can help you if you do not know how to start


A CULTURE OF SAFETY TO FACILITATE AN ORGANIZATIONAL CLIMATE THAT VALUES THE INTERVENTION – “LIVE IT”.

Read and use the statements below to ensure that a range of proven improvement actions have been taken.

Your action checks

- **The right leaders’/role models** who will influence those who clean and manage waste/linen have been identified and engaged with **IPC input as necessary**, with teams formed, where relevant.
- **Leaders/role models with the right expertise** for championing cleaning and waste/linen management have been engaged with **IPC input, as necessary**, and are identifiable, e.g. a “champion” badge, to show that a culture of safety has been considered serious.
- **Leaders/senior managers** have been encouraged to have done the following (not exhaustive):
  - understood and actively supported actions in line with SOPs;
  - role-modelled the right practices, e.g. by correctly disposing of waste if spending time with staff in clinical areas. Training sessions have also been attended alongside staff, particularly while (acute respiratory) infections are prevalent;
  - encouraged “buddy” systems to suit the local setting, to promote the right practices, as per SOPS, including having engaged supervisors specifically in how they can be ongoing role models;
  - made visible the commitment to budget allocation for IPC standards of cleaning, waste and linen management, including for the right products/equipment;
  - shown commitment to protected time for targeted, real-time training. Training plans have been signed off for all levels of staff, including those who dispose of/reprocess waste and linen and those who manage waste/linen and undertake environmental cleaning in practice;
  - provided written or auditory messages (with plans made to update regularly, i.e. monthly), with IPC input;
  - held discussions (at both facility and national level as appropriate), e.g. virtual or on-site meetings/ focus groups, with all the right people and an agenda to allow for problems to be discussed, questions to be heard and solutions to improvements outlined, with **IPC input**. Discussions have been facilitated in a way that allows everyone to have a chance to talk. This may need to include members of the community;
  - promoted and supported motivational activities with **IPC input as necessary**, e.g. in the form of an award that is announced publicly to encourage staff to continue to adhere to cleaning, waste/ linen SOPs.

A sample of WHO resources that can help you if you do not know how to start


1 Leaders: anyone in administrative or management positions.
REMINDERS AND COMMUNICATIONS TO PROMOTE THE DESIRED ACTIONS, AT THE RIGHT TIME – “SELL IT”

Read and use the statements below to ensure that a range of improvement actions have been taken.

Your action checks

☐ **Accurate reminders** (based on WHO recommendations) have been sourced/developed/adapted if not by IPC then with **IPC input** and used to champion environmental cleanliness and waste/linen management. Directions on when and how to use products/equipment have been included, as well as cleaning/reprocessing/disposal, along with motivational slogans (posters, short videos and electronic reminders, where possible, are some examples).

☐ **Decisions** have included staff on the types of reminders that will engage them, as well as on the content, where applicable, **always with IPC input**. The target audience for reminders has been considered, e.g. written versus illustrative.

☐ Those supervising/supporting cleaning, waste/linen practices (whether IPC focal points or others) have been encouraged to ensure that:
  - the most **appropriate placement** of reminders has been arranged;
  - any **issues with placement** of reminders have been addressed with **IPC input**, including allocated notice board approvals, wall placement (to avoid damage), any “competition” with other reminders;
  - **regular replenishment** of reminders (posters)/other communications have been planned with **IPC input, as necessary**. Slight variations in how the reminders are presented have been planned, in order to hold peoples’ attention.

☐ **Scripts/prompts** for local champions/role models have been provided, to use when talking about prevention measures for acute respiratory and other infections, and the importance of cleaning and waste/linen management, **always with IPC input**.

☐ **A range of messages** have been developed and issued to drive action and ensure ongoing motivation; this might be compliance feedback or facts about the prevalent (acute respiratory) infections, and have been arranged **between IPC and leaders**.

A sample of WHO resources that can help you if you do not know how to start


Aide-memoire: environmental cleaning, waste and linen management

BE CONSISTENT

TRAINING AND EDUCATION TO IMPROVE HEALTH WORKER KNOWLEDGE – “TEACH IT”.

Read and use the statements below to ensure that a range of improvement actions have been taken.

Your action checks

- Responsibility has been allocated, always with IPC input, for checking that current training and education programmes have included the correct, up-to-date cleaning/disinfection, waste and linen management (and associated PPE use and hand hygiene actions). To address any staffing/responsibility changes, a mechanism for reassigning responsibility has also been put in place.
- A plan for all training resources to be updated where and when necessary, mapping guideline/policy/SOP recommendations to training content, has been put in place with IPC input.
- Mechanisms, such as a reliable annual and/or “new guidance issued” alert, have been put in place to ensure timely updates to training resources, including allocated responsibilities and with IPC input.
- Training needs assessments have been conducted across different disciplines/levels with IPC input, and any other assessments (from monitoring activities) have also been used to inform training.
- The required expertise to conduct targeted training and to answer questions (this may mean asking external experts) has been identified and confirmed, with IPC input.
- A schedule has been prepared and targeted training of staff has been delivered, including refresher courses, with IPC input.
- Those conducting the training (whether IPC focal point or others) have been encouraged to do the following:
  - included how to prepare cleaning solutions where necessary, how to put on and remove PPE, how to perform hand hygiene, and how to clean an object/area;
  - made available easily accessible training schedules with deadlines for completion, for all staff to view;
  - applied different methods to motivate training attendance/completion, e.g. certificates of completion, recognition/rewards, statements from leaders who have already completed the training.
- Depending on the setting, additional educational materials for patients and visitors have been prepared with IPC input and train-the-trainer sessions have been offered to support these communities.

A sample of WHO resources that can help you if you do not know how to start

MONITORING AND FEEDBACK TO ASSESS THE PROBLEM, DRIVE APPROPRIATE CHANGE AND DOCUMENT IMPROVEMENT OF PRACTICES – “CHECK IT”.

Read and use the statements below to ensure that a range of improvement actions have been taken.

Your action checks

- **Monitoring tools** have been checked for validity and reliability in line with guidance/SOPs and data collection recommendations, if not already done, and have been made available for use.
- **Staff** has been identified to execute monitoring activities and trained to do this, if not already trained, always with IPC input.
- An audit/surveillance **monitoring schedule** has been created and executed, including roles and responsibilities, and made available to ensure that staff engage with this as an improvement approach (different to formal monitoring that is seen as “inspection”), with **IPC input as necessary**.
- **Additional mechanisms** for patient/visitor feedback have been considered, depending on the setting, with **IPC input**.
- Those coordinating monitoring activities (whether IPC or others) have been encouraged to ensure that they have embraced **alert mechanisms**, not just routine planned activities, in order to highlight in real time when systems and processes fail and, for example, when products/equipment are not reliably available or need repair.
- **Audit and surveillance activities, with reporting and feedback, have included at least the following, with IPC input, as necessary:**
  - **reliable, sufficient availability of quality products/equipment** considering end-to-end distribution;
  - **cleaning/disinfection, waste and linen management practices**, including timing and techniques;
  - **consumption/utilization** rate and replenishment of products/solutions to assess rational and safe use. This includes the impact of any changes to procurement plans, e.g. a new cleaning solution, as well as review of the impact on personal use and the built environment, such as from any potentially corrosive solutions;
  - cleanliness of the **environment**;
  - staff **knowledge and perceptions** on appropriate and safe practices, use of products and equipment, and associated hand hygiene and PPE use;
  - **availability and legibility of reminders** (e.g. posters, leaflets), as well as their ability to engage users and frequency of replacement;
  - training **records**;
  - depending on the setting, **patient feedback**;
  - **infection rates**, aimed at stimulating improved practices.

A sample of WHO resources that can help you if you do not know how to start


The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czechia
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
North Macedonia
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan

World Health Organization
Regional Office for Europe

UN City, Marmorvej 51,
DK-2100 Copenhagen Ø, Denmark
Tel.: +45 45 33 70 00 Fax: +45 45 33 70 01
Email: eurocontact@who.int
Website: www.euro.who.int