

Terminal Cleaning

ENSURE A CLEAN & SAFE ENVIRONMENT

WHEN REQUIRED

- After patient discharge/transfer/death
- When environment is visibly contaminated
- Suspected outbreak



TO BE DONE BY
CLEANING OPERATIVE



TERMINAL CLEANING FLOW

1 HAND HYGIENE & WEAR PPE

Facemask,
Apron & Glove



2 HOSPITAL GRADE DISINFECTANT

Ensure correct
dilution / PPM



CHLORINE-BASED

3 MEDICAL EQUIPMENT

Clean, disinfect &
store properly -
SN/MA/PPK



4 CLEANING PROCESS

- 1 **Clean** (detergent) -
- 2 **Rinse** (water) -
- 3 **Disinfection** (disinfectant)



5 CLEANING PRINCIPLE

Top to bottom
Clean to dirty
S-shape technique



6 WASTE

Manage waste accordingly
**All bodily fluid / MDRO /
infectious case - Clinical
waste**



PATIENT AREA

- Remove all medical devices before Terminal Cleaning (e.g. O2 tubing, humidifier, suction line, IVD bottles & etc)



MANDATORY

DILUTION

- 5000 ppm (HIV/Hep B/ Hep C/C.diff/TB)
****chlorine-based****
- 1000 ppm (MDRO case)
- 150 ppm (Clean case)

CURTAIN

- Change Curtain for every **MDRO & Infectious Cases** (HIV/Hep B/Hep C/ C.diff/TB)



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