

CVS Group Plc and its subsidiaries (“CVS”)

CVS INFECTION CONTROL

Isolation and barrier nurse guidance



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INTRODUCTION

Animals being barrier nursed or in an isolation environment require special precautions and hygiene measures. The purpose of this is to prevent the transmission of infection between patients and minimise the risk of transmission of zoonotic organisms to staff and clients.

1.0 ISOLATION GUIDANCE

This guidance (or similar own practice policy) should be posted in the Isolation Area.

All staff involved in isolation/barrier nursing must read this protocol.

1. Isolation areas should be as far from any other patients as possible and the area clearly demarcated – either by a door in the case of permanent isolation facilities or by using striped tape on the floor around the isolated kennel. Signs indicating the isolation area should be clearly posted and all staff informed. The designated isolation area within the practice is

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2. Washing facilities should be readily available or at minimum, a supply of spirit based hand sanitiser, e.g. Sterillium. Hands and forearms must be washed before and after handling the patient, also directly after leaving the isolation area. Uniforms must be short sleeved to prevent contamination of clothing.
 3. Only designated personnel should enter the area so that the number of people exposed to the risks is kept to a minimum. Designated staff must be identified and all staff informed. Procedures should be planned so that interaction is kept to a minimum. It is recommended that scheduled procedures take part at the end of the day; decisions should be made based on the patient's welfare and the potential risk to other patients and staff.
 4. Appropriate disposable and waterproof protective clothing must be worn. At a minimum this includes; long arm gowns, shoe covers, gloves and hair tied up. Hats, face masks and goggles may also be needed with certain cases, for instance goggles and facemask for handling urine in leptospirosis cases. PPE must be discarded before it leaves the area and under no circumstances must it be worn into other areas of the Practice.
 5. PPE clothing must be applied before entering the controlled isolation area/room. They should be applied in a methodical manner, starting with the main body cover, then shoe cover, then step into the area, before applying gloves. On leaving the unit again remove PPE clothing in a methodical manner, leaving gloves till the last, then turn the gloves inside out as removing, to prevent contamination. It is useful to have a separate clinical waste bin close to the point of removal of PPE.
 6. All necessary equipment should be kept within the isolation area, e.g. pens, stethoscopes, thermometers, leads, clippers, scissors and only be used on the affected patient. Separate bedding

should be used, ideally colour coded (e.g. red vet beds) to identify it as for use in the Isolation Area only.

7. Separate food, bowls, bedding and leads should be used for each patient. These items can be disposable and discarded after use. If these items are not disposable then they must be disinfected before re-use, separately from items used for non-infectious patients. Metal bowls can be cleaned and then sterilised in an autoclave. Items to be disinfected must be bagged for transportation through the practice.
8. If the patient requires treatment/procedures, that requires movement around the building, this should be done in a way to limit exposure to other patients. This can be done for instance at the end of the day, then clean all areas the patient has been in contact with. If the patient is a dog and requires taking out side, again steps should be taken to limit exposure, like taking out of a side door, onto an area where other dogs are not walked, but can be disinfected.
9. Disinfectants should be used at the correct dilution and be effective against the specific disease agents (refer to the product Hazard Data Sheet/COSHH Assessment). Product/dilution:

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10. All waste must be bagged within the isolation area. Keep a clinical waste bag close to the animal's kennel to encourage disposal of clinical waste. When clinical waste is removed from the Isolation Area it should be double bagged, labelled and disposed of immediately.
 11. After discharge / removal of the patient, the Isolation Area and equipment must be thoroughly cleaned as soon as possible, with an appropriate disinfectant.
 12. Visits from owners might have to be discouraged (depending on the practice and patient's condition). If owners are allowed into the isolation area they must be advised of the risks and follow this guidance. Visitors must be supervised at all times.
 13. If these patients are to be nursed at home the owners must be made aware of all the risks involved and of all the safety precautions they need to take.

2.0 ISOLATION KIT

The following are suggested items to have in a pre-prepared Isolation Kit, to have at the ready whenever you have a case arrive at your practice (using disposable items when appropriate). This is not an exhaustive list as each practice is unique, make accommodations as necessary.

2.1 PPE

Long sleeved gown, shoe covers, gloves, mask, theatre hat.

2.2 Materials

Lead, stethoscope, hand sanitiser, clipper blade, thermometer, thermometer cover, lubricating jelly, scissors, pen and a plastic tray to store these items. Clinical waste bag. Isolation bedding.

2.3 Setting up the Isolation Ward (where applicable):

Isolation kits: As above.

Equipment: fluid pump, syringe driver, cat scale.

Paper roll.

Clinical waste bags in bins.

Disinfectant

Hand sanitiser – e.g. Sterilium

Isolation bedding

Incontinence pads

Stainless steel feed bowls and utensils

Dressings and other consumables as needed for treatment

Note: Do not take multi-dose vials of drugs into the Isolation Unit, draw drug from communal supply and take in as required.

2.4 Foot baths

It is not recommended to use foot baths. For any disinfectant to work they require contact time. Most need a minimum of 5 minutes contact time, also many disinfectants are often deactivated by organic matter, or may damage shoes, also pathogens have been known to grow in foot baths. The best alternative is to use shoe covers, these are inexpensive and easy to use. These prevent the transfer for pathogens by foot. Care must be taken not to contaminate the shoe covers or hands when applying or removing the shoe covers. Another alternative is to use clean wellington boots that can be left in a foot bath for the correct contact time.

3.0 BARRIER NURSING AND ISOLATION GUIDANCE

If Clarification is necessary for an individual case please contact the veterinary surgeon in charge

		Suspect	Confirmed or previously diagnosed with on-going signs	Previously diagnosed No clinical signs
Respiratory	Aspergillosis	GREEN	GREEN	GREEN
	Kennel cough: Bordatella Bronchiseptica or canine parainfluenza virus	RED	RED	AMBER
	Borderatella pneumonia	RED	RED	AMBER
	Tuberculosis (respiratory)	RED	RED	AMBER
	Distemper	RED	RED	AMBER
	Cat flu: Feline Herpes virus, Feline calicivirus, Chlamydomphilia felis	AMBER	RED	GREEN
	Virulent Feline Calicivirus	RED	RED	RED
Gastrointestinal/ Urinary tract	Leptospirosis	AMBER	AMBER	AMBER
	Multi-drug resistant (MDR) organism in urinary tract	AMBER	RED	AMBER
	Infectious diarrhoea: Salmonelle spp., Cryosporidium spp.,	AMBER	RED	GREEN
	Infectious Diarrhoea: Campylobacter spp., Giardia spp.	AMBER	AMBER	GREEN
	Parvovirus/feline infectious enteritis	AMBER	RED	GREEN
Skin/Wounds	Multi-drug resistant: Enterococcus faecalis/E Coli (in wounds)	AMBER	AMBER	AMBER
	Multi-drug resistant Pseudomonas aeruginosa (ear canal)	AMBER	AMBER	AMBER
	MRSA or MRSP wound infections	AMBER	RED	AMBER
	Sarcoptic mange, Ringworm & cheylettiella	AMBER	RED	GREEN
	Feline demodicosis	AMBER	AMBER	GREEN
	Feline immunodeficiency virus (FIV)	AMBER	AMBER	AMBER
	Feline leukaemia virus (FeLV)	AMBER	AMBER	AMBER
	Feline coronavirus (FIP)	AMBER	AMBER	AMBER
MDR organism is one with non-susceptibility to >1 agent in >4 antimicrobial classes				
Suspect means the veterinary surgeon has strong clinical suspicion of the diagnosis. This does not apply to patients undergoing screening tests				
RED		This patient must be isolated		
AMBER		Barrier nurse advised (can be in ward)		
GREEN		Patient can be nursed in the ward- isolation/barrier nurse not required		

4.0 PERSONAL PROTECTIVE EQUIPMENT GUIDANCE

		PPE	Comments	
Routine clinical cases	Level 1	Uniform Only	Bare below elbows Routine hand washing/alcohol hand rub between every patient & when entering or leaving clinical area	
	Level 2	Uniform and Apron	Used when contamination of your uniform is anticipated by blood, body fluids, excretions, secretions or fur. The apron should be disposed of between patients if soiled or before leaving the isolation area	
Barrier nurse	Level 3a	Uniform, apron and gloves	Used during management of patient with an infectious disease & those susceptible to infection	Protective clothing must be disposed of immediately
	Level 3b	Uniform, long sleeved apron and gloves	Used for potential zoonotic dermatological disease, Chemotherapy patients (thumb loop and nitrile gloved)	

Level 1: Uniform



Level 2: Protection of uniform with apron



Level 3 :Barrier nurse and isolation PPE



NOTICE

**ISOLATION/BARRIER NURSING IN EFFECT
TAKE PRECAUTIONS BEFORE HANDLING
PATIENT**

CONTACT RESPONSIBLE STAFF

VET(S):

NURSE(S):

More informationAntibiotic policy

<http://cvs-sharepoint/Practices/Policies%20Procedures%20and%20Guidelines/Accepted%20Policies/Small%20Animal/Antibiotic%20Resistance%20Policy.docx>

Infection control audits

<http://cvs-sharepoint/Practices/Nursing/Forms/AllItems.aspx?RootFolder=%2FPractices%2FNursing%2Finfection%20control%2FG9%20data%20sheets%20and%20information&FolderCTID=0x0120006DF6A3588032884599B5275C93E41435&View=%7BB5BB81F8%2D5D4D%2D45EA%2D9058%2D97D577AF4B6A%7D>

Hand hygiene

<http://cvs-sharepoint/Practices/Nursing/infection%20control/SOP%20hand%20hygiene%20CVS%20ready%20for%20palse.docx>

<http://cvs-sharepoint/Practices/Nursing/infection%20control/CVS%20Hand%20hygiene%20in-house%20training.docx>

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CVS INFECTION CONTROL

Decontamination and deep cleaning guidance



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INTRODUCTION

We know that the best weapon against the spread of infection, is to ensure patients are cared for in a clean environment. We need to work hard to ensure the clinical areas of the practice and equipment are kept hygienically clean. This ensures a safe and clean environment for our patients, staff and clients.

Patient equipment is easily contaminated with patient body fluids and infectious agents, which can be transferred during care delivery. To minimise patients' risk of hospital associated infections, it is crucial that decontamination practices are adhered to; as such, practices should adopt a local protocols for cleaning and decontamination.

Cleaning is a shared responsibility, with all staff working collaboratively.

Specific responsibilities must be clearly determined, and staff with cleaning responsibilities should have the necessary skills, competencies and resources to fulfil them.

1.0 KEY POINTS

1	Infectious case	Secure area around the patients
2	Responsibility	Cleanliness is everyone's responsibility
3	Suspect Infectious case	Clean/disinfect area ASAP
4	Document	Always document cleaning and deep cleaning, keep evidence
5	Feet cover	Don't use foot dips, use shoe covers for isolation cases
6	Damp dust	Damp dust theatre daily
7	Deep clean	Have a routine for regular deep cleans
8	Audit	Ensure regular hygiene audit are carried out and documented

2.0 GENERAL CLEANING OF CLINICAL AREAS IN THE PRACTICE

G9 surface disinfectant is the CVS dedicated general cleaning product

G9 Surface Disinfectant Cleaner provides the latest biocide technology to ensure unparalleled microbial efficacy in line with the latest ECHA European Veterinary Test Protocol Standards to comply with the Biocides Product Regulation Registration Requirements whilst ensuring cost economy

1:100 dilution

For a deep clean leave solution for 30 minutes. This will then replicate the contact time for the hardest test condition conducted by laboratories

Dilution Guide:

Container	Dilution	Pumps	ml
500ml T/Spray	1:100	-	5ml
1 Litre	1:100	-	10ml
5 Litre	1:100	2	50ml
	1:200	1	25ml
10 Litre	1:100	4	100ml
	1:200	2	50ml

G9 Chemicals Ltd pumps deliver approximately 25ml of solution per pump depression.

Material Compatibility:

G9 Surface Disinfectant Cleaner is safe to use on most surfaces including: stainless steel, mild steel, aluminium, brass, copper, rubber, plastics including walls, floors, tables and other surfaces used within Veterinary Surgeries.

Test Portfolio:

	Test Organism	EN Veterinary Protocol	Dilution
Spores	Bacillus subtilis	EN13704	1:100
	Clostridium difficile	EN13704	1:100
Mycobacteria	Mycobacterium terrae	EN14204	1:100
	Mycobacterium bovis	EN14204	1:100
	Bovine Enterovirus Type 1, ECBO - Virus ATCC VR-248	EN14675	1:100
	Bovine Enterovirus Type 1, ECBO - Virus ATCC VR-248	EN14675	1:200
Virus	Murine Norovirus	EN14476	1:100
	Adenovirus	EN14476	1:100
	Canine Parvovirus	EN14476	1:100
	Feline Calicivirus	EN14476	1:100
	Aspergillus Brasiliensis	EN1657	1:100
	Candida albicans	EN1657	1:100
Fungi	Candida albicans	EN16438	1:100
Yeasts	Pseudomonas aeruginosa	EN1656	1:100
	Staphylococcus aureus	EN1656	1:100
Bacteria	Methicillin-resistant Staphylococcus aureus	EN1656	1:100
	Methicillin-Resistant Staphylococcus Pseudintermedius	EN1656	1:100
	Methicillin-resistant Staphylococcus epidermidis	EN1656	1:100
	Escherichia coli	EN1656	1:100
	Enterococcus hirae	EN1656	1:100
	Bordetella bronchiseptica	EN1656	1:100
	Campylobacter jejuni	EN1656	1:100
	Salmonella typhimurium	EN1656	1:100
	Proteus vulgaris	EN1656	1:100
	Listeria Monocytogenes	EN1656	1:100
	Legionella pneumophila	EN1656	1:100
	Rhodococcus equi	EN1656	1:100
	Streptococcus equi	EN1656	1:100
	Acinetobacter baumannii	EN1656	1:100
	Pseudomonas aeruginosa	EN14349	1:100
	Staphylococcus aureus	EN14349	1:100
	Enterococcus hirae	EN14349	1:100
Proteus vulgaris	EN14349	1:100	

Using the disinfectant

It is often best to use G9 wipe on surfaces, and a bucket and cloth in kennels.

If you feel you must use a spray bottle, please always use on a jet, rather than a spray to help prevent aerosol spray.

WEAR GLOVES, using a syringe withdraw the recommended disinfectant concentration. Add to spray bottle and fill with cold tap water to 500ml. Ensure correct dilution is used at all time.

It is advisable to use a small bucket and cloth, when cleaning kennels rather than using spray bottles, this will help prevent inhalation of agent. By using a small amount of fresh disinfectant in a small bucket and then discarding regularly, this will help prevent cross contamination.

Avoid contact with skin, eyes and mouth. Use in a well ventilated area. Use appropriate PPE.

1. Decontaminate the room as soon as possible
2. Clinician to report to the HVN/senior nurse and inform them of the room used and the suspected infection.
3. Put on PPE.
4. Using G9 concentration 1:100, clean all surfaces, door handle, light switches, chairs and equipment in the Consulting Room. Contact time of solution is 5 minutes.
5. Using the same concentration, mop the floor.
6. Discard all PPE into the clinical waste and double bag. Place into large clinical waste bins.
7. Place the mop-head in a dissolvable laundry bag and put into the wash.
8. Record the information and file.

2.3 Deep clean of clinical room after possible infectious case or on a regular occurrence

Note: The decontamination of the Clinical Rooms must take place at the earliest possible opportunity.

1. Ensure the area or room is clearly identified as contaminated until it is deep cleaned.
2. Deep clean the area or room as soon as possible.
3. PPE must be worn.
4. Remove all surplus stock that has been exposed, including dressings, incontinence sheets and dispose into clinical waste.
5. Place stainless steel bowls and equipment that can be soaked into instrument disinfectant. Disinfect for 10 minutes, then remove, dry and send to sterilizing, if suitable, or put back into circulation.
6. Clean / damp dust (with G9 disinfectant with disposable cloth and bucket of disinfectant) all surfaces following removal of gross contamination and organic matter, to include but not limited to:
 - Windows.
 - Sills.
 - Walls.
 - Tables.
 - Cupboard.
 - Desks.
 - Clinical waste bins.
 - Hand wash sink.
 - Shelving.
 - Equipment.
 - Floors (to be completed last).

Different techniques have been documented for deep cleaning. One technique is to use two people, one person cleans an area then someone else cleans it again. This ensures every aspect of the area has been completely cleaned and nothing has been missed. Attention to detail is the number one priority.

2.4 Routine deep cleaning

It is important to have a routine of deep cleaning the clinical areas of the practice on a regular basis.

Nursing Times 2008 research suggest that once yearly cleaning with a steam cleaning followed by a aerosol disinfectant 'bomb' reduces hospital associated infections by half. For high risk areas like theatre it is worth deep cleaning more regularly, for instance monthly, or more frequently if required. All equipment and surfaces should be cleaned and disinfected before being returned. Ensure a record is kept to show the date of deep clean and who performed the task. This is needed for the RCVS Practice Standard Scheme (PSS) and if a patient problem occurs, evidence can be provided.

G9 are in the process of producing a G9 disinfectant bomb, this should be available in late 2019.

It is important to remember to regularly deep clean all clinical areas. The frequency will depend on many factors, for instance theatres to be deep cleaned more regularly than the corridors. It is worth remembering areas that nurses may not be involved in cleaning, for instance the waiting room or consult rooms as these have a high throughput of patients.



Top Tip: A flat head mop is very useful for washing the walls. Ensure the same flat head mop is not used on the floorings. This makes cleaning walls quick and easy and will save your back!

2.5 Items in an isolation area

It is worth trying to reduce the equipment and consumable in an isolation/ high risk area. Only take items into the area that are needed at that time. This prevents wastage and contamination.

3.0 GENERAL DISINFECTANT CONSIDERATIONS

Change disinfectant percentage

There is no need to use a different percentage of G9 disinfectant in a deep clean. The normal 1:100 is suitable.

Rotation of disinfectant product type

There is no need to rotate the type of disinfectant we use. Disinfectant cannot get resistant to pathogens like antibiotics.

Make up disinfectant

Please note disinfectants made up must be changed/disposed of regularly i.e. spray bottles, buckets of disinfectant.

Foot baths

It is not recommended to use foot baths. For any disinfectant to work they require contact time. Most need a minimum of 5 minutes contact time, also many disinfectant are often deactivated by organic matter, or may damage shoes, also pathogens have been known to grow in foot baths. The best alternative is to use shoe covers, these are inexpensive and easy to use. These prevent the transfer of pathogens by foot. Care must be taken not to contaminate the shoe covers or hands when applying or removing the shoe covers. Another alternative is to use clean wellington boots that can be left in a foot bath for the correct contact time.



Power hosing/washing

Power washing/hosing can be very useful in outside runs to remove ground in dirt, but it should be remembered that this will not disinfect the kennel, and if not removed of organic matter, may aerosolize the pathogen.

Theatre damp dusting

It is recommended to damp dust all surfaces in a theatre daily. This is to make sure that dust is not allowed to escape into the air when it is removed from a surface. It is advisable that surgical theatres are deep cleaned regularly for instance at least weekly.

4.0 INSTRUMENT CLEANING AND DISINFECTANT

4.1 Instrument cleaner

G9 Instrument Cleaner Dilutes at 1:100 and a 2 litre concentrate makes 200 litres of working solution.

Gloves must be worn when handling this solution

Directions for use:

Manual soak solution in non-ultrasonic tank.

1. Add 10ml (1:100) of G9 Instrument Cleaner to 1 litre of water.
2. Submerge instruments to be cleaned as soon as possible after use.
3. Soak for 15 minutes to remove difficult organic soils.
4. Rinse thoroughly in demineralised water.

Ultrasonic cleaning machine.

1. Add 10 ml (1:100) of G9 Instrument Cleaner to 1 litres of water in the ultrasonic cleaning tank.
2. Leave instruments in the ultrasonic bath for approximately 15 minutes.
3. Remove instruments from ultrasonic cleaner and rinse thoroughly with demineralised water.

This solutions is safe to be discharged down the drain once diluted and finished with use.

4.2 Instrument disinfectant

Instrument disinfectant is used on items that cannot be sterilised by other methods, ie can't be autoclaved. G9 Instrument Disinfectant combines proven microbiological results with safety in use and rapid activity. The products versatility means it can be used either in automated reprocessor machines or open tank troughs. G9 Instrument Disinfectant contains none of the harmful characteristics of Gluteraldehyde, Phenols, Chlorine or Peracetic Acid used in other disinfectants.

G9 Instrument disinfectant Dilutes at 1:50 and a 2 litre concentrate makes 100 litres of working solution.

G9 Instrument Disinfectant is tested to standards: EN14476, EN13727, EN14204, EN13704, EN13624.


G9 Instrument Disinfectant is Bactericidal, Fungicidal, Virucidal, Tuberculocidal and Sporocidal.

This solutions is safe to be discharged down the drain, once diluted and finished with use.



Directions for use:

Manual soak solution in sterilisation trough.
PPE must be worn when handling this solution

1. Add 100ml (1:50) of G9 Instrument Disinfectant to 1 litre of water.
2. Leave instruments in the sterilisation trough for between 5 to 30 minutes.
3. Remove instruments from sterilisation trough and rinse thoroughly with demineralised water.
4. Dry and store in approved conditions.



INSTRUMENT REPROCESSING

STAGE 1 - CLEANING	STAGE 2 - DISINFECTION								
<div style="text-align: center;">  <p>G9 INSTRUMENT CLEANER</p> </div> <ul style="list-style-type: none"> - 1:100 DILUTION - FOR MANUAL/ULTRASONIC USE - LASTS UPTO 7 DAYS - 15 MINUTE SOAK TIME - FOR CLEANING OF INSTRUMENTS <div style="text-align: center; background-color: #ffff00; font-weight: bold; font-size: small; margin-top: 10px;">HOW IT WORKS</div> <p style="font-size: x-small;">G9 Instrument Cleaner is a unique formulation designed to remove proteinaceous and organic material from the surface of instruments and endoscopes. G9 Instrument Cleaner will digest and dissolve blood, mucus, fecal and vomital matter. It safely removes any organic contaminants and proteinaceous soils on all surgical instruments as well as fiberoptic endoscopes. G9 Instrument Cleaner will eliminate biological odours and is 100% biodegradable.</p> <table style="width: 100%; font-size: x-small;"> <tr> <th style="background-color: #ffff00; text-align: center;">MANUAL CLEANING</th> <th style="background-color: #ffff00; text-align: center;">ULTRASONIC CLEANING MACHINE</th> </tr> <tr> <td style="vertical-align: top;"> <ol style="list-style-type: none"> 1. Add 50 ml (1:100) of G9 Instrument Cleaner to 5 litres of water. 2. Submerge instruments to be cleaned as soon as possible after use. 3. Soak for 15 minutes to remove difficult organic soils. 4. Rinse thoroughly in demineralised water. </td> <td style="vertical-align: top;"> <ol style="list-style-type: none"> 1. Add 50 ml (1:100) of G9 Instrument Cleaner to 5 litres of water in the ultrasonic cleaning tank. 2. Leave instruments in the ultrasonic bath for approximately 15 minutes. 3. 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Dry and store in approved conditions. </td> <td style="vertical-align: top;"> <p>G9 is effective against a range of micro-organisms:</p> <ul style="list-style-type: none"> - Bacteria - Fungi - Yeast - Virus - Spores - Mycobacteria </td> </tr> </table> <p style="font-size: x-small; margin-top: 5px;">It is not recommended to exceed soaking times or to leave instruments in the solution overnight. Solution should be changed weekly or when it becomes cloudy/soiled.</p>	MANUAL / ULTRASONIC DISINFECTION	MICROBIAL EFFICACY	<ol style="list-style-type: none"> 1. Add 100ml (1:50) of G9 Instrument Disinfectant to 5 litres of water in the sterilisation trough. 2. Leave instruments in the sterilisation trough for approximately 15 minutes. 3. Remove instruments from sterilisation trough and rinse thoroughly with demineralised water. 4. 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<ol style="list-style-type: none"> 1. Add 100ml (1:50) of G9 Instrument Disinfectant to 5 litres of water in the sterilisation trough. 2. Leave instruments in the sterilisation trough for approximately 15 minutes. 3. Remove instruments from sterilisation trough and rinse thoroughly with demineralised water. 4. Dry and store in approved conditions. 	<p>G9 is effective against a range of micro-organisms:</p> <ul style="list-style-type: none"> - Bacteria - Fungi - Yeast - Virus - Spores - Mycobacteria 								

G9 Chemicals Ltd
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5.0 HAND WASHING

Please see the related documents.

<http://cvs-sharepoint/Practices/Nursing/infection%20control/SOP%20hand%20hygiene%20CVS%20ready%20for%20ulse.docx>

<http://cvs-sharepoint/Practices/Nursing/infection%20control/CVS%20Hand%20hygiene%20in-house%20training.docx>

6.0 WASHING BEDDING

It is advisable that patient bedding material (i.e. vet beds blankets etc.) are washing on a normal/long length hot cycle (not a short or quick cycle as this prevents contact time and temperature). The water temperature should be at least 60°C to ensure pathogens are killed.

7.0 AUDITS IN HYGIENE

It is important to conduct regular hygiene audits, to ensure standards are maintained and improved upon. More detail on cleaning /hygiene audits can be found.

<http://cvs-sharepoint/Practices/Nursing/infection%20control/Cleaning%20Audit%20template%20CVS.xls>

8.0 MORE INFORMATION

Infection control audits

<http://cvs-sharepoint/Practices/Nursing/Forms/AllItems.aspx?RootFolder=%2FPractices%2FNursing%2Finfection%20control%2FG9%20data%20sheets%20and%20information&FolderCTID=0x0120006DF6A3588032884599B5275C93E41435&View=%7BB5BB81F8%2D5D4D%2D45EA%2D9058%2D97D577AF4B6A%7D>

Antibiotic policy

<http://cvs-sharepoint/Practices/Policies%20Procedures%20and%20Guidelines/Accepted%20Policies/Small%20Animal/Antibiotic%20Resistance%20Policy.docx>

9.0 UPDATED INFORMATION ON INFECTION CONTROL REGARDING COVID-19

<p><u>Update on infection control/cleaning of the practice – Coronavirus /Covid-19</u> Belinda Andrews-Jones, Director of Nursing</p>
<p>The best weapon against the spread of infection, is to ensure a clean environment and clean hands. We need to work hard to ensure that all areas of the practice and equipment are kept hygienically clean. It has never been more important to ensure a safe and clean environment for our patients, staff and clients. Cleaning and infection control is a shared responsibility, with all staff working collaboratively. With the risk of spreading the Covid-19 virus, we need to take extra steps with infection control to ensure risks are kept to a minimum.</p>
<p><u>What cleaning product should I use for general areas?</u></p> <p>G9 surface disinfectant is the CVS dedicated general cleaning product. G9 Surface Disinfectant Cleaner provides the latest biocide technology to ensure unparalleled microbial efficacy in line with the latest ECHA European Veterinary Test Protocol Standards to comply with the Biocides Product Regulation Registration.</p> <ul style="list-style-type: none"> ✓ G9 has been proven to be effective at killing corona viruses. ! 1:100 dilution is effective for killing corona viruses
<p><u>How often should we clean the consult rooms?</u></p> <p>With Covid-19, the risk of contamination is from aerosol and transfer from touch/fomites.</p> <ul style="list-style-type: none"> ✓ After each consult, ensure the consult room is ventilated as much as possible. The table and any hand touch sites must be wiped. ✓ Ensure all door handles are wiped with disinfectant. ✓ Wash your hands between cases. ✓ Ideally, leave the table and door handles damp with disinfectant, and allow for 5-minute contact time. ✓ Computer key boards should be wiped with a G9 wipe or clean tissue and G9 disinfectant. ✓ Cling film can be applied to the key board and changed after each use. ✓ Wipe hand touch sites as regularly as you can, e.g. door, phone hand pieces.
<p><u>How often should reception be cleaned?</u></p> <ul style="list-style-type: none"> ✓ When clients are present, clean hand touch sites as often as possible (? hourly) ✓ Wipe front desk ✓ Computer key boards ✓ Phone + Pens ✓ Door handles/push plates (inside and out) Including toilet door handles ✓ Hand gel pump action ✓ Dog scales (when used) ✓ Door handles, taps, and handle of toilet (for clients) as often as needed (if used) ✓ Clean and disinfect the floor at least twice a day ✓ Try and maximise ventilation (without allowing pets to escape!) ✓ Waiting room chairs, wipe with disinfectant at least twice a day
<p><u>Using Disinfectant</u></p> <ul style="list-style-type: none"> ! WEAR GLOVES ✓ Ensure correct G9 dilution of 1:100 ! Avoid contact with skin, eyes and mouth. Use in a well ventilated area. Use appropriate PPE.

Regarding Covid-19, below is helpful cleaning tick sheets for front of house areas of the practice. This template sheet can be adjusted to meet the practice needs.

Consult Room Cleaning Chart

Please use G9 wipes or tissue and G9 disinfectant after each patient/client

After each consult	Name of patient													
Consult table	After each use													
Countertops	After each use													
Dog Scales	If used													
Cat scales	If used													
Computer keyboard	After each use													
Door handles (both sides)	After each use													
Ventilate room	After each use													

Reception hand touch sites

Please wipe with G9 wipe, or G9 disinfectant on tissue

	8am	9am	10am	11am	12	1pm	2pm	3pm	4pm	5pm	6pm	7pm
Front door handle												
Reception desk												
Telephone												
Computer keyboard												
Pens												
Pump on hand gel												
Chairs												
Reception toilet (handles/taps etc if used)												