

# MANAGEMENT OF HOUSEKEEPING SERVICES IN HOSPITALS



# **HOUSEKEEPING**

“It refers to the cleaning and upkeep of the hospital premises which renders the environmental surfaces safe to handle by removing organic matter, salts and visible soils.”

# **SANITATION**

“ It is the quality of living expressed in clean homes, clean farms, clean neighbourhood and clean community. Being a way of life, it must come from the people, nourished as it is by knowledge and grown as an obligation & ideal in human relations.”

## **BIOMEDICAL WASTE**

It is defined as “any solid, fluid or liquid waste including its container and any intermediate product, which is generated during the diagnosis, treatment or immunization of the patient”

## **AIMS OF HOUSE KEEPING**

To provide a Happy, Healthy, Safe and Pollution free environment built on a strong and sustainable programme to the customers who visits the hospital, specially the patients & their relatives.

# **OBJECTIVE OF HOUSEKEEPING SERVICES**

- General Sanitation, cleanliness and comfortable environment .
- Developing courteous, reliable and congenial atmosphere.
- Adequate support of motivated staff.
- Good interdepartmental cordial relation.
- Ensuring safety of staff, patient and relatives.
- Quality control of sanitary equipments and cleaning agents.
- Proper record keeping and feed back.

# COMPONENTS OF HOUSEKEEPING SERVICES

- Greenery comfort
- Adequate water supply
- Clean & appealing toilets
- Sanitation & cleanliness
- Proper disposal of biomedical waste
- Hospital infection control
- Pest & rodent control
- Odour control
- Appealing interior (indicators, lighting, designing)
- Proper sewerage disposal

# **OUT COME OF GOOD HOUSEKEEPING SERVICES**

- **GREAT PATIENT SATISFACTION**
- **MORE VISIT OF PATIENTS**
- **INCREASE POPULARITY**
- **PREVENT & CONTROL INFECTION**
- **ENHANCES PUBLIC RELATION**
- **REDUCE AVERAGE LENGTH OF STAY**
- **REDUCTION IN COST OF MEDICAL CARE**
- **REDUCE PATIENT SUFFERING**

# HOUSEKEEPING ORGANIZATION

- EXECUTIVE HOUSEKEEPER

Heads the department. He/she should be able to plan, administer and develop housekeeping services in hospital.

- ASSISTANT EXECUTIVE HOUSEKEEPER AND FLOOR SUPERVISORS

Trained and conversant with the housekeeping procedures and able to manage the housekeeping staff.

- HOUSEKEEPING EMPLOYEES

Mostly unskilled and lowest paid. Must be well acquainted and oriented to the housekeeping procedures by training and education.

# CRITERIA FOR STAFFING

The no. of house keeping staff depends on the following Criteria.

- ARCHITECTURAL DESIGN
- TRANSPORT OF BMW
- TYPE OF CLEANING AGENT USED
- CLEAN & DIRTY LINEN
- MANAGEMENT
- AMOUNT OF TRAFFIC MOVEMENT
- CLEANING REQUIREMENT (24 hrs, 12 hrs, 8 hrs)
- SANITARY EQUIPMENT TO BE USED
- TYPE OF SERVICE REQUIRED
- KNOWLEDGE & SKILL OF HOUSE KEEPING STAFF



# SPACE AND FACILITIES

- Office for executive housekeeper
- Clerical work area
- Office for assistant HK executive. Desk/ space for floor supervisors
- Storage room for HK equipment and materials
- janitor's closet; should have sink, shelves for equipments, carts, buckets and supplies.

# QUALITY CONTROL INDICATORS

- THE VISUAL EFFECT
- CLEAN & DRY LINENS FOR BEDS
- EXTENT OF PESTS & RODENT CONTROL VISITORS APPRECIATION
- NO. OF COMPLAINTS & GRIEVANCES
- NON COMPLIANCE OF BMW
- RULE PATIENT COMMENTS
- INCREASE/ DECREASE IN HA-I

# LOCATION

Since the housekeeping activities are all pervasive and encompass all the areas in the hospitals, it is advisable to have the chief housekeeper's office near the hospital management in the business area. And the housekeeping office near the patient care areas adjacent to the vertical transportation system for an easy carriage of materials. Also its important to have a dedicated area for interim storage of bio medical waste( for few hours) before being sent fro treatment and final disposal.

# CHALLENGES

- Low priority activity
- Overcrowding
- Financial constraints
- Manpower shortage
- Unwilling supervision
- Lack of awareness



# **LAUNDRY SERVICES**

The activities/ services pertaining to washing/ cleaning of linen comes under the ambit of laundry services.

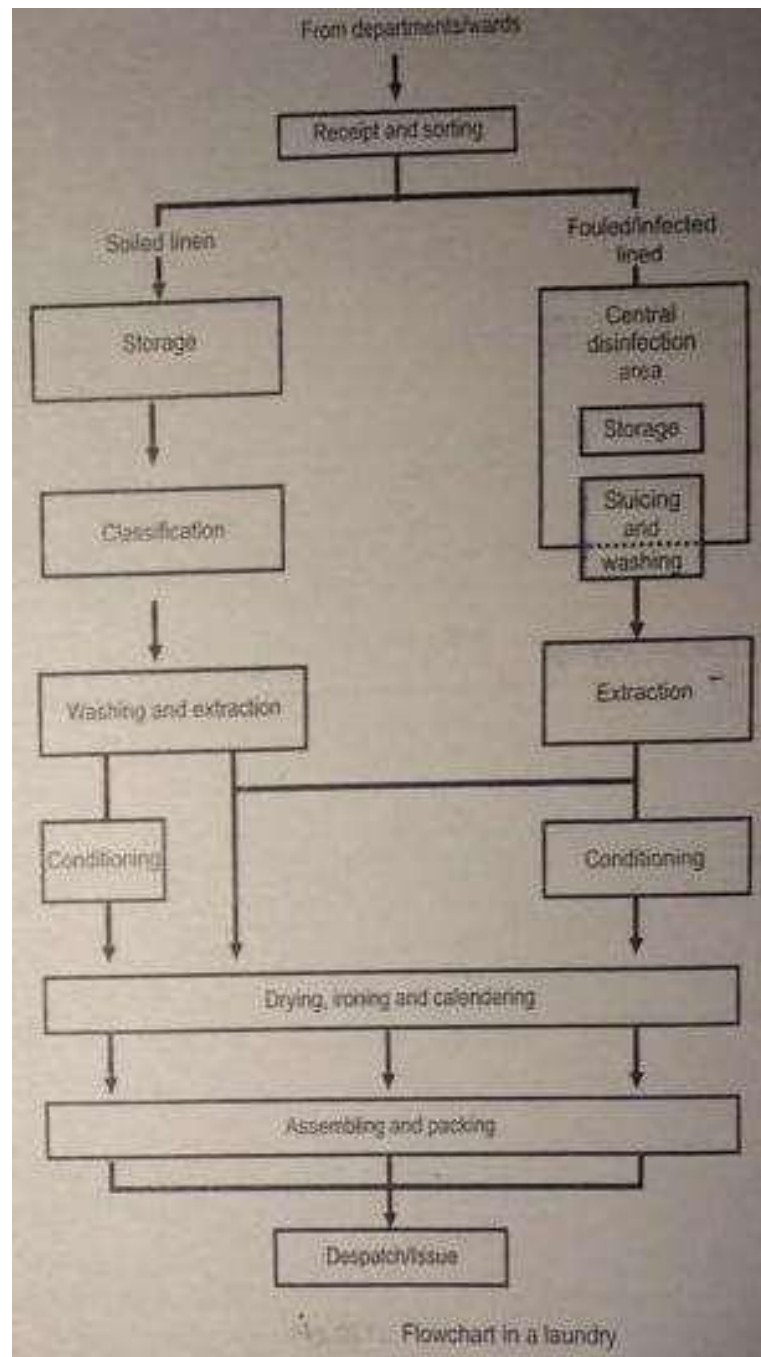
## **OBJECTIVES:**

The main objective is to provide an adequate quantity of right quality linen for the indoor patients, OTs, OPD and other areas, and for the medical and paramedical personnel engaged in providing healthcare.

# IMPORTANCE:

An effective laundry service in a hospital has the following advantages:

- Provides psychological satisfaction to the patients and improves the aesthetics.
- Efficient laundry service reflects a positive image of the hospital and is an important public relations variable.
- It reduces the incidence of Hospital Associated Infection(HAI) by preventing infected laundry from becoming a source of infection.
- It facilitates provision of quality healthcare services.



Flowchart in a laundry

## **FUNCTIONS:**

- Collection and receipt of solid and infected linen.
- Sorting, sluicing, disinfecting, washing and ironing of the linen.
- Assembling and packing speciality items and linen packs for sterilization.
- Distribution of the linen to the user departments.

## **LOCATION:**

The location of a laundry should be convenient to the user units and close to the service elevator. Depending on the type of the building, it may be located in the basement with proper drainage system. If possible, it should be in close proximity with the CSSD and dietary services due to the common requirement of steam from the boiler plant and other services.



# **BIOMEDICAL WASTE MANAGEMENT**

- The main objective of this service is to keep the environment clean with the ultimate goal of reducing hospital associated infections, thereby decreasing the average length of stay of the patient.
- Proper management of the biomedical waste according to the statutory regulations is a mandatory legal obligation on the part of the hospital management.

## **Garbage and biomedical waste removal:**

Hospitals in India generate about 1.5-2 kg/waste/bed/day which has to be removed regularly from hospital premises. As per the statutory rules, BMW can be stored untreated for a maximum of 48hours, hence has to be removed within this period.

It is imperative that that the BMW is segregated into colour coded containers(yellow, blue, black and red) without any intermixing.

**Schedule 1. Categories of Bio-Medical Waste**

<b>Option</b>	<b>Treatment &amp; Disposal</b>	<b>Waste Category</b>
Cat. No. 1	Incineration /deepburial	Human Anatomical Waste (human tissues, organs; body parts)
Cat. No. 2	Incineration /deep burial	Animal Waste Animal tissues, organs, Body parts carcasses, bleeding parts, fluid, blood and experimental animals used in research, waste generated by veterinary hospitals / colleges, discharge from hospitals, animal houses)
Cat. No. 3	Local autoclaving/ micro waving/ incineration	Microbiology & Biotechnology waste (wastes from laboratory cultures, stocks or specimens of micro-organisms live or attenuated vaccines, human and animal cell culture used in research and infectious agents from research and industrial laboratories, wastes from production of biological, toxins, dishes and devices used for transfer of cultures) Waste Sharps
Cat. No. 4	Disinfections (chemical treatment /autoclaving/micro waving and mutilation shredding	(needles, syringes, scalpels blades, glass etc. that may cause puncture and cuts. This includes both used & unused sharps)
Cat. No. 5	Incineration/ destruction & drugs disposal in secured landfills	Discarded Medicines and Cytotoxic drugs (wastes comprising of outdated, contaminated and discarded medicines)
Cat. No. 6	Incineration , autoclaving/micro waving	Solid Waste (Items contaminated with blood and body fluids including cotton, dressings, soiled plaster casts, line beddings, other material contaminated with blood)
Cat. No. 7	Disinfections by chemical treatment autoclaving/micro waving& mutilation shredding.	Solid Waste (waste generated from disposable items other than the waste sharps such as tubing, catheters, intravenous sets etc.)
Cat. No. 8	Disinfections by chemical treatment and discharge into drain	Liquid Waste (waste generated from laboratory & washing, cleaning , house-keeping and disinfecting activities)
Cat. No. 9	Disposal in municipal landfill	Incineration Ash (ash from incineration of any bio-medical waste)
Cat. No. 10	Chemical treatment & discharge into drain for liquid & secured landfill for solids	Chemical Waste (chemicals used in production of biological, chemicals, used in disinfection, as insecticides, etc)

(Source- The Bio Medical Waste (Management and Handling) Rules, 1998)

## Segregation of Waste in color coded Bags

<b>YELLOW BAGS</b>	<b>RED BAGS</b>	<b>BLUE BAGS</b>	<b>BLACK CARBOY</b>
<b>Infectious waste, bandage s, gauzes, cotton or any other things in contact with body fluids, human body parts, placenta</b>	<b>Plastic waste such as catheters, injections, syringes, tubings i.v. bottles</b>	<b>All types of glass bottles and broken glass articles, outdated &amp; discarded medicines</b>	<b>Needles without syringes, blades, sharps and all metal articles</b>