

TRUST FACILITIES AND INFECTION PREVENTION AND CONTROL STRATEGIC CLEANING PLAN

This strategic plan sets out to provide information on:

-  responsibilities for cleaning within Trust teams
-  analysis of risk and apportionment of cleaning frequencies
-  desired outcomes from cleaning provision
-  process of monitoring and review
-  promoting adherence to best practice with regard to cleaning and providing a framework for monitoring practices in compliance with the Health and Social Care Act 2008 (updated 2015).

It is imperative that healthcare staff review cleanliness on an ongoing basis and ensure that specifications provided and implemented are appropriate based on location and type of service provision.

TRUST FACILITIES AND INFECTION PREVENTION AND CONTROL STRATEGIC CLEANING PLAN

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| Document Type | Trust Facilities and Infection Prevention and Control Guidelines. |
| Document Purpose | The overall aim of this plan is to provide a set expectation against which to review standards of cleaning and cleanliness and analyse compliance with these standards throughout Worcestershire Health and Care Trust. In addition to this the plan can also be used to provide guidance on expectations and requirements when healthcare services are provided in properties which are not owned/leased or serviced by the Trust. |
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Learning and Development

Worcestershire Health and Care NHS Trust recognises the importance of ensuring that its workforce has every opportunity to access relevant training. The Trust is committed to the provision of training and development opportunities that are in support of service needs and meet responsibilities for the provision of mandatory and statutory training.

All staff employed by the Trust are required to attend the mandatory and statutory training that is relevant to their role and to ensure they meet their own continuous professional development.

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All staff need to be clear about their specific responsibilities for cleaning (especially when in settings where health care is provided). Staff must be educated about the importance of standards of cleanliness for microbial contamination are minimised.

1. INTRODUCTION

Cleaning services within Trust properties or areas where Trust staff work from or are based, whether in hospital, health centre, neighbourhood clinic, in-patient or residential unit are being delivered and managed in a number of different ways whilst still enabling provision of clean, safe care. There is a combination, dependent upon site, of directly managed and externally contracted services. The use of this cleaning plan is also recommended when establishing cleaning provision in buildings not managed or cleaned by the Trust or in leased areas where Trust services may be provided. It is acknowledged that the age/ongoing maintenance of the building, environment, fixtures and fittings and nature of service provision differ greatly between all the sites and impose various constraints within each location.

PLACE (Patient Led Assessment of the Care Environment); local audits; National Specifications of Cleanliness and compliance with DH (2015) and Outcome 8 all support the importance of high cleaning standards and are utilised on an ongoing basis to ensure standards are maintained. The provision of a clean and safe environment for healthcare is a key priority within the Trust as well as being a foundation for infection prevention and control it is key in promoting patient, public and staff confidence (IPSOS MORI 2005).

2. AIM

This plan provides an update to the 2011 Strategic Cleaning Plan and acknowledges key changes linked to ease of access to items such as disposable curtains, enhanced use of privacy curtains and also pragmatism linked to ensuring that cleaning resources are focused on clinical and healthcare areas, with further variation in frequencies being based on risk. It sets out to support posters sited at entrances to Trust properties which detail agreed and approved cleaning frequencies to enhance awareness of those visiting a care setting. Poster content will automatically be reviewed upon adoption of this updated plan. Items which are the responsibility of healthcare staff are detailed in separate local cleaning schedules which sit outside of this guidance and these all remain current with reviews promoted if indicated linked to infection prevention and control audit frequency.

The overall aim of this plan is to provide a set expectation against which to review the basic requirements of the standards for cleaning and analyse compliance with these standards throughout Worcestershire Health and Care Trust properties. In addition to this, the plan can also be used to provide guidance of expectations and requirements when healthcare services are provided in properties which are not owned/leased or serviced by the Trust. Healthcare staff must continue to review cleanliness on an ongoing basis and ensure specifications provided are appropriate, based on risks and nature of the area.

From a Facilities perspective, it is recommended that all existing work schedules; method statements; service level agreements and service specifications are reviewed to ensure cleanliness can be provided in accordance with the NPSA (2007), further supported by PAS 5748 BSI (2014) which supersedes NHS Estates/DH (2004) and provides a risk based system for the planning, application and measurement of cleanliness that can be used in conjunction with the National Standards of Cleanliness.

3. BACKGROUND

The National Standards of Cleanliness were first published in 2001. They were outcome based and provided a comprehensive base for adoption by NHS establishments to ensure that appropriate standards of cleanliness are maintained. These standards formed part of the Process Assessment Framework (PAF) and were made applicable for all NHS Trusts. The setting and achieving of high standards were considered in relation to five key topics:

- Taking cleanliness seriously
- Listening to patients
- Infection Control
- Education and Development
- Monitoring

These standards recognise that cleanliness can be attained in a variety of ways and utilising a number of different processes. Consideration is therefore given in this plan to the frequency with which cleaning tasks are carried out, the techniques that are in use and the equipment, material and processes that are utilised. The overall aim is to improve the quality of health service provision by ensuring that all risks involved in cleaning are identified and managed in an appropriate manner, ensuring that cleanliness of the health care environment is provided and maintained, irrespective of the cleaning service provider arrangements in accordance now with requirements of NPSA (2009).

NHS organisations in England that provide regulated activities must be registered with the Care Quality Commission (CQC). They must meet requirements stipulated in the “Health and Social Care Act 2008” DH (2015) in order to be registered. Outcome 8 specifies requirements for cleanliness and infection prevention and control and most importantly contains guidance on the demonstration of compliance with the requirements for hygiene, cleanliness and infection prevention and control. In addition to this requirement, practitioners are also likely to find that the issues of cleanliness and infection prevention and control feature significantly in commissioning arrangements and local performance management mechanisms.

4. REQUIREMENTS OF THE STANDARD

It is imperative that healthcare staff and cleaning service providers have the same understanding of the standards and task requirements to ensure that they are working towards achieving and assessing the same cleanliness outcomes. Within the Trust standard outcomes detailed within this document are required as detailed in table 1.

All Trust healthcare facilities must pose minimal risk to users and present an environment that inspires public confidence. The standards categorise functional areas as to the varying level of risk they pose and subsequent cleaning frequencies required, this is further supported in PAS 5748. Also identified in the paragraphs below are proposed time frames for rectifying problems.

When assessing the level of risk that a functional area provides it is essential that adjoining areas are also considered and receive the appropriate level of cleaning for the highest risk area that they adjoin. This would include areas such as bathrooms, corridors, storerooms, lecture/meeting rooms, offices, TV rooms, sluice rooms, staff rooms, kitchen areas etc.

The Trust launched a “Time to Clean” initiative in 2013 (Appendix 1) which set out to identify low risk areas where cleaning times had the potential to be reduced without detriment to the care environment whilst still maintaining standards in compliance with PLACE, CQC and National Standards of Cleanliness requirements in clinical settings including wards, patient and healthcare areas. The reduction in cleaning time is based around reduction of office and staff only areas cleaning frequencies but excludes kitchen and toilet areas. Responsibilities for undertaking cleaning tasks have been reviewed and based on findings, centralised waste stations have been

implemented and where appropriate a reduction in cleaning frequencies by housekeeping teams has occurred.

To date, the “Time to Clean” project has been successful in maintaining and enhancing standards within healthcare areas whilst reducing costs across the Trust. It is anticipated that this project will eventually include all sites. Successful implementations have occurred in many Trust sites to date and further development of this project is planned for Trust sites.

The components of this plan should also be used when considering provision of Trust services in areas where the Trust is not responsible for cleaning including the provision of standardised outcome indicators in addition to detailing the recommended cleaning frequencies. Products and methods should also minimise any risks of cross contamination. Standards can be reviewed through audit programmes linked to National Standards of Cleanliness; PLACE requirements; Infection Prevention and Control and local review and intelligence gathering processes thus providing assurance that standards are appropriately maintained.

Very High Risk Functional Area

In the functional areas designated ‘**very high risk**’, the cleaning standards are of critical importance to patient care and the highest possible standard must be maintained. Outcomes must be achieved to the highest level of intensity and frequency of cleaning.

This includes areas where patients are considered to be at a high risk of infection and a frequent and responsive cleaning service is essential. Defined protocols and processes in addition to the outcomes need strict adherence. The type of functional areas that are within this category include operating theatres, critical care areas (or intensive care units), special care baby units, accident and emergency departments and other departments where significant invasive procedures are performed and patients are at a high risk of infection. Additional internal areas that should be considered include bathrooms, staff lounges, offices and any other areas that adjoin very high risk functional areas as these should receive the same intensive levels of cleaning.

High Risk Functional Areas

In the functional areas designated ‘**high risk**’, the required standards are of high importance. The outcome must be maintained by frequent scheduled cleaning, with a capacity to spot clean.

Functional areas that are classified with this level of risk includes general ward areas, dental clinics/surgeries, Minor Injuries Units (MIUs), sterile supplies, public thoroughfares and public toilets. Additional internal areas that should be considered include bathrooms, staff lounges, offices and any other areas that adjoin high risk functional areas as these should receive the same intensive levels of cleaning.

Significant Risk Functional Areas

In the functional areas designated ‘**significant risk**’, the required standards are important for both hygiene and aesthetic reasons. The outcome should be maintained through regular cleaning on a scheduled basis with a capacity to spot clean in between.

Functional areas that are classified with this level of risk include pathology, out-patients departments, day activity areas, rehabilitation areas, residential accommodation, kitchens, mortuaries, out patients’ clinics, x-ray departments, waiting rooms, cafeterias and public thoroughfares etc. Additional internal areas that should be considered include bathrooms, staff lounges, offices and any other areas that adjoin significant risk functional areas as these should receive the same intensive levels of cleaning.

Low Risk Functional Areas

In the functional areas designated '**low risk**', the required standards are important for aesthetic, and to a lesser extent, hygiene reasons. The outcome should be maintained through regular cleaning on a scheduled basis with a capacity to spot clean in between.

Functional areas that are classified with this level of risk include administrative areas, non sterile supply, record storage and archive areas. Additional internal areas that should be considered include bathrooms, staff lounges, offices and any other areas that adjoin low risk functional areas as these should receive the same intensive levels of cleaning.

Minimal Risk Functional Areas

In the functional areas designated '**minimal risk**', the required standards can be met in these areas through infrequent cleaning on a scheduled or project basis.

Functional areas that are classified with this level of risk include engineering workshops, plant rooms and external surrounds.

Time Frame for Rectifying Problems

The table below can be used to measure the importance of cleaning each element in any particular functional area, for example a toilet in an operating theatre and a toilet in a waiting room should be equally clean however the floor of a plant room requires less attention than the floor in a critical care area. Elements in every room should be assigned one of the three levels of priority below.

| Priority | Time frame for rectifying problems |
|--|--|
| A) CONSTANT – Cleaning critical (very high risk and high risk functional areas). | Immediately or as soon as practically possible. Where domestic/cleaning staff are not on duty this should be the responsibility of other ward or department personnel and these responsibilities must be clearly set out and understood. |
| B) FREQUENT – Cleaning important and requires maintaining (significant risk functional areas). | 0 – 3 hours in patient areas (to be rectified by daily scheduled cleaning service for non patient areas). |
| C) REGULAR – On a less frequent scheduled basis and as required between cleans (low risk functional areas). | 0 - 48 hours. |

5. ELEMENTS OF CLEANLINESS

The 14 elements that the National Standards of Cleanliness (2001) listed have been enhanced by the DoH/NHS Estates (2004) and then gave a total of 49 elements, this was then further increased, based on NPSA (2007) and NPSA (2010) guidance on cleaning schedules for various healthcare settings. The more recent relating to Primary Medical Care can increase the number of elements to 54. PAS 5748 details 50 elements however these also differ. Based on the many variations of guidance, the list below, sets out to provide as complete as possible a list which is relevant to the provision of Trust services and includes elements from each of the aforementioned documents.

Where possible, elements have been split into sections to enable various cleaning specifications of different aspects of the element e.g. interior/exterior. Table 1 provides an overview of the elements and required outcomes and the recommended cleaning methodology to attain this is as detailed in NPSA (2009).

Table 1: A Summary of Elements and Requirements

| Environment | Requirement |
|---|---|
| 1. Overall appearance | <ul style="list-style-type: none"> • The area appears tidy and uncluttered. • Floor space is clear, only occupied by furniture and fittings designed to sit on the floor. • Furniture is maintained in a fashion, which allows for cleaning. • Fire access and exit doors are left clear and unhindered. • Any presence of blood or body fluids is unacceptable. |
| 2. Odour Control | <ul style="list-style-type: none"> • The area smells fresh. • There is no unpleasant or distasteful odour. • Room deodorisers are clean and functional. |
| Patient Equipment | Requirement |
| Patient Equipment | <ul style="list-style-type: none"> • Equipment is free from soil, smudges, dust, fingerprints, grease and spillages and is visibly clean. • Equipment is free from blood and body substances. • Equipment is free of tapes/plastic, etc., which may compromise cleaning. • Equipment legs, wheels and castors are free from mop strings, soil, film, dust and cobwebs. • Equipment has no unpleasant or distasteful odour. |
| 3. Commodes, weighing scales, manual handling equipment, bathroom hoists, bed pans, macerator/bed pan washer, wheelchairs | <ul style="list-style-type: none"> • All parts, including underneath, should be visibly clean, with no blood or body substances, dust, dirt, debris and spillages. |
| 4. Medical equipment including intravenous infusion pumps, drip stands, pulse oximeters and, resus trolley (<i>When not connected to a patient</i>) | <ul style="list-style-type: none"> • All parts, including underneath, should be visibly clean, with no blood or body substances, dust, dirt, debris and spillages. |
| 5. Medical equipment including intravenous infusion pumps, drip stands and pulse oximeter (<i>When connected to a patient</i>) | <ul style="list-style-type: none"> • All parts, including underneath, should be visibly clean, with no blood or body substances, dust, dirt, debris and spillages. |
| 6. Patient washbowls | <ul style="list-style-type: none"> • All parts, including underneath, should be visibly clean, with no blood or body substances, dust, dirt, debris and spillages. • Patient washbowls should be decontaminated appropriately between patients and should be stored clean, dry and inverted. • Badly scratched bowls should be replaced. |
| 7. Bedside oxygen and suction connectors, earpiece for bedside entertainment system | <ul style="list-style-type: none"> • All parts, including underneath, should be visibly clean, with no blood or body substances, dust, dirt, debris and spillages. |
| 8. Patient fans – blades must always be checked and visibly clean prior to use | <ul style="list-style-type: none"> • All parts, including the blades/fins and the underside, should be visibly clean, with no blood or body substances, dust, dirt, debris and spillages. |
| 9. Bedside alcohol hand-wash container, call bell, clip-boards and notice boards | <ul style="list-style-type: none"> • All parts, including holder of the bedside alcohol hand wash container, should be visibly clean, with no blood or body substances, dust, dirt, debris and spillages. Hand wash dispensers should be free of product build-up around the nozzle. Splashes on the wall, floor, bed or furniture should not be present. |
| 10. Notes and drugs trolley and clinical work stations | <ul style="list-style-type: none"> • All parts, including underneath and inside of the notes trolley, should be visibly clean, with no blood or body substances, dust, dirt, debris and spillages. |
| 11. Patient personal items e.g. cards, suitcases, flower vases and personal use items e.g. soft toys and games consoles – if not patient property | <ul style="list-style-type: none"> • All parts of the items should be visibly clean, with no blood or body substances, dust, dirt, debris and spillages. • Loose items such as clothing, should be stored away either in the locker or bag. |
| 12. Toys - waiting areas and consulting rooms | <ul style="list-style-type: none"> • All parts, including underneath, should be visibly clean, with no blood or body substances, dust, dirt, debris and spillages. |
| <i>Local agreements must make clear who has responsibility for cleaning patient equipment, especially when stained with body fluids.</i> | |

| Element | Requirement |
|--|---|
| 13. Linen trolley | <ul style="list-style-type: none"> All parts, including underneath, should be visibly clean, with no blood or body substances, dust, dirt, debris and spillages. |
| Building | Requirement |
| External features, fire exits and stairwells | <ul style="list-style-type: none"> Landings, ramps, stairwells, fire exits, steps, entrances, porches, patios, balconies, eaves, external light fittings are free of dust, grit, dirt, chewing gum, leaves, cobwebs, rubbish, cigarette butts and bird excreta. Hand rails are clean and free of stains. Garden furniture is clean and operational. |
| 14. Entrance/Exit | <ul style="list-style-type: none"> All entrance/exit areas (including fire exits) should be visibly clean, with no blood or body substances, dust, dirt, debris and spillages. |
| 15. Stairs (internal and external) | <ul style="list-style-type: none"> The complete stair environment (including the treads and banisters) should be visibly clean, with no blood or body substances, dust, dirt, debris and spillages. |
| 16. External areas | <ul style="list-style-type: none"> The complete external areas and fixtures should be visibly clean with no blood or body substances, dust, dirt, debris and spillages. |
| Electrical fixtures and appliances | <ul style="list-style-type: none"> Electrical fixtures and appliances are free of grease, dirt, dust, deposits, marks, stains and cobwebs. Electrical fixtures and appliances are kept free from signs of use or non-use. Hygiene standards are satisfied where the fixture or appliance is used in food preparation. Motor vents, etc. are clean and free of dust and lint. Drinking fountains are clean and free of stains, mineral build-up and litter. Insect-killing devices are free of dead insects, and are clean and functional. |
| 17. Switches, sockets and data points and cord pulls | <ul style="list-style-type: none"> All wall fixtures such as switches, sockets or data points should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape and spillages. |
| 18. Telephones, faxes, computers and keyboard, printer stand, printer, photocopier | <ul style="list-style-type: none"> All appliances should be visibly clean with no blood or body substances, dust, debris, deposits, marks, stains, adhesive tape or spillages. |
| Walls, skirtings and ceilings | <ul style="list-style-type: none"> Internal and external walls and ceilings are free of dust, grit, lint, soil, film and cobwebs. Walls and ceilings are free of marks caused by furniture, equipment or staff. Light switches are free of fingerprints, scuffs and any other marks. Light fittings are free of dust, grit, lint and cobwebs. Polished surfaces are of a uniform lustre. |
| 19. Walls, skirting and bumper boards | <ul style="list-style-type: none"> All wall surfaces (including skirting) should be visibly clean, with no blood or body substances, dust, dirt, debris, adhesive tape and spillages. |
| 20. Ceiling | <ul style="list-style-type: none"> All ceiling surfaces should be visibly clean, with no blood or body substances, dust, dirt, debris and spillages. |
| Doors | <ul style="list-style-type: none"> Internal and external doors and doorframes are free of dust, grit, lint, chewing gum, soil, film, fingerprints and cobwebs. Door tracks and jambs are free of grit and other debris. Doors and doorframes are free of marks caused by furniture, equipment or staff. Air vents, grilles and other ventilation outlets are kept unblocked and free of dust, grit, soil, film, cobwebs, scuffs, and any other marks. Polished surfaces are of a uniform lustre. |
| 21. Doors and all parts of structure | <ul style="list-style-type: none"> All parts of the door structure should be visibly clean so that all door surfaces, vents, frames and jambs have no blood or body substances, dust, dirt, debris, adhesive tape and spillages. |
| Windows | <ul style="list-style-type: none"> External and internal surfaces of glass are clear of all streaks, chewing gum, spots and marks, including fingerprint and smudges. Window frames, tracks and ledges are clear and free of dust, grit, marks and spots. |
| 22a. All glazing, including partitions and vision glass b. All external glazing | <ul style="list-style-type: none"> All internal glazed surfaces should be visibly clean and smear free with no blood or body substances, dust, dirt, debris, adhesive tape and spillages. External surfaces of glass are clear of all streaks, chewing gum, sport and marks, including finger prints and smudges. |
| <i>Local agreements must make clear who has responsibility for cleaning patient equipment, especially when stained with body fluids.</i> | |

| Element | Requirement |
|---|---|
| 23a. Roof light Interiors b. Roof light exteriors | <ul style="list-style-type: none"> All internal glazed surfaces should be visibly clean and smear free with no blood or body substances, dust, dirt, debris, adhesive tape and spillages. All surfaces should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape and spillages. Exteriors to be assessed by Facilities, dependent upon need and risk but should appear visibly clean and intact. |
| 24. Mirrors | <ul style="list-style-type: none"> Mirrors should be visibly clean and smear free with no blood or body substances, dust, dirt, debris, adhesive tape and spillages. |
| 25. Light Fittings including overhead, bedside, wall mounted and free standing | <ul style="list-style-type: none"> Light fittings should be visibly clean with no blood or body substances, dust, dirt, debris, or adhesive tape. |
| 26. Bedside patient TV/waiting area touch screens | <ul style="list-style-type: none"> All parts of the bedside patient TV/touch screen system should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape and stains. |
| 27. Radiators | <ul style="list-style-type: none"> All parts of the radiator (including between panels) should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape and spillages. |
| Ducts, grills and vents | <ul style="list-style-type: none"> All ventilation outlets are kept unblocked and free of dust, grit, chewing gum, soil, film, cobwebs, scuffs and any other marks. All ventilation outlets are kept clear and uncluttered following cleaning. |
| 28. Ventilation grilles extract and inlets | <ul style="list-style-type: none"> The external part of the ventilation grille should be visibly clean with no blood or body substances, dust, dirt, debris and cobwebs. |
| Hard Floors | <ul style="list-style-type: none"> The floor is free of dust, grit, litter, chewing gum, marks and spots, water or other liquids. The floor is free of polish or other build-up at the edges and corners or in traffic lanes. The floor is free of spots, scuffs or scratches on traffic lanes, around furniture and at pivot points. Inaccessible areas (edges, corners and around furniture) are free of dust, grit, lint and spots. Polished or buffed floors are of a uniform lustre. Appropriate signage and precautions are taken regarding pedestrian safety on newly cleaned or wet floors. |
| 29. Floor - polished | <ul style="list-style-type: none"> The complete floor, including all edges, corners and main floor spaces, should have a uniform shine and be visibly clean with no blood or body substances, dust, dirt, debris, spillages and scuff marks. |
| 30. Floor – non-slip | <ul style="list-style-type: none"> The complete floor, including all edges, corners and main floor spaces, should have a uniform shine and be visibly clean with no blood or body substances, dust, dirt, debris, spillages. |
| Soft Floors | <ul style="list-style-type: none"> The floor is free of dust, grit, litter, chewing gum, marks and spots, water or other liquids. The floor is free of stains, spots, scuffs or scratches on traffic lanes, around furniture and at pivot points. Inaccessible areas (edges, corners and around furniture) are free of dust, grit, lint and spots. Carpets are of an even appearance without flattened pile. After deep cleaning, there is no shrinkage, colour loss or embrittlement of fibres. |
| 31. Soft floor | <ul style="list-style-type: none"> The complete floor, including all edges and corners, should be visibly clean with no blood or body substances, dust, dirt, debris and spillages. Floors should have a uniform appearance and an even colour with no stains or watermarks. |
| Electrical fixtures and appliances | <ul style="list-style-type: none"> Electrical fixtures and appliances are free of grease, dirt, dust, deposits, marks, stains and cobwebs. Electrical fixtures and appliances are kept free from signs of use or non-use. Hygiene standards are satisfied where the fixture or appliance is used in food preparation. Motor vents etc., are clean and free of dust and lint. Drinking fountains are clean and free of stains, mineral build-up and litter. Insect-killing devices are free of dead insects and are clean and functional. |
| <p><i>Local agreements must make clear who has responsibility for cleaning patient equipment, especially when stained with body fluids.</i></p> | |

| Element | Requirement |
|--|---|
| 32. Pest control devices | <ul style="list-style-type: none"> The pest control device should be free from dead insects, animals or birds and visibly clean. |
| 33. Electrical items | <ul style="list-style-type: none"> The casing of any electrical item should be visibly clean with no blood or body substances, dust, dirt, debris, or adhesive tape. |
| 34. Cleaning equipment | <ul style="list-style-type: none"> The cleaning equipment should be visibly clean with no blood or body substances, dust, dirt, debris or moisture. |
| Furnishing and fixtures | <ul style="list-style-type: none"> Hard surface furniture is free of spots, soil, film, dust, fingerprints and spillage. Soft furnishings are free from stains, soil, film and dust. Furniture legs, wheels and castors are free from mop strings, soil, film, dust and cobwebs. Inaccessible areas (edges, corners, folds and crevices) are free of dust, grit, lint and spots. All high surfaces are free from dust and cobwebs. Curtains, blinds and drapes are free from stains, dust, cobwebs, lint and signs of use or non-use. Equipment is free of tapes/plastic, etc., which may compromise cleaning. Furniture has no unpleasant or distasteful odour. Shelves, bench tops, cupboards and wardrobes/lockers are clean inside and out and free of dust and litter. Waste/rubbish bins or containers are clean inside and out, free of stains and mechanically intact. Fire extinguishers and fire alarms are free from dust, grit, dirt and cobwebs, and mechanically intact. All decorative plants are free of dust and debris. |
| 35. Cleaner's cupboard/trolley | <ul style="list-style-type: none"> Fixtures, surfaces and appliances are free of grease, dirt, dust, deposits, marks, stains and cobwebs. Inaccessible areas (edges, corner, folds and crevices) are free of dust, grit, lint and spots. Equipment is free of tapes/plastics etc. which may compromise cleaning and there is no unpleasant or distasteful odour. Consumables are stored appropriately at an adequate level to enable replenishment and are protected from frost contamination. Plumbing fixtures are free of smudges, dust, soap build up and mineral deposit. Protocols to prevent and control infection are evident. |
| 36. Low surfaces | <ul style="list-style-type: none"> All surfaces should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape and spillages. |
| 37. High Surfaces, picture frames, curtain rails, top of vending machines | <ul style="list-style-type: none"> All surfaces should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape and spillages. |
| 38. Chairs, dining, easy, settees | <ul style="list-style-type: none"> All parts of the furniture should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape, stains and spillages. |
| 39. Beds including frame | <ul style="list-style-type: none"> All parts of the bed, including mattress, bed frame and wheels/castors, should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape and spillages. |
| 40. Lockers, wardrobes, drawers | <ul style="list-style-type: none"> All parts of the locker, including wheels/castors and the inside, should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape and spillages. |
| 41. Tables including legs, feet and underside | <ul style="list-style-type: none"> All parts of the table, including wheels/castors and underneath, should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape and spillages visibly present. |
| 42. All dispensers and holders e.g. soap/alcohol/paper towels and toilet brush | <ul style="list-style-type: none"> All part of the surfaces of hand soap, paper towel and toilet tissue dispensers/holders should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape and spillages. |
| 43. Waste receptacles, waste bins, sani bins | <ul style="list-style-type: none"> The waste receptacle, including lid and pedal, should be visibly clean with no blood or body substances, dust, dirt, debris, stains and spillages and food debris. |
| 44. Curtains, blinds and screens | <ul style="list-style-type: none"> Curtains and blinds should be visibly clean with no blood or body substances, dust, dirt, debris, stains and spillages visibly present. |
| <i>Local agreements must make clear who has responsibility for cleaning patient equipment, especially when stained with body fluids.</i> | |

| Element | Requirement |
|--|---|
| Kitchen fixtures and appliances | <ul style="list-style-type: none"> • Fixtures, surfaces and appliances are free of grease, dirt, dust, deposits, marks, stains and cobwebs. • Electrical and cooking fixtures and appliances are kept free from signs of use or non-use. • Cooker hoods (interior and exterior) and filters are free of grease and dirt on inner and outer surfaces. • When cleaning food preparation areas, fixtures or appliances, the requirements of the Chartered Institute of Environmental Health or the Royal Institute of Public Health and Hygiene, as appropriate, must be satisfied. • Motor vents etc. are clean and free of debris, dust, grease or ice build-up. |
| 45. Dishwasher | <ul style="list-style-type: none"> • Dishwashers should be visibly clean with no blood or body substances, dust, dirt, debris, stains and spillages and food debris. |
| 46. Fridge and/or freezer | <ul style="list-style-type: none"> • The fridge and/or freezer should be visibly clean with no blood or body substances, dust, dirt, debris and spillages, food debris and built up of ice. |
| 47. Ice machine and/or hot water boiler and/or water dispensers TRUST STANDARD EQUATES TO APPROPRIATELY LOCATED MAINS FED DISPENSERS. PRIOR TO SITING DISPENSERS DISCUSSION MUST OCCUR WITH FACILITIES. | <ul style="list-style-type: none"> • The ice machine and/or hot water boiler should be visibly clean with no blood or body substances, dust, dirt, debris and spillages. • Electrical fixtures and appliances are free of grease, dirt, dust, deposits, marks, stains and cobwebs. • Electrical fixtures and appliances are kept free from signs of use or non-use. • Hygiene standards are satisfied. • Motor vents, etc., are clean and free of dust and lint. • Drinking fountains/water dispensers are clean and free of stains, mineral build-up and litter. |
| 48. Kitchen cupboards | <ul style="list-style-type: none"> • The kitchen cupboards should be visibly clean with no blood or body substances, dust, dirt, debris, stains and spillages and food debris. |
| 49. Microwave/cooker | <ul style="list-style-type: none"> • All microwave surfaces should be visibly clean with no spillages and food debris. |
| 50. Kitchen trolleys | <ul style="list-style-type: none"> • All parts of the trolley, including wheels/castors and underneath should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape or spillages. |
| Toilets and bathroom fixtures | <ul style="list-style-type: none"> • Porcelain, cubicle rails and plastic surfaces are free from smudges, smears, body fluids, soap build-up and mineral deposits. • Metal surfaces, shower screens and mirrors are free from streaks, soil, smudges, soap build-up and oxide deposits. • Wall tiles and wall fixtures (including soap dispensers and towel holders) are free of dust, grit, smudges/streaks, mould, soap build-up and mineral deposits. • Shower curtains and bath mats are free from stains, smudges, smears, odours, mould and body fluids. • Plumbing fixtures are free of smudges, dust, soap build-up and mineral deposit. • Bathroom fixtures are free from unpleasant or distasteful odours. • Polished surfaces are of a uniform lustre. • Sanitary disposal units are clean and functional. • Consumable items are in sufficient supply. |
| 51a. Shower and showerhead b. Shower Curtain | <ul style="list-style-type: none"> • The shower and equipment such as wall-attached shower chairs, should be visibly clean with no blood or body substances, scum, dust, lime scale, stains, deposit and smears. • Shower curtains are free from stains, smudges, smears, odours, mould and body fluids. |
| 52. Toilets/raised seats and bidet | <ul style="list-style-type: none"> • The toilet and bidet should be visibly clean with no blood or body substances, scum, dust, lime scale, stains, deposit and smears. |
| 53. Replenishment | <ul style="list-style-type: none"> • There should be plenty of all consumables such as soap available. |
| 54. Sinks including taps | <ul style="list-style-type: none"> • The sink and items such as wall-attached dispensers, should be visibly clean with no blood or body substances, dust, dirt, debris, lime scale, stains and spillages. Plugholes, traps and overflows should be free from build-up. |
| 55. Bath | <ul style="list-style-type: none"> • The bath should be visibly clean with no blood or body substances, dust, dirt, debris, lime scale, stains and spillages. Plugholes and overflow should be free from build-up. |
| <i>Local agreements must make clear who has responsibility for cleaning patient equipment, especially when stained with body fluids.</i> | |

The subsequent table details all the above elements and lists cleaning frequencies in relation to risks posed by functional areas and suggested responsibilities which may vary from building to building.

Table 2: A Table to Show Frequency and Responsibilities for each Cleaning Element

| Suggestions in table do not replace manufacturers' guidance which should be checked and adhered to for cleaning specifications that relate to specific products | | | | | |
|---|--|--|--|----------|----------------|
| Element | Minimum Cleaning Frequency | | | | Responsibility |
| | Very High Risk | High Risk | Significant Risk | Low Risk | |
| 1. Overall appearance | N/A | N/A | N/A | N/A | |
| 2. Odour control | N/A | N/A | N/A | N/A | |
| 3. Commodes, weighing scales, manual handling equipment and bathroom hoists, bed pan, bed pan macerator/washer, wheelchairs | 1 full clean per day and clean after each use | 1 full clean per day and clean after each use | 1 full clean per day and clean after each use | N/A | |
| 4. Medical equipment e.g. intravenous infusion pumps, drip stand, pulse oximeters, resus trolley etc. WHEN NOT CONNECTED TO A PATIENT | 1 full clean daily and between patient use | 1 full clean daily and between patient use | 1 full clean daily and between patient use | N/A | |
| 5. Medical equipment e.g. intravenous infusion pumps, drip stand, pulse oximeters, resus trolley, etc. WHEN CONNECTED TO A PATIENT | 1 full clean daily and between patient use | 1 full clean daily and between patient use | 1 full clean daily and between patient use | N/A | |
| 6. Patient washbowls | 1 full clean daily and between patient use | 1 full clean daily and between patient use | 1 full clean daily and between patient use | N/A | |
| 7. Bedside oxygen and suction connectors, earpiece for bedside entertainment system | 1 full clean daily and between patient use | 1 full clean daily and between patient use | 1 full clean daily and between patient use | N/A | |
| 8. Patient fans - Blades must always be checked and visibly clean prior to use | 1 full clean per day and between patient use | 1 full clean per day and between patient use | 1 full clean per day | N/A | |
| | Blades 1 full clean weekly | Blades 1 full clean twice a year | Blades 1 full clean twice a year | | |
| 9. Bedside alcohol hand gel container, clipboards, call bell and notice boards | 1 full clean daily and between patient use | 1 full clean daily and between patient use | 1 full clean daily and between patient use | N/A | |
| 10. Notes, drugs trolley and clinical work stations | 1 full clean weekly, clinical staff daily check clean | 1 full clean weekly, clinical staff daily check clean | 1 full clean weekly, clinical staff daily check clean | N/A | |
| 11. Patient personal items e.g. cards, suitcase, flower vase and personal use items e.g. soft toys and games consoles | 1 full clean daily and between patient use if not patient's property | 1 full clean daily and between patient use if not patient's property | 1 full clean daily and between patient use if not patient's property | N/A | |

| Element | Minimum Cleaning Frequency | | | | Responsibility |
|--|---|---|---|---|----------------|
| | Very High Risk | High Risk | Significant Risk | Low Risk | |
| 12. Toys - waiting areas and consulting rooms | Check clean daily/after use and full clean monthly | Check clean daily/after use and full clean monthly | Check clean daily/after use and full clean monthly | Check clean daily/after use and full clean monthly | |
| 13. Linen trolley | Contact points daily 1 full clean weekly | Contact points daily 1 full clean weekly | Contact points daily 1 full clean weekly | N/A | |
| 14. Entrance/Exit | Dust removal, 1 full clean and 1 check clean daily Wet mop, 1 full clean and 1 check clean daily Machine clean weekly | Dust removal, 1 full clean and 1 check clean daily Wet mop, 1 full clean and 1 check clean daily Machine clean weekly | Dust removal, 1 full clean and 1 check clean daily Wet mop, 1 full clean and 1 check clean daily Machine clean weekly | N/A | |
| 15. Stairs (internal and external) | Dust removal, 1 full clean and 1 check clean daily Wet mop, 1 full clean and 1 check clean daily Machine clean weekly | Dust removal, 1 full clean and 1 check clean daily Wet mop, 1 full clean and 1 check clean daily Machine clean weekly | Dust removal, 1 full clean and 1 check clean daily Wet mop, 1 full clean and 1 check clean daily Machine clean weekly | N/A | |
| 16. External areas: a) Routine upkeep b) Specialist deep clean | 1 full clean daily Twice a year deep clean of external areas | 1 full clean daily Twice a year deep clean of external areas | 1 full clean daily N/A | N/A | |
| 17. Switches, sockets and data points and cord pulls (WIPE CLEAN PROMOTED) | 1 full clean daily | 1 full clean daily | 1 full clean daily | N/A | |
| 18. Telephones, faxes, computers, keyboard, mouse, printer stand and photocopier | 1 full clean daily 2 check cleans daily | 1 full clean daily 1 check clean daily | 1 full clean daily | Time to clean promotes user responsibility for this. | |
| 19. Walls, skirting and bumper boards | Check clean daily Dust weekly Washing yearly | Check clean daily Dust weekly Washing yearly | Check clean weekly Dust monthly Washing yearly | Check clean weekly if required If indicated by weekly check clean. | |
| 20. Ceiling | 1 full clean monthly (dust only) | 1 full clean monthly (dust only) | 1 full clean monthly (dust only) | 1 check dust monthly | |
| Daily check clean to occur - Ceilings in all areas should be cleaned immediately if soiled | | | | | |
| 21. All doors and all parts of structure | 1 full clean daily | 1 full clean daily | 1 full clean daily | 1 full clean weekly | |
| 22a. *All internal glazing including windows, partitions, vision glass | 1 full clean daily | 1 check clean daily 1 full clean twice a year | 1 check clean daily 1 full clean twice a year | 1 full clean once a year | |
| 22b. *All external glazing | 1 full clean 3 times a year | 1 full clean twice a year | 1 full clean twice a year | 1 full clean once a year | |

NOTE 22 All in-patient areas will have the external windows cleaned twice a year. Non in-patient areas will be cleaned annually.

| Element | Minimum Cleaning Frequency | | | | Responsibility |
|---|---|--|---|--|----------------|
| | Very High Risk | High Risk | Significant Risk | Low Risk | |
| 23a. Roof light interiors | 2 full cleans weekly as per high level cleaning requirements | 1 full clean weekly and 1 check clean weekly as per high level cleaning requirements | 1 full clean weekly as per high level cleaning requirements | 1 check clean monthly as per high level cleaning requirements | |
| 23b. Roof light exteriors | | | | | |
| | Frequency to be assessed by Facilities on individual requirements and following risk assessment | | | | |
| 24. Mirrors | 1 full clean daily | 1 full clean daily | 1 full clean daily | 1 check clean weekly unless in toilet/kitchen setting where will be 1 full clean daily | |
| 25. Light fittings, including overhead, bedside, wall mounted and free standing | 1 check clean weekly and 1 full clean monthly | 1 check clean weekly and 1 full clean monthly | 1 check clean weekly and 1 full clean monthly | 1 full clean monthly | |
| 26. Bedside patient TV/Waiting area touch screens | 1 full clean daily | 1 full clean daily | 1 full clean daily | N/A | |
| 27.a. Radiators: a. exterior b. Interiors to be assessed by Facilities, dependent upon style of radiators and risk in area | 1 check clean daily | 1 check clean daily | 1 check clean daily | 1 full clean monthly | |
| 28. Ventilation grilles extract and inlets and radiator interiors | 1 full clean weekly | 1 check clean weekly | 1 check clean monthly | 1 check clean monthly | |
| 29. Floor – polished | 1 full clean daily and 1 check clean daily | 1 full clean daily and 1 check clean daily | 1 full clean daily | 1 full clean weekly and 1 check clean weekly | |
| | Machine clean weekly | Machine clean weekly | Machine clean monthly | Machine clean quarterly | |
| | Strip and reseal yearly | Strip and reseal yearly | Strip and reseal yearly | Strip and reseal as required | |
| 30. Floor – non slip | 1 full clean daily and 1 check clean daily | 1 full clean daily and 1 check clean daily | 1 full clean daily | 1 full clean weekly and 1 check clean weekly | |
| 31. Soft floor | 1 full clean daily and 1 check clean daily | 1 full clean daily and 1 check clean daily | 1 full clean daily | 1 full clean weekly and 1 check clean weekly | |
| | Shampoo 6 monthly and as necessary in between | Shampoo 6 monthly and as necessary in between | Shampoo 12 monthly | Shampoo as required | |
| 32. Pest control devices | Dust removal daily | Dust removal daily | Dust removal daily | Not Applicable | |
| | Full clean monthly | Full clean monthly | Full clean monthly | | |

| Element | Minimum Cleaning Frequency | | | | Responsibility |
|--|---|--|--|---|----------------|
| | Very High Risk | High Risk | Significant Risk | Low Risk | |
| 33. Electrical items | Dust removal 1 full clean daily | Dust removal 1 full clean daily | Dust removal 1 full clean daily | Check clean weekly | |
| | Full clean monthly | Full clean monthly | Full clean monthly | Full clean quarterly | |
| 34. Cleaning equipment | Full clean after each use | Full clean after each use | Full clean after each use | Full clean after each use | |
| 35. Cleaners cupboard/trolley | Daily check clean and 1 full clean weekly | Daily check clean and 1 full clean weekly | Daily check clean and 1 full clean weekly | Daily check clean and 1 full clean weekly | |
| 36. Low surfaces | 2 full cleans daily | 1 full clean daily and 1 check clean daily | 1 full clean daily | 1 full clean weekly | |
| 37. High surfaces, picture frames, curtain rails, top of vending machines | 2 full cleans weekly | 1 full clean weekly and 1 check clean weekly | 1 full clean weekly | 1 full clean weekly | |
| 38. Chairs - dining, easy and settee | 1 full clean daily and 1 check clean daily | 1 full clean daily and 1 check clean daily | 1 full clean daily | 1 full clean weekly | |
| 39. Beds, including frame | Frame daily | Frame daily | Frame daily | N/A | |
| | Under weekly | Under weekly | Under weekly | | |
| | Whole on discharge | Whole on discharge | Whole on discharge | | |
| 40. Lockers, wardrobes, drawers | 2 full cleans daily | 1 full clean daily and 1 check clean daily | 1 full clean daily | N/A | |
| 41. Tables, legs and feet and underneath | 2 full cleans daily | 1 full clean daily and 1 check clean daily | 1 full clean daily | 1 full clean weekly | |
| 42. Aspects of all dispensers, holders and drip trays (soap, gel, moisturiser, paper towel) toilet brush | 1 full clean daily | 1 full clean daily | 1 full clean daily | N/A | |
| 43. Waste receptacles (bins) – external, internal, lid, pedal, inside and base | 1 full clean daily and 1 check clean daily | 1 full clean daily and 1 check clean daily | 1 full clean daily | 1 daily check clean | |
| | 1 deep clean weekly | 1 deep clean weekly | 1 deep clean weekly | 1 deep clean weekly | |
| 44.a) Curtains, blinds and screens and bed curtains (NOT INCLUSIVE OF PRIVACY CURTAINS) b) Privacy Curtains | 1 check clean daily and clean, change or replace annually or as indicated | 1 check clean daily and clean, change or replace annually | 1 check clean daily and clean, change or replace annually | N/A | |
| | 1 check clean daily and clean, change or replace monthly or as indicated | 1 check clean daily and clean, change or replace monthly or as indicated | 1 check clean daily and clean, change or replace monthly or as indicated | NA | |
| 45. Dishwasher | 1 full and 1 check clean daily | 1 full and 1 check clean daily | 1 full clean daily | 1 check clean daily and 1 full clean weekly | |

| Element | Minimum Cleaning Frequency | | | | Responsibility |
|---|--|--|--|--|----------------|
| | Very High Risk | High Risk | Significant Risk | Low Risk | |
| 46. Fridge and Freezer | 1 check clean daily | 1 check cleans daily | 1 check cleans daily | 1 check clean daily | |
| | 1 full clean weekly (remove all contents to clean) | 1 full clean weekly (remove all contents to clean) | 1 full clean weekly (remove all contents to clean) | 1 full clean monthly (remove all contents to clean) | |
| | Defrost freezer monthly | Defrost freezer monthly | Defrost freezer monthly | Defrost freezer monthly | |
| 47. Ice maker, hot water boiler, water fountain/dispenser | Daily check clean | Daily check clean | Daily check clean | N/A | |
| | 1 full clean weekly | 1 full clean weekly | 1 full clean weekly | | |
| 48. Kitchen cupboards | Daily check clean 1 full clean weekly | Daily check clean 1 full clean weekly | Daily check clean 1 full clean monthly | Daily check clean 1 full clean quarterly | |
| 49. Microwave/Cooker | 1 full clean daily and 1 check clean daily | 1 full clean daily and 1 check clean daily | 1 full clean daily | Microwave user responsible, daily check clean full clean weekly | |
| 50. Kitchen trolleys | After each use and check clean prior to use | After each use and check clean prior to use | After each use and check clean prior to use | After each use and check clean prior to use | |
| 51a. Shower and showerhead | 1 full clean daily and 1 check clean daily | 1 full clean daily and 1 check clean daily | 1 full clean daily | 1 full clean daily | |
| b. Shower curtains | Check clean daily/clean and replace when visibly soiled or if in single room on change of occupant. For privacy curtains within toilet areas the same standard applies with routine change occurring on a minimum of a monthly basis, on change of occupant or on soiling. | | | | |
| 52. Toilets, raised toilet seats and bidet | 1 full clean daily and 1 check clean daily | 1 full clean daily and 2 check cleans daily | 1 full clean daily | 1 full clean daily | |
| 53. Replenishment | 2 times daily | 2 times daily | 2 times daily | 1 time daily | |
| 54. Sinks, including taps | 1 full clean daily and 1 check clean daily | 1 full cleans daily and 2 check clean daily | 1 full clean daily | 1 full clean daily | |
| 55. Bath | 1 full clean daily and 1 check clean daily Nursing staff to ensure bath is cleaned between each patient use | 1 full clean daily and 1 check clean daily Nursing staff to ensure bath is cleaned between each patient use | 1 full clean daily Nursing staff to ensure bath is cleaned between each patient use | 1 full clean daily Nursing staff to ensure bath is cleaned between each patient use | |

It is anticipated that for each area; managers will identify who is responsible for provision of cleaning services for each element included in the above table, establishing frequencies if required and also shared responsibilities which may exist due to nature of element or type of service provision.

Responsibility Key: C Cleaning Staff N Nursing Staff M Manager or designated person within area E Estates

Please note it is the manager of the area's responsibility to report any problems/deficits. With the advent of ward housekeepers it is recognised that responsibilities for various elements may change. It is essential, however, that all elements are considered and included in cleaning schedules for the area.
(This may alter dependent on each area/premises.)

6. PRODUCTS

Cleaning products adopted by the Trust and used by Trust staff have been standardised with products taken from the Diversey range, including Diversey Taski products, a full standardised list of products is held by Facilities and will also include disinfectants for terminal cleans in addition to the standard product range. Exceptions to this relate to cleaning staff who are not directly employed by the Health and Care Trust. This group of staff could be using alternative suppliers for their cleaning products but appropriate outcome specification and product safety data must be evidenced.

Diversey products follow a colour coding system. This enables each area to have its own uniquely identified products based upon the level of risk and cleaning needs of the area. These colours are the same as the colour coding system adopted by the Trust as recommended by the NPSA (2009). This dictates the use of:

- red products (cloths, bottle colour etc.) for bathroom areas
- green for kitchens
- blue for general
- yellow for isolation areas or in some instances treatment settings
- mops for use by clinical staff for use when dealing with spillages will be labelled separately and will not form part of this colour coding scheme, wherever possible they will be disposable.

Trust staff are made aware of the colour coding system during mandatory induction and update training in infection prevention and control and to minimise confusion all housekeeping rooms display a colour coding poster to promote awareness, this is in addition to Control of Substances Hazardous to Health COSHH data information. A further ongoing consideration is the provision of colour coded plastic aprons and disposable gloves which can be used as required for certain tasks within each colour coded cleaning category.

7. AUDITING AND MONITORING

The audit process should encourage quality improvements and should not be punitive. Two levels of audit are recommended:

- **Technical audits** are regular audits by appropriately qualified staff which form a continuous and inseparable part of the day-to-day management and supervision of the cleaning services. They should be conducted as a joint exercise between the staff responsible for cleanliness and the users of the service and should include an individual nominated for this purpose by the Director with responsibility for Infection Prevention and Control.
- **Managerial audits** are planned audits that should verify cleaning outcomes of technical audits and identify areas for improvement. The audit team should consist of senior trust management, nurses and modern matrons with responsibility for:
 - cleaning
 - infection prevention and control
 - board support
 - patient representation.

In assessing outcomes, local decisions should be made regarding setting percentage achievement targets for:

- the overall facility(s) and Trust
- each of the risk categories
- each of the functional areas.

Personnel

Audits (particularly technical audits) should not be solely the responsibility of the cleaning services department. The task should be shared amongst all the relevant stakeholders in the healthcare facility.

Managers and staff involved with audits should:

- have a detailed knowledge of healthcare facilities and procedures (with the exception of patients and patient representatives)
- be professionally competent to judge what is 'acceptable' in terms of cleanliness and infection prevention and/or control
- be able to make discriminating judgements on risk in relation to the areas being cleaned
- be able to make informed judgments on the extent to which existing cleaning frequencies may be insufficient.

Methodology

The following methodology is recommended in establishing scores for these levels:

- auditors assign a score to each individual room in the functional area (the room score)
- the room scores in any functional area are averaged to establish the score of the functional area itself (the functional area score)
- the scores of all the functional areas are averaged to give the overall hospital score.

Action following Audit

Regular audits should form part of the cleaning services quality assurance programme. Issues raised should be followed up according to their magnitude and location and lead times identified for remedial action. For example, a problem in an operating theatre will need to be resolved immediately, while one in a stationery storeroom may require checking in a week or during the next scheduled audit.

Recommendations, frequency of audits and targets are further detailed in NPSA (2007) and will be adopted when cleaning standards are monitored.

8. TRAINING AND REQUIREMENTS

- Currently induction programmes are in place for housekeeping staff which detail processes, procedures and methods. Mandatory training requirements indicate topics including infection prevention and control where in addition to induction an annual update is required. Infection prevention and control training provides information on hand hygiene, personal protective equipment, safe handling of waste and environmental cleaning. It sets out to ensure that all staff are aware of their own personal responsibilities in preventing the spread of infection. It is recognised that a good knowledge base will give staff the confidence to challenge poor practice and to support colleagues in putting it right.
- Procedures and equipment that are used comply with requirements of Health & Safety, COSHH, Safety at Work Act etc. thus protecting patients, staff and visitors within the health care environment.

Improvement of Patient and Staff Morale

- Staff are able to provide feedback on products and methods and this will ensure that teams benefit from an enhanced knowledge base which should result in higher standards of cleanliness, improved working conditions being created for the staff and a cleaner environment for patients.
- Public involvement is promoted by the display of posters at ward/site entrances detailing the cleaning frequencies and standards the Trust sets out to provide. In addition to this, THINK CLEAN prompts and cleaning schedules are promoted to provide assurance on a constant basis and demonstrate to staff what is required for ongoing compliance.

9. CLEANING CONTRACTORS

In a small number of properties used by the Trust, cleaning services are not provided or contracted by the Trust. It is essential that cleaning outcome specifications stated within this plan are met in all healthcare settings used by the Trust and where this can not be achieved actions are taken to ensure that appropriate standards can be attained and maintained. The frequencies stated in this document must however be adopted. When considering provision of new services, it is imperative that the standards required in this plan are acknowledged to be a baseline requirement.

10. CONCLUSION

The aim of this Strategic Cleaning Plan is to improve the quality of health service provision by ensuring that all risks involving cleaning are identified, funded and managed in an appropriate manner irrespective of local issues. The overall outcome should be that health care buildings are maintained in a clean, tidy and uniform manner that promotes public confidence and provide excellent value for money, ensuring the constant provision of clean, safe care.

A further consideration could be the adoption of recognised evidence based cleaning procedures that could be used as a benchmark in the drive to reduce Health Care Associated Infections.

It is important to realise that cleaning methods and practices are constantly evolving, and that in addition to procedures, both operational and strategic cleaning plans need to be able to reflect changes and advancements as quickly and easily as possible. Considerations may include the use of advancing technology and research e.g. the use of micro-fibre technology.

11. PROPOSED ACTIONS

A documented plan to promote continuous service improvement relating to the provision of cleanliness shall be produced and maintained. *Note:* Guidance on continuous service improvement is given in The Revised Healthcare Cleaning Manual (NHS 2004).

In summary, the Trust is committed to ensuing continuous service improvement and outcomes, measures may include:

- a) More efficient use of labour.
- b) Better working or supervisory practices.
- c) Schemes to regularly and meaningfully engage with staff, raise staff morale and reduce sickness absence and staff turnover.
- d) Implementation of, or increased use of, technological advances.
- e) Involvement in build and refurbishment projects to ensure that ease of cleaning is designed in.
- f) Involvement in contracting process when tenders are placed for additional services.

It is recommended that all cleaning service managers and other managers responsible for the delivery of cleaning services should consider joining a professional association, in order to ensure that they are aware of new developments, innovations and evolving best practice.

Constant review of new technologies, materials and products to enhance the ease and effectiveness of environmental cleaning will be reviewed on an ongoing basis with trials occurring if there is a possibility of products bringing benefits. This can be demonstrated with adoption of the micro-fibre mopping system on flooring in areas where standards could not be maintained and purchase of steam cleaners for intricate areas etc. Consideration will be given to use of products in areas where risk is identified to ensure that national standards of cleanliness can be met on a consistent basis.

Ongoing actions and key points include:

- Board Level Leads for National Standards of Cleanliness are designated within the Trust.
- The impact of guidance documents relating to Standards of Cleanliness are considered and recognised by the Trust Board and all staff within the health economy of Worcestershire.
- The updated Worcestershire Health and Care NHS Trust Strategic Cleaning Plan is available to all staff to enable discussions and monitoring of standards within their work environment.
- The PLACE Group is maintained, supported by staff from all levels of the organisation and continuously developed. The group acts as a professional forum for all issues relating to the patient environment, not specifically cleanliness and is an autonomous group that can report directly to the Trust Board if required but, in addition to this, reports through defined governance and quality and safety committees.
- All clinical services/areas are encouraged to adopt the plan and use it as a basis for further establishing responsibilities for cleaning within their area, identifying frequencies and lapses and as a monitoring tool for discussions with Facilities to highlight ongoing needs.

Carole Clive – Nurse Consultant Infection Prevention and Control
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Presented at Infection Prevention and Control Committee May 2016
Presented at the Trust PLACE Group June 2016
Valid November 2016 – for check review November 2019 and expires November 2021
November 2017 minor amendments during mapping process for cleaning standards poster

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13. TERM AND DEFINITIONS

Cleaning Task

Physical removal of organic matter and infectious agents

Cleanliness Criterion

Description of visual appearance signifying cleanliness

Cleanliness score

Score produced by a technical audit or by an averaged group of technical audits

Corrective Action

Action to rectify a lack of cleanliness identified during a technical audit

Decontamination

A combination of processes which removes or destroys contamination so that infectious agents or other contaminants cannot reach a susceptible site in sufficient quantities to initiate infection or other harmful response

Dirt

Matter adhering to or resting on an element which is not part of that element

Note: Dirt can include, for example:

- a) Adhesive tape
- b) Blood
- c) Body substances
- d) Cobwebs
- e) Dead animals, birds or insects
- f) Dust
- g) Food debris
- h) Graffiti
- i) Grease
- j) Limescale
- k) Litter
- l) Scum
- m) Smears
- n) Spillages of liquids or powders

Disinfection

Reduction in viable infectious agents

Element

Item within a functional area or any part of the fabric or fittings of a functional area requiring cleaning.

Note: For example, a bed or a ceiling

Functional Area

Room or physically continuous group of rooms within a hospital deemed by a healthcare organisation to constitute a discreet area of operational activity

Healthcare Facility

Building or group of buildings, including grounds, in which healthcare services are provided

Hospital

Institution for the reception and treatment of persons suffering from illness, any maternity unit or any institution for the reception and treatment of persons during convalescence or persons requiring medical rehabilitation

Hospital Types

Community Hospitals: Hospital providing a range of healthcare services to a defined local community

Mental Health Hospital: Hospital for which the main purpose is the reception as inpatients, treatment and care of persons suffering from acute or chronic mental illness

Improvement Action

Action to eliminate the cause of a lack of cleanliness

Leased Area

Room or physically contiguous group of rooms within a hospital in which activities are conducted by a different organisation from that operating the majority of functional areas within that facility

Method Statement

Description of the way in which a cleaning task is to be performed and the materials and equipment, including personal protective equipment, required to perform it

Scored Element

One of 50 elements that form a representative selection for the measurement of cleanliness

Stain

Discolouration appearing on an element which is not caused by the natural ageing of the element

Note: A stain can be attributed to, for example, rust, food and drink, dyes and watermarks

Sterilization

Render an object free from all viable infectious agents

Technical Audit

Measurement of the cleanliness of elements against stated cleanliness criterion

Note: A technical audit is not necessarily identical to contract monitoring

TIME TO CLEAN

General Areas - Staff are required to be responsible for the cleaning of their own work station using the wipes provided by the Housekeeping Department. Your work station is your desk, telephone, computer, and chair.

Kitchen areas – Staff are responsible for the washing up of all crockery/cutlery, cleaning of the microwave after use and loading and unloading of the dishwasher, all other cleaning duties in the kitchen are carried out by the housekeeping teams.

Waste - All small bins will be removed and each area will be provided with a bin station consisting of one large household waste bin and a recycling bin which will be located centrally for staff to dispose of all rubbish. These will then be emptied daily by the housekeeping staff.

Housekeeping staff – The Housekeeping Team will clean all toilets and kitchen areas daily and a full clean of other areas/rooms will be done once a week on a specified day.

For further information - there is a weekly schedule displayed in each area that will indicate which day of the week rooms are due to have a full clean.