| Trust Policy | Worcestershire NHS Acute Hospitals NHS Trust |
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# Cleaning Policy

| | | |
|---|---|---|
| **Department / Service:** | Facilities/Cleaning Services | |
| **Originator:** | Caroline Newton<br>Helen Mills | Facilities Manager<br>Monitoring Officer |
| **Accountable Director:** | James Longmore | Director of Asset Management & IT |
| **Approved by:** | Key Document Approval Group | |
| **Date of Approval:** | 18th December 2015 | |
| **Review Date:**<br>**This is the most current document and should be used until a revised version is in place** | 18th December 2019 | |
| **Target Organisation(s)** | Worcestershire Acute Hospitals NHS Trust | |
| **Target Departments** | All wards and departments | |
| **Target staff categories** | All staff including agency and contractors | |

| **Policy Overview:** |
|---|
| This policy sets out the Trust's arrangements for managing cleaning in line with The National Specification for Cleanliness in the NHS and Standards for Better Health.<br><br>This policy encompasses all cleaning activity within the Trust. This includes all cleaning activities undertaken by Cleaning Services as well as those undertaken by the Estates Department and nursing and departmental staff. |

| **Latest Amendments to this policy:** | | |
|---|---|---|
| Jan 2010 | Update of cleaning schedules, signing off and exception report. (Addition of Appendix 4) | C Newton |
| June 2010 | Revision and update to monitoring and compliance. | C Newton |
| Jan 2012 | Policy extended for 12 months at request of Trust Infection Prevention & Control Committee. Awaiting new national guidance. | C Newton/ M Norton |
| Mar 2013 | Introduction updated to include the Trust's intention to adopt the PAS 5748:2011 | |
| July 2015 | Document extended for 3 months whilst it is in the review process | Lindsey Webb |
| October 2015 | Update of job titles, roles and responsibilities. Introduction of Trust Monitoring Team. Addition of updated guidance with regards to decontamination of linen. Update of cleaning elements in line with PAS 5748:2014 | C Newton/ H Mills |
| May 2017 | Reviewed with no amendments. | Caroline Newton. |

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## Appendices



## Supporting Documents

## 1. Introduction

The provision of a clean and well-maintained environment is crucial to the successful and safe delivery of healthcare services in the Acute Trust. The Health and Social Care Act 2008 stipulates that all health care providers must 'provide and maintain a clean and appropriate environment. A clean and tidy environment is an outward manifestation of the health of the NHS and provides the right setting for good patient care and practice. Clean hospitals are an essential component in the provision of safe effective healthcare and fundamental in assisting patients to recover and help in the prevention and control of the spread of healthcare associated infections.
All those involved in the provision of hospital cleaning services should be working towards the common and shared goal of high quality cleaning services that meet the needs and expectations of patients, public and other hospital staff. Cleaning programmes enhance patient focused functions such as treatment and care. They should be seen as integral to the maintenance of a care environment and will maximise patient outcomes and experience.

The cleaning of premises within Worcestershire Acute Hospital NHS Trust is carried out by teams of cleaning staff who are managed by the Facilities Department. The focus on improving hospital cleanliness and reducing healthcare associated infection should be high on the corporate agenda and it is important to recognise the important role that cleaning staff play in ensuring public confidence in the overall cleanliness of the hospital environment. This should be recognised and supported by management and clinical teams.

The Trust intends to adopt the latest guidance on cleanliness and implement the PAS 5748:2011 Specification for the planning, application and measurement of cleanliness services in hospitals. The PAS 5748 will exist alongside the National Specification for Cleanliness providing an alternative means of demonstrating compliance with part of the registration requirements of the Care Quality Commission.

## 2. Scope of this document

This policy applies to all staff and details the Trust's arrangements for the management of cleaning services and compliance with the National Specifications for Cleanliness in the NHS (April 2007) and PAS 5748:2011 Specification for the planning, application and measurement of cleanliness services in hospitals.

## 3. Definitions

- Cleaning Services
  - Defined as a department which provides services to the Trust whether by an in-house team or by an external contractor.
- Routine Cleaning
  - Daily scheduled cleaning.
- Enhanced Cleaning
  - Cleaning at a higher level. This level of cleaning is usually carried out during an outbreak situation and will include the use of a high level sporicidal disinfectant.
- Deep Cleaning
  - A process of reducing environmental contamination by appropriate cleaning methods. Methods used can include the use of steam and/or a high level sporicidal disinfectant.
  - It will also include cleaning elements which are the responsibility of the estates department and ward/departmental staff.

- Reactive cleaning
  - Response to unplanned work. An immediate response may be required where patient, public or staff safety and comfort may be compromised. E.g. floods

- Terminal Clean
  - Clean following the discharge of an infected patient. A high level clean using dedicated equipment and a high level sporicidal disinfectant/steam.
- Barrier Clean
  - Clean of a room where a patient is in isolation. A high level clean using dedicated equipment and a high level sporicidal disinfectant.

## 4. Responsibility and Duties

### 4.1. The Trust Board

The Trust Board has overall responsibility for ensuring that adequate resources are provided for Cleaning Services.

### 4.2. Chief Executive

The Chief Executive is responsible for ensuring that there are robust and effective arrangements for Cleaning Services

### 4.3. Chief Nursing Officer

Overall executive accountability for the strategic leadership for cleanliness across the Trust. The Chief Nursing Officer will ensure that cleanliness meets the require standard to ensure public confidence, patient safety and staff welfare

### 4.4. Director of Asset Management and ICT

The Director of Asset Management and ICT is responsible for ensuring compliance with national standards or legislation. Also to ensure that the fabric of the building is maintained to facilitate high levels of cleanliness.

### 4.5. Cleaning Services Managers

Cleaning Services Managers are responsible for ensuring that staffing resources are used effectively and efficiently and that staff are appropriately trained.

### 4.6. Infection Prevention and Control Team

The Infection Prevention and Control Team work in conjunction with the Facilities Departments to ensure compliance with national standards and legislation. The team provide on-going support and training for cleaning staff. They also endorse the cleaning methods and chemicals used and monitor standards through active participation in the audit process.

### 4.7. Matrons

Matrons are responsible for leading and driving a culture of cleanliness and for setting and monitoring standards in conjunction with other key stakeholders.

### 4.8. Individual Members of Staff

All members of staff are required to follow the cleaning policy for the acute Trust. All staff have a responsibility for caring for the environment.

## 5. Policy detail

**5.1.** The cleaning process will be carried out using the following methods:

- Routine cleaning
- Periodic cleaning
- Reactive cleaning
- Enhanced cleaning
- Deep Cleaning
- Disinfection

**5.2.** All areas within the Acute Trust should meet the minimum cleaning standard as specified in the PAS 5748:2014 – Specification for the planning, application, measurement and review of cleanliness services in hospitals. The hospital should maintain a clean and hygienic environment at all times. (See Appendix 1).

**5.3.** All areas within the Worcestershire Acute Trust will be categorised by risk. The risk category will form the criteria for the level of cleaning and resource allocated. Infection Prevention and Control Team are involved and endorse the risk category selected for each area. (See Appendix 2).

**5.4.** Cleaning frequencies for each area should be based on the minimum frequencies in The National Specification for Cleanliness in the NHS for each respective risk category. Cleaning frequencies can be agreed locally to reflect the needs of each individual area to ensure a high standard of cleanliness. (See Appendix 3)

**5.5.** Cleaning routines should be flexible and able to respond to the changing needs of a ward or department

**5.6.** Clinical areas should have dedicated staff that become an integral part of the team.

**5.7.** Ward and Departmental Managers will ensure the guidelines in this policy form the basis of good practice in their work areas. They will develop specific ward/ departmental procedures as appropriate and with reference to the General Decontamination Protocol (WAHT-INF-009). Cleaning of patient and departmental equipment must be evidenced.

**5.8.** Ward and departmental staff should recognise that untidy and cluttered areas compromise effective cleaning. All areas should be kept tidy and clutter free.

**5.9.** Cleaning routines should form part of the ward routine and not an intrusion into it.

**5.10.** Cleaning schedules should be agreed, clear and publicised. Cleaning schedules should be signed off at the end of each shift by the cleaning operative on duty. For cleaning tasks not completed an Exception Report should be completed and the cleaning task rescheduled. (See Appendix 4)

**5.11.** Nurse cleaning schedules should be agreed, clear and publicised. Schedules should be signed by a member of the nursing staff.

**5.12.** Cleaning audit scores should be available to all staff

**5.13.** All patient and public toilets should display notices detailing cleaning frequency and the procedure to report any problems relating to the cleaning standards.

**5.14.** Each Wards and Departments should display a notice informing patients and visitors of the procedure to report any problems relating to the cleaning standards

**5.15.** Cleaning methods should reduce the risk of cross contamination and should be approved by Infection Control.

**5.16.** Launderable cloths and mops must be laundered in accordance with Choice Framework for local Policy and Procedures – 01-04 – Decontamination of linen for health and social care – management and provision. Mops and cloths should be laundered daily and there should be adequate supplies available at all times.

**5.17.** All cleaning equipment should be well maintained, clean and fit for purpose. Equipment purchased should be easy to use and able to demonstrate infection prevention and control benefits.

**5.18.** Cleaning equipment should be segregated and stored according to the National Patient Safety Agency - Colour coding for hospital cleaning materials and equipment - to prevent cross contamination.

**5.19.** Cleaning chemicals should be approved for use by Infection Prevention and Control. Chemicals should be stored in locked cupboards or in the lockable cabinet on the cleaning trolley when in use. Any unused diluted chemical must be disposed of at the end of each shift. The dispensing bottles should be cleaned thoroughly and inverted to dry.

**5.20.** Adequate supplies of PPE must always be available to cleaning staff.

**5.21.** All staff must adhere to the National Safety Agency Colour Coding Scheme. All materials and equipment (reusable and disposable) should be colour coded. The method used to colour code items should be clear and permanent. (see Appendix 5)

**5.22.** A risk assessment will be carried out for each cleaning task, and will be reviewed annually

**5.23.** A programme of deep cleaning should be planned and carried out. This is in addition to scheduled and routine cleaning. A deep clean programme should include the elements cleaned by the Estates Department and ward/departmental staff.

**5.24.** Maintenance of the fabric of the building is essential in ensuring that the environment is acceptable to patients. It should be recognised that ageing buildings and equipment will become difficult to clean and present a potential reservoir for infection.

**5.25.** Fabrics and furnishing should be selected with consideration to the cleaning requirements and infection prevention properties. Cleaning Services and Infection Prevention and Control should be involved in the selection process.

**5.26.** All cleaning staff must adhere to the Trust Standards of Dress Policy.

**5.27. Auditing and Monitoring System**

- Auditing and monitoring arrangements should be in line with the PAS 5748: 2014 (Specification for the planning, measurement and review of cleanliness services in hospitals) and should form part of the cleaning services quality assurance programme.

- The focus of monitoring will be to encourage quality improvements and should not be punitive.

- Two levels of monitoring are employed:-
  - Technical
  - Managerial

- Technical audits should be carried out jointly between the Cleaning Services Department and a nominated person with responsibility for cleaning standards. Auditing frequency will be in accordance with the relevant risk category. This system should support continuous improvement in cleaning standards. This will ensure that high standards of cleanliness are maintained and that any slippage is recognised and corrected through working to national targets that measure performance over a range of factors.

- Further independent audits are carried out by the Trust Monitoring Team.

- Where slippage occurs, action to rectify the problem will be taken as outlined in the table below. The remedial action should be appropriate to the risk category of the area.

| **Priority** | **Timeframe for rectifying problems** |
|---|---|
| A.- Constant<br><br>Cleaning critical (very high – risk and high risk functional area). | Immediately or as soon as is practically possible. Cleaning should be recognised as a team responsibility. If cleaning staff are not on duty, cleaning should be the responsibility of other ward or department personnel. These responsibilities should be clearly set out and understood. |
| B - Frequent<br><br>Cleaning important and requires maintaining (significant risk functional areas) | 0-3 hours for patient areas (to be rectified by daily scheduled cleaning service for non-patient areas). |
| C - Regular<br><br>On a less frequent scheduled basis and as required in-between cleans (low- risk functional areas). | 0-48 ours |

- Managerial Audits (Mini-PLACE assessments) will be carried out on a monthly basis. Attendance on Mini-PLACE audits should include: Matron, Infection Prevention and Control Nurse, Cleaning Services Manager and the Estates Department. Matrons should timetable these inspections. Issues raised should be reported to the relevant managers/matrons who will ensure that necessary work has been completed, and feedback to the Trust Monitoring Officer.
- The Infection Prevention and Control Team monitor environmental and equipment cleanliness using the Department of Health Audit Tool (2006). The IPCT provide feedback following an audit to enable the ward sister to action any issues raised. A

paper copy of the audit is given to the ward sister and a formal report is sent to the ward within 48 hours of the audit being carried out.

- The Infection and Prevention and Control Team will audit cleaning standards prior to total room decontamination with a Hydrogen Peroxide System. Identified shortfalls in cleaning will be rectified immediately and before room decontamination is carried out.

- Ad-hoc inspections are also carried out by Head of Facilities and Deputy Director of Nursing.

- Monitoring is carried out using a management system which provides relevant data on cleaning standards.

- Patient views will be sought through patient satisfaction surveys and patient exit surveys (PET system).

- Patient and public involvement will be part of all Patient Led Assessments of the Care Environment inspections.

- Formal complaints regarding cleaning standards will be processed through the Patient Advice & Liaison (PALS) Department. Informal complaints will be dealt with at the time of the complaint. All complaints will be investigated promptly and remedial action taken immediately or as soon as practicably possible.

### 5.28 Terminal and Reactive Cleaning

- Response to terminal and reactive cleaning is provided by two different systems of work:-

    - The service at the Alexandra Hospital is provided by a Fast Response Team. Each clean is evidenced by a signed work schedule. (See Appendix 6). Requests for this service are raised through the Service Desk.

    - The service at Kidderminster Treatment Centre is provided from within the ward/department based cleaning team. Requests for this service are made directly with Housekeeping.

    - The service on the Worcestershire Royal Hospital Site is provided from within the ward/department based cleaning team, and also by relief staff. Requests for this service are raised through the Helpdesk.

- Response to requests should be prompt.

- Cleans should be carried out as a priority.

- Terminal cleans should be carried out using the agreed method and using a high level sporicidal disinfectant approved by Infection Prevention and Control.

- All requests must be logged:

    - At the Alexandra Hospital – through the Servicedesk
    - At Kidderminster Treatment Centre – via Housekeeping
    - At Worcestershire Royal Hospital - through the helpdesk

### 5.29 Isolation Room cleaning

- Isolation room cleaning is provided from within the ward/department based cleaning team.
- Isolation room cleans should be carried out using the agreed method and using a high level sporicidal disinfectant approved by Infection Prevention and Control Team.

### 5.30 Training of Cleaning Services Staff

- All staff should receive a Trust Induction and a departmental induction on commencement of employment.
- All staff should receive detailed and appropriate training on commencement of employment.
- All training should be evidenced and endorsed by an appointed trainer.
- All staff will receive an annual appraisal.
- All staff will receive refresher training and on-going support
- All staff will be encouraged to enhance their knowledge using the e- learning training resource.
- Staff will be encouraged to achieve a formal qualification e.g. NVQ.
- Staff identified as not achieving the correct standard will receive additional training until the accepted standards are achieved.

## 6 Implementation

### 6.1 Plan for implementation

- The Cleaning Policy will be circulated to all key staff. This will ensure staff are aware of their responsibilities.
- Additional training appropriate to the staff discipline will be provided by either the relevant supervisor/line manager and/or infection control

### 6.2 Dissemination

Dissemination of documents will be as per the Trust Policy for Policies. The policy will be available to view on the Trust Intranet and in hard copy as per this policy.

### 6.3 Training and awareness

It is the responsibility of the line managers to ensure that the Cleaning Policy is communicated to all staff. A copy of the Cleaning Policy will be held within all areas of the Trust. Trust staff will be made aware of this policy through local induction training, supported by their manager.

## 7 Monitoring and compliance

The Cleaning Policy is monitored through the Patient Environment Operational Group.

The Patient Environment Operational Group monitors cleaning standards and monitoring outcomes to ensure compliance with the PAS 5748:2014. Results from cleaning audits and mini-PLACE audits are reported. Any shortfall in standards is reported and rectification of shortfalls agreed and actioned. Environmental issues which impact on cleanliness are reported. Meetings are held bi-monthly; they are attended by Matrons, Estates and Facilities, Infection Prevention & Control, and PFI service managers.

A bi-monthly report on cleanliness is presented to the Trust Infection Prevention & Control Committee.

An annual cleanliness report is submitted to the Trust Board

| Page/ Section of Key Document | Key control: | Checks to be carried out to confirm compliance with the Policy: | How often the check will be carried out: | Responsible for carrying out the check: | Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)* | Frequency of reporting: |
|---|---|---|---|---|---|---|
| | **WHAT?** | **HOW?** | **WHEN?** | **WHO?** | **WHERE?** | **WHEN?** |
| | These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe. | What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.) | Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'. | Who is responsible for the check? Is it listed in the 'duties' section of the Policy? Is it in the job description? | Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference. | Use terms such as '10 times a year' instead of 'monthly'. |
| 7 | Compliance with National Specifications from Cleanliness | Technical audits | Each area is monitored at least once a month | Domestic supervisors | Matron and Cleaning Manager<br><br>PEOG report | After each audit<br><br>12 times a year |
| 7 | Compliance with PLACE assessment guidelines | Patient Environment audits<br><br>Mini-PLACE assessments | 4 audits per day<br><br>1 per month | Trust Monitoring Team | Matrons, Ward/Department Managers/Cleaning Managers/Estates Managers | After each audit<br><br>After each assessment |
| 7 | Environmental & Equipment Cleanliness | Infection Prevention & Control audits | All inpatient areas – once a month | Infection Prevention & Control Nurses | Ward managers and matrons | After each audit |

## 8 Policy Review

This policy will be reviewed on a biennial basis by the Trust Facilities Department.

## 9 References

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|---|
| The Health Act 2006, Code of Practice for the Prevention and Control of Health Care Associated Infections. Department of Health (2006) |
| The Health and Social Care Act 2008 |
| NHS Estates, (December 2004), Revised Guidance on Contracting for Cleaning, Department of Health |
| Standards for Better Health, Department of Health (2004) |
| National Patient Safety Agency, (January 2007), Safer Practice notice 15. Colour coding hospital cleaning materials and equipment. |
| The National Specifications for Cleanliness in the NHS (April 2007) |
| The Management and Control of Hospital Infection. Health Service Circular (2000) HSC 2000/002 |
| A Matron's Charter. Department of Health (2004) |
| Deep clean Keep it clean. Department of Health (October 2008) |
| Food Hygiene (England) Regulations 2006 |
| General Decontamination Protocol 2007 WHAT-INF-009 |
| Hospital Laundry Arrangements for Used and Infected Linen HSG(95) 18 |
| PAS 5748:2011 Specification for the planning, application and measurement of cleanliness services in hospitals. |
| Department of Health Choice Framework for Local Policy & Procedures – 01-04 – Decontamination of linen for health & social care – management and provision |

## 10 Background

### 10.1 Equality requirements

The equality risk assessment for this policy has been undertaken and meets all the required standards. [Supporting Document 1]

### 10.2 Financial risk assessment

Reactive cleaning and additional cleaning in response to outbreak situations may have a revenue consequence for the Trust. Where resources are required to support Cleaning Services, the financial implications will be identified through the Trust's business planning procedures. [Supporting Document 2]

### 10.3 Consultation

All policies will conform to the Trusts standard structure and format and other requirements, as per Trust Policy for Policies (the development, approval and management of key documents – WHAT-CG-001)

**Contribution List**

This key document has been circulated to the following individuals for consultation;

| Designation |
|---|
| Facilities Manager – Alexandra Hospital and Kidderminster Treatment Centre |
| Head of Facilities, PFI & Contracts |

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

| Committee |
|---|
| PEOG (Patient Environment Operational Group) |
| TIPCC (Trust Infection Prevention and Control Committee) |
| |
| |

### 10.4 Approval Process

The final draft will be checked to ensure it complies with the correct format, and all supporting documentation has been completed appropriately.

The Cleaning Policy will be submitted to the Trust Infection and Prevention Control Committee for approval before document code and version number will be confirmed and the policies released for placement on the Trust intranet and hard copy production.

### 10.5 Version Control

This section should contain a list of key amendments made to this document each time it is reviewed.

| Date | Amendment | By: |
|---|---|---|
| Jan 2010 | Update of cleaning schedules, signing off and exception report. (Addition of Appendix 4) | C Newton |
| June 2010 | Revision and update to monitoring and compliance. | C Newton |
| Jan 2012 | Policy extended for 12 months at request of Trust Infection Prevention & Control Committee. Awaiting new national guidance. | C Newton/ M Norton |
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| October 2015 | Update of job titles, roles and responsibilities. Introduction of Trust Monitoring Team. Addition of updated guidance with regards to decontamination of linen. Update of cleaning elements in line with PAS 5748:2014 | C Newton/ H Mills |

## Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

| | | Yes/No | Comments |
|---|---|---|---|
| **1.** | **Does the Policy/guidance affect one group less or more favourably than another on the basis of:** | | |
| | • Race | No | |
| | • Ethnic origins (including gypsies and travellers) | No | |
| | • Nationality | No | |
| | • Gender | No | |
| | • Culture | No | |
| | • Religion or belief | No | |
| | • Sexual orientation including lesbian, gay and bisexual people | No | |
| | • Age | No | |
| **2.** | **Is there any evidence that some groups are affected differently?** | No | |
| **3.** | **If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?** | No | |
| **4.** | **Is the impact of the Policy/guidance likely to be negative?** | No | |
| **5.** | **If so can the impact be avoided?** | n/a | |
| **6.** | **What alternatives are there to achieving the Policy/guidance without the impact?** | n/a | |
| **7.** | **Can we reduce the impact by taking different action?** | n/a | |

## Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

| | Title of document: | Yes/No |
|---|---|---|
| **1.** | Does the implementation of this document require any additional Capital resources | No |
| **2.** | Does the implementation of this document require additional revenue | Yes |
| **3.** | Does the implementation of this document require additional manpower | No |
| **4.** | Does the implementation of this document release any manpower costs through a change in practice | No |
| **5.** | Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff | No |
| | Other comments: Additional revenue has been sought through Stage III of the Cleaning Strategy. If this funding is given, no additional revenue will be required. | |

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval

## Appendix 1

An element shall be identified as clean if all parts of the element have the visual appearance of being free of dirt and stains.

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

**Stain**
Discolouration appearing on an element which is not caused by the natural aging of the element

| No. | Element name |
|---|---|
| 1 | Commode |
| 2 | Bed pan and bed pan holder |
| 3 | Macerator and bed pan washer |
| 4 | Manual handling equipment |
| 5 | Catheter stand |
| 6 | IV stand |
| 7 | Patient washbowl |
| 8 | Medical equipment not connected to a patient, e.g. X-ray machine |
| 9 | Medical equipment connected to a patient, e.g. infusion pump and blood pressure cuffs |
| 10 | Medical gas and suction equipment including gas cylinder holder |
| 11 | Patient fan |
| 12 | Notes and drugs trolley |
| 13 | Resuscitation trolley |
| 14 | Telephones and fax machines |
| 15 | Nurse call bell |
| 16 | Wall fixture, e.g. switch, socket and data point, and cord pull |
| 17 | Wall surfaces including skirting and bumper boards |
| 18 | Ceiling |
| 19 | Door including frame |
| 20 | Door furniture including handles and door plates |
| 21 | Internal glass, including partitions and vision panels, the interior surface of external facing windows and mirrors |
| 22 | Computer equipment, including keyboard, mouse, monitor, printer, stand and photocopier |
| 23 | TV including earpiece for bedside entertainment system and public area information touch screen |
| 24 | Radiator including the space between radiator plates |
| 25 | Hard floor |
| 26 | Soft floor |
| 27 | Toys and games |
| 28 | Lighting including overhead , bedside, wall mounted and free standing |
| 29 | Cleaning equipment, including cleaning trolley |

| | |
|---|---|
| 30 | High surface, e.g. curtain rail, picture frame, top of cupboard and vending machine |
| 31 | Patient chair, including dining chair and easy chair, and settee |
| 32 | Bed, cot and patient trolley, including bed frame, bed rail, wheels and castors, and bed controls |
| 33 | Clinical workstations |
| 34 | Locker and wardrobes including wheels and castors |
| 35 | Over-bed/dining table including legs and feet |
| 36 | Hand hygiene equipment, e.g. soap dispenser, alcohol gel dispenser and towel dispenser. |
| 37 | Waste receptacle including lid and pedal |
| 38 | Curtain, blind and screen, excluding shower curtain |
| 39 | Dishwasher |
| 40 | Fridge and freezer |
| 41 | Ice machine, hot water boiler and drinking water dispenser |
| 42 | Ward kitchen cupboard |
| 43 | Microwave and cooker |
| 44 | Bath and/or shower including shower head, wall-attached shower chair, shower screen and shower curtain |
| 45 | Toilet, raised toilet seat and bidet |
| 46 | Toilet brush |
| 47 | Sink and wash hand basin including taps |
| 48 | Ventilation grille |
| 49 | Wheelchair |
| 50 | CCTV equipment |

# Appendix 2 Identifying Risk Categories

All healthcare environments should pose minimal risk to patients, staff and visitors. However, different functional areas represent different degrees of risk and, therefore, require different cleaning frequencies and different levels of monitoring and auditing. Consequently, all functional areas should be assigned one of four risk categories: very high, high, medium and low. These categories are explained below.

Risk categories are used to set SLAs and outcome auditing levels. To ensure that auditing processes are continuous and equal they should take place within the timeframes outlined below.

Informal monitoring should take place in areas where standards are considered poor or where routine monitoring reveals consistent weaknesses.

## Very high-risk functional areas

**Required service level**
Consistently high cleaning standards must be maintained. Required outcomes will only be achieved through intensive and frequent cleaning.

Both informal monitoring and formal auditing of standards should take place continuously. Areas and rooms allocated a very high-risk category should be audited at least once a week until the lead cleaning manager and infection control team are satisfied that consistently high standards are being achieved, after which the audit frequency may be reduced to no less than monthly.

**Functional areas**
Very high-risk functional areas may include operating theatres,
ICUs, SCBUs, accident and emergency (A&E) departments, and other departments where invasive procedures are performed or where immuno-compromised patients are receiving care.

**Additional internal areas**
Bathrooms, toilets, staff lounges, offices and other areas adjoining very high-risk functional areas should be treated as having the same risk category, and receive the same intensive levels of cleaning.

## High-risk functional areas

**Required service level**
Outcomes should be maintained by regular and frequent cleaning with 'spot cleaning' in-between.

Both informal monitoring and formal auditing of standards should take place continuously. Rooms in a high-risk functional area should be audited at least once a month until the lead cleaning manager and infection control team are satisfied that consistently high standards are being achieved, after which the audit frequency may be reduced to no less than twice-monthly.

**Functional areas**
High-risk functional areas may include general wards (acute, non-acute and mental health), sterile supplies, public thoroughfares and public toilets.

**Additional internal areas**
Bathrooms, toilets, staff lounges, offices and other areas adjoining high-risk functional areas should be treated as having the same risk category and receive the same regular levels of cleaning.

## Significant-risk functional areas

**Required service level**
In these areas, high standards are required for both hygiene and aesthetic reasons. Outcomes should be maintained by regular and frequent cleaning with 'spot cleaning' in-between.

Both informal monitoring and formal auditing of standards should take place continuously. Rooms in a significant-risk functional area should be audited at least once every three months.

**Functional areas**
Significant-risk functional areas may include pathology, outpatient departments, laboratories and mortuaries.

**Additional internal areas**
Bathrooms, toilets, staff lounges, offices and any other areas adjoining significant-risk functional areas should be treated as having the same risk category and receive the same regular levels of cleaning.

## Low-risk functional areas

**Required service level**
In these areas, high standards are required for aesthetic and, to a lesser extent, hygiene reasons. Outcomes should be maintained by regular and frequent cleaning with 'spot cleaning' in-between.

Both informal monitoring and formal auditing of standards should take place continuously. Rooms within a low-risk functional area should be audited at least twice a year.

**Functional areas**
Low-risk functional areas may include administrative areas, non-sterile supply areas, record storage and archives.

## Additional internal areas
Bathrooms, staff lounges, offices and other areas adjoining low-risk functional areas should be treated as having the same risk category and receive the same level of cleaning.
The auditor should also take into account the physical condition of the infrastructure when making the assessment. For example, it may not be possible to obtain a uniform lustre on a damaged floor surface.
However, poorly-maintained buildings are no excuse for low cleaning standards and auditors should not be overly generous with their discretion in most of these situations.

**Action**

Regular audits should form part of the cleaning services quality assurance programme. Issues raised should be followed up according to their magnitude and location. Lead times should be 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.

## Appendix 3 Cleaning Frequencies and Responsibility

| Element | Minimum Cleaning Frequency | | | | Agreed Responsibility |
|---|---|---|---|---|---|
| | **Very High Risk** | **High Risk** | **Significant Risk** | **Low Risk** | |
| Commodes, weighing scales, manual handling equipment, bathroom hoists | Clean contact points each use | Clean contact points each use | Clean contact points each use | N/A | Nurses |
| | 1 full clean daily and between patient use | 1 full clean daily and between patient use | 1 full clean daily and between patient use | | Nurses |
| Other medical equipment not connected to a patient, e.g. intravenous infusion pumps and pulse oximeters | 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 | Nurses |
| Medical equipment connected to a patient, e.g. intravenous infusion pumps, drip stands and pulse oximeters | 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 | Nurses |
| Patient wash bowls | 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 | Nurses |
| Bedside oxygen and suction connectors, earpieces 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 | Nurses |
| Patient fans (only use if necessary) | Case daily | 1 full clean daily and between patient use (Case only) | Case daily | N/A | Domestics |
| | 1 full clean weekly | 1 full clean monthly | 1 full clean quarterly | | Estates |
| Bedside alcohol hand wash container, clipboards 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 | Nurses/Ward Clerk/Housekeeper |
| Notes and drugs trolley | 1 full clean weekly | 1 full clean weekly | 1 full clean weekly | N/A | Nurses |
| Patient personal items e.g. cards, suitcase and personal use items e.g. soft toys and games console | 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 | Nurses |
| Linen trolley | Contact points daily | Contact points daily | Contact points daily | N/A | Nurses |
| | 1 full clean daily | 1 full clean weekly | 1 full clean weekly | | Domestics |
| Switches, sockets and data points | Clean daily | Clean daily | Clean daily | Clean weekly | Domestics |

| | | | | | |
|---|---|---|---|---|---|
| Entrance/exit | Dust removal 2 full clean daily | Dust removal 2 full clean daily | Dust removal 2 full clean daily | Vacuumed/mopped daily | Domestics |
| | Wet mop 2 full clean daily | Wet mop 2 full clean daily | Wet mop 2 full clean daily | | Domestics |
| | Machine clean weekly | Machine clean weekly | Machine clean weekly | | Domestics |
| Stairs (internal) | Dust removal 2 full clean daily | Dust removal 2 full clean daily | Dust removal 2 full clean daily | N/A | Domestics |
| | Wet mop 2 full clean daily | Wet mop 2 full clean daily | Wet mop 2 full clean daily | | Domestics |
| | Machine clean weekly | Machine clean weekly | Machine clean weekly | | Domestics |
| External areas (and stairs) | 1 full clean daily | 1 full clean daily | 1 full clean daily | N/A | Estates |
| Walls | Check clean daily | 1 check clean daily | Check clean weekly | Check clean weekly | Domestics |
| | Dust weekly | 1 full clean weekly (dust only) | Dust monthly | | Domestics |
| | Washing yearly | 1 full washing yearly | Washing yearly | Washing once every 3 years | Domestics/Estates |
| Ceiling | Dust monthly | 1 full clean monthly (dust only) | Dust monthly | 1 check dust monthly | Estates |
| | Washing yearly | 1 full washing yearly | Washing yearly | Washing 3 yearly | Estates |
| All doors | 1 full clean daily | 1 full clean daily | 1 full clean daily | 1 full clean weekly | Domestics |
| All internal glazing including partitions | 1 full clean daily | 1 check clean daily | 1 check clean daily | 1 full clean weekly | Domestics |
| | | 1 full clean weekly | 1 full clean weekly | | Domestics |
| All external glazing | 3 times yearly | 3 times yearly | 3 times yearly | 3 times yearly | Contractors |
| Mirrors | 1 full clean daily | 1 full clean daily | 1 full clean daily | 1 full clean weekly | Domestics |
| Bedside patient TV | 1 full clean daily | 1 full clean daily | 1 full clean daily | N/A | Domestics/Contractor r |
| Radiators | 1 full clean daily | 1 full clean daily | 1 full clean daily | 1 full clean monthly | Domestics |
| Ventilation grilles extract and inlets | 1 full clean weekly | 1 full clean weekly | 1 full clean monthly | 1 full clean monthly | Domestics |
| Ventilation grilles extract and inlets (ceiling) | 1 full clean weekly | 1 full clean weekly | 1 full clean monthly | 1 full clean monthly | Estates |
| Floor–polished | | Dust removal 1 full clean daily + 1 check clean daily | Dust removal daily | Dust removal 1 full clean weekly + 1 check clean weekly | Domestics |

| | | | | | |
|---|---|---|---|---|---|
| | Wet mop 2 full clean daily | Wet mop 1 full clean daily + 1 check clean daily | Wet mop daily | Wet mop 1 full clean weekly +1 check clean weekly | Domestics |
| | Machine clean weekly | Machine clean weekly | Machine clean monthly | Machine clean quarterly | Domestics |
| | Strip and reseal yearly | Strip and reseal yearly | Strip yearly | Strip and reseal 2 yearly | Domestics (where applicable) |
| Floor – non-slip | Dust removal 2 full clean daily | Dust removal 1 full clean daily + 1 check clean daily | Dust removal daily | Dust removal 1 full clean weekly + 1 check clean weekly | Domestics |
| | Wet mop 2 full clean daily | Wet mop 1 full clean daily + 1 check clean daily | Wet mop daily | Wet mop 1 full clean weekly + 1 check clean weekly | Domestics |
| | Machine clean weekly | Machine clean weekly | Machine clean monthly | Machine clean quarterly | Domestics |
| Soft floor | 2 full clean daily | | | | Domestics |
| | Shampoo 6 monthly and as necessary in between | Shampoo 6 monthly and as necessary in between | Shampoo 12 monthly | Shampoo 2 yearly | Domestics |
| Pest control devices | Check daily | Check daily | Check daily | Check daily | In Catering |
| | Bi-monthly | Bi-monthly | Bi-monthly | Bi-monthly | Estates. External = Contractor 6 times yearly |
| Electrical items | Dust removal 1 full clean daily | Dust removal 1 full clean daily | Dust removal 1 full clean daily | Dust removal 1 full clean weekly | Users |
| | Full clean monthly | Full clean monthly | Full clean monthly | Full clean quarterly | Domestics |
| Cleaning equipment | Full clean after each use | Full clean after each use | Full clean after each use | Full clean after each use | Domestics |
| Low surfaces | 2 daily | 1 full clean daily + 1 check clean daily | 1 full clean daily | 1 full clean weekly | Domestics |
| High surfaces | 2 times weekly | 1 full clean weekly + 1 check clean weekly | 1 full clean weekly | 1 full clean weekly | Domestics |
| Chairs | Daily + 1 check clean | 1 full clean daily + 1 check clean daily | 1 full clean daily | 1 full clean weekly | Domestics |

| | | | | | |
|---|---|---|---|---|---|
| Beds | Frame daily | Frame daily | Frame daily | N/A | Domestics |
| | Under weekly | Under weekly | Under weekly | | Domestics |
| | Whole on discharge | Whole on discharge | Whole on discharge | | Domestics |
| Lockers | 2 daily | 1 full clean daily + 1 check clean daily | 1 full clean daily | N/A | Domestics |
| Tables | 2 daily | 1 full clean daily + 2 check clean daily | 1 full clean daily | 1 full clean weekly | Domestics |
| All dispensers and holders | Daily | Daily | Daily | N/A | Domestics |
| Waste receptacles | Daily + 1 check clean | 1 full clean daily + 1 check clean daily | 1 full clean daily | 1 full clean daily | Domestics |
| | Deep clean weekly | Deep clean weekly | 1 deep clean weekly | 1 deep clean weekly | Domestics |
| Curtains and blinds | Clean, change or replace yearly | Clean, change or replace yearly | Clean, change or replace yearly | Clean, change or replace 2 yearly | Domestics |
| | Bed curtains 3 monthly | Bed curtains change 6 | Bed curtains replace | | Domestics |
| | | monthly | 12 monthly | | |
| Dishwashers | 1 full + 2 check clean daily | 1 full clean daily + 2 check clean daily | 1 full clean daily | 1 full clean daily | Domestics/Estates |
| Fridges and freezers | 3 check cleans daily | 3 check cleans daily | 3 check cleans daily | 1 check clean daily | Domestics (Offices = users) |
| | 1 full clean weekly | 1 full clean weekly (remove all content to clean) | 1 full clean weekly | 1 full clean weekly | Domestics (Offices = users) |
| | Defrost monthly | Defrost freezer monthly | Defrost monthly | Defrost monthly | Domestics (Offices = users) |
| Ice machines and hot water boilers | Daily check clean | Daily check clean | Daily check clean | Daily check clean | Domestics |
| | 1 full clean weekly | 1 full clean weekly | 1 full clean weekly | 1 full clean weekly | Domestics |
| Kitchen cupboards | 1 full clean weekly | 1 full clean weekly | 1 full clean monthly | 1 full clean quarterly | Domestics |
| Microwaves | 1 full + 2 check clean daily | 1 full clean daily + 2 check cleans daily | 1 full clean daily | 1 full clean weekly | Domestics (Offices = users to check daily) |
| Showers | 1 full + 1 check clean daily | 1 full clean daily + 1 check clean daily | 1 full clean daily | 1 full clean daily | Domestics |
| Toilets and bidets | 3 full cleans daily | 2 full clean daily + 1 check clean daily | 1 full clean daily | 1 full clean daily | Domestics |

| | | | | | |
|---|---|---|---|---|---|
| Replenishment | 3 times daily | 3 times daily | 1 times daily | 1 times daily | Domestics |
| Sinks | 3 full cleans daily | 2 full cleans + 1 check clean daily | 1 full clean daily | 1 full clean daily | Domestics |
| Baths | 1 full + 1 check clean daily | 1 full clean daily + 1 check clean daily | 1 full clean daily | 1 full clean daily | Domestics |

Appendix 4

**Sample cleaning schedule, signing off sheet & exception report**

| Issue Date: January xxxx | Expiry Date: January xxxx | Review: Annually |
|---|---|---|

**Daily Duties**

| | |
|---|---|
| **6:00: 08:00** | • Set up cleaning trolley with clean mops, disposable cloths and cleaning solution<br>• Empty bins, replace liners, and remove waste<br>• Check department for any spillages<br>• Clean waiting areas x 2, triage, entrances x 2, office, reception and relative's room. This includes all horizontal and vertical surfaces, furniture, fixtures and fittings<br>• Dust control and damp mop floors<br>• Clean sanitary areas, top up supplies and mop floors<br>• Clean dirty utility<br>• Clean trolley bays and walkway. This includes all horizontal and vertical surfaces, furniture, fixtures and fittings<br>• Dust Control and damp mop trolley bays and walkway floors<br>• Clean sinks mirrors, splash backs, dispensers and top up supplies<br>• Clean cubicles and main walkway. This includes all horizontal and vertical surfaces, furniture and fixtures and fittings<br>• Dust control and damp mop cubicles and main walkway floors<br>• Drain, clean, restock and top up drinks machine with cold fresh water<br>• Empty and clean trolley, dispose of any unused cleaning solution<br>• Clean and tidy cupboard and equipment |
| **08:00 – 10:15** | • Dust control, damp mop, and clean paediatric cubicles, paediatric nurse base and tele-medicine. This includes all horizontal and vertical surfaces , furniture and fixtures and fittings<br>• Dust control and damp mop floors ( above) and walkway<br>• Empty bins replace liners, and remove waste<br>• Clean any areas not previously accessed |
| **10:15 – 12:00** | • Clean resuscitation unit. This includes all horizontal and vertical surfaces , furniture, and fixtures and fittings<br>• Empty bins, replace liners and remove waste<br>• Clean sinks mirrors, splash backs, dispensers and top up supplies<br>• Dust control and damp mop floor |
| **12:00 – 14:00** | • Clean trolley bays and cubicles (secondary clean). Clean all high contact points<br>• Clean dirty utility<br>Clean sanitary areas, top up supplies and mop floors ( secondary clean)<br>• Empty and clean trolley, dispose of any unused cleaning solution<br>• Clean and tidy cupboard and equipment |
| **1600 – 18:00** | • Set up cleaning trolley with clean mops, disposable cloths and cleaning solution<br>• Check clean department<br>• Empty all bins, replace liners and remove waste<br>• Clean sanitary areas, top up supplies and mop floors<br>• Empty and clean trolley, dispose of any unused cleaning solution |

| | |
|---|---|
| | • Clean and tidy cupboard and equipment |
| **21:00- 05:30** | • Night Fast Response team check clean department throughout the night.<br>• Empty all bins, reline and remove waste<br>• Clean sanitary areas, top up supplies and mop floors<br>• Damp dust, dust control and damp mop waiting room<br>• Empty and clean trolley, dispose of any unused cleaning solution<br>• Clean and tidy cupboard and equipment |

# For scheduled work not completed, please fill in an Exception report

Exception Report

Task Not Completed

Please complete this form when you are unable to complete a task or when you are denied access to an area

Operatives name:

| |
|---|
| |

Task not completed:

| Comments: |
|---|
| |
| |

Reason why access has been denied:

| Comments: |
|---|
| |
| |

Task has been re-arranged for:

| | | | |
|---|---|---|---|
| Date | | Time | |

| | | |
|---|---|---|
| Signature | | Clinical staff |
| Signature | | Operative |
| Signature | | Cleaning supervisor |

**RECORD OF SCHEDULED WORK COMPLETED**

**WARD/DEPT ……**

| WEEK ENDING DATE: …… | DAY SHIFT MONDAY - SUNDAY | | EVENING SHIFT MONDAY - SUNDAY | | EXCEPTION REPORT COMPLETED | | RE-SCHEDULED WORK COMPLETED | |
|---|---|---|---|---|---|---|---|---|
| | Scheduled work completed (✓) | Cleaning Operative Signature | Scheduled work completed (✓) | Cleaning Operative Signature | (YES ✓) | (NO ✓) | (YES ✓) | (NO ✓) |
| MONDAY | | | | | | | | |
| TUESDAY | | | | | | | | |
| WEDNESDAY | | | | | | | | |
| THURSDAY | | | | | | | | |
| FRIDAY | | | | | | | | |
| SATURDAY | | | | | | | | |
| SUNDAY | | | | | | | | |

Appendix 5

## National colour coding scheme for hospital cleaning materials and equipment

All NHS organisations should adopt the colour code below for cleaning materials. All cleaning items, for example, cloths (re-usable and disposable), mops, buckets, aprons and gloves, should be colour coded. This also includes those items used to clean catering departments.

**Red**

Bathrooms, washrooms, showers, toilets, basins and bathroom floors

**Blue**

General areas including wards, departments, offices and basins in public areas

**Green**

Catering departments, ward kitchen areas and patient food service at ward level

**Yellow**

Isolation areas