

Healthcare Environment Cleaning Policy and Procedures

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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

Reviewed in line with New National Standards of Healthcare Cleanliness 2021

KEY WORDS

Cleaning

Healthcare

Environment

Post infection cleaning

1 INTRODUCTION AND OVERVIEW

- 1.1 The importance of a clean environment in hospitals is recognised as a key foundation for achieving safe patient care and recovery. This policy has been devised following collaboration with domestic services and infection prevention colleagues and is intended to be the basis on which all cleaning protocols are shared by the Trust.
- 1.2 The Trust is responsible for the Cleaning of all its health care environments and for ensuring the Trust adheres to all regulatory and safe practice guidance documents and in accordance with current legislation.
- 1.3 The Health and Social Care Act 2008 requires the Trust to 'provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infection'
- 1.4 The standards by which the Trust will do this are set out in the National Standards for Healthcare Cleanliness (2021)'. These are the minimum cleaning standards

2 POLICY SCOPE

- 2.1 This policy covers all staff employed by the Trust in the course of their duties, and will include agency and contractual staff working within or on behalf of the Trust.

3 DEFINITIONS AND ABBREVIATIONS

IRT – Infection Response Team. Provide post infection cleans for rooms or bed spaces where patients have been in source isolation.

HealthCare Environment – Refers to all buildings including permanent, temporary or mobile owned or leased by the Trust used to deliver health care to patients. This may also be known as **Healthcare premises**

PLACE – Patient Led Assessment of the Care Environment – national initiative for an annual assessment of in-patient care environments whose team must comprise of 50% patient representatives.

NSHC – National Standards of Healthcare Cleanliness 2021

4 ROLES

4.1 Executive Lead

- 4.1.1 The Director of Estates and Facilities is the Executive Lead for Cleaning for the Trust.

4.2 Lead Cleaning Officer

- 4.2.1 The Head of Facilities has been appointed as Lead Cleaning Officer, with management responsibility to oversee the cleaning activities of the organisation. This Officer's duties will include responsibility for:-

- Ensuring that formal PLACE inspections are carried out within the Trust

and the reporting of the scores to appropriate agencies.

- Ensuring policy and procedures exist to ensure compliance with statutory requirements.
- Reporting to the Trust Infection Prevention Assurance Committee on cleaning matters, as and when required.
- Ensuring that appropriate training needs for staff that have contact with cleaning processes are identified.
- Maintaining an overview of Trust-wide cleaning audit practices.
- Liaising with Senior Infection Prevention colleagues on matters of cleaning practices.

4.3 Infection Prevention Operational Groups (IPOG)

4.3.1 Each CMG infection Prevention operational groups will have domestic team representation.

4.3.2 The CMG IPOG meetings will be responsible for reviewing cleanliness audit scores and star ratings as per the national standards of cleanliness.

4.4 Estates and Facilities

4.4.1 Estates and Facilities have responsibility for the day to day management and implementation of cleaning activities for the Trust.

4.4.2 The day to day management will be carried out by Domestic managers within each site reporting to the head of facilities

4.4.3 Responsibilities shall include but are not limited to:-

- Attendance at IPOG meetings
- Completing regular audits of cleaning standards, in conjunction with Infection Prevention and Matron Colleagues.
- Liaising with Ward and Department Managers, to ensure procedures conform to policy and guidance.
- Ensure that risk assessments and safe systems of working, in relation to cleaning services are carried out, recorded and reviewed regularly. The Risk Assessment should take into consideration the following issues, and where appropriate, line managers should ensure that staff receive information/training on the following:-
 - The risks to their health and safety.
 - Any precautions necessary.
 - The results of any monitoring.
- Ensure that cleaning procedures and safe working practices resulting from them are produced, documented and implemented for their area and kept accessible.

4.5 Domestic Managers Forum

4.5.1 A Domestic manager's forum with representation from each site domestic management team, head of facilities, infection prevention and Estates and

facilities performance team will be held.

4.5.2 This group will be responsible for review of the healthcare environment cleaning policy.

4.5.3 The Group will provide a report to Trust Infection Prevention Committee Quarterly on cleaning performance.

4.6 CMG managers/Directors/Heads of Nursing

4.6.1 CMG Managers/Directors /Heads of Nursing shall:-

- Be responsible for the implementation of the policy within their CMG
- Identify and seek provision of resources, to enable the CMG to comply with the policy and existing legislation.
- Ensure that all their Departmental Managers/Ward Managers are aware of their cleaning management responsibilities, and to complete any actions arising from the cleaning audits in their area of concern, as well as concerns raised in the monthly ward/department audits.
- Liaise and co-operate with the Lead Cleaning Officer, and act on any recommendations.
- Ensure that appropriate arrangements are made to co-ordinate procedures, training and information across the CMG.
- Ensure that all contractors engaged by their department(s) comply with this policy.
- Ensure that all training opportunities are taken up by the staff in the CMG.

4.7 Matrons

4.7.1 Matrons in conjunction with their ward/departmental managers shall

- Ensure the implementation and monitoring of the Cleaning policy within the specific area of responsibility.
- Work in line with the Matrons Charter.
- Ensure that risk assessments in relation to cleaning are carried out, recorded and reviewed regularly.
- Ensure that arrangements with regard to cleaning are included in local induction, and regular refresher training is provided for all staff.
- Monitor the investigation and reporting of all incidents and dangerous occurrences in relation to the cleaning in their area.
- Ensure that all staff are properly trained and are competent to undertake their duties.
- Ensure that safe working practices are followed, and that all safety precautions are taken within the department.
- Maintain and update departmental procedures and records on a regular basis.
- Audit the environment on a monthly basis with the Facilities Team Leaders.
- Where audit scores fall below the accepted mark ensure that an action plan is formulated and re-audit carried out.
- Ensure all changes to legislation and policy in relation to their areas of responsibility is acted upon.

4.8 Ward/Department Managers

4.8.1 Ward/Department Managers shall:-

- Be responsible for the implementation and monitoring of the Cleaning policy within the specific area of responsibility.
- Ensure that risk assessments in relation to cleaning are carried out, recorded and reviewed regularly. The Risk Assessment should take into consideration the following issues, and where appropriate, line managers should ensure that staff receive information/training on the following:-
 - The risks to their health and safety.
 - Any precautions necessary.
 - The results of any monitoring.
- Ensure that cleaning procedures and safe working practices resulting from them are produced, documented and implemented for their area and kept accessible.
- Ensure that arrangements with regard to cleaning are included in local induction, and regular refresher training is provided for all staff.
- Monitor the investigation and reporting of all incidents and dangerous occurrences in relation to the cleaning in their area.
- Ensure that all staff are properly trained and are competent to undertake their duties.
- Ensure that safe working practices are followed, and that all safety precautions are taken within the department.
- Maintain and update departmental procedures and records on a regular basis.
- Undertake regular monitoring and record their findings.
- Ensure all changes to legislation and policy in relation to area of responsibility is acted upon.

4.9 Infection Prevention Team (IPT)

4.9.1 With regard to clinical waste, the IPT will:-

- Support the Lead Cleaning Officer and contractor on issues associated with Healthcare cleaning.
- Provide education for effective cleaning management, and assist in the investigation of any associated adverse incidents.
- Assist and participate in the monitoring of the Cleaning Standards, and adhere to the audit specifications
- Attend Facilities and Cleaning forum meetings.
- Undertake regular audits alongside domestic and Modern Matron Colleagues.

4.10 Estates and Facilities Compliance Team

4.10.1 With regard to Cleaning issues, the Estates and facilities compliance team will:-

- Support the Lead Cleaning Officer and contractor on issues associated with cleaning Risk Assessment and tasks.

4.11 Employees – General Responsibilities

4.11.1 Although primary responsibility for the provision and management of domestic services rests with Estates and Facilities, each employee or agent of the Trust

has an individual responsibility to:-

- Take reasonable care for their own health and safety, and others who may be affected by their acts or omissions.
- Co-operate with Trust management in the implementation of this Policy.
- Wear personal protective equipment (PPE), whenever deemed appropriate through risk assessment.
- Adhere to good hygiene and infection prevention practices at all times.
- Report any problems that arise regarding cleaning standards to their supervisor/manager.
- Undergo regular training as identified through the Risk Assessment process and by their Line Managers.

4.12 Contractors

4.12.1 Other employers or individuals providing goods and/or services to the Trust shall be required to comply with Trust policies and procedures with regard to the management of healthcare cleaning standards.

4.12.2 Specific requirements for Contractors will be detailed in the University Hospitals of Leicester NHS Trust's Safety Policy for Contractors.

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

5.1 The University Hospitals of Leicester NHS Trust is committed to ensuring the health, safety and welfare of its entire staff, patients, visitors and others, who may be affected by the cleanliness standards which result from our work. Therefore the 'National Standards for Healthcare Cleanliness, Audit Tools for Monitoring Infection Control Standards' and the 'National Colour Coding Scheme for hospital cleaning materials and equipment' will be the guidance documents adhered to. These practical methodologies for achieving the requirements of the Health Act related to cleaning, compliance will form the basis of the UHL cleaning strategy.

5.2 Details on how this policy will be delivered are included in the specific procedures.

5.3 Where appropriate, training and presentations in the correct procedures for cleaning a healthcare environment will be provided, together with the necessary equipment, information and protective clothing, in line with the UHL Uniform and Dress Code Policy B30/2010. The training will be by the Facilities team or infection prevention team.

5.4 All cleaning activities will be subject to risk assessment and audit. At all stages of process, account will be taken of the requirement to conform to legislation and best practice, achieve economical cleaning standards and protect the environment.

5.5 Functional areas and risk

5.5.1 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.

5.5.2 Within the NSHC there are six risk categorisations based on the function carried out within each area:

- FR1 e.g. Intensive Care units, Operating Theatres, Emergency Departments
- FR2 e.g. Acute Wards, Endoscopy Units, Dialysis units
- FR3 e.g. Mortuary
- FR4 e.g. Non-invasive X Ray, Outpatients Departments, Pathology, Pharmacies
- FR5 e.g. Main Receptions, Chapel/Prayer rooms
- FR6 e.g. Administration areas, offices, Education Centres

5.5.3 A cleaning schedule will be displayed at the entrance to each area detailing the risk category and the frequency of cleaning for each element on the ward and whose responsibility it is.

5.5.4 The cleaning schedules and frequencies for each element according to risk category can be found in Appendix 6.

5.5.5 The Audit frequencies and target audit scores for the functional risk categories are as follows

Functional Risk Category	Audit Frequency	Audit Target Score
FR1	Weekly	98%
FR2	Monthly	95%
FR3	Bi-Monthly	90%
FR4	Quarterly	85%
FR5	Six Monthly	80%
FR6	Annually	75%

If an area fails to meet these targets following an audit then follow escalation plan in Appendix 6

5.6 Procurement

5.6.1 Prior to the procurement of all cleaning materials and equipment the Lead Cleaning Officer and Infection Prevention Team must be consulted

5.7 Cleaning Equipment

5.7.1 Dedicated cleaning trolleys or wheeled containers are needed to transport cleaning materials and equipment in order to facilitate correct cleaning procedures.

5.7.2 They need to be designed and constructed so that they:-

- Are easy to clean and drain.
- Contain any leakage from damaged receptacles or containers.
- Are easy to load and unload.
- Do not allow particles of dirt to become trapped on edges or crevices.

5.7.3 Cleaning trolleys need to be cleaned and disinfected after use and at regular intervals.

5.7.4 Cleaning equipment will be stored clean and dry

5.7.5 Cleaning equipment will follow the national colour coding for cleaning

equipment (Appendix 4)

5.7.6 A mop and bucket will be available in each ward and department for use by non-domestic team staff. Buckets must be cleaned and disinfected following use and the disposable mop head disposed of.

5.8 Soiled, Foul and Infected Linen

5.8.1 For those members of staff who handle soiled linen in the course of their duties, reference should be made to the Hospital Linen Infection Prevention Policy B14/2012, and they should receive training appropriate to the task.

5.9 Storage and Security of chemicals

5.9.1 All Cleaning equipment and chemicals must be stored in a secure area and whilst cleaning is being undertaken must not be left unattended.

5.10 Personal Protective Equipment (PPE)

5.10.1 All members of staff involved in the removal of clinical and other waste from ward and departments should wear the appropriate protective clothing. In the main, this should consist of: (Please refer to Appendix 7)

- Protective aprons and gloves in the correct colour
- Overalls.
- Suitable footwear.

5.11 Immunisation

5.11.1 All staff undertaking cleaning duties should be offered appropriate immunisation, including Hepatitis B, Flu vaccine and Tetanus. Any queries or advice can be obtained through the Occupational Health Departments.

5.12 Adverse Incident Reporting

5.12.1 Risks identified with regards to cleaning issues will be recorded on the Trust risk register. The Trust's Policy on Adverse Incident Reporting should be followed in relation to any incident involving cleaning. All cleaning-related incidents will be referred by the Health and Safety Manager to the Cleaning Lead Officer, who will ensure that the incident is investigated and corrective actions taken, to prevent recurrence of similar incidents.

5.13 Additional cleaning requirements during outbreaks of infection

5.13.1 During outbreaks of infection the infection prevention team will contact site specific Facilities manager and customer service centre for Estates and Facilities. With details of the ward affected. In addition specific cleaning arrangements will be discussed with the domestic teams on the site affected e.g. curtain changes, steam cleaning, and hydrogen peroxide fogging.

5.13.2 In addition where an outbreak control meeting is called domestic and facilities

colleagues will be asked to attend.

5.14 Contingency planning in the event of staff shortages

- 5.14.1 Unavailability of staff due to sickness/absence or increased demand places a strain on provision of cleaning services. Methods for dealing with demand will vary according to notice given and the shortfall.
- 5.14.2 Contingency plans will be made available locally to each site but may include the following.
- 5.14.3 Variation of work schedule. Some tasks may be performed flexibly within the months. This will allow cleaning staff to be diverted to a higher priority. Where this occurs the area affected will be informed by the domestic manager and a revised date given.
- 5.14.4 Additional hours worked by part time staff. Consideration should be given to giving additional hours to part time staff to cover shortfall
- 5.14.5 Overtime hours by full time staff. If demand cannot be met by offering part time staff additional hours consideration should be given to overtime working by full time staff.
- 5.14.6 Direct labour by supervisors. This should only be used where all other options have been explored.
- 5.14.7 Prioritisation of work areas. In extreme situations the postponement or cancelling of routine cleaning in areas should be considered. This will only be done following consultation with the DIPAC and Head of performance Head of Facilities and will start with areas identified as low risk.

5.15 External Assurance Audits

- 5.15.1 External assurance audits will be carried out annually in the form of Patient Led Assessments of the Environment (PLACE)

5.16 Cleanliness Charter

- 5.16.1 The NSHC require all organisations to display the Commitment to Cleanliness Charter. The charter should be printed out on A3 size paper. These will be provided for each ward and department by Estates and Facilities.

5.17 Star Ratings

- 5.17.1 A star rating poster will be displayed in patient facing areas as a way of reassuring patients and visitors about cleanliness. The star rating will be based on first time percentage score.
- 5.17.2 The star ratings will be from 5 star to 1 star.
- 5.17.3 Where a functional area scores 3 stars or less the escalation protocol will be followed (Appendix 7)

5.18 Room Decontamination Systems

- 5.18.1 The Trust has two different types of room decontamination system. These are UV-C and Hydrogen peroxide vapour. Both these systems require the rooms to be cleaned first.
- 5.18.2 The majority of whole room decontamination will be done using hydrogen peroxide vapour. UV-C may be used in agreement with the Infection Prevention team.

5.18.3 Details of situations where a room decontamination system can be found in appendix 7. This would be classified as a RED clean.

6 EDUCATION AND TRAINING REQUIREMENTS

6.1 All new domestic staff to the Trust will receive an induction delivered Facilities commensurate with their role. Specific training for staff should be included in local inductions provided by the education teams. Further training on cleaning responsibilities and practices should be identified through the appraisal process, where appropriate and should be in line with the 'Health and Social Care Act 2008'. The requirements within the Act for ensuring a clean environment specifically states that the training arrangements include:

- Clear definition of specific roles and responsibilities for cleaning.
- Clear, agreed and well-publicised cleaning routines.
- Consultation with the Infection Prevention Teams on learning protocols.
- Sufficient resources dedicated to keeping the environment clean and fit for purpose.

6.2 Training needs will vary depending on the task and on the individual, however staff must receive the appropriate training, information and instruction on:-

- The segregation, handling, storage and collection risks associated with clinical and other wastes. (UHL Waste Policy A15/2002)
- Training on cleaning processes appropriate to their Job role
- Hand hygiene. (Hand Hygiene policy B32/2003)
- Any local procedures which apply to their task/workplace.
- Procedures for spillages (Decontamination of Medical Equipment B5/2006)
- Incident reporting. (Incident and Accident Reporting Policy A10/2002)
- Emergency procedures.
- The appropriate use of protective clothing. (Preventing Transmission of Infection Policy B65/2011 and Personal Protective Equipment Policy B9/2004)

6.3 For those members of staff who handle clinical and other waste in the course of their duties they must follow the UHL Waste Policy A15/2002 and have appropriate training for the task. See Appendix 2 for Swan Necking procedure and Appendix 3 for colour coding of waste bags.

7 PROCESS FOR MONITORING COMPLIANCE

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements Who or what committee will the completed report go to.
Cleanliness of ward environment	Domestic team leaders/ Matrons	Environmental audit tool	Monthly	Environmental audit scores reported and reviewed at CMG infection prevention group meetings
Ward and Department Environment	Head of Facilities	PLACE Audits	Annual	Report to Trust Infection Prevention Committee

8 EQUALITY IMPACT ASSESSMENT

- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

Towards Cleaner Hospitals and Lower Rates of Infection (Department of Health, July 2004)

A Matron's Charter: an Action plan for Cleaner Hospitals (Department of Health, October 2004)

Revised Guidance on Contracting for Cleaning (Department of Health, December 2004)

Standards for Better Health (Department of Health, updated April 2006)

National Standards of healthcare Cleanliness 2021

Colour Coding Hospital Cleaning Materials and Equipment: Safer Practice Notice 15 (National Patient Safety Agency, January 2007)

An Integrated Approach to Hospital Cleaning: Microfibre Cloth and Steam Cleaning Technology (Department of Health, May 2007)

Health and Social Care Act 2008: the Code of Practice for the Prevention and Control of Healthcare Associated Infections (the 'Code of Practice') (Department of Health, updated July 2015)

Uniforms and Work wear: an Evidence Base for Developing Local Policy (Department of Health, January 2007)

Clean Hands Save Lives: Patient Safety Alert (NPSA September 2008)

From Deep Clean to Keep Clean: Learning from the Deep Clean Programme (DOH October 2008)

Decontamination of Medical Equipment B5/2006

UHL Waste Management Policy A15/2002

UHL Preventing Transmission of Infection Policy B65/2011

UHL Personal Protective Equipment Policy B9/2004

UHL Uniform and Dress Code Policy B30/2010

UHL Hand Hygiene Policy B32/2003

[Norovirus Working Party \(2012\) Guidelines for the management of norovirus outbreaks in acute and community health and social care settings](#)

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

- 10.1 The updated version of the Policy will then be uploaded and available through INsite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system

1. Introduction

Following increased incidence or outbreaks of infection in a ward environment a thorough clean is required to ensure that patients are not put at undue risk. The principles of post infection cleaning cover cleaning, disposal of materials where possible, the disinfection of equipment and surfaces, removal of curtains and the precise order in which tasks are carried out. Ideally the area should be emptied of patients as this makes the process easier. However, this is not always possible and the procedure set out below must be followed.

2. Scope

This guideline applies to all situations where restrictions have been places on wards or part of wards due to infection reasons. The protocol must be followed before those restrictions can be lifted.

3. Protocol for Post infection Cleaning where wards or bays have been restricted

3.1 When it is identified by infection prevention that restrictions are no longer required for the ward or bay area the following actions are required.

	Action
1	Identify ward co-ordinator. This staff member needs to liaise with the domestic team. Co-ordinator will need to look at staffing numbers and co-ordinate the staff during the cleaning process.
2	Commence cleaning in empty bed spaces.
3	Dispose of contaminated disposable patient care items as clinical waste e.g. suction tubing
4	Strip the bed and place into appropriate linen bag
5	Dispose of debris/rubbish into clinical waste bag
6	Remove curtains and place into appropriate linen bag
7	Clean the environment thoroughly with chlor-clean. N.B Chlor-clean requires a 3 minute contact time to achieve disinfection
8	Start with high cleaning – Curtain rails, overhead light and bedside T.V, high shelves and ledges
9	Clean other surfaces including inside bedside locker, bedside table (including underneath), suction and oxygen points. Wall washing is not required but remove visible splash marks.
10	Clean bed frame, rail and mattress – Check inside of mattress by unzipping cover and looking inside. Replace if necessary.
11	Clean patient equipment e.g. dynamap, thermometers
13	Mop floor – Place mop head in laundry bag and return for laundering
14	Dispose of Personal protective equipment into clinical waste and clean hands
15	Repeat for other empty bed spaces.
16	Once all empty bed spaces are clean start moving the remaining patients into clean bed spaces.

17	Repeat process until all bed spaces have been cleaned
18	Hang curtains
19	Remake beds and restock bed spaces
20	Nurses' station should be cleaned. Computers including cows should be cleaned with Clinell Universal wipes.
21	Clean ward corridor. Mop floor with Chlor-clean. Ensure that patient hand rails and door handles are also cleaned with Chlor-clean
22	Bathrooms, shower rooms and toilet areas should also be cleaned sanitizer
23	Clean utility room should be thoroughly cleaned including door handle and keypad
24	Ensure dirty utility is cleaned. Thoroughly clean all parts of each commode (seat, lid, arms, backrest, legs and underside) and bedpan holders
25	If a day room is available also ensure that cleaning has taken place in there
26	Once this has been done restrictions will cease

5. Further information / References

[Norovirus Working Party \(2012\) Guidelines for the management of norovirus outbreaks in acute and community health and social care settings](#)

Swan Necking Procedure



For all waste bags including Yellow, Orange or Black bags

PTSIGH/UHL/Signs/4123

Use appropriate colour coded cleaning equipment as per national guidance.

APRONS

Clinical Staff in Clinical Areas:

- Green aprons shall be worn for kitchen duties and giving out of food and drinks.
- White aprons shall be used for general ward/department duties
- Yellow shall be used for patients who are source isolated.

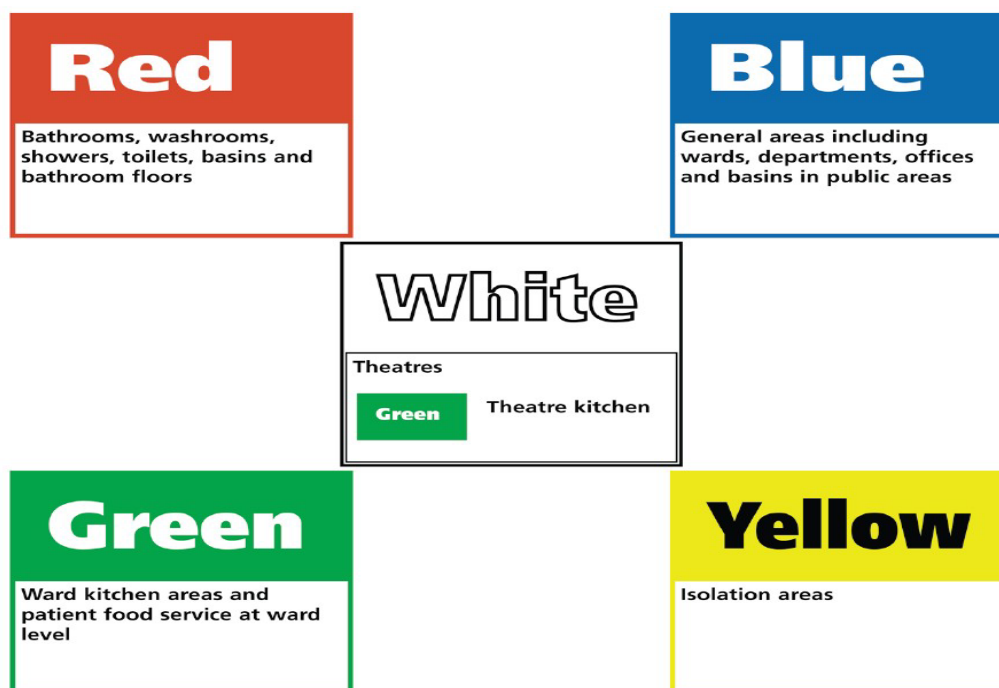
Domestic staff when cleaning shall wear appropriately colour coded aprons as below


National Patient Safety Agency

University Hospitals of Leicester NHS Trust

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 (reusable and disposable), mops, buckets and aprons should be colour coded. Disposable gloves to be worn for all cleaning duties. Green heavy duty gloves to be used for washing up in kitchens.



Your local contact for hospital cleaning is:

Introduction / Scope

The estates and facilities team have a 24 hour rapid response team (RRT) who will respond to the cleaning of infected rooms and infected bed spaces upon patient's discharge. Domestic departments should ask the Infection Prevention department to prioritise requests if necessary during the daytime and the duty manager during the evening/night time. The domestic service where possible will send two domestic staff to attend vacated infection clean. Where this is not possible the one domestic staff column will be followed.

1. The main body of the Guideline / Procedure

Actions highlighted in Red are nursing responsibilities. All other actions RRT responsibilities

ONE DOMESTIC STAFF TO ATTEND VACATED INFECTION CLEAN	TWO DOMESTIC STAFF TO ATTEND VACATED INFECTION CLEAN
Patient discharged from infected side room or infected bed space. Ward to contact Customer Service Centre on 17888 and advise the type of infection	Patient discharged from infected side room or infected bed space. Ward to contact Customer Service Centre and advise the type of infection
Customer Service Centre activates IRT to location and completes relevant paperwork.	Customer Service Centre activates IRT to location and completes relevant paperwork.
IRT to prepare trolley with 'Yellow' colour coded equipment, cloths and a roll of orange clinical waste bags and sanitizer Chlorclean should be prepared as per manufacturer's instructions. Separate solutions of Chlorclean need to be prepared for cleaning and floor mopping	IRT to prepare trolley with 'Yellow' colour coded equipment, cloths and a roll of orange clinical waste bags and sanitizer Chlorclean should be prepared as per manufacturer's instructions. Separate solutions of Chlorclean need to be prepared for cleaning and floor mopping
Obtain curtains and a pouch for soiled the curtain hooks from the sewing room if necessary.	Obtain curtains and a pouch for soiled the curtain hooks from the sewing room if necessary.
Nursing staff to prepare the following items required for cleaning:- Milton (for cleaning blood splashes) Cleaning cloths Sanitizer Chlorclean solution – prepared as per manufacturers instructions	Nursing staff to prepare the following items required for cleaning:- Milton (for cleaning blood splashes) Cleaning cloths Sanitizer Chlorclean solution – prepared as per manufacturers instructions
Nursing staff to strip the bed and follow bagging procedure. If mattress is a hired mattress – Chlorclean and place in the red bag and follow the Medstrom procedure	Nursing staff to strip the bed and follow bagging procedure. If mattress is a hired mattress – Chlorclean and place in the red bag and follow the Medstrom procedure
Place jugs, beakers, cups and saucers into a clear bag, seal and place at doorway. When nursing tasks are completed, remove to kitchen area for collection by catering staff.	Place jugs, beakers, cups and saucers into a clear bag, seal and place at doorway. When nursing tasks are completed, remove to kitchen area for collection by catering staff.
Nursing staff to clean all medical equipment (BP cuff, stethoscope, thermometer etc)	Nursing staff to clean all medical equipment (BP cuff, stethoscope,

ONE DOMESTIC STAFF TO ATTEND VACATED INFECTION CLEAN	TWO DOMESTIC STAFF TO ATTEND VACATED INFECTION CLEAN
<p>whilst the domestic staff member is cleaning the infected room/space in order that the cleaned equipment does not come into contact with a contaminated surface</p> <p>Patients wash bowl should be cleaned using Sanitizer</p> <p>If equipment cleaned before RRT are available the equipment must not remain in the contaminated room</p>	<p>thermometer etc) whilst the domestic staff member is cleaning the infected room/space in order that the cleaned equipment does not come into contact with a contaminated surface</p> <p>Patients wash bowl should be cleaned using Sanitizer</p> <p>If equipment cleaned before RRT are available the equipment must not remain in the contaminated room</p>
<p>Domestic staff member to enter the room wearing protective clothing (aprons and gloves). All equipment and consumables for cleaning the room must be taken into the room at this time.</p> <p>Take stepladders into the room.</p> <p>Remove bed / window curtains/shower curtains and place at doorway</p> <p>Remove curtain hooks/shower hooks and place in plastic pouch and seal (site variations exist)</p>	<p>One domestic staff member to enter the room wearing protective clothing (aprons and gloves). All equipment and consumables for cleaning the room must be taken into the room at this time. One staff member to remain outside of the room</p> <p>Take stepladders into the room.</p> <p>Remove bed / window curtains/shower curtains and pass to other staff member to follow bagging procedure for curtains.</p> <p>Remove curtain hooks/shower hooks and place in plastic pouch and seal (site variations exist)</p>
<p>Remove clinical waste bag from bin and place near doorway.</p>	<p>Remove clinical waste bag from bin and pass to other staff member to follow the bagging procedure.</p>
<p>Follow bagging procedure for curtains and waste</p> <p>When all items have been disposed of from the room, wash hands and change PPE (Personal Protective Equipment)</p>	<p>When all items have been disposed of from the room the additional staff member should now change PPE, wash hands and put on new PPE and commence working with the other staff member</p>
<p>Commence cleaning in the bedroom then the en suite area if applicable.</p>	<p>Working as a pair, commence cleaning in the bedroom then the en suite area if applicable.</p>

<p>All fixtures and fittings must be cleaned using the Chlorclean solution, including the whole of the bed, locker, bed table, chair, waste bin. The cloth to clean the nurse call bell system and TV must be not be a 'wet' cloth, only damp.</p> <p>Domestic staff to request nursing staff assist with the turning of the mattress</p> <p>All surfaces must be cleaned skirting to ceiling with Chlorclean solution and buffed if applicable.</p> <p>Sanitary fittings should be cleaned with Sanitizer and not Chlorclean. Toilet brushes to be cleaned with chlorclean. They must be thrown if heavily soiled or broken</p> <p>The step ladder should be the last item to be cleaned and then placed outside of the room</p> <p>After dry mopping has been undertaken the floor should be wet mopped using the separately prepared Chlorclean solution for this process.</p>	<p>All fixtures and fittings must be cleaned using the Chlorclean solution, including the whole of the bed, locker, bed table, chair, waste bin. The cloth to clean the nurse call bell system and TV must be not be a 'wet' cloth, only damp.</p> <p>All surfaces must be cleaned skirting to ceiling with Chlorclean solution and buffed if applicable.</p> <p>Sanitary fittings should be cleaned with Sanitizer and not Chlorclean. Toilet brushes to be cleaned with chlorclean. They must be thrown if heavily soiled or broken The step ladder should be the last item to be cleaned and then placed outside of the room</p> <p>One staff member to dry mop then wet mop using the separately prepared Chlorclean solution for this process.</p>
<p>Remove PPE and place into clinical waste bag on domestic trolley, wash hands whilst inside cleaned area and apply alcohol hand rub outside of the area.</p>	<p>Other staff member to remove PPE and place into clinical waste bag on domestic trolley, wash hands whilst inside cleaned area and apply alcohol hand rub outside of the area.</p>
<p>Re apply PPE. Take domestic trolley to sluice and decontaminate all cleaning equipment, pouch for curtain hooks and trolley. Dispose of waste. Remove PPE and wash hands.</p>	<p>Re apply PPE. Take domestic trolley to sluice and decontaminate all cleaning equipment, pouch for curtain hooks and trolley. Dispose of waste. Remove PPE and wash hands.</p>
<p>When waste bin and floor are dry, re-enter room to insert clinical waste bag</p>	<p>When waste bin and floor are dry, enter room to insert clinical waste bag</p>
<p>Hang any curtains in room using the clean step ladders if applicable</p>	<p>Hang any curtains in room using the clean step ladders if applicable</p>
<p>Take curtain hooks to the Linen department for decontamination. LGH – curtain room clean with Chlorclean LRI & GH – RRT to clean with Chlorclean</p>	<p>Take curtain hooks to the Linen department for decontamination LGH – curtain room clean with Chlorclean LRI & GH –RRT to clean with Chlorclean</p>

- Dispose of all loose consumables including any packs of hand towels which were in the room not in the hand towel dispenser.
- After cleaning the hand towel dispenser replace same hand towels (they will not have been contaminated)
- During the cleaning of any en suite toilet facility – spin the toilet tissue approximately 10 times and discard. The remaining toilet tissue will not be contaminated.
- Ensure that Nurse in charge of the ward has signed off post infection clean before

domestic leaves the ward

Procedure for Bagging Soiled or Infected Linen

Place linen into the pink alginate dissolvable bag (no more than $\frac{2}{3}$ full). Use the bag tie strip provided. Do not knot the bag.

Then place into a white outer bag and hand tie off when $\frac{2}{3}$ full

Remove to linen collection area

Procedure for Bagging Soiled or Infected Curtains

Place curtains into the pink alginate dissolvable bag (no more than $\frac{2}{3}$ full). Use the bag tie strip provided. Do not knot the bag. Place in the outer blue laundry bag. Fill in card

Remove to linen collection area

Procedure for Bagging Waste

Remove waste from waste bin and place in an outer orange waste bag, swan neck tie when $\frac{2}{3}$ full

Remove to waste collection area

Some ward areas have disposable curtains. These should be placed in clinical waste and new curtains obtained from the ward stock. The Rapid response team re hangs curtains as part of the rapid response clean.

2. Further information / References

Decontamination of Medical Equipment Policy B5/2006

Linen management Policy B14/2012

Waste Management Policy A15/2002

3. Legal Liability Guideline Statement

Guidelines issued and approved by the Trust are considered to represent best practice. Staff may only exceptionally depart from any relevant Trust guidelines providing always that such departure is confined to the specific needs of individual circumstances. In healthcare delivery such departure shall only be undertaken where, in the judgement of the responsible healthcare professional it is fully appropriate and justifiable - such decision to be fully recorded in the patient's notes.

Cleaning Specification By Risk Category

No	Elements	Performance parameter	FR1	FR2	FR3	FR4	FR5	FR6	Responsibility
1	Bed Pan (reusable), bed pan holder. Patient wash bowls	All parts should be clean with no blood and body substances, dust, dirt, debris or spillages	Full clean daily and after each use including touch points and remove visible soiling	Full clean daily and after each use including touch points and remove visible soiling	Full clean daily and after each use including touch points and remove visible soiling	Full clean daily and after each use including touch points and remove visible soiling	Full clean daily and after each use including touch points and remove visible soiling Full clean weekly even if not used	Full clean daily and after each use including touch points and remove visible soiling Full clean weekly even if not used	Clinical
2	Bed Pan Washer	All parts should be clean with no blood and body substances, dust, dirt, debris or spillages	Full clean daily and after each use including touch points and remove visible soiling	Full clean daily and after each use including touch points and remove visible soiling	Full clean daily and after each use including touch points and remove visible soiling	Full clean daily and after each use including touch points and remove visible soiling	Full clean daily and after each use including touch points and remove visible soiling Full clean weekly even if not used	Full clean daily and after each use including touch points and remove visible soiling Full clean weekly even if not used	Cleaning team
3	Other Sluice Equipment	All items should be clean with no blood and body substances, dust, dirt, debris or spillages	Full clean daily and after each use including touch points and remove visible soiling	Full clean daily and after each use including touch points and remove visible soiling	Full clean daily and after each use including touch points and remove visible soiling	Full clean daily and after each use including touch points and remove visible soiling	Full clean daily and after each use including touch points and remove visible soiling	Full clean daily and after each use including touch points and remove visible soiling	Cleaning Team
4	Commodes	All parts including underneath should be clean with no blood and body substances,	Full clean daily and after each use including touch points and remove visible	Full clean daily and after each use including touch points and remove visible	Full clean daily and after each use including touch points and remove visible	Full clean daily and after each use including touch points and remove visible	Full clean daily and after each use including touch points and remove visible	Full clean daily and after each use including touch points and remove visible	Clinical

No	Elements	Performance parameter	FR1	FR2	FR3	FR4	FR5	FR6	Responsibility
		dust, dirt, debris or spillages	soiling Disassemble and full clean weekly	soiling Disassemble and full clean weekly	soiling Disassemble and full clean weekly	soiling Disassemble and full clean weekly	soiling Disassemble and full clean weekly even if not used	soiling Disassemble and full clean weekly even if not used	
5	Patient Hoists	All parts including underneath should be clean with no blood and body substances, dust, dirt, debris or spillages	Full clean daily and after each use to remove any visible soiling Full clean weekly even if not used	Full clean daily and after each use to remove any visible soiling Full clean weekly even if not used	Full clean daily and after each use to remove any visible soiling Full clean fortnightly even if not used	Full clean daily and after each use to remove any visible soiling Full clean fortnightly even if not used	N/A	N/A	Clinical
6	Weighing scales including neonatal, seated and standing scales	All parts including underneath should be clean with no blood and body substances, dust, dirt, debris or spillages	Full clean daily and after each use to remove any visible soiling Full clean weekly even if not used	Full clean daily and after each use to remove any visible soiling Full clean weekly even if not used	Full clean daily and after each use to remove any visible soiling Full clean fortnightly even if not used	Full clean daily and after each use to remove any visible soiling Full clean fortnightly even if not used	Full clean daily and after each use to remove any visible soiling Full clean monthly even if not used	N/A	Clinical
7	Medical equipment e.g. intravenous infusion pumps, drip stands, pulse oximeters, medical gas bottles and stands, walking aids	All parts including underneath should be clean with no blood and body substances, dust, dirt, debris or spillages	Full clean weekly regardless of use including those in storage Check clean before use Clean after use	Full clean weekly regardless of use including those in storage Check clean before use Clean after use	Full clean weekly regardless of use including those in storage Check clean before use Clean after use	Full clean weekly regardless of use including those in storage Check clean before use Clean after use	Full clean weekly regardless of use including those in storage Check clean before use Clean after use	Full clean weekly regardless of use including those in storage Check clean before use Clean after use	Clinical
8	Wheelchairs	All parts including underneath should be clean with no blood and body substances,	Full clean weekly After each use carry out touch point clean and	Full clean weekly After each use carry out touch point clean and	Full clean weekly After each use carry out touch point clean and	Full clean monthly After each use carry out touch point clean and	Full clean monthly After each use carry out touch point clean and	Full clean monthly After each use carry out touch point clean and	Clinical Porters

No	Elements	Performance parameter	FR1	FR2	FR3	FR4	FR5	FR6	Responsibility
		dust, dirt, debris or spillages	remove any visible soiling	remove any visible soiling	remove any visible soiling	remove any visible soiling	remove any visible soiling	remove any visible soiling	
9	Patient Fans	All parts including blades/fins and the underside should be visibly clean with no blood and body substances, dust, dirt, debris or spillages	Full clean Weekly when in use. Check clean before use Clean after use	Full clean Weekly when in use. Check clean before use Clean after use	Full clean Weekly when in use. Check clean before use Clean after use	Full clean Weekly when in use. Check clean before use Clean after use	Full clean Weekly when in use. Check clean before use Clean after use	Full clean Weekly when in use. Check clean before use Clean after use	Clinical
10	Patient TV and bedside entertainment systems including head pieces	All parts of the patient TV and entertainment systems should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or stains.	Full clean after discharge 1 check clean daily Additionally for multi-user equipment clean touch points daily e.g. remote controls	Full clean after discharge 1 check clean daily Additionally for multi-user equipment clean touch points daily e.g. remote controls	Full clean after discharge 1 check clean daily Additionally for multi-user equipment clean touch points daily e.g. remote controls	Full clean after discharge 1 check clean daily Additionally for multi-user equipment clean touch points daily e.g. remote controls	Full clean after discharge 1 check clean daily Additionally for multi-user equipment clean touch points daily e.g. remote controls	Full clean after discharge 1 check clean daily Additionally for multi-user equipment clean touch points daily e.g. remote controls	Cleaning team
11	Notes and Drugs trolleys and patient clipboards	All parts including underneath and inside of the notes trolley should be clean with no visible blood and body substances, dust, dirt, debris or spillages	Full clean weekly and following discharge Clean touch points daily	Full clean weekly and following discharge Clean touch points daily	Full clean fortnightly and following discharge Clean touch points daily	Full clean fortnightly and following discharge Clean touch points daily	Full clean fortnightly and following discharge Clean touch points daily	Full clean fortnightly and following discharge Clean touch points daily	Cleaning team
12	All chairs and couches	All parts should be visibly clean	Full clean daily + 1 check clean	Full clean daily including touch	Full clean daily including touch	Full clean weekly	Full clean monthly	Full clean monthly	Cleaning team

No	Elements	Performance parameter	FR1	FR2	FR3	FR4	FR5	FR6	Responsibility
		with no blood or body substances, dust, dirt, debris, adhesive tape, stains or spillages	daily (chair arms and seat)	points (chair arms and seat)	points (chair arms and seat)				
13	Patient beds – frame, wheels, castors, head, foot, cot sides, nurse call and control panels including carers beds in the clinical area	Frame (top and bottom), wheels, castors, head, foot, cot sides, nurse call and control panels should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages	Full clean frame top daily including touch points (bed rails and nurse call button) Full clean frame bottom weekly +Full clean on patient discharge	Full clean frame top daily including touch points (bed rails and nurse call button) Full clean frame bottom weekly +Full clean on patient discharge	Full clean frame top weekly including touch points (bed rails and nurse call button) Full clean frame bottom weekly +Full clean on patient discharge	Full clean frame top weekly including touch points (bed rails and nurse call button) Full clean frame bottom weekly +Full clean on patient discharge	Full clean frame top fortnightly including touch points (bed rails and nurse call button) +Full clean on patient discharge	Full clean frame top daily including touch points (bed rails and nurse call button) +Full clean on patient discharge	Cleaning team
14	Patient bed and trolley mattresses	Mattresses should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages	Clean as required +Full clean on patient discharge	Clean as required +Full clean on patient discharge	Clean as required +Full clean on patient discharge	Clean as required +Full clean on patient discharge	Clean as required +Full clean on patient discharge	Clean as required +Full clean on patient discharge	Cleaning team
15	Patient trolleys and treatment couches	Patient trolleys and treatment couches should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape, stains or spillages	Full clean daily +Full clean between patient use	Check clean daily +Full clean between patient use	Full clean weekly +Full clean between patient use	Check clean weekly +Full clean between patient use	Check clean weekly +Full clean between patient use	Check clean weekly +Full clean between patient use	Cleaning team

No	Elements	Performance parameter	FR1	FR2	FR3	FR4	FR5	FR6	Responsibility
16	Patient toys (premises owned) Refer to local protocol and risk assessment	Patient toys should be visibly clean with no blood and bodily substances, dust, dirt, debris, stains, or spillages.	Recommend cleaning weekly using an appropriate cleaning solution and following local protocol	Recommend cleaning weekly using an appropriate cleaning solution and following local protocol	Recommend cleaning weekly using an appropriate cleaning solution and following local protocol	Recommend cleaning weekly using an appropriate cleaning solution and following local protocol	Recommend cleaning weekly using an appropriate cleaning solution and following local protocol	Recommend cleaning weekly using an appropriate cleaning solution and following local protocol	Clinical
17	Switches, sockets and data points, trunking, handrails, and wall fixtures	All wall fixtures, e.g. switches, sockets and data points should be visibly clean with no blood and bodily substances, dust, dirt, debris, adhesive tape, or spillages.	Full clean daily including touch points (light switches/pulls, handrails, lift buttons/ plates and hand dryer buttons) + 1 check clean daily	Full clean daily including touch points (light switches/pulls, handrails, lift buttons/plates and hand dryer buttons)	Full clean twice weekly + daily check clean of touch points (light switches/pulls, handrails, lift buttons/plates and hand dryer buttons)	Full clean weekly including touch points (light switches pulls, handrails, lift buttons/plates and hand dryer buttons)	Full clean monthly + weekly check clean of touch points weekly (light switches/pulls, handrails, lift buttons/plates and hand dryer buttons)	Full clean monthly + weekly check clean of touch points weekly (light switches/pulls, handrails, lift buttons/plates and hand dryer buttons)	Cleaning team
18	Walls – accessible up to 2 metres	All wall surfaces including skirting should be visibly clean with no blood and bodily substances, dust, dirt, debris, adhesive tape, or spillages.	Full clean annually + 1 check daily (leading to a clean of soiled areas only)	Full clean annually 1 check daily (leading to a clean of soiled areas only)	Full clean annually 1 check daily (leading to a clean of soiled areas only)	Full clean annually 1 check daily (leading to a clean of soiled areas only)	Full clean annually 1 check bi-monthly patient areas (leading to a clean of soiled areas only)	Full clean annually 1 check 6 monthly (leading to a clean of soiled areas only)	Cleaning team
19	Ceilings and walls – not accessible above 2 metres and ceiling lights	All ceilings and wall surfaces including coving should be visibly clean with no blood and bodily substances, dust, dirt, debris, adhesive tape, or spillages.	Full clean annually + Check clean as required (leading to a clean of soiled areas only)	Full clean annually	Full clean annually	Full clean every 2 years	Full clean every 3 years (patient areas only)	Full clean every 3 years (patient areas only)	Cleaning team

No	Elements	Performance parameter	FR1	FR2	FR3	FR4	FR5	FR6	Responsibility
20	Floor – hard including skirtings	The complete floor including all edges and corners should be visibly clean with no blood and bodily substances, dust, dirt, debris, or spillages. Machine-clean at a frequency to maintain the standard.	Full clean daily + 2 check cleans daily	Full clean daily + 1 check clean daily	Full clean daily	Full clean daily	Full clean weekly	Full clean fortnightly	Cleaning team
21	Floor – soft including skirtings	The complete floor including all edges and corners should be visibly clean with no blood and bodily substances, dust, dirt, debris, or spillages.	Full clean daily + 2 check cleans Carpet shampooing should be carried out at a frequency to maintain the standard	Full clean daily + 1 check clean Carpet shampooing should be carried out at a frequency to maintain the standard.	Full clean daily Carpet shampooing should be carried out at a frequency to maintain the standard	Full clean daily Carpet shampooing should be carried out at a frequency to maintain the standard.	Full clean fortnightly Carpet shampooing should be carried out at a frequency to maintain the standard	Full clean monthly Carpet shampooing should be carried out at a frequency to maintain the standard	Cleaning team
22	All doors including ventilation grilles	All parts of the door structure should be visibly clean so that all door surfaces, vents, frames, and jambs have no blood or bodily substances, dust, dirt, debris, adhesive tape, or spillages.	Full clean daily, including handles and touch points	Full clean daily, including handles and touch points	Full clean daily, including handles and touch points	Full clean weekly	Full clean monthly	Full clean monthly	Cleaning team
23	All windows, including frames where accessible	All windows should be visibly clean and smear-free with no blood	Full clean every 6 months	Full clean every 6 months	Full clean every 6 months	Full clean every 6 months	Full clean every 6 months	Full clean every 6 months	Cleaning team

No	Elements	Performance parameter	FR1	FR2	FR3	FR4	FR5	FR6	Responsibility
		and bodily substances, dust, dirt, debris, adhesive tape, or spillages. They should have a uniform shine and appearance.							
24	All internal glazing including partitions (excluding mirrors and windows)	glazed surfaces should be visibly clean and smear-free with no blood and bodily substances, dust, dirt, debris, adhesive tape, or spillages. They should have a uniform shine and appearance.	Full clean daily	Full clean weekly	Full clean weekly	Full clean fortnightly	Check clean monthly	Check clean bi-monthly	Cleaning team
25	Mirrors	Mirrors should be visibly clean and smear-free with no blood and bodily substances, dust, dirt, debris, adhesive tape, or spillages.	Full clean daily + 1 check clean daily	Full clean daily	Full clean daily	Full clean daily	Full clean daily in sanitary areas and all other areas weekly	Full clean daily in sanitary areas and all other areas weekly	Cleaning team
26	Dispenser cleaning – hand wash, hand sanitisers, paper towel holders, toilet roll holders, all alcohol dispensers, and hand dryers, including glove and apron dispensers	All parts of the surfaces of hand soap, paper towel containers should be visibly clean with no blood and bodily substances, dust, dirt, debris, adhesive tape, or spillages.	Full clean external surfaces daily Full clean internally on replenishment, a minimum of weekly	Full clean external surfaces daily Full clean internally on replenishment, a minimum of weekly	Full clean external surfaces daily Full clean internally on replenishment, a minimum of weekly	Full clean external surfaces daily Full clean internally on replenishment, a minimum of weekly	Full clean external surfaces daily Full clean internally on replenishment, a minimum of weekly	Full clean external surfaces daily Full clean internally on replenishment, a minimum of weekly	Cleaning team

No	Elements	Performance parameter	FR1	FR2	FR3	FR4	FR5	FR6	Responsibility
	Replenish as required								
27	All elements of showers	All shower elements and shower chairs, should be visibly clean with no blood and bodily substances, scum, dust, lime scale, stains, deposit, or smears.	Full clean daily including touch points (tap/ shower handles) + 1 check clean daily including touch points (tap/ shower handles) + descale as local protocol	Full clean daily including touch points (tap/ shower handles) + 1 check clean daily including touch points (tap/ shower handles) + descale as local protocol	Full clean daily including touch points (tap/ shower handles) + descale as local protocol.	Full clean daily including touch points (tap/ shower handles) + descale as local protocol	Full clean daily including touch points (tap/ shower handles) + descale as local protocol	Full clean weekly including touch points (tap/ shower handles) + descale as local protocol	Cleaning team
28	Toilets, bidets, urinals and toilet brushes	All surfaces of toilets, bidets, urinals, and toilet brushes should be visibly clean with no blood and bodily substances, scum, dust, lime scale, stains, deposit, or smears. Toilet brushes to be replaced in line with local protocol.	Full clean daily including touch points (flush handles) + 2 check cleans daily including touch points (flush handles) + Descale as local protocol NB: during outbreaks consideration should be given together with IPC guidance to cleaning / wipe down of patient sanitary ware after each use	Full clean daily including touch points (flush handles) + 1 check clean daily including touch points (flush handles) + Descale as local protocol NB: during outbreaks consideration should be given together with IPC guidance to cleaning / wipe down of patient sanitary ware after each use	Full clean daily including touch points (flush handles) + 1 check clean daily including touch points (flush handles) + Descale as local protocol. NB: during outbreaks consideration should be given together with IPC guidance to cleaning / wipe down of patient sanitary ware after each use	Full clean daily including touch points (flush handles) + Descale as local protocol NB: during outbreaks consideration should be given together with IPC guidance to cleaning / wipe down of patient sanitary ware after each use	Full clean daily including touch points (flush handles) + Descale as local protocol NB: during outbreaks consideration should be given together with IPC guidance to cleaning / wipe down of patient sanitary ware after each use	Full clean daily including touch points (flush handles) + Descale as local protocol NB: during outbreaks consideration should be given together with IPC guidance to cleaning / wipe down of patient sanitary ware after each use	Cleaning team
29	Sinks and taps	Sinks and taps should be visibly clean with no blood and bodily substances, dust,	Full clean daily including touch points (tap handles) + 2 check cleans	Full clean daily including touch points (tap handles) + 1 check cleans	Full clean daily including touch points (tap handles) + 1 check cleans	Full clean daily including touch points (tap handles) + Descale as	Full clean daily including touch points (tap handles) + Descale as	Full clean daily including touch points (tap handles) + Descale as	Cleaning team

No	Elements	Performance parameter	FR1	FR2	FR3	FR4	FR5	FR6	Responsibility
		dirt, debris, lime scale, stains, or spillages. Plugholes and overflows should be free from build-up.	daily including touch points (tap handles) + Descale as local protocol	daily including touch points (tap handles) + Descale as local protocol	daily including touch points (tap handles) + Descale as local protocol	local protocol	local protocol	local protocol	
30	Baths and taps	Whole surface of the bath and taps should be visibly clean with no blood and bodily substances, dust, dirt, debris, lime scale, stains, or spillages. Plugholes and overflow should be free from build-up.	Full clean daily including touch points (tap handles) + 1 check clean daily + Between patients + Descale as local protocol	Full clean daily including touch points (tap handles) + Between patients + Descale as local protocol	Full clean daily including touch points (tap handles) + Between patients + Descale as local protocol	Full clean daily including touch points (tap handles) + Between patients + Descale as local protocol	Full clean daily including touch points (tap handles) + Between patients + Descale as local protocol	Full clean weekly including touch points (tap handles) + Between patients + Descale as local protocol	Cleaning team
31	Radiators including cover	All parts of the radiator including covers (including between panels) should be visibly clean with no blood and bodily substances, dust, dirt, debris, adhesive, tape, or spillages.	All parts of the radiator including covers (including between panels) should be visibly clean with no blood and bodily substances, dust, dirt, debris, adhesive, tape, or spillages.	Full clean weekly external only Inside cover – full clean as local protocol	Full clean weekly external only Inside cover – full clean as local protocol	Full clean fortnightly external only Inside cover – full clean as local protocol	Full clean monthly external only Inside cover – full clean as local protocol	Full clean quarterly external only Inside cover – full clean as local protocol	Cleaning team
32	Low surfaces - low level pipes and, low level trunking.	All surfaces should be visibly clean with no blood and bodily substances, dust, dirt, debris, adhesive tape, or spillages.	Full clean daily	Full clean weekly 1 check clean daily	Full clean weekly	Full clean fortnightly 1 check clean weekly	Full clean monthly	Full clean 6 monthly	Cleaning team
33	Middle surfaces – windowsills, non-patient furniture,	All surfaces should be visibly clean with no	Full clean daily including touch points	Full clean weekly including touch points	Full clean weekly including touch points	Full clean fortnightly Patient dining	Full clean monthly including touch points	Full clean bi-monthly including touch points	Cleaning team

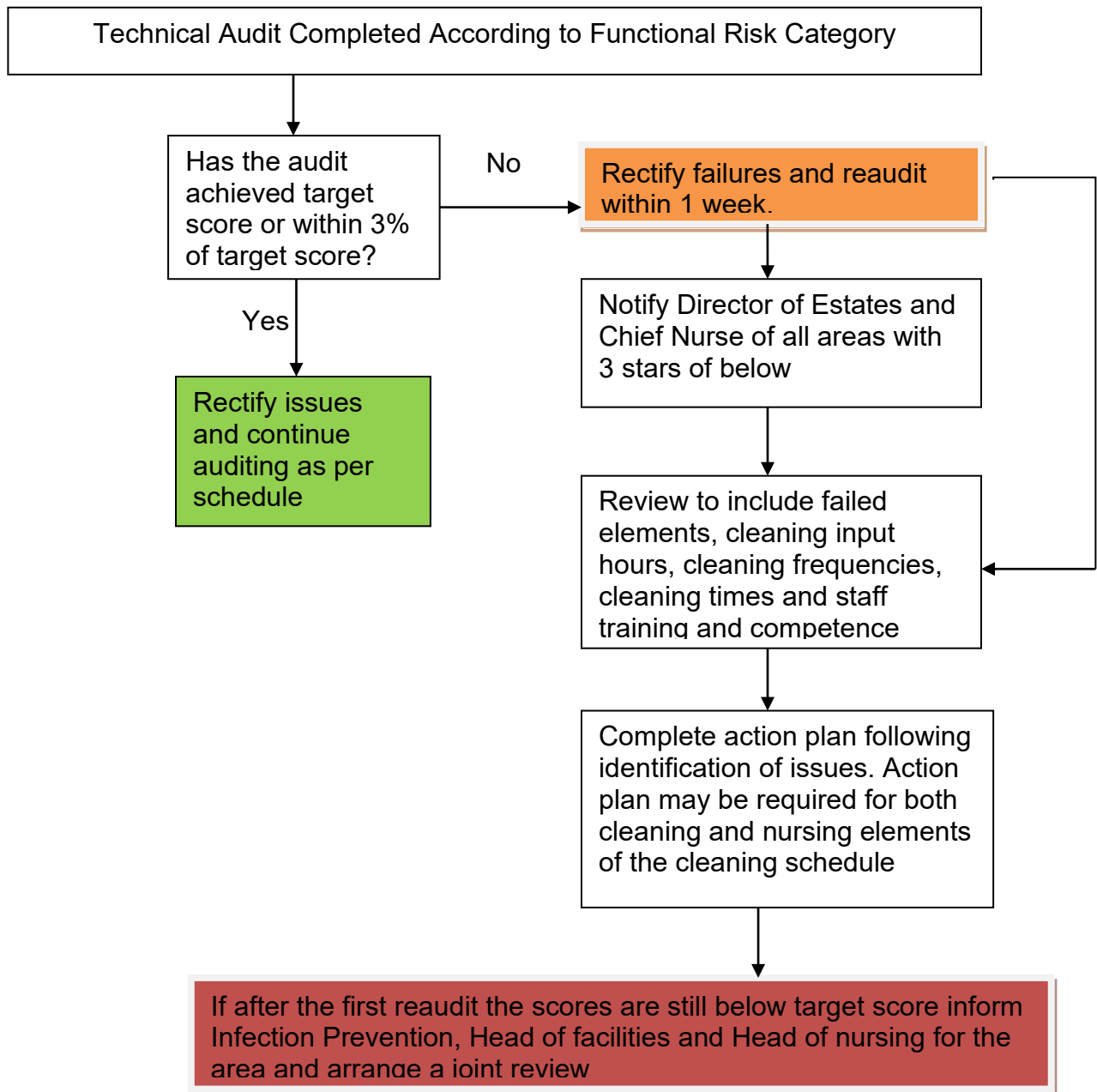
No	Elements	Performance parameter	FR1	FR2	FR3	FR4	FR5	FR6	Responsibility
	tables, desks, shelves and ledges, work surfaces and cupboard exteriors This does not include items covered by other elements in this list, i.e. switches and sockets	blood and bodily substances, dust, dirt, debris, adhesive tape, or spillages	Patient dining tables full clean after each meal service	Patient dining tables full clean after each meal service	Patient dining tables full clean after each meal service	tables full clean after each meal service	Patient dining tables full clean after each meal service	Patient dining tables full clean after each meal service	
34	High surfaces including curtain rails, staff locker tops that are accessible, and high surfaces around patient bed areas	All surfaces should be visibly clean with no blood and bodily substances, dust, dirt, debris, adhesive tape, or spillages.	Full clean daily	Full clean weekly	Full clean weekly	Full clean fortnightly	Full clean monthly	Full clean monthly	Cleaning team
35	Bedside lockers	All parts of the interior and exterior locker, including wheels, castors and inside should be visibly clean with no blood and bodily substances, dust, dirt debris adhesive tape stains or spillages.	Full exterior clean daily including touch points (locker handles) + 1 check clean daily Full exterior and interior clean on discharge	Full exterior clean daily including touch points (locker handles) + 1 check clean daily Full exterior and interior clean on discharge	Full exterior clean weekly including touch points (locker handles) Full exterior and interior clean on discharge	Full exterior clean weekly including touch points (locker handles) Full exterior and interior clean on discharge	Full exterior and interior clean on discharge	Full exterior and interior clean on discharge	Cleaning team
36	Over bed tables and dining tables	All parts of the table (including wheels, castors, and underneath) should be visibly clean with no blood and bodily	Full clean daily including touch points Wipe top after each meal Full clean weekly wheels/castors	Full clean daily including touch points Wipe top after each meal Full clean weekly wheels/castors	Full clean weekly including touch points Wipe top after each meal Full clean weekly wheels/castors	Full clean weekly including touch points Wipe top after each meal Full clean weekly wheels/castors	Full clean monthly including touch points, wheels and castors Wipe top after each meal	Full clean monthly including touch points, wheels and castors Wipe top after each meal	Cleaning team

No	Elements	Performance parameter	FR1	FR2	FR3	FR4	FR5	FR6	Responsibility
		substances, dust, dirt, debris, adhesive tape, stains, or spillages.	Full clean on patient discharge	Full clean on patient discharge	Full clean on patient discharge	Full clean on patient discharge			
37	All waste receptacles (does not include euro/wheelie bin)	The waste receptacle should be visibly clean including lid and pedal with no blood and bodily substances, dust, dirt, debris, stains, or spillages. Receptacles should be emptied frequently and not allowed to overflow. Bags should be replaced/ changed as necessary.	Full clean daily of external surfaces + 1 check clean daily	Full clean daily of external surfaces + 1 check clean daily	Full clean daily of external surfaces + 1 check clean daily	Full clean weekly of external surfaces + 1 check clean daily	Full clean weekly of external surfaces + 1 check clean daily	Full clean monthly of external surfaces + 1 check clean daily	Cleaning team
38	Linen and general-purpose trolleys	All parts including underneath of the linen trolley should be visibly clean with no blood and bodily substances, dust, dirt, debris, or spillages.	Full clean weekly to include wheels + Touch points daily	Full clean weekly to include wheels	Full clean weekly to include wheels	Full clean weekly to include wheels	Full clean monthly to include wheels	Full clean monthly to include wheels	Cleaning team
39	Replenishment of consumables	Always adequate quantity of consumable products, including hand hygiene products and toilet paper	Check and replenish 3 x daily	Check and replenish 3 x daily	Check and replenish 3 x daily	Check and replenish daily	Check and replenish daily	Check and replenish daily	Cleaning team
40	Ventilation grilles	All external visible	Full clean weekly	Full clean weekly	Full clean monthly	Full clean monthly	Full clean 6	Full clean 6	Cleaning team

No	Elements	Performance parameter	FR1	FR2	FR3	FR4	FR5	FR6	Responsibility
	extracts and inlets	parts of the ventilation grill should be visibly clean with no blood and bodily substances, dust, dirt, debris, or cobwebs	Visual check daily Internal cleaning as local protocol	Visual check daily Internal cleaning as local protocol	Visual check weekly Internal cleaning as local protocol	Visual check weekly Internal cleaning as local protocol	monthly Visual check quarterly Internal cleaning as local protocol	monthly Visual check quarterly Internal cleaning as local protocol	
41	Lighting including overhead, bedside, wall-mounted examination lights both fixed and portable.	All surfaces of the lights should be visibly clean with no blood and bodily substances, dust, dirt, debris, or cobwebs.	Full clean daily Patient bedside lights to be cleaned on discharge	Full clean daily Patient bedside lights to be cleaned on discharge	Full clean daily Patient bedside lights to be cleaned on discharge	Full clean weekly	Full clean monthly	Full clean monthly	Cleaning team
42	Electrical items in multi-use areas – specifically computers and phones, e.g. at nurses' station, computers on wheels (COWs) and workstations on wheels (WOWs), computer casing only	Casing of electrical items should be visibly clean with no blood and bodily substances, dust, dirt, debris, or adhesive tape.	Full clean daily of touch points Weekly clean of COWs and WOWs	Full clean daily of touch points Weekly clean of COWs and WOWs	Full clean weekly of touch points Monthly clean of COWs and WOWs	Full clean weekly of touch points Monthly clean of COWs and WOWs	Full clean of fortnightly of touch points	Full clean monthly of touch points	Clinical
43	Curtains and blinds (disposable and fabric)	Curtains/blinds should be visibly clean with no blood and bodily substances, dust, dirt, debris, stains, or spillages.	As per local curtain changing programme or change/clean when visibly soiled 6-monthly as a minimum	As per local curtain changing programme or change/clean when visibly soiled 6-monthly as a minimum	As per local curtain changing programme or change/clean when visibly soiled Annually as a minimum	As per local curtain changing programme or change/clean when visibly soiled 2-yearly as a minimum	As per local curtain changing programme or change/clean when visibly soiled 2-yearly as a minimum	As per local curtain changing programme or change/clean when visibly soiled 2-yearly as a minimum	Cleaning team
44	Dishwashers Descale as per local protocol	Dishwashers should be visibly clean with no dust, dirt, debris,	Full clean weekly Check clean after each use	Full clean weekly + Periodic descale	Full clean weekly + Periodic descale	Full clean weekly + Periodic descale	Full clean monthly + Periodic descale	Full clean monthly + Periodic descale	Cleaning team

No	Elements	Performance parameter	FR1	FR2	FR3	FR4	FR5	FR6	Responsibility
		stains, spillages, or food debris. Catering department areas must comply with their local catering policy.	+ Periodic descale						
45	Fridges and freezers (patient and staff areas)	Fridges and freezers should be visibly clean, dust, dirt, debris, spillages, food debris or build-up of ice. Catering department areas must comply with their local catering policy.	Full clean weekly 1 check clean daily including touch points (handles) Defrost according to manufacturer's instructions	Full clean weekly 1 check clean daily including touch points (handles) Defrost according to manufacturer's instructions	Full clean weekly 1 check clean daily including touch points (handles) Defrost according to manufacturer's instructions	Full clean fortnightly 1 check clean weekly including touch points (handles) Defrost according to manufacturer's instructions	Full clean monthly 1 check clean weekly including touch points (handles) Defrost according to manufacturer's instructions	Full clean bi-monthly 1 check clean weekly including touch points (handles) Defrost according to manufacturer's instructions	Cleaning team
46	Fridges and freezers clinical (including but not limited to blood fridges, medicine fridges, ice freezers for physio departments)	Fridges and freezers should be visibly clean, dust, dirt, debris, blood and bodily substance spillages, food debris or build-up of ice.	Full clean weekly 1 check clean daily including touch points (handles) Defrost according to manufacturer's instructions	Full clean weekly 1 check clean daily including touch points (handles) Defrost according to manufacturer's instructions	Full clean weekly 1 check clean daily including touch points (handles) Defrost according to manufacturer's instructions	Full clean fortnightly 1 check clean weekly including touch points (handles) Defrost according to manufacturer's instructions	Full clean monthly 1 check clean weekly including touch points (handles) Defrost according to manufacturer's instructions	Full clean bi-monthly 1 check clean weekly including touch points (handles) Defrost according to manufacturer's instructions	Clinical
47	Ice machines, hot water boilers and cold-water machines including drip trays Follow local IPC guidelines Follow local protocol for descaling	Ice machines, hot water boilers and cold-water machines should be visibly clean dust, dirt, debris, or spillages or limescale. Catering department areas must comply with	Full clean weekly 1 check clean daily of external areas including drip trays and touch points (buttons and levers) + Periodic descale Defrost according	Full clean weekly 1 check clean daily of external areas including drip trays and touch points (buttons and levers) + Periodic descale Defrost according	Full clean weekly 1 check clean daily of external areas including drip trays and touch points (buttons and levers) + Periodic descale Defrost according	Full clean fortnightly 1 check clean daily of external areas including drip trays and touch points (buttons and levers) + Periodic descale	Full clean monthly 1 check clean weekly of external areas including drip trays and touch points (buttons and levers) + Periodic descale Defrost according	Full clean monthly 1 check clean weekly of external areas including drip trays and touch points (buttons and levers) + Periodic descale Defrost according	Cleaning team

No	Elements	Performance parameter	FR1	FR2	FR3	FR4	FR5	FR6	Responsibility
		their local catering policy.	to manufacturer's instructions.	to manufacturer's instructions	to manufacturer's instructions	Defrost according to manufacturer's instructions	to manufacturer's instructions	to manufacturer's instructions	
48	Kitchen cupboards	Kitchen cupboards should be visibly clean with no dust, dirt, debris, stains, spillages, or food debris. Catering areas must comply with their local catering policy. department	Full clean monthly to include internal 1 check clean daily of external surfaces	Full clean monthly to include internal 1 check clean daily of external surfaces	Full clean monthly to include internal 1 check clean daily of external surfaces	Full clean bi-monthly to include internal 1 check clean daily of external surfaces	Full clean quarterly clean to include internal 1 check clean weekly of touch points (handles)	Full clean 6 monthly clean to include internal 1 check clean weekly of touch points (handles)	Cleaning team
49	Microwaves and traditional cookers/ovens	All microwave and oven surfaces (inside and out) should be visibly clean with no dust, dirt, spillages, or food debris. Catering department areas must comply with their local catering policy.	Full clean daily including touch points (handles and buttons) Check clean following each mealtime Cooker/oven full clean as local protocol	Full clean weekly 1 check clean daily including touch points (handles and buttons) Check clean following each mealtime Cooker/oven full clean as local protocol	Full clean weekly 1 check clean daily including touch points (handles and buttons) Check clean following each mealtime Cooker/oven full clean as local protocol	Full clean weekly including touch points (handles and buttons) Check clean following each mealtime Cooker/oven full clean as local protocol	Full clean fortnightly touch points (handles and buttons) Check clean following each mealtime Cooker/oven full clean as local protocol	Full clean monthly touch points (handles and buttons) Check clean following each mealtime Cooker/oven full clean as local protocol	Cleaning team
50	All cleaning equipment including cleaning trolley	Cleaning equipment should be visibly clean with no blood and bodily substances, dust, dirt, debris, or moisture.	Full clean after each use	Full clean after each use	Full clean after each use	Full clean after each use	Full clean after each use	Full clean after each use	Cleaning team



Appendix 7 - What cleaning do you require?

RED CLEAN Chlor-clean and Hydrogen Peroxide or UV Light where available Required following the discharge of patients infected with: NB A red clean must only be downgraded after consultation with Infection Prevention or Microbiology	AMBER CLEAN Chlor-clean Required following the discharge of patients colonised/infected with:	GREEN CLEAN Chlor-clean Required following the discharge of all in – patients.
<ul style="list-style-type: none"> • Clostridium difficile (Confirmed) • CRO- Carbapenemase Resistant organisms • XDR- Extensively Drug Resistant Organisms • Multi Drug resistant TB • Highly Pathogenic Influenza (as defined by Infection Prevention) • All Cystic fibrosis siderooms • Suitable for use in EMPTY siderooms routinely and other areas as directed by Infection Prevention 	<p>All patients in source isolation e.g.:</p> <ul style="list-style-type: none"> • MRSA- In source isolation • Multidrug resistant organisms (MDR) • Viral gastroenteritis • Norovirus • Diarrhoea (not Clostridium difficile) • Tuberculosis • Influenza – Seasonal strains • COVID-19 	<ul style="list-style-type: none"> • No known infections
NURSING STAFF RESPONSIBILITIES		
<p>NB: for rooms where patients with respiratory infections have been nursed, they should be left to settle for 20mins before cleaning and a surgical mask & appropriate PPE should be worn whilst carrying out the cleaning.</p> <ul style="list-style-type: none"> • Staff Strip bed and remove dirty linen (DO NOT REMAKE BED PRIOR TO CLEAN) • Nurse to clean air mattress, deflate and place in red bag for removal by Medstrom if applicable • Unzip and check foam and replace if necessary. Mattress must be cleaned and HP fogged before removing from ward. • Check patient locker is empty including drug pods. Ensure personal possessions are kept safely and dispose of any unwanted items • Dispose of any unused patient consumables • Clean patient call bell and suction unit • Clean any nursing/medical equipment 	<ul style="list-style-type: none"> • Strip bed and remove dirty linen (DO NOT REMAKE BED PRIOR TO CLEAN) • Nurse to clean air mattress, deflate and place in red bag for removal by Medstrom if applicable • Unzip and check foam and replace if necessary. Mattress must be cleaned before removing from ward. • Check patient locker is empty including drug pods. Ensure personal possessions are kept safely and dispose of any unwanted items • Dispose of any unused patient consumables • Clean patient call bell and suction unit • Clean any nursing/medical equipment 	<ul style="list-style-type: none"> • Remove dirty linen • Nurse to clean air mattress, deflate & place in red bag for removal by Medstrom. • Unzip and check foam and replace if necessary. Mattress must be cleaned before removing from ward. • Dispose of any unused patient specific consumables • Clean patient bed mattress, pillows and frame including extending cot sides • Clean patient call bell, oxygen and suction unit, locker, bed table, chair, foot stall, wash bowl if bed specific • Discard Hospedia ear phones, clean screen and hand set IF APPLICABLE • Clean surfaces in the room/ bedspace • Clean equipment in the room/ bedspace • Mop Floors
Post-Process	Post-Process	Post-Process
<ul style="list-style-type: none"> • Remake Bed with fresh linen • Replace Ear Phones if applicable 	<ul style="list-style-type: none"> • Remake Bed with fresh linen • Replace Ear Phones if applicable 	<ul style="list-style-type: none"> • Remake Bed with fresh linen • Replace Ear Phones
CLEANING RESPONSIBILITIES		
<ul style="list-style-type: none"> • Remove curtains • Clean surfaces in the room using chlorine solution • Clean ledges • Curtain Tracks • Window • Clean equipment in the room • Clean blinds if applicable • Remove dust from high surfaces • Clean toilet and sink • Mop Floors • Remove waste 	<ul style="list-style-type: none"> • Remove curtains • Clean surfaces in the room using chlorine solution • Clean ledges • Curtain Tracks • Window • Clean equipment in the room • Clean blinds if Applicable • Remove dust from high surfaces • Clean toilet and sink • Mop Floors • Remove waste 	
Post-Process	Post-Process	
<ul style="list-style-type: none"> • Re-hang curtains & restock paper towels/ consumables • Nurse in charge to sign off clean before domestic team leaves ward 	<ul style="list-style-type: none"> • Re-hang curtains & restock paper towels/ consumables • Nurse in charge to sign off clean before domestic team leaves ward 	
CARRIED OUT BY		
Rapid provision 24/7 on site 30-40 minutes chlor-clean 3 hours Hydrogen peroxide process/UV 20-30 mins dependant on the room size (this is only available in identified areas)	Rapid provision 24/7 on site 30-40 minutes	Ward-based staff 20-30 minutes
ADDITIONAL INFORMATION		
<p>Daily Cleaning: for Single rooms where patients with respiratory infections have been nursed, staff carrying out the cleaning should wear appropriate PPE which is dependent on the procedures undertaken.</p> <p>Discharge cleaning: Where aerosol generating procedures have been taking place on patients with respiratory infections the room must be left empty for one hour on a general ward and 20 minutes where there is mechanical ventilation such as ITU single rooms, theatres or Infectious diseases single rooms</p> <p style="text-align: center;">To Request a Clean contact the Help Desk on 7888</p>		