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2	28/09/23	Policy Reviewed National standards of cleanliness Added
3	14/12/2023	Review update of policy.
4	14/12/2023	The National Cleanliness Standards Monitoring
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1 Introduction

The provision of a clean and safe environment for healthcare is a key priority for all healthcare organisations. It is a foundation for infection prevention and control, and promotes patient, public and staff confidence. National Health Service (NHS) organisations in England that provide regulated activities must be registered with the Care Quality Commission (CQC). They must meet requirements specified in Health and Social Care Act Code of Practice 2022 - Code of practice on the prevention and control of infections, and related guidance (Updated 2015). To be registered. Regulation 12 specifies requirements for cleanliness and infection control Health and Social Care Act Code of Practice 2022. 8: Code of Practice on the prevention and control of infections and related guidance, December 2010, contains guidance about demonstrating compliance with CQC registration requirements for cleanliness and infection control.

The National Standards for Healthcare Cleanliness, published in 2021, were developed following consultation with experts and professionals in the fields of cleanliness and infection prevention and control. They reflect modern methods of cleaning, considerations for cleaning services during a pandemic, and emphasise transparency to assure patients, the public and staff that safe standards of cleanliness have been met.

2 Purpose

The purpose of this policy is to provide direction in maintaining and improving cleanliness standards across all community hospital sites, ensuring a clean, comfortable, and safe environment for service users, visitors, staff, and members of the public. Increase service user confidence whilst using the Trust facilities in relation to environmental hygiene and the organisational commitment to reduce the incidence of healthcare associated infection, and to improve cleanliness standards in terms of the national standards of cleanliness and patient environment action teams.

- Clear lines of accountability for the cleanliness of the environment, medical devices and patient equipment.
- Training to all staff on correct cleaning techniques, tasks, and infection prevention and control issues.
- Cleaning specifications accessible and understood by all staff levels involved with the cleanliness of patient equipment, medical devices, and the environment.
- The resources to enable the cleaning specifications to be achieved.
- All staff are involved in the cleanliness of patient equipment, medical devices and the environment with a clear description of their individual roles and responsibilities.
- Details of how to involve patients, patient representatives and volunteers of the Trust in inspection processes where appropriate.
- A robust monitoring system whereby action is taken to achieve the required standards and maintain them.
- Details of the reporting systems to the Board via the Infection Prevention and Control Report.
- Continual improvements to the environment.
- Ensure the Trust meets CQC outcome standard Regulation 15 key criteria (1 and 2), 12 (2) (h) and 21 (b) in the Health and Social Care Act Code of Practice 2022 in terms of legal responsibilities for a cleaning lead, personal responsibilities, the need for audit, governance, and reporting.

The policy incorporates the NHS National standards of cleanliness for the planning, application and measurement of cleanliness services in hospitals, and the requirements specified.

3 Definitions:

Term / Abbreviation	Explanation / Definition
COSHH	Control of Substances Hazardous to Health
CQC	Care Quality Commission
CHEG	Community Hospital Environment Group
DIPC	Director of Infection Prevention and Control
HSE	Health and Safety Executive
IPC	Infection Prevention and Control
LCM	Locality Clinical Manager
NHS	National Health Service
NPSA	National Patient Safety Agency
NSC	National Standards for Cleanliness
PAS	Publicly Available Specification
PLACE	Patient-Led Assessment of the Care Environment
PPE	Personal Protective Equipment
PAM	Premises Assurance Model
RAG RATING	Red, Amber Green Rating
RHCM	Revised Healthcare Cleaning Manual
SCHT	Shropshire Community Health NHS Trust
PSIIs	Patient Safety Incident Investigations
SIP	Service Improvement Plan
SOP	Standard Operating Procedure

4 Scope

The policy applies to all areas both non-clinical and clinical including where treatment, invasive and non-invasive procedures are undertaken, regardless of what organisation is delivering cleaning services.

- Having robust monitoring arrangements in place for both in-house services and those provided externally.
- The interpretation and implementation of any National Guidance on cleanliness and associated environment initiatives (with the Director of Nursing/DIPC).

5 Duties

5.1 Responsibility for Infection Prevention and Control (IPC) outside the immediate scope of this policy

For duties and responsibilities for IPC practices outside the specific scope of this policy, please refer to the IPC Arrangements and Responsibilities Policy on the Staff Zone [SCHT Staff Zone \(shropcom.nhs.uk\)](#)

5.2 Domestic Supervisors

The day-to-day supervision of staff and the local delivery of services provided in-house.

Making daily contact with Ward/Department Managers and/or Locality Managers to resolve service issues in a timely fashion.

Undertaking audits in accordance with the timetable laid out in this policy.

Ensuring any remedial/corrective actions that arise from technical monitoring and other relevant audits are completed.

Will ensure staff are aware of and comply with the policy. They will ensure the policy is implemented operationally and monitored with the use of IPC audits, cleanliness audits, spot checks and direct observations, PLACE inspections and will monitor any complaints and escalate issues where standards are not achieved or there is non-compliance with the policy. Ensure staff rotas are optimised to provide resources necessary to meet cleaning standards.

5.3 Domestic Staff

All staff will adhere to the Community Hospitals' Cleaning Policy ensuring methodologies are applied and frequencies maintained. Where this is not possible it should be escalated to the Domestic supervisor.

5.4 Healthcare Staff – Clinical and Non-Clinical

All staff will adhere to the cleaning policy and be responsible for cleanliness and can help to reduce the risks to patients and others by complying with infection prevention related policies, waste management and linen management.

5.5 Infection Prevention and Control Team

The IPC Team will assist in monitoring the policy, provide technical advice on cleaning agents, equipment and methodology of cleaning, and provide appropriate infection prevention and control training. The team will provide input into estates and facilities projects and schemes relevant to this policy and identify appropriate solutions.

The IPC team is responsible for supporting staff in its implementation and assisting with risk assessment where complex decisions are required.

5.6 Community Hospital Environment Group (CHEG)

The key function of the Community Hospital Environment Group in relation to this policy is to address and support the implementation of the policy, share best practice, promote effective use of resources and implement service improvement initiatives. The group will develop work programmes to ensure a standardised, integrated approach to develop good practice and address risks in relation to cleanliness.

5.7 Chief Executive

Accountability for all aspects of cleanliness rest with the Chief Executive and the Board of Directors, there are designated board members accountable for reporting to the Board of Directors on cleanliness and infection prevention and control, that proper systems and processes are in place to achieve high standards of cleanliness.

5.8 Director of Nursing and Clinical Delivery

Is responsible for reporting cleanliness related matters to Trust board.

5.9 Housekeeper

The provision of in-house housekeeping services being delivered in accordance with specifications.

Carrying out cleaning of the general environment and where necessary environmental disinfection and housekeeping tasks to the highest possible standards in accordance with agreed specifications and training

Completing any corrective actions as directed by audit outcomes.

Ensuring any defects are reported to the appropriate Helpdesk for action to be taken.

5.10 Estates

Completing any corrective actions as directed by audit outcomes.

Signing off any works completed via relevant documentation.

Liaising with senior ward staff on a day-to-day basis to report difficulties that may arise and being aware of any issues that may affect the carrying out of their duties

6 National Guidance

A brief description of the national guidance has been incorporated into this policy as follows:

6.1 National Standards of Healthcare Cleanliness

The National Standards of Healthcare Cleanliness has been published to enable NHS managers to measure performance in a uniform way, and to benchmark it against similar healthcare environments. A collaborative approach is essential to continuously improve cleanliness: organisations can benefit from involving a board nominee, clinical colleagues, partner organisations and patients in setting and monitoring cleaning standards for consistently high levels of service. The collaboration of this expert multidisciplinary team facilitated the enhancement, elaboration, and modernisation of the standards to ensure that they can be applied to all healthcare settings.

Each area within the Community Hospitals has a functional risk category allocation, this information is stored by the Hotel Services Lead.

In accordance with Health and Social Care Act Code of Practice 2022 the arrangements for cleanliness should include:

- Clear definition of specific roles and responsibilities for cleaning/Estates responsibility/3rd Parties.
- Clear, agreed and available cleaning routines
- Sufficient resources dedicated to keeping the environment clean and fit for purpose.
- Consultation with IPC team or equivalent local expertise on cleaning protocols when internal or external contracts are being prepared
- Details of how staff can request additional cleaning, both urgently and routinely

7 Risk Assessment- Conducted by auditor prior to conducting the audit.

A comprehensive risk assessment should be undertaken that takes into account both elements and functional areas audited. Each element within the functional area needs to be assigned an infection risk score and confidence risk score using a three-point scale, where one is low risk and three is high risk.

The infection risk reflects the risk of a lack of cleanliness on infection prevention and control and the confidence risk reflects the risk of a lack of cleanliness on patient, public and staff confidence. The two scores are then multiplied giving an overall element area risk score and using the guidance in the PAS document – other than definitions there is no information nor is it shown in section 12. Should a hyperlink be provided as they are only footnotes in the cleaning standards 2021 are then assigned a risk category using a Red, Amber, and Green (RAG) rated system. (Refer to appendix 3)

The risk assessment tool used for scoring is provided as appendix 4, which shows a minimum set of requirements but allows more elaborate risk assessments to be implemented locally if conformance to the minimum requirements is achieved.

The purpose of the assessment is to provide a risk-based framework for generating overall risk categories which can be used to inform decisions on:

- The frequency with which to undertake the cleaning tasks relating to elements in a functional area
- The frequency with which technical audits are conducted
- The consequent allocation of resources

7.1 Health and Safety at Work

Under the Health and Safety at Work Act 1974 it is the responsibility of employers to undertake risk assessments of all activities, tasks and procedures carried out by its employees, and if necessary to take measures to eliminate or reduce risk to patients, public and staff. In relation to this policy the risks are associated with cleaning tasks. The Health and Safety Executive's (HSE) five step process to risk assessment should be followed. The five steps include:

- Identifying the hazard
- Deciding who might be harmed and how
- Evaluating the risks and deciding on precautions
- Recording findings and implementing them
- Reviewing the assessment and updating as necessary

7.2 Control of Substances Hazardous to Health (COSHH) and in line with the national cleaning standards. - Training requirements

Employers are required under COSHH (2002) to protect employees and others who may be exposed to substances potentially hazardous to health, including cleaning agents. Typical actions arising out of the COSHH risk assessment of cleaning tasks include:

- The maintenance and issue of up-to-date COSHH sheets relating to each product used, including actions to be taken in the event of an accident
- Insistence on wearing appropriate personal protective equipment
- The labelling of chemical containers
- The storage of chemical products in a secure area
- Recorded health and safety training
- Regular inspection of the use and storage of chemicals

7.3 Personal Protective Equipment (PPE)

PPE is required to be supplied and used at work whenever there are risks to health and safety that cannot be adequately controlled in any other way. It is also required to be:

- Properly assessed before use to ensure that it is suitable
- Maintained and stored appropriately
- Provided with instructions on how to use it safely
- Used correctly by employee. Escalation of any issues with PPE should be raised with line management/ IPC Team in the first instance.

8 Cleaning Tasks

The effective performance of cleaning tasks is crucial to the provision of a clean hospital. They include identifying what needs to be cleaned, who is responsible for cleaning; the frequency it is to be cleaned; how to clean it and what competencies are needed to conduct the cleaning. The Trust has devised cleaning schedules which identify cleaning responsibilities, frequency and risk elements; these are available on request. Cleaning

Schedules are reviewed annually by CHEG members and displayed in all public areas within community hospitals. Refer to appendix 2 for an example of a cleaning schedule.

8.1 Identification

All cleaning tasks relating to the cleanliness of the elements should be assigned to the staff group responsible.

8.2 Frequencies

The frequency with which to clean each of the elements in a functional area must be identified in the cleaning schedules for each department.

8.3 Work Schedules

Work schedules should be produced and documented for each functional area. Each work schedule should identify each cleaning task to be performed in the functional area and indicate when it should be performed and how long it should take and be approved by the hotel services managers/domestic supervisors. They should be made accessible for all new and current staff. Each work schedule should be reviewed every 12 months or more frequently if there is a change of circumstances that might affect the work schedule. Refer to appendix 5 for an example of a domestic work schedule.

8.4 Contingency

The Domestic supervisor/site/operations manager will aim to arrange temporary requirements for additional cleaning when needed, during an infection outbreak, building works and when there is temporary unavailability of staff for the performance of cleaning tasks due to sickness. This could involve relocating staff from low-risk areas e.g. offices to clean high-risk areas e.g. wards. Domestic Staff contact numbers will be available in the inpatient ward contingency file for use by the senior nurse on the shift. The Domestic Supervisors will maintain the accuracy of this list.

8.5 Water Flushing – legionella awareness training

Daily flushing and recording of all water outlets, as included in the cleaning schedules in all Community Hospitals see Appendix 6 these are to be maintained on file for 5 years.

Flushing Records are to be provided to MPFT for recording compliance and defects reported to the appropriate maintainer.

Treatment of scale on taps- To be escalated to MPFT to arrange relevant treatment to any affected areas requiring treatment.

9 Measurement

Measurement specifies how clean elements are required to be, how to set agreed cleanliness performance levels and how to audit cleanliness. A robust audit process is implemented to identify whether levels are being achieved, as this is an essential part of providing assurance of the cleanliness of a hospital.

Elements shall be identified as clean if all parts of the element have the visual appearance of being free of dirt and stains. 'Dirt' can include adhesive tape and its residue; blood; body substances; cobwebs; dead animals, birds, or insects; dust; food debris; graffiti; grease; limescale; litter; scum; smears and spillages of liquids or powders.

9.1 Audit

Technical audits will be conducted by clinical and hotel services staff to assess whether scored elements in each functional area conform to the cleanliness measurement. Cleanliness performance is assessed using reference to the national standards of cleanliness.

In addition, yearly Patient Led Assessments of the Care Environment (PLACE) inspections of community hospitals will be undertaken, which assesses the patient environment, food,

privacy, and dignity. The team may include LCMs, heads of department, supervisors of domestics, Operations Manager, and members of the patient and public involvement forums such as Healthwatch. Prior to the yearly inspections staff from community hospitals will carry out pre-PLACE inspections of hospitals outside their locality.

Technical cleaning audits are audits carried out by appropriately trained personnel. Such audits will be undertaken in accordance with the timescales.

Technical cleaning audits are carried out against the criteria laid out in The National Standards of Healthcare Cleanliness using an electronic monitoring system.

The audit tool is based on the 50 elements contained within The National Standards of Healthcare Cleanliness which have been assigned as a responsibility to one of 3 staff groups for scoring purposes, these are Domestic Team, Clinical team and Estates. The audit will include catering/ward kitchens at ward and departmental level; however, auditing of main catering and food production areas and kitchens will fall outside of this policy and responsibility.

1: Pass

0: Fail

X: not applicable

A percentage score is then given for each area of responsibility, and then provide an overall score for the area that has been audited. This audit score will be visualised in the form of a star rating, which will be displayed at ward/departmental level as well as being reported. The new standards have been developed to provide a mutual understanding to all patients, visitors, and staff across all healthcare settings of what it means to be clean, and how cleaning processes are assessed.

The Cleanliness Charter Should be displayed and sets out the Trusts commitment to achieving a consistent high standard of cleanliness across its facility – these will detail cleaning responsibility and frequency and will be displayed across the Trust in patient facing areas.

9.2 Frequency

A range of staff based within the locality, will undertake the technical audits, bi-monthly or more frequently if the technical audit scores reflect a reduction in cleanliness performance levels.

Risk category	Frequency	Target Score	Timescales for action
Functional Risk 1	Weekly, minimum of 50% of functional area to be completed.	98%	Within 1 hour of issue. <i>If found overnight, prioritised for immediate clean prior to clinical activity.</i>
Functional Risk 2	Monthly	95%	Within 24 hours
Functional Risk 3	Bimonthly	90%	Within 24 hours
Functional Risk 4	Quarterly	85%	Within 48 hours
Functional Risk 5	6 Monthly	80%	Within 72 hours
Functional Risk 6	Annually	75%	Within 1 week

9.3 Service Improvement Plan (SIP)

When audits demonstrate a shortfall in cleaning, service improvement needs to be timely and thorough. A plan for recording corrective actions will be implemented and declarations of target timescales for completion of corrective actions are made, set, and justified locally by supervisors of domestics, heads of department and estates as appropriate. The LCMs will monitor completion of the service improvement plans.

9.4 Reporting

Information should be made available on request to reassure patients, public and staff that exacting standards are being maintained across the hospitals. The Quarterly Audit reports are presented to IPC and escalated to the Quality and Safety committee and Trust Board as appropriate.

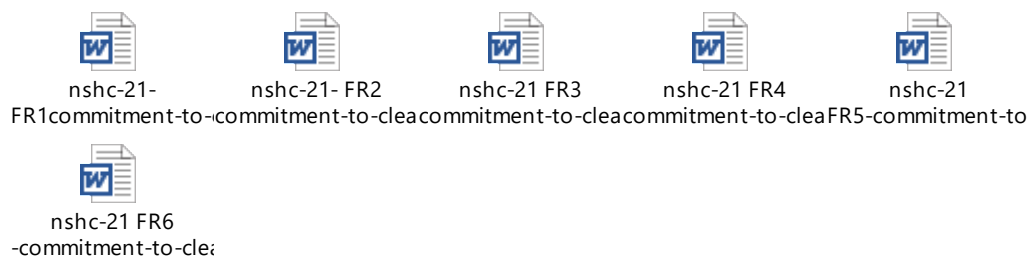
10 Cleanliness Audits

At target or above	5 stars
1% - 3% below target	4 stars
4% - 6% below target	3 stars
7% - 9% below target	2 stars
10% or more below target	1 star

Cleaning Definitions

- **Cleaning of equipment used-**
 - Cleaning Trolleys must be cleaned after every use/any maintenance issues should be reported to the domestic supervisor/Hotel Services Manager.
Chemicals are to be stored in a safe area behind a lockable door that states COSHH Equipment stored.
- **Full clean** – cleaning all elements using an appropriate method to remove all visible dust, dirt, marks, and contamination, leaving the item in accordance with the required performance parameters.
- **Spot clean** – cleaning specific elements using an appropriate method to remove all visible dust, dirt, marks, and contamination, leaving the item in accordance with the required performance parameters.
- **Check clean** – a check to assess if an element meets the performance parameters. If it does not, a full or a spot clean should be undertaken (in line with the above) to bring the element up to the performance parameter level.
- **Periodic clean** – full clean of an item at a set interval as part of routine environmental maintenance where daily or weekly activity is not required. This becomes periodic; fortnightly, monthly (four weeks), quarterly (12 weeks), six-monthly or annually.
- **Touch points clean** – a full clean of items that are frequently touched.

Our Expectations for each FR Rating are covered within our commitment to cleanliness which is from FR1 TO FR6



11 Efficacy Audits

Efficacy audits are a management tool used to provide assurance that the correct cleaning procedures are consistently delivered to satisfy IPC and safety standards. These audits inform the healthcare organisation that correct training, IPC, health and safety, and safe systems of work are being used.

Efficacy audits will be completed annually in all patient facing areas, and a minimum audit score of 80% is expected in all areas, regardless of risk rating.

Should an area not achieve the minimum target score, a repeat audit is required within 1 month to provide assurance remedial actions have been completed.

Efficacy audits must be completed by a multi-disciplinary team, with, as a minimum, representation from:

- Facilities Management
- Infection Prevention & Control
- Ward/Department Management

Audit results and action plans will be monitored by the Infection Prevention and Control.

12 Completion of PAM and development to costed Action Plans between May and September annually referring to the previous budget year end.Consultation

This policy has been developed by the Community Hospitals Hotel Services Professional lead in consultation with CHEG, LCMs, Hotel Services Co-ordinators, Domestic Supervisors, members of IPC and the Infection Prevention and Control Team.

A three-week consultation period was allowed, and comments incorporated as appropriate.

12.1 Approval Process

Infection Prevention and Control Committee meeting will approve this policy and its approval will be notified to the Quality and Safety Committee.

13 Dissemination and Implementation

This policy will be disseminated by the following methods:

- Managers informed via Datix who then confirm they have disseminated to staff as appropriate
- Staff – via Team Brief and Inform
- Published to the Staff Zone of the Trust website

The web version of this policy is the only version that is maintained. Any printed copies should therefore be viewed as 'uncontrolled' and as such, may not necessarily contain the latest updates and amendments. When superseded by another version, it will be archived for evidence in the electronic document library.

14 Advice

The Hotel Services Manager, Hotel Services Co-ordinators and the Domestic Supervisors act as a resource and as role models and are a link between the IPC team and their own clinical area.

15 Training

All members of domestic staff must have current recorded training in the implementation of cleaning tasks and the use of equipment. Does this extend to third party providers and who monitors compliance/competence.

In accordance with the Trust's mandatory training policy and procedure the IPC team will support/deliver any IPC training associated with this policy. IPC training detailed in the core mandatory training programme includes environmental cleaning, standard precautions and details regarding key IPC policies.

Managers and service leads must ensure that all staff are familiar with this policy through induction training and updates undertaken in their area of practice.

Further training needs may be identified through other management routes, including Root Cause Analysis and Post Infection Reviews following an incident/infection outbreak or audit findings. By agreement additional ad hoc targeted training sessions will be provided by the IPC team.

16 Monitoring Compliance

Compliance with this policy will be monitored as follows:

- Cleaning standards will be monitored in accordance with the National standards of cleanliness.

17 Environmental and patient equipment cleaning will be monitored as part of the References

Health and Safety at Work Act (1974). London: The Stationery Office

NHS National Standards of Healthcare Cleanliness (2021) [B0271-national-standards-of-healthcare-cleanliness-2021.pdf \(england.nhs.uk\)](#)

The Control of Substances Hazardous to Health Regulations (2002) (as amended). Statutory Instrument 2002, No. 2267. London: The Stationery Office

The Personal Protective Equipment at Work Regulations 1992 (as amended), Statutory Instrument 1992 [Personal protective equipment at work \(Fourth edition\) - L25 \(hse.gov.uk\)](#)

18 Associated Documents

This policy should be read in conjunction with:

- Cleaning and Disinfection Policy
- Hand Hygiene Policy
- Standard Precautions including Surgical Hand Scrub, Gowning and Gloving Policy
- Mandatory Training Policy and Procedure
- Uniform Policy and Dress Code
- Waste Management Policy
- Premises Assurance Model

Appendix 1 – Functional Area Technical My Audit content

Appendix 2 – Cleaning Schedule (example)

Element		Frequency	Staff Responsible
1	Commode/Reusable Commode	After every patient use	User (Nursing/Therapist)
		Weekly	Nursing Staff
2	Bed pan and bed pan holder	After every patient use	User (Nursing/Therapist)
		Weekly	Nursing Staff
3	Macerator and bed pan washer	Daily	Nursing Staff
4	Manual handling slings and glide sheets	After every patient use	User (Nursing/Therapist)
		Replace when soiled and on patient discharge	User (Nursing/Therapist)
5	Disposable Catheter bag holder	Check daily – dispose of after discharge	User (Nursing/Therapist)
6	IV stand/ BP monitor stand	Weekly	Nursing Staff
7	Single Patient use washbowl	After every use and disposed of on patient discharge	User (Nursing/Therapist)
8	Medical equipment NOT connected to a patient e.g. Hoist, Stand-aid, physiotherapy equipment, Zimmer frame	After every use and prior to storage	User (Nursing/Therapist)
		Weekly	Nursing/Therapist
9	Medical equipment connected to a patient e.g. infusion pump, blood pressure cuffs, oxygen saturation probe	After every patient use	User (Nursing/Therapist)
		Weekly	Nursing/Therapist
10	Medical gas and suction equipment including Gas cylinder holder	Weekly	Nursing Staff Porters

Appendix 3 – Guidance on Assigning Risk Scores for Elements

Appendix 4 – Element Risk Scoring and Cleaning Times

Maximum timeframe for rectifying cleaning problems
Priority of rectification
Maximum timeframe for rectifying cleaning problems
Rapid response items – this includes all areas regardless of functional risk rating where there is a health and safety, patient safety or IPC issue
Assessment of task should be within 20 minutes with task completed in no longer than 1 hour
Cleaning these items should be recognised as a team responsibility. Where necessary and cleaning staff are unavailable, e.g. at night, the task should be the responsibility of other ward or department staff. It is important that all tasks are clearly outlined and that all staff understand their responsibilities and methods of cleaning, including what the appropriate equipment and materials to use are

FR1 Assessment within 20 minutes and task completed at the next scheduled clean or within 2 hours (if the area is accessible), whichever is soonest

FR2 Assessment within 20 minutes and task completed at the next scheduled clean or within 4 hours (if the area is accessible), whichever is soonest

FR3 Assessment within 1 hour and task completed at the next scheduled clean or within 12 hours (if the area is accessible), whichever is soonest

FR4 Assessment within 1 hour and task completed at the next scheduled clean or within 72 hours, whichever is soonest

FR5 Assessment within 24 hours and task completed at the next scheduled clean or within 96 hours, whichever is soonest

FR6 Assessment within 24 hours and task completed at the next scheduled clean or within 120 hours, whichever is soonest

Domestics Work Guidelines

Colour coding



Wards, departments and
General areas



Kitchens and food
preparation areas



Toilets, bathrooms and
Sluices



Isolation areas

Working Guidelines for Ward Based Domestic Staff

Team 1 (18 Beds)

Team 2 (18 Beds)

Monday – Friday

On arrival for work

- Report to supervisor for updates or special instructions for Bays or side Rooms.
- Ensuring all water outlets are flushed 'daily' and recorded on daily flushing check list by staff initialling completion. See Appendix 6.
- Discuss with the Staff Nurse in charge to arrange which patients need to be moved to the day room ready for deep cleaning of bay
- Check cleaning trolley & replenish with stock, load with the requirements for the ward.
- Always use Personnel Protective Equipment and follow the 5 moments of Hand Washing

Domestic 1

7.30 – 8.30 a.m.

- Place warning signs by bathroom doors.
- Turn on all taps to water flush.
- Clean all toilets wash basins, including the toilet outside the Team One entrance.
- Damp dust all surfaces in bathrooms, check curtains for stains and change if needed.
- Empty the waste bins and dispose of waste as per policy, clean bin and refit with bag
- Check and replenish as required all soap, hand towels etc.
- Wet mop floor.

Domestic 2

7.30 – 8.30 a.m.

- Place warning signs by doors.
- Clean day room (Team 1) turning on taps to water flush.
- Clean Dining Room (Team 2) and ward offices on both teams.
- Damp dust all surfaces
- Empty bins and dispose of all waste as per policy, clean bin and refit with bag
- Spot mop floor as required pulling out all furniture.
- Vacuum clean carpets in both offices.

Appendix 6 – Flushing Check Sheet

Flushing Check Sheet - Daily																				Version Feb 17												
Site					Ward/Dept					Year:					Month:					Supervisor:												
<p>This form is designed to ensure that all water outlets are used regularly to ensure that water is not allowed to stagnate. The room numbers in your area that contain any item connected to the domestic water supply should be listed down the left hand column. It should be initialled in the adjacent grid that devices have been used regularly or flushed for the duration of the daily cleaning of the wash handbasin, bath or shower or for at least 2 minutes. This form is subject to audit as part of the infection control regime and part completed forms must remain available for audit.</p>																																
Room No.	Date:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
					</																											

Appendix 7 – SOP for Cleaning of Clinical Hand Wash Basins

Infection Prevention and Control Standard Operating Procedure

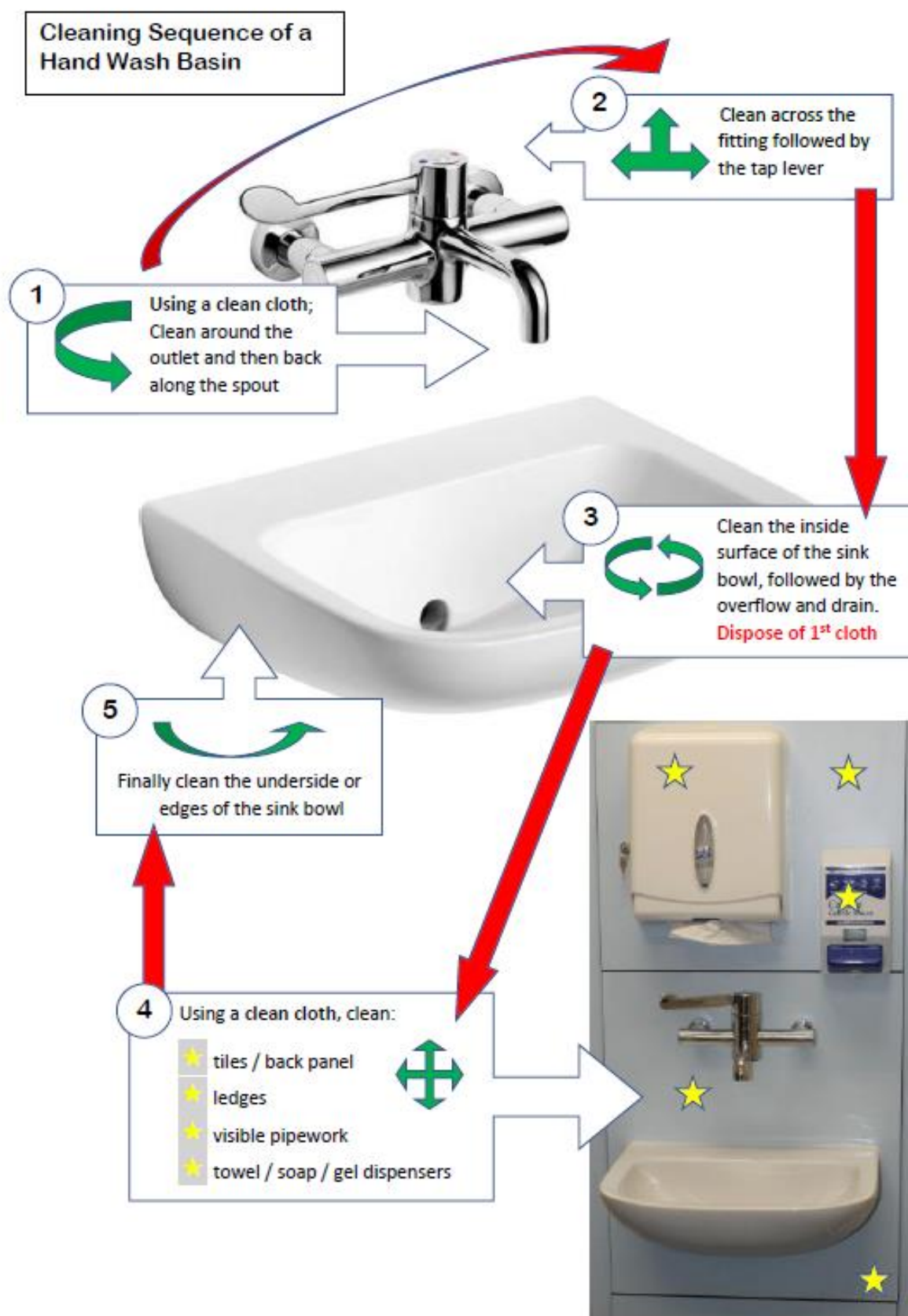
Objectives: - To safely and effectively clean hand wash basin by removing all deposits, stains, foreign matter and odours and to improve cosmetic appearance

Action	Responsibility of
<p>To ensure that</p> <ul style="list-style-type: none"> • All hand wash basins and fittings should be visibly clean with no blood or body fluids or substances, scum, lime scale deposits and smears. • All splash backs should be free from stains, smudges, mould and body fluids 	All staff
<p>All staff to ensure that they have the correct equipment:</p> <ul style="list-style-type: none"> • Colour coded cloth • Colour coded bucket • Correct cleaning Products e.g. Tristel fuse, Tristel jet, General purpose detergent, Cream Cleaner, Limescale remover • Blue Paper towels • Non-abrasive pads • Warning sign • Waste bag • Gloves 	All staff
<p>There is a risk of contaminating tap outlets with microorganisms if the same cloth is used to clean the bowl of the hand basin before the tap. These bacteria could contaminate the outlet, become resident in any biofilm and have the potential to be transmitted to other patients.</p>	All Staff
<p>Method to be used</p> <ul style="list-style-type: none"> • Display the warning signs • Wash hands and put on gloves and apron • Empty the sink, if necessary, and clear the surrounding area • Prior to preparation of cleaning solution turn both taps on to provide good water flow without water splashing, if tap is a single lever type it should be turned to a centre position, taps should be run for 2 minutes daily. (Water flow should not run directly into the aperture and should be off set to reduce the risk of aerosol) • Prepare the cleaning solution in the bucket or specific Tristel mixing jug in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer • Use blue paper towel to remove hair from the plug, drain, plug chain and overflow and dispose of in waste bag • Dampen or rinse the cloth in the cleaning solution and wring so that it is fairly dry, • Clean in the following sequence <ul style="list-style-type: none"> ▪ the taps (water outlet first) ▪ inside surface of the sink ▪ overflow and drain ▪ greasy soiling and lime scale deposits will require use of the non-abrasive pad ▪ change cloth ▪ dispose of original cloth in appropriate waste stream 	All Staff

<ul style="list-style-type: none"> • Working from the outside to the inside <ul style="list-style-type: none"> ▪ begin cleaning wall tiles ▪ ledges ▪ pipe work ▪ dispensers ▪ underside or edges of sink • change the cleaning solution regularly and when it becomes soiled or contaminated • Using the tap and a new cloth, <ul style="list-style-type: none"> ▪ Rinse the cleaned area turning on both taps to remove cleaning product residue. Do not touch faucet. Dry thoroughly, either by using a well wrung cloth or paper towels. Insufficient drying will give a dull and unpleasing appearance to the stainless steel or chrome bright work • On completion, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate • Wash reusable heavy duty gloves, remove gloves and wash hands • COMPLETE ASSOCIATED WATER FLUSHING CHECK SHEET SPECIFIC TO TASK AND LOCATION <p>DO NOT use a bottle brush to clean overflows or drains.</p> <p>Report any faults, including scale build-up which resists normal cleaning, to your supervisor</p> <p>Health & Safety</p> <ul style="list-style-type: none"> • Refer to SCHAT Cleaning and Disinfection Policy or Community Hospital Cleaning Policy for guidance on all cleaning processes, colour-coding, equipment, protective clothing, fluids and methods • Never mix cleaning agents, as poisonous gases could result (refer to manufacturers' instructions) • Throughout the cleaning, regularly clean the cloth and rinse in cleaning solution • Do not scratch with abrasive items as scratches may harbour harmful bacteria • Report any faults for example, cracked or broken items or any build-up of scale to your supervisor • Display warning signs and ensure they are clearly visible • All equipment should be left clean, dry and tidy in storage area after use 	
Signatures of staff who are using the SOP	

Name	Designation	Signature	Date

Appendix 8 – Cleaning Sequence of Hand Wash Basin



Appendix 9 – The National Standards of Cleanliness

The cleanliness of any healthcare environment is important for infection prevention and control and patient well-being. Cleaning staff, along with other healthcare professionals play an important role in quality improvement, in the confidence the public has in hospitals and healthcare, and in reducing infection related risks.

The National Standards for Healthcare Cleanliness, published in 2021, were developed following consultation with experts and professionals in the fields of cleanliness and infection prevention and control. They reflect modern methods of cleaning, considerations for cleaning services during a pandemic, and emphasise transparency to assure patients, the public and staff that safe standards of cleanliness have been met.

All inpatient and clinical areas will have a cleaning schedule, which will be agreed jointly between the Hotel Services Manager and the Clinical lead for each of their respective areas. All areas will be assessed taking account (which is not exhaustive) of:

- Recommended cleaning frequencies contained within The National Standards for Healthcare Cleanliness.
- The client group, e.g., mobility, clients use of facilities
- The environment, e.g. ease of cleaning, standard of interior finish
- Accessibility, e.g. when can housekeeper access bedrooms, clinical areas
- Infection Prevention and Control advice and guidance
- Activity undertaken within the specific area/room e.g. clinical procedures.

1: Pass

0: Fail

X: not applicable

A percentage score is then given for each area of responsibility, and then provide an overall score for the area that has been audited. This audit score will be visualised in the form of a star rating, which will be displayed at ward/departmental level as well as being reported. The new standards have been developed to provide a common understanding to all patients, visitors and staff across all healthcare settings of what it means to be clean, and how cleaning processes are assessed.

The **Cleanliness Charter** sets out the Trusts commitment to achieving a consistent high standard of cleanliness across its facility – these will detail cleaning responsibility and frequency and will be displayed across the Trust in patient facing areas.

Cleaning Definitions

- **Full clean** – cleaning all elements using an appropriate method to remove all visible dust, dirt, marks, and contamination, leaving the item in accordance with the required performance parameters.
- **Spot clean** – cleaning specific elements using an appropriate method to remove all visible dust, dirt, marks, and contamination, leaving the item in accordance with the required performance parameters.
- **Check clean** – a check to assess if an element meets the performance parameters. If it does not, a full or a spot clean should be undertaken (in line with the above) to bring the element up to the performance parameter level.
- **Periodic clean** – full clean of an item at a set interval as part of routine environmental maintenance where daily or weekly activity is not required. This becomes periodic; fortnightly, monthly (four weeks), quarterly (12 weeks), six-monthly or annually.

