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CLEANING POLICY

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Management of Waste Policy			
Infection Control Policy			
Hydrogen Peroxide Vapour Decontamination Policy			

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1 POLICY STATEMENT

Ensuring hospitals are clean and safe is an essential component in the provision of effective healthcare. All users of healthcare premises have a right to assume that the environment is one where infection hazards are adequately controlled. The essence of good cleaning is that things not only *look* clean afterwards, but that they *are* clean.

Providing a clean and safe environment for healthcare is a key priority for the NHS and it is a core standard within the Care Quality Commission's Essential Standards of Quality and Safety. Publications such as *Towards Cleaner Hospitals and Lower Rates of Infection* and *A Matron's Charter: An Action Plan for Cleaner Hospitals* have emphasised this further by recognising the role cleaning has in ensuring that the risk to patients from healthcare associated infections (HCAI'S) is reduced to a minimum.

Torbay and South Devon NHS Foundation Trust is committed to continuous quality improvement and cleaning services have a pivotal role in achieving this goal.

2 PURPOSE/INTRODUCTION

- 2.1 The purpose of this policy is to explain the principles of cleaning within hospital environments and to define the responsibility and accountability of each member of staff in ensuring that those principles are adhered to, so that the Trust can be assured that its environmental cleaning measures are robust and appropriate.

3 EQUALITY IMPACT ASSESSMENT

- 3.1 The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No employee will receive less favourable treatment on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation, or on the grounds of trade union membership.

4 ROLES AND RESPONSIBILITIES

4.1 Chief Executive

The Chief Executive is responsible for ensuring that there are effective arrangements for infection control throughout the Trust. A Director of Infection Prevention and Control has been appointed by the Trust to ensure that infection control in the Trust meet the required standards.

4.2 Trust Executive Directors

Executive Directors are responsible for allocating budgets with due attention to infection control and cleanliness, understanding the implications of the funding decisions they make. Executive Directors are also responsible for receiving assurances on cleanliness from the Infection Prevention & Control Group and Deputy Director of EFM.

4.3 Hospital Matrons

Matrons are responsible for leading and driving a culture of cleanliness in clinical areas, as well as setting and monitoring standards in conjunction with others. Matrons are also responsible for approving cleaning schedules for their areas of responsibility.

4.4 Infection Prevention and Control teams

Advising on specific/specialist cleaning requirements;
Educating staff about the importance of following the correct processes for decontamination and cleaning.

4.5 Ward Managers and Heads of Departments

Agreeing cleaning standards for their area within available resources;
Making sure that standards are met;
Working with cleaning staff to help them fulfil their roles and with the wider Facilities Management team to achieve objectives.
Escalating concerns that have not been remedied locally via the agreed procedure (see Appendix 1)

4.6 Housekeepers, Health Care Assistants, Nursing & Clinical Staff

Carry out cleaning duties, primarily associated with patient/medical equipment and body fluid spillage.

4.7 Director/Deputy Director of Estates & Commercial Development

Ensuring that premises are fit for purpose, maintained and clean. S/he will ensure that there is regular monitoring of standards of cleanliness, reported at ward, departmental and board level with actions to improve in areas of developing risk.

4.8 Head of Facilities

Strategic and operational development of cleaning services; Where required, making sure that Contracts and Service Level Agreements are set and monitored; Identifying funding requirements and preparation of bids; Ensuring high standards of cleanliness and value for money are maintained; Liaising formally and informally the infection prevention and control team; Establishing a spirit of collaborative team working.

4.9 Contractor Provided Services

Cleaning services may be managed and provided by an external contractor in accordance with a written contract. Where such arrangements exist, the contractor assumes all of the responsibilities undertaken by the Facilities Managers, supervisors and cleaning staff.

Contractual performance will be monitored by the Head of Facilities or other designated senior manager, as appropriate.

4.10 Head of Estates

Maintenance and repair of the hospital fabric with any associated cleaning requirements.

4.11 Hotel Services Lead

Monitoring compliance of this policy and investigating failures to comply, ensuring that corrective action is taken to prevent recurrence;
Coordinating audits throughout the organisation and for coordinating their dissemination, including providing regular reports on cleaning standards and associated actions to the Environment Group.

4.12 Hotel Services Manager

Providing expert advice on cleaning, consumables, equipment and methodology of cleaning, working closely with Infection Prevention and Control and Health and Safety; Developing cleaning schedules for all areas of the Trust, ensuring sufficient staff and resources are available to deliver the cleaning service, including delivering specialist and enhanced cleaning requirements in line with Trust Policy; Making sure that in-house Service Level Agreements are adhered to; Delivering high standards of cleanliness and value for money; Regular liaison with the operational manager and Infection Prevention and Control Team. Ensuring there are enough staff, with the right skills to do the job. Establishing a spirit of collaborative team working with service users.

4.13 Facilities Manager/Facilities Support Manager

Supporting the Hotel Services Manager in their responsibility to ensure appropriate delivery of services at all Trust sites; Providing and facilitating core and statutory training for facilities staff; Ensuring that sufficient staff, consumables and equipment are available to deliver the cleaning service and that any electrical devices used are safe to use and in good working order. Facilities Manager/Facilities Support Manager also perform competency assessments and observations of practice to check training needs are being met.

4.14 Facilities Supervisors

Operational supervision of cleaning staff in line with this and other relevant Trust policies; Coordinating and supervising specialist cleaning services, including enhanced cleaning and cleaning with hydrogen peroxide; Ensuring that the National Colour Coding is adhered to at all times; Auditing of cleaning standards and ensuring any remedial actions are undertaken; Providing day-to-day advice in relation to cleaning requirements.

4.15 Domestic Assistants/Hotel Service Assistants/Facilities Assistants

All cleaning staff are responsible for ensuring that cleaning methodologies are rigorously applied and the frequencies are maintained. Where this is not possible, non-compliance shall be escalated to the supervisors. All cleaning staff shall play an essential role in ensuring that the Trust reduces hospital acquired infections and shall promote confidence in patients and visitors. An important step is for ward cleaning staff to liaise routinely with the nurse in charge to understand any infections

present on the ward and to follow the relevant cleaning regimes documented in this policy.

5 MANAGING RISK

5.1 Definitions of Risk

Appendix 2 summarises the risk categories established and the minimum frequency of monitoring cleaning standards.

5.2 Compliance with National Specifications

Healthcare cleaning standards are undertaken in line with the Revised Healthcare Cleaning Manual June 2009, which categorise the service and auditing levels required in order to maintain cleanliness. The national specification has been adopted across the Trust (see Appendix 2).

5.3 Colour Coding Scheme

The Trust must adhere to the mandatory National Patient Safety Agency Colour Coding scheme (see Appendix 3). The adoption of nationally recognised colour coding helps to minimise the risk of cross-infection and extends to all cleaning materials and equipment used. The method used to colour code items should be clear and permanent.

Cleaning products do not need to be colour coded. Similarly, the colour code does not extend to catering equipment used within the catering department where this is already a well-recognised procedure to ensure food hygiene and food separation issues are addressed.

5.4 Cleaning Equipment

Prior to using any cleaning equipment, all cleaning staff will be trained in the correct use of that equipment. All electrical devices must be PAT tested and it is the responsibility of the Facilities Managers to ensure all electrical equipment is safe to use. Cleaning staff have a responsibility to regularly check all equipment and report any faults.

All equipment must be checked to make sure that it is clean before being used, and is cleaned and stored correctly after use.

5.5 Approved Cleaning Chemicals

The Trust will only use cleaning chemicals that have been agreed for use by the Infection Prevention and Control Team and ratified by the Environment Group. Cleaning staff will be trained in the use and dilution of approved cleaning chemicals during their local induction and as part of a planned change in product use.

All cleaning chemicals are assessed under the Control of Substances Hazardous to Health Regulations. Health and Safety data sheets for all products are filed in the Facilities Department and relevant information will also be found in all cleaning cupboards.

Risk assessments are completed for the use of all cleaning chemicals identifying personal protective equipment and storage requirements.

Each ward or department will have a separate lockable cupboard for the storage of all cleaning chemicals. Only approved chemicals may be stored in these cupboards and they must be in their correct container with correct usage instructions and with tightly fitting lids to prevent spillage.

5.6 Personal Protective Equipment

5.6.1 Uniform

Staff should dress in accordance with the Trust Uniform policy.

5.6.2 Gloves

Disposable gloves must be worn for infectious patients when cleaning side rooms and cleaning of sanitary ware as per the **Isolation Policy**. To help prevent infection, injury and cross-contamination gloves should be worn for cleaning tasks within all sanitary or infected areas. Gloves should also be worn when using Hypochlorite solution. All gloves should be either colour-coded or disposable and should be changed for each patient bed space and between tasks (as appropriate) and removed when a task is finished or if task is interrupted for another reason. The use of gloves does not replace the need for proper hand washing.

5.6.3 Aprons

Aprons must be changed between cleaning areas occupied by an infectious patient and side rooms as per the **Isolation Policy**. Staff who are at risk of clothing contamination should wear colour coded disposable plastic aprons to create a waterproof barrier. If contamination by large amounts of fluid is anticipated, overalls or waterproof footwear may be appropriate. This should be established by a COSHH/risk assessment. Aprons should be changed for each patient zone and between tasks (as appropriate) and removed when a task is finished or if task is interrupted for another reason.

5.6.4 Goggles, masks and visors

During procedures where fluid may splash in their face, staff should wear safety protection such as goggles, masks or visors to protect their eyes, nose and mouth. Goggles must be worn when diluting cleaning chemicals, including using Hypochlorite solution.

Masks must be worn for airborne precaution isolation.

Protective clothing may also be required for procedures where there is risk of exposure to harmful substances such as chemicals, blood or body substances.

5.6.5 Linen segregation

Linen used by patients with an infection and other contaminated linen must be segregated in accordance with the Trust's Linen and Laundry Policy.

5.6.6 Waste disposal

Waste must be handled with care and separated in accordance with the Trust's Waste Management policy.

Waste should be disposed of in the following manner:

Orange sacks should be used for the disposal of infectious and potentially infectious waste, e.g. dressings from known infected wounds and other items that have been in contact with infectious body fluids.

Tiger sacks (yellow and black striped) should be used for the disposal of offensive waste, eg gloves, aprons, feminine hygiene products, nappies and dressings from non-infected wounds etc.

All Clinical waste bags must be tied securely with an identity tag, not overfilled and only stored in a clinical waste bin or designated disposal area prior to disposal.

Blue rigid containers are provided for the disposal of pharmaceutical waste including all giving sets and blister packs.

Yellow rigid containers are provided for the disposal of pharmaceutically contaminated infectious waste.

It is a mandatory requirement that clinical waste bins are kept locked at all times.

Recyclable products such as paper, hand towels, metal, plastics and card should be disposed of in clear plastic sacks.

Non-clinical, or domestic, waste must be disposed of in black bags. Examples of domestic waste include flowers, crisp packs and polystyrene.

5.6.7 Sharps

Sharps, such as drug vials, used needles and razor blades must be carefully disposed of into the appropriate sharps container as per Trust policy.

Needles and syringes should be discarded as one unit and never re-sheathed, bent or broken. Sharps containers should be sealed, labelled and disposed of when two thirds full. Containers should be carried by the handle and held away from the body. Containers should be stored in a designated disposal area. Never attempt to decant contents of sharps containers into larger containers.

If found by a Domestic Assistant, discarded sharps should not be touched by hand but moved using forceps, tweezers or a dustpan and piece of cardboard or plastic. The incident should be reported in accordance with the Trust Incident Reporting and Investigation Procedure.

Any sharps injuries should be reported in accordance with the Trust's Inoculation Injury Policy.

5.7 Staff issues

5.7.1 Exposure to blood or body fluids

All staff should follow the recommendations given in the Trust's Standard Infection Control Precautions Policy.

In Wards or Departments the member of staff caring for the patient at the time of the spill is responsible for arranging the prompt decontamination and clearing of that spill using a body fluid spillage kit.

In the event of a spill being discovered, the person in charge must be informed and assumes responsibility for arranging prompt decontamination and clearing of the spill.

Where required a secondary clean will then be undertaken by a member of the Facilities staff.

The Facilities department (via the Helpdesk) must be informed for any spillage noticed in public areas. The duty supervisor will assume responsibility for the decontamination and clearing of the spill.

All body fluid exposures should be reported using the Inoculation Injury Policy. Staff may be required to attend occupational health or Emergency departments and further advice sought on the provision of post-exposure prophylaxis.

5.7.2 Hand hygiene

Hand washing is one of the most important actions to be taken to prevent cross contamination when performing cleaning tasks and should be undertaken in line with the 'Five moments for hand hygiene' guidance.

Hands must be washed using the liquid soap and water provided in a hand wash sink. All cleaning staff must wash their hands frequently and this will include the following:

- Before commencing duties
- Before collecting food
- Before putting on gloves
- After taking off gloves and aprons
- After using the toilet
- After taking a break
- After each cleaning task
- After contact with body fluids
- When hands are dirty

Alcohol gel can be used when hand washing facilities are not available and hands are visually clean, ie when entering and leaving a ward or entering an isolation room. However, alcohol gel should not be used when there are cases of diarrhoea and vomiting on the ward. Full guidance and the Hand Hygiene Policy can be found on the Trust Intranet (Infection Control Policies).

6 CLEANING SCHEDULES

6.1 Cleaning Schedules

Cleaning schedules are produced for each ward and clinical department and will be signed off by the ward manager and hotel services manager. They are detailed breakdowns of times each day that each cleaning task will be undertaken. High risk tasks are identified on the cleaning schedules to ensure that they are always completed even in times of reduced staffing levels. Cleaning schedules are located in the cleaners cupboard and a summary is displayed in each ward or clinical area.

The cleaning frequencies and responsibilities for cleaning all elements potentially present within a ward or clinical environment are described in Appendix 4.

In times of reduced cleaning staff levels, cleaning staff from low risk areas will be transferred to higher risk areas to ensure that the requirements of the service level agreements are met. Staff and public toilets will continue to be cleaned and the Facilities team will put in place a recovery plan to ensure that low risk areas are not left without routine cleaning for lengthy periods.

6.2 Definition of Routine Cleaning

The patient's bedframe, locker, bed table and chair must be cleaned with an approved product each day and used waste bags must be removed and replenished. This includes isolation rooms and areas where patients with infectious conditions are cared for. Other areas such as bathrooms and ancillary spaces are cleaned at least in with the frequencies set out in Appendix 4. Floors are cleaned with a mop and damp mopped with detergent. It is the responsibility of ward cleaners/domestics to carry out the daily clean and the Facilities supervisors and ward manager to monitor.

6.3 Specialist Cleaning

Specialist cleaning takes place regularly but less frequently than routine cleaning. It may include the use of hypochlorite or hydrogen peroxide vapour (HPV) treatment (see Appendix 6 for the HPV Decontamination Protocol).

Specialist period cleaning is an annual programmed clean of wards and selected departments which will be undertaken by a dedicated deep clean team. Each ward will either fully decant to another area or a bay will be emptied to enable full access. The clean includes all patient areas and ancillary rooms such as sluices and preparation rooms. Additionally walls, ceilings, ducting and air vents will be cleaned.

The specialist periodic cleaning programme will be drawn up in consultation with matrons, the facilities team, Operations Manager and the infection control team. Where possible, cleans will be planned to fit in with estates maintenance so as to reduce clinical downtime.

6.4 Terminal Cleaning

Terminal cleaning is a term used to describe the cleaning of a room in which a patient has been isolated with an infection. After the patient has been discharged all surfaces and equipment must be thoroughly cleaned to ensure the room is free of

microorganisms for the next patient. This may require the use of disinfectant and involve changing the curtains.

Depending on the type of infection present, terminal cleaning may require the use of Hydrogen Peroxide Vapour devices which must be used only in unoccupied rooms/bays and by staff specifically trained to use them.

Hydrogen Peroxide Vapour is a highly effective environmental decontaminant and is used for decontamination of areas that may have been contaminated with microbiological organisms which may present a risk of infection to susceptible patients, eg Clostridium difficile, MRSA, and resistant gram-negative organisms. A chart showing what mode of cleaning should be requested is shown at Appendix 5. Such cleaning is carried out at the request of the Ward Manager or Infection Control Team and requires close liaison between the Trust's control office, facilities team and ward team.

6.5 Enhanced Cleaning

Enhanced cleaning is carried out when there is a greater risk of infection outbreak and at the request of the Infection Control Team. This intensive clean involves cleaning all touch surfaces in an in-patient area on a two-hourly basis and normally requires additional resources to maintain the level of cleaning required.

6.6 Building Cleaning

The Estates Department will be responsible for routine cleaning during and after minor repairs/building works and will leave the working area clean and free of any debris. During major construction works the Estates project lead will liaise with the Hotel Services Manager to agree what level of additional resource is required to keep areas adjoining the construction site, clean and dust free. Advice may also be sought from the Infection Control Team on appropriate measures.

In response to leaks, flooding and other estates issues that may affect Trust premises, the estates manager will liaise with the facilities manager to arrange cleaning support to ensure that once the problem is resolved (or as an interim control measure) appropriate decontamination and cleaning regimes are deployed.

7 TRAINING & AWARENESS

7.1 Trust Induction

Prior to commencing any cleaning duties new staff will complete their Mandatory Trust Induction.

7.2 Local Cleaning Induction

All new cleaning staff will receive a local induction by a member of the Facilities Management Supervision Team. The contents of the induction will vary between individuals and will be determined by their job specifications. This induction will include use of colour coded equipment, safe use of cleaning chemicals and materials and training in the use of cleaning equipment. Manual handling training is also provided, as necessary.

The local induction will stress the legal as well as the moral responsibilities of cleaners. Cleaners will be made aware of the importance of adopting hygienic working practices.

All training will make reference to relevant legislation, NHS guidelines and Trust policies.

Each new member of staff will receive a Cleaning Manual, which will act as both a training tool and a record of training and competence checking, during their induction.

7.3 Workplace Training

All new cleaning staff will work alongside a cleaning mentor who will explain and demonstrate the cleaning routine of a ward/department and will instil in them good practice. This workplace training will continue until the Facilities Supervisor is confident of an individuals' ability to work alone.

7.4 Food Hygiene Certificate

All cleaning staff that hold a management or supervisory position will be expected to obtain the NVQ Level 3 Certificate of Food Hygiene, within 6 months of starting their supervisory position, unless they already have an equivalent qualification.

All cleaning staff undertaking food services at ward level are required to obtain an NVQ Level 2 Certificate of Food Hygiene.

8 REFERENCES

Revised Healthcare Cleaning Manual, NPSA 2009
Patient Led Assessments of the Care Environment, DOH 2017
The National Specifications for Cleanliness in the NHS: a framework for setting and measuring performance Outcomes NPSA 2007
Saving Lives; a delivery programme to reduce Healthcare associated infection including MRSA challenge 6 & 7 NPSA 2007
Going further faster 11: applying the learning to reduce HCAI and improve cleanliness DOH 2008
Colour Coding Hospital Cleaning Materials and Equipment: Safer Practice Notice 15 NPSA, January 2007
Health and Social Care Act 2008: the Code of Practice for the Prevention and Control of Healthcare Associated Infections (the 'Code of Practice') DOH, updated January 2009
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

9 CONTACT DETAILS

Facilities Helpdesk – extension 55331
Facilities Supervisor on Duty – Bleep 67-313
Facilities Managers Office – extensions 54443, 54350, 56859, 54364
Facilities On-call Manager – 07827 369550

10 MONITORING, AUDIT AND REVIEW PROCEDURES

10.1 Auditing of Cleaning Standards

All clinical and non-clinical areas are checked for cleanliness through a process of auditing. The frequency of audits is determined by the risk of risk for that area (see section 5.1).

Audit results are recorded electronically and shared with the relevant Matron and Ward Manager. Any areas requiring cleaning rectification are issued to the relevant Facilities Supervisor for action.

Audits are conducted by the Facilities Quality and Training Coordinator and/or Facilities Supervisors, ideally together with the relevant Matron/Ward Manager, measuring compliance against the Revised Healthcare Cleaning Manual, 2009.

Regular reports on cleaning outcomes will be shared with the Trust's Environment Group and the Capital Infrastructure and Environment Group. A six-monthly report is shared with the Trust Boards summarising cleaning outcomes and other Estates & Facilities issues of note.

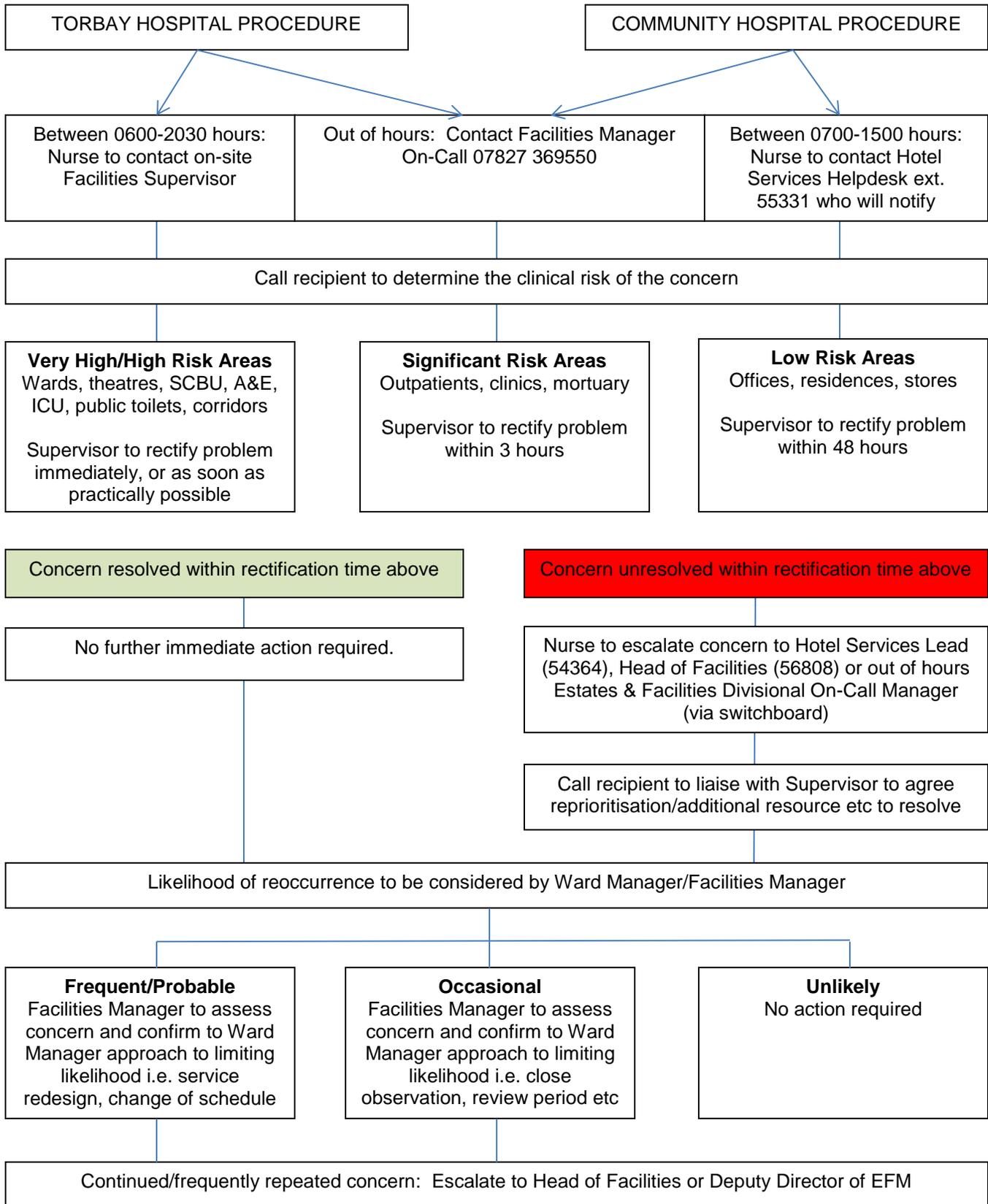
10.2 Patient Lead Assessment of the Care Environment (PLACE)

Each year the Trust is asked to form PLACE teams of patient representatives to inspect the cleanliness and environment of each inpatient hospital. This is a mandatory inspection for all NHS hospitals. The inspection team includes representatives from the Trust Executive team, matrons, infection control nurses, facilities managers and patient representatives. The annual PLACE inspection results are sent to the Trust's Chief Executive and are shared with the Trust Board.

10.3 Policy Review

This policy will be subject to a planned review every 3 years. It is recognised however, that there may be updates required in the interim, arising from amendments or release of new regulations, Codes of Practice or statutory provisions or guidance. These updates will be made as soon as practicable to reflect and inform the Trust's revised policy and practice.

11 Appendix 1: Cleaning Concerns Escalation Procedure



12 Appendix 2: Cleaning Risk Categories

Risk	Required Service Level	Description of Functional Areas	Frequency of Monitoring
Very High Risk	Consistently high cleaning standards achieved through intensive and frequent cleaning.	Operating Theatres (inc Teignmouth Hospital), SCBU, ICU, ED, Turner Ward, Allerton Ward, Cromie Ward, Ricky Grant Day Unit and any other departments where invasive procedures are performed (such as the Dermatology and Dental Clinics) or where immunocompromised patients receive care. Bathrooms, toilets, staff lounges, offices and other areas adjoining very high-risk functional areas.	Weekly
High Risk	Outcomes should be maintained by regular and frequent cleaning with 'spot cleaning' in between.	General wards (acute, non-acute), sterile supplies, public thoroughfares and public toilets. Bathrooms, toilets, staff lounges, offices and other areas adjoining high-risk functional areas.	Monthly
Significant Risk	In these areas, high standards are required for both hygiene and aesthetic reasons. Outcomes should be maintained by regular and frequent cleaning with 'spot cleaning' in between.	Pathology, out-patient departments, laboratories and mortuaries. Bathrooms, toilets, staff lounges, offices and other areas adjoining significant-risk functional areas.	3 monthly (or 12 weeks)
Low Risk	In these areas, high standards are required for aesthetic and, to a lesser extent, hygiene reasons. Outcomes should be maintained by regular and frequent cleaning with 'spot cleaning' in between.	Administrative areas, staff residences, non-sterile supply areas, record storage and archives. This also applies to bathrooms, toilets, staff lounges, offices and other areas adjoining these low-risk functional areas.	Annually

13 Appendix 3: National Cleaning Colour Codes

National colour coding scheme for hospital cleaning materials and equipment

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

Red

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

Blue

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

Green

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

Yellow

Isolation areas

Your local contact for hospital cleaning is:

14 Appendix 4: Minimum Cleaning Frequencies

Responsibility	Element	MINIMUM CLEANING FREQUENCY			
		Very high-risk	High-risk	Significant-risk	Low-risk
Nursing	1. Commodes, weighing scales, manual handling equipment	Clean contact points after each use	Clean contact points after each use	Clean contact points after each use	N/A
Nursing		One full clean daily	One full clean daily	One full clean daily	
Nursing	2. Bathroom hoists	Clean contact points after each use	Clean contact points after each use	Clean contact points after each use	
Nursing	3. Weighing scales, manual handling equipment	Clean contact points after each use	Clean contact points after each use	Clean contact points after each use	N/A
Nursing	4. Drip stands	Clean contact points after each use	Clean contact points after each use	Clean contact points after each use	N/A
Nursing	5. Other medical equipment e.g. intravenous infusion pumps, pulse oximeters, etc. NOT CONNECTED TO PATIENT	One full clean daily and between patient use	One full clean daily and between patient use	One full clean daily and between patient use	N/A
Nursing	6. Medical equipment e.g. intravenous infusion pumps drip stand, pulse oximeters, etc. CONNECTED TO PATIENT	One full clean daily and between patient use	One full clean daily and between patient use	One full clean daily and between patient use	N/A
Nursing	7. Patient washbowls	One full clean daily and between patient use	One full clean daily and between patient use	One full clean daily and between patient use	N/A
Nursing	8. Medical gas equipment	One full clean daily	One full clean daily	One full clean daily	N/A
Facilities	9. Patient fans	Case daily	One full clean daily and between patient use	Case daily	N/A
Estates		One full clean weekly	One full clean monthly	One full clean quarterly	
Nursing	10. Bedside alcohol hand wash container, clipboards & notice boards.	One full clean daily and between patient use	One full clean daily and between patient use	One full clean daily and between patient use	N/A
Nursing	11. Notes & drugs trolley	One full clean weekly	One full clean weekly	One full clean weekly	N/A
Nursing	12. Patient personal items	One full clean daily	One full clean daily	One full clean daily	N/A
Linen Services	13. Linen trolley	Contact points daily	Contact point clean daily	Contact points daily	N/A
Linen Services		One full clean weekly	One full clean weekly	One full clean weekly	
Facilities	14. Switches, sockets & data points	One full clean daily	One full clean daily	One full clean weekly	One full clean weekly
Facilities	15. Walls	Check Clean daily	One check clean daily	Check clean weekly	Check clean weekly

Facilities		Dust weekly	One full clean weekly (dust only)	Dust monthly	
Estates		Washing yearly	One full washing yearly	Washing yearly	Washing once every three years
Estates	16. Ceiling	Dust monthly	One full clean monthly (dust only)	Dust monthly	One check dust monthly
Estates		Washing yearly	One full washing yearly	Washing yearly	Washing three-yearly
Facilities	17. All doors	One full clean daily	One full clean daily	One full clean daily	One full clean weekly
Facilities	18. All internal glazing including partitions	One full clean daily	One check clean daily	One check clean daily	One full clean weekly
Facilities			One full clean weekly	One full clean weekly	
Facilities (contract)	19. All external glazing	One full clean every three months	One full clean every three months	One full clean every three months	N/A
Facilities	20. Mirrors	One full clean daily	One full clean daily	One full clean daily	One full clean weekly
Patient Line (contract)	21. Bedside patient TV incl. ear piece for bedside entertainment system	One full clean daily	One full clean daily	One full clean daily	N/A
Facilities	22. Radiators	One full clean daily	One full clean daily	One full clean daily	One full clean monthly
Estates	23. Ventilation grilles extract and inlets.	One full clean weekly	One full clean weekly	One full clean monthly	One full clean monthly
Facilities	24. Floor -polished (all non-slip hard floor surfaces)	Dust removal two full cleans daily	Dust removal one full clean daily + one check clean daily	Dust removal daily	Dust removal one full clean weekly + one check clean weekly
Facilities		Wet mop two full cleans daily	Wet mop one full clean daily + one check clean daily	Wet mop daily	Wet mop one full clean weekly +one check clean weekly
Facilities		Machine clean weekly	Machine clean weekly	Machine clean monthly	Machine clean quarterly
Facilities		Strip & reseal yearly	Strip & reseal yearly	Strip yearly	Strip & reseal twice-yearly
Facilities	25. Floor – non-slip (e.g. bathrooms, WC's)	Dust removal two full cleans daily	Dust removal one full clean daily + one check clean daily	Dust removal daily	Dust removal one full clean weekly + one check clean weekly
Facilities		Wet mop two full cleans daily	Wet mop one full clean daily + one check clean daily	Wet mop daily	Wet mop one full clean weekly + one check clean weekly
Facilities		Machine clean weekly	Machine clean weekly	Machine clean monthly	Machine clean quarterly
Facilities	26. Soft floor (e.g. carpets)	Two full cleans daily (vacuum)	One full clean daily + one check clean daily	One full clean daily	One full clean weekly + one check clean weekly
Facilities		Shampoo six-monthly	Shampoo six-monthly	Shampoo 12-monthly	Shampoo twice-yearly

Facilities (contract)	27. Pest control devices	Dust removal one full clean daily	Dust removal one full clean daily	Dust removal one full clean daily	Dust removal one full clean daily
Facilities (contract)		Full clean monthly	Full clean monthly	Full clean monthly	Full clean monthly
Facilities	28. Electrical items	Dust removal one full clean daily	Dust removal one full clean daily	Dust removal one full clean daily	Dust removal one full clean weekly
Facilities		Full clean monthly	Full clean monthly	Full clean monthly	Full clean quarterly
Facilities	29. Cleaning equipment	Full clean after each use	Full clean after each use	Full clean after each use	Full clean after each use
Facilities	30. Low surfaces	Twice daily	One full clean daily and one check clean daily	One full clean daily	One full clean weekly
Facilities	31. High surfaces (curtain rails, shelves, ledges)	Twice weekly	One full clean weekly and one check clean weekly	One full clean weekly	One full clean weekly
Facilities	32. Chairs	Daily and one check clean	One full clean daily and one check clean daily	One full clean daily	One full clean weekly
Facilities	33. Beds	Frame daily	Frame daily	Frame daily	N/A
Facilities		Under weekly	Under weekly	Under weekly	
Facilities / Nursing		Whole on discharge	Whole on discharge	Whole on discharge	
Facilities	34. Lockers	Twice daily	One full clean daily and one check clean daily	One full clean daily	N/A
Facilities	35. Tables	Twice daily	One full clean daily and two check clean daily	One full clean daily	One full clean weekly
Facilities	36. Hand wash containers	Daily	Daily	Daily	N/A
Facilities	37. Hand hygiene/alcohol rub dispensers	Daily	Daily	Daily	N/A
Facilities	38. Waste receptacles	Daily and one check clean	One full clean daily and one check clean daily	One full clean daily	One full clean daily
Facilities		Deep clean weekly	Deep clean weekly	One deep clean weekly	One deep clean weekly
Facilities	39. Curtains and blinds	Clean, change or replace yearly	Cleaned, changed or replaced yearly	Clean change or replace yearly	Clean change or replace twice yearly
Facilities		Bed curtains change four-monthly	Bed curtains change six-monthly	Bed curtains replace 12-monthly	
Facilities	40. Dishwasher	One full and two check clean daily	One full clean daily and two check clean daily	One full clean daily	One full clean daily
Facilities	41. Fridges & freezers	Three check cleans daily	Three check cleans daily	Three check cleans daily	One check clean daily
Facilities		One full clean weekly	One full clean weekly (remove all content to clean)	One full clean weekly	One full clean weekly

		Defrost monthly	Defrost freezer monthly	Defrost monthly	Defrost monthly
Facilities	42. Ice machines and hot water boilers	Daily check clean	One daily check clean	One check clean daily	N/A
Facilities		One full clean weekly	One full clean weekly	One full clean weekly	
Facilities	43. Kitchen cupboards	One full clean weekly	One full clean weekly	One full clean monthly	One full clean quarterly
Facilities	44. Microwaves	One full and two check clean daily	One full clean daily and two check cleans daily	One full clean daily	One full clean daily
Facilities	45. Showers	One full and one check clean daily	One full clean daily and one check clean daily	One full clean daily	One full clean daily
Facilities	46. Toilets & bidets	Three full cleans daily	Two full cleans daily and one check clean daily	One full clean daily	One full clean daily
Facilities	47. Replenishment	Three times daily	Three times daily	Once daily	One times daily
Facilities	48. Sinks	Three full cleans daily	Two full cleans daily and one check clean daily	One full clean daily	One full clean daily
Facilities	49. Baths	One full and one check clean daily	One full clean daily and one check clean daily	One full clean daily	One full clean daily

15 Appendix 5: Types of Cleaning

GENERAL AND ENHANCED CLEANING	GENERAL DAY TO DAY CLEANING (non-infectious)	
	Once daily: Jontec 300 detergent for floors. All touch surfaces - Actichlor Plus 1,000ppm.	
	ENHANCED CLEANING	
	Actichlor Plus 1,000ppm, including floors. 8am to 8pm: 2 hourly cleaning of patient, staff and public toilets and associated hand wash basins and high frequency touch surfaces (door touch plates and handles, surfaces around nurses' station or touch-down stations and the sluice).	
	DAILY CLEANING (infectious)	TERMINAL CLEANING (infectious)
NOROVIRUS Side Room	Twice daily: Actichlor Plus 1,000ppm, including floors.	Actichlor Plus 1,000ppm, including floors.
NOROVIRUS Bay	Enhanced cleaning: Actichlor Plus 1,000ppm, including floors.	Actichlor Plus 1,000ppm including floors. Infection Prevention and Control may risk assess that detergent and HPV are required.
All other Infections	Once Daily: Actichlor Plus 1,000ppm, including floors.	Actichlor Plus 1,000ppm, including floors.
CLOSTRIDIUM DIFFICILE C-Diff) Side Room	Twice daily: Chlorox wipes - touch surfaces. Actichlor Plus 1,000ppm – floors.	Detergent and HPV is the first choice. If HPV not possible then Chlorox wipes – touch surfaces and Actichlor Plus 5,000 ppm - floors. If no wipes, use Actichlor Plus 5,000ppm on all surfaces, including floors.

16 Appendix 6: HPV Decontamination Protocol

**Hydrogen Peroxide Vapour Decontamination
Operational Protocol**

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Directorate:	Estates & Facilities Management		
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Management of Viral Diarrhoea and Vomiting			
Clostridium Difficile Policy			

Amendment History

Issue	Status	Date	Reason for Change	Authorised
	Draft	15/09/2016	Changes to SOP	S Hogue
	Draft	08/12/2017	Changes to FM job titles	H Elkington

Hydrogen Peroxide Decontamination Operational Protocol

1. Introduction

As part of the Trust's Infection Prevention and Control strategy for Healthcare Associated Infection (HCAI) reduction, hydrogen peroxide vapour decontamination was introduced throughout the Trust in 2013

2. What is hydrogen peroxide vapour (HPV)

Hydrogen peroxide vapour is a highly effective environmental decontaminant. hydrogen peroxide vapour is used for decontamination of areas that may have been contaminated with microbiological organisms which may present a risk of infection to susceptible patients, e.g. *Clostridium difficile*, MRSA, and resistant Gram-negative organisms.

All hydrogen peroxide vapour decontamination procedures are carried out by trained personnel from the Trust's Deep Cleaning Team.

3. Overview of the use of hydrogen peroxide vapour decontamination

Hydrogen peroxide vapour will be used proactively and reactively to decontaminate equipment, side rooms, bays, toilets and any other rooms (max. 250m³) as instructed by the TSDFT Infection Control Team

3.1 Reactively

- *Clostridium difficile* toxin positive or PCR positive where the patient has been or is symptomatic during admission. **This will take priority over other hydrogen peroxide vapour requests.**
- Any areas within the Trust that has been occupied by a patient/swho has had suspected or confirmed Norovirus, diarrhoea and/or vomiting will be risk assessed by the IP&C Team as to whether HPV is required.

3.2 Proactively

- Equipment storage areas throughout the Trust.
- During periodical deep cleaning.

4. Responsibilities

4.1 Infection Prevention and Control Team

The Infection Prevention and Control team will identify and risk assess areas that require a hydrogen peroxide vapour treatment.

Where there is a Swiftplus system the Infection Prevention and Control Team will identify with a yellow background.

The Infection Prevention and Control team will advise of the requirement to undertake hydrogen peroxide vapour decontamination at the Daily control meetings.

Alongside the operational manager, the Facilities Supervisor will coordinate and prioritise the hydrogen peroxide vapour decontamination requirements.

A log of all hydrogen peroxide vapour decontamination carried out will be recorded by the Infection Prevention and Control Team and reported to the Trust's Infection Prevention and Control Committee.

The Infection Prevention and Control Team and the Facilities Supervisors will keep a record of any area that was unable to be achieved and ensure hydrogen peroxide decontamination is carried out when the area is next made available.

Where a request for hydrogen peroxide vapour decontamination cannot be undertaken for any reason, an incident form will be completed by the Infection Prevention and Control Team and escalated to the Director of Infection Prevention and Control.

Matrons and ward managers will be requested to attend the 10.00 am control meeting to coordinate how the HPV clean can be achieved with the operational team. The IP&CT will escalate in the first instance to the Deputy Director of Nursing Professional Practice when access to undertake HPV treatment has not been achieved within 5 days of the initial request.

When there is a delay of hydrogen peroxide vapour treatment of 14 days, the Director of Infection Prevention and Control will request an action plan from the Head of Operations or deputy.

4.2 Operational Team

Hydrogen peroxide vapour decontamination requirements will be discussed as a standard agenda item at the daily control meetings.

Where a bay requires hydrogen peroxide vapour decontamination, the operational manager will arrange a meeting with the ward manager/matron of that area and Facilities Supervisor to co-ordinate the decant of patients to facilitate the HPV decontamination.

4.3 Matron/Ward Manager

The matron/ward manager will identify how a bay can be vacated by either decanting appropriate patients to Elizabeth ward for the duration of the hydrogen peroxide vapour decontamination treatment or identifying patients who can be discharged.

The nurse in charge of the ward will inform the Facilities Management Help Desk when a side room becomes available for hydrogen peroxide vapour decontamination

4.4 Facilities Management

Facilities Management will ensure there is adequate staffing to deliver a 24-hour service and that staff are trained to deliver a safe and effective service.

If there are any issues with equipment or staffing this must be raised initially with the

Facilities Manager Hotel Services and escalated to the daily control meeting.

The duty on call Facilities manager will attend the daily control meetings and assist with the coordination of the hydrogen peroxide vapour decontamination requirements.

5. Cleaning Process for Hydrogen Peroxide Vapour Decontamination

The process when undertaking HPV decontamination is as follows:

- Timings: Pre-clean side room 30–60 minutes; Pre-clean multi-occupancy bay 90-150 minutes
- HPV cycle 210 minutes
- Hydrogen peroxide vapour decontamination does not replace cleaning and the area and equipment must be pre-cleaned using a cleaning detergent.
- All surfaces that require hydrogen peroxide vapour decontamination must be exposed (i.e. cupboard drawers opened, radiator covers removed equipment off work surfaces/shelves, waste bins empty and left open etc). Hand hygiene dispensers should be left empty.
- Any clinical folders that have been in side rooms to be placed in the room.
- Check area for points of escape. This includes:
 - HVAC vents and grills.
 - Damaged / missing ceiling tiles.
 - Damaged walls, windows and doors.
 - Ceiling voids where there is no fire dampener
- Vents should be sealed with either a vent sealer or tape. For areas that do not have hydrogen peroxide vapour decontamination regularly (for example outpatient clinics/toilets) must be risk assessed by the fire officer and Facilities Supervisor prior to HPV treatment taking place
- Fire detection sensors must be covered with the supplied capping kit.
- Damage to ceilings, walls, windows or doors should be immediately reported to the Estates Department for repair.
- Room access doors must be taped and sealed.
- A 'No Entry' warning sign must be posted to advise gassing in progress, restricted access and trip hazards (as appropriate).
- All safety equipment required must be in place outside of the area
- Any electrical equipment within the room which may be contaminated should be left running within the room.

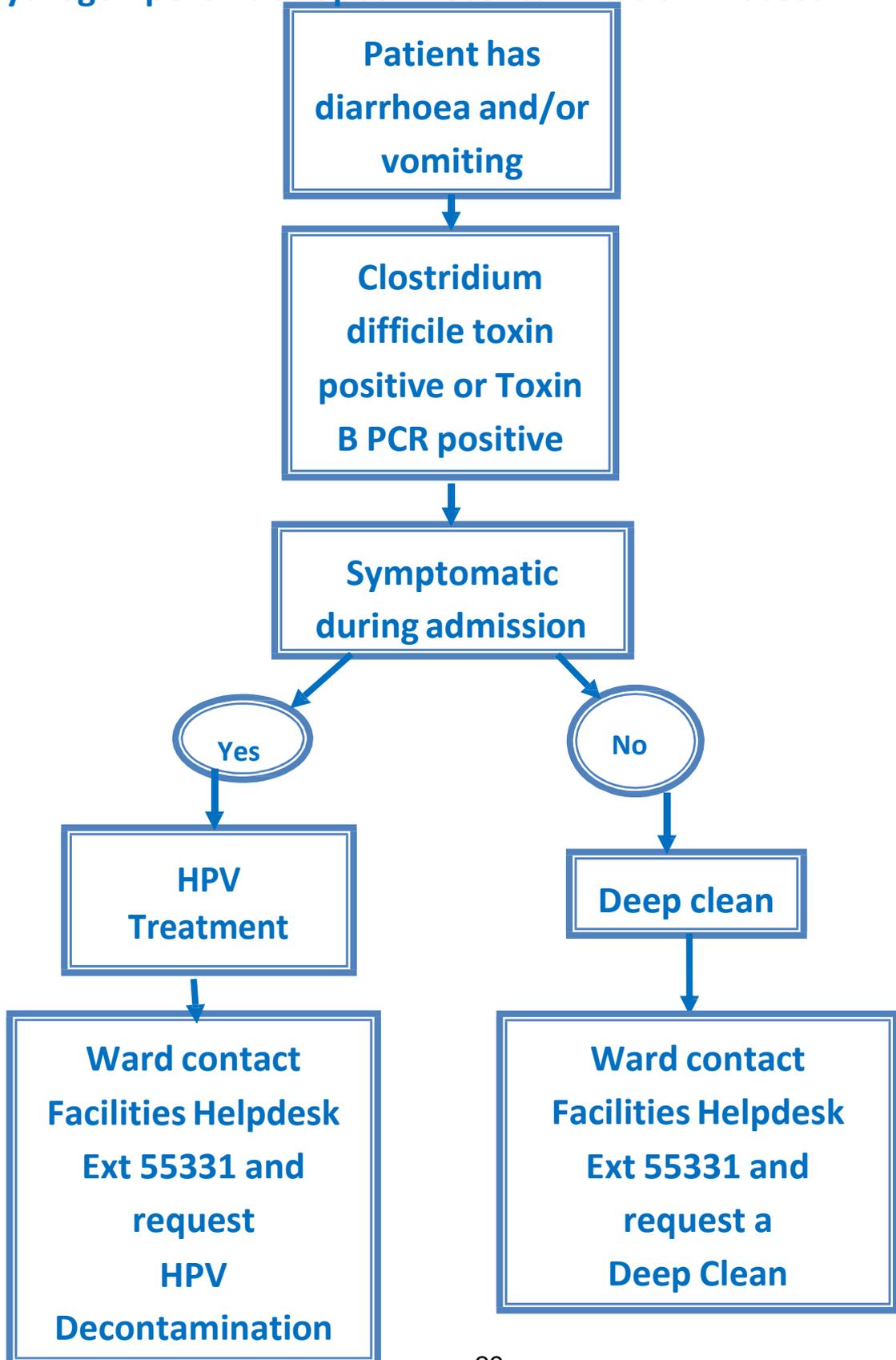
6. Monitoring and Reporting HPV Room/Bay Completion

To ensure that there is a robust system for monitoring the compliance of HPV procedures in a timely manner, the following steps will be undertaken:

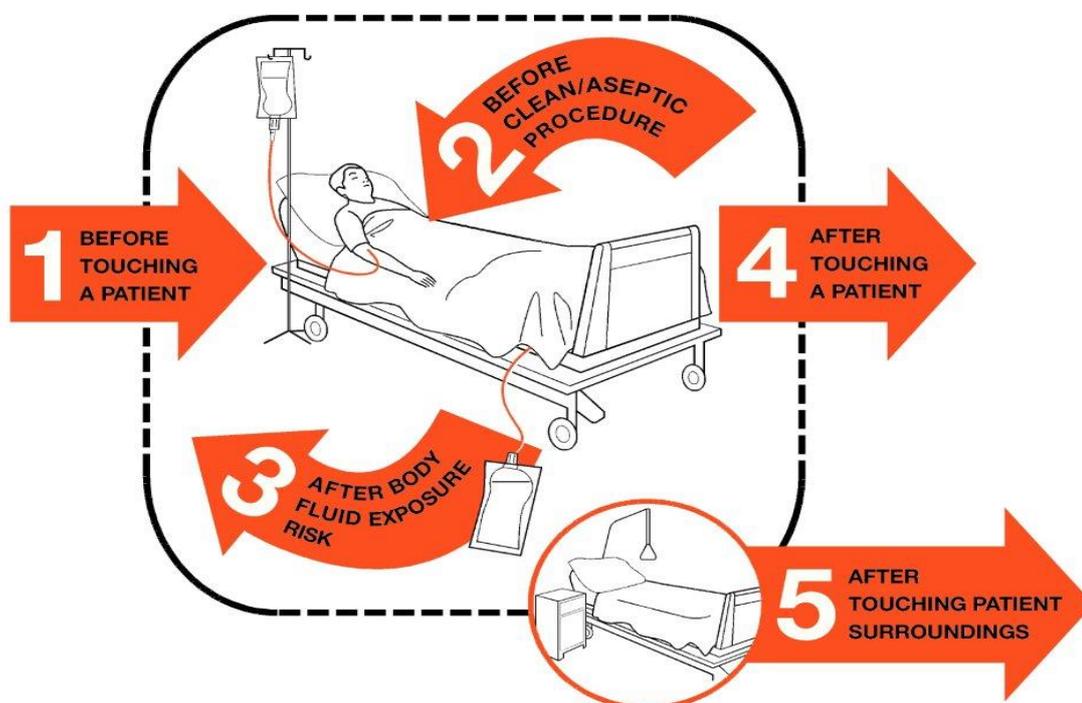
- Any patient identified with CDT, PCR positive, or/ CDT previously CDT positive and symptomatic will have a HPV of their room requested on discharge. Areas post Norovirus may require a HPV.
- The IP&CT will mark with a yellow background on swiftplus and email to the generic email-box for infection control and deep cleaning teams. The ward manager and the matron for that ward area will also be included in that email.
- Facilities Supervisor will add to the board in their offices and in the control room.

- Completed or awaiting HPV will be in the shared calendar.
- Each Wednesday an email of outstanding HPVs and pending will be sent to the areas involved cc deep clean team, operational manager, DIPC and others as required. This information will also include how many patients have used the bed since initial case discharged.
- Where an HPV has not been undertaken the Hotel Services Manager will notify the IPCT so that an incident form is completed.

hydrogen peroxide vapour Decontamination Process



Your 5 Moments for Hand Hygiene



1	BEFORE TOUCHING A PATIENT	WHEN?	Clean your hands before touching a patient when approaching him/her.
		WHY?	To protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ASEPTIC PROCEDURE	WHEN?	Clean your hands immediately before performing a clean/aseptic procedure.
		WHY?	To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHEN?	Clean your hands immediately after an exposure risk to body fluids (and after glove removal).
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHEN?	Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHEN?	Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

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