



South Devon Healthcare NHS Foundation Trust &
Torbay and Southern Devon Health and Care NHS Trust

CLEANING POLICY

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Date of Issue:	September 2014	Next Review Date:	November 2017
Version:	Final Version	Last Review Date:	September 2010
Author:	Karen Robertson, Head of Facilities		
Directorate:	Estates & Facilities Management		
Approval Route			
Approved By:		Date Approved:	
Infection Control Committee		15 January 2015	
Environment Group		26 November 2014	
Links or overlaps with other policies:			
Management of Waste Policy			
Infection Control Policy			
Hydrogen Peroxide Vapour Decontamination Policy			

Amendment History

		Date	Reason for Change	Authorised
	Draft V2	September 2014	Expiry of Previous Policy	
		April 2014	Inclusion of Environment Group member comments	

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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.

South Devon Healthcare NHS Foundation Trust and Torbay and Southern Devon Health & Care Trust are 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 the hospital environment 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 of each organisation is responsible for ensuring that there are effective arrangements for infection control throughout the each Trust. Directors of Infection Prevention and Control have been

appointed by the Trusts to ensure that infection control in the Trusts 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.

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.

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 fulfill their roles and with the wider Facilities Management team to achieve objectives.

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 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 in-house 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 with

DIPC and infection prevention and control team; Establishing a spirit of collaborative team working with service users.

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 Facilities Managers

Making sure that in-house Service Level Agreements are adhered to;
Delivering high standards of cleanliness and value for money;
Attend the Daily Control meeting and liaise with the operational manager and Infection Prevention and Control Team.
Establishing a spirit of collaborative team working with service users;
Ensuring there are enough staff, with the right skills to do the job;
Making sure there is an appropriate supply of equipment, including cloths and chemicals.

4.12 Facilities Supervisors

Operational supervision of cleaning staff;
Coordinating and supervising specialist cleaning services, including enhanced cleaning and cleaning with hydrogen peroxide;
Auditing of cleaning standards and ensuring any remedial actions are undertaken; Providing day-to-day advice in relation to cleaning requirements.

4.13 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.

5 MANAGING RISK

5.1 Definitions of Risk

The following table summarises the risk categories established:

Risk Level	Required Service Level	Function Areas
Very high risk	<p>Consistently high cleaning standards must be maintained. Required outcomes will only be achieved through intensive and frequent cleaning.</p> <p>Auditing should be undertaken at least once a week until satisfactory standards are achieved, after which auditing can be reduced to no less than monthly.</p>	<p>Include: operating theatres, ICU, SCBU, Emergency Department. Adjoining bathrooms, toilets and staff lounges</p>
High Risk	<p>Outcomes should be maintained by regular and frequent cleaning with 'spot cleaning' in-between. Both informal monitoring and formal auditing of standards should</p> <p>Auditing should be completed at least once a month</p>	<p>Include: General wards, public thoroughfares and public toilets</p>
Significant Risk	<p>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.</p> <p>Auditing should be completed at least once every three months.</p>	<p>Include: Outpatient Areas, laboratories, mortuary</p>
Low Risk	<p>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.</p> <p>Auditing should be completed at least annually</p>	<p>Include: Administrative areas, record storage and supply areas.</p>

5.2 Compliance with National Cleaning 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 Trusts (see Appendix 1).

5.3 Colour Coding Scheme

The Trusts must adhere to the mandatory National Patient Safety Agency Colour Coding scheme (see Appendix 2). 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 as part of their local induction. 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 Trusts will only use cleaning chemicals that have been agreed for use by the Infection Control Team. Cleaning staff will be trained in the use and dilution of approved cleaning chemicals during their local induction.

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 the 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 protective household-grade 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 zone 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 infectious patients 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

Masks must be worn for airborne precaution isolation. 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.

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 Trusts 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:

Yellow sacks should be used for infectious and other waste that requires incineration for disposal, including: anatomical waste, diagnostic specimens, reagents or test vials and kits containing chemicals.

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 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.

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

Non-clinical, or domestic, waste must be disposed of in black bags. Examples of domestic waste include flowers, packaging, newspapers and paper hand towels.

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 Facilities/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 Trusts 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.

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. Exposure to body fluids in non-Patient Areas (e.g. corridors, lifts)

The Facilities department (via Helpdesk) must be informed of 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 (ED) departments and further advice sought on 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.

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 Service Level Agreements

Service Level Agreements are produced for each ward and clinical department. They identify all cleaning requirements for these areas detailing the risk categories of each cleaning tasks, as well as identification of agreed staffing levels, cleaning frequencies and cleaning standards to be achieved. Some areas, such as theatres, will have extra tasks incorporated into their Service Level Agreements to ensure that appropriate cleaning standards are maintained. The cleaning frequencies and responsibilities for cleaning all elements potentially present within a ward or clinical environment are described in Appendix 3.

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.

6.2 Cleaning Schedules

Cleaning schedules are produced for each ward and clinical department. 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 approved by the Trust's Environment Group and are ultimately displayed in each ward or clinical area.

6.3 Definition of Routine Cleaning

The patient's bed, 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. 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.

6.4 Specialist Cleaning

Specialist cleaning takes place regularly but less frequently than routine cleaning. It may include the use of hypochlorite or hydrogen peroxide treatment. Sometimes the Infection Prevention and Control team recommends a disinfectant for cleaning. The surfaces should still be thoroughly cleaned to remove all dust and dirt and the disinfectant should be washed off with detergent and water otherwise it may damage the surfaces.

Specialist periodic 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 the Matrons, Deep Clean supervisors, Facilities staff, Head of Operations and Infection Control Team. Where possible, cleans will be planned to fit in with estates maintenance so as to reduce clinical downtime.

6.5 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. The most important thing is to ensure that all dust and dirt is completely removed. The local cleaning manual details exactly what cleaning methods, colour coding of equipment and products to use.

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, e.g. *Clostridium difficile*, MRSA, and resistant Gram-negative organisms. A chart showing what cleaning type should be requested is shown at Appendix 4. 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 Team, Facilities team and ward team.

Please see the Terminal Cleaning of a Ward following an Outbreak of Infection Policy and the Hydrogen Peroxide Decontamination Protocol (located on the Trust Contact page, Infection Control Procedures) for further information. ([HPV Policy](#))

6.6 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.

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 members of the Facilities Management and 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 in still 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 2 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

PLACE (Patient Led Assessment of the Care Environment)
Winning Ways – Working together to reduce Healthcare Associated Infection in England. Department of Health 2003
The NHS Healthcare Cleaning Manual, National Patient Safety Agency June 2009
Towards Cleaner Hospitals and Lower Rates of Infection DOH 2004
A Matrons Charter: an Action Plan for Cleaner Hospitals DOH 2004
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 (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 (National Patient Safety Agency, 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') (Department of Health, updated January 2009)
(Department of Health, January 2007)
Clean Hands Save Lives: Patient Safety Alert (National Patient Safety Agency, September 2008)
From Deep Clean to Keep Clean: Learning from the Deep Clean Programme (Department of Health, October 2008)

9 CONTACT DETAILS

Facilities Helpdesk – extension 55331
Facilities Supervisor on Duty – Bleep 65-313
Facilities Managers Office – extensions 54443, 56859, 54364

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 type 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.

The Trust's Environment Group agree and continually review the target score. Audits are conducted by the Facilities Supervisors, ideally together with the relevant Matron/Ward Manager.

Monthly reports on cleaning outcomes will be shared with the Workstream 5 (Environment) Group, a sub-group of the Trust Board, together with the Capital and Investment Steering Group of Torbay & Southern Devon Health & Care Trust. 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)

PLACE teams inspect the cleanliness and environment of all patient areas annually. 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 mandatory PLACE inspection result is sent to the Chief Executive of the Trust.

10.3 Assured Safe Catering audits

All ward kitchens are audited annually by catering management.

Feedback from patients will be collected using patient questionnaires/ complaints/compliments for discussion at the Environment Group meetings.

All complaints regarding cleanliness will be dealt with in accordance with Trusts' Complaints Procedure as and when appropriate.

Cleaning issues will be discussed at the Environment Group.

Accidents / near misses are to be reported via the intranet on the electronic incident reporting system.

10.4 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 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, Delivery Suite, SCBU, ICU, ED, Turner Ward, Ricky Grant Day Unit and any other departments where invasive procedures are performed or where immuno-compromised 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

12 Appendix 2 – 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:

13. Appendix 3 – 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 one full clean 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 one full clean 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 daily clean and once check clean daily	Under daily clean and once check clean daily	Under daily clean and once check clean daily	
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

BIOQUELL & Oxypharm Decontamination Process

